THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF A GROUP THERAPY PROGRAM FOR SEXUALLY ABUSED FEMALE ADOLESCENTS

NANCY ANN MARIE TAYLOR, B.N.

THE DEVELOPMENT, IMPLEMENTATION AND EVALUATION
OF A GROUP THERAPY PROGRAM FOR SEXUALLY
ABUSED FEMALE ADOLESCENTS

by

© Nancy Ann Marie Taylor, B.N.

A Thesis submitted to the School of Graduate
Studies in partial fulfillment of the
requirements for the degree of
Master of Education

Department of Educational Psychology
Memorial University of Newfoundland
April 1989

St. John's   Newfoundland

Abstract

The purpose of this study was to develop, implement and evaluate a group therapy program for sexually abused adolescents.

The therapy group developed by the researcher was a 12 week structured program based on the situation/transition group model. The effects of sexual abuse on its victims, the needs of adolescence, and the curative components of group therapy provided the framework for the development of the group therapy program examined in this study.

The implementation of the program was a three phase project spanning over a year, from April 1986 to June 1987. A pilot group and a trial group were valuable precursors to the group evaluated in this study. All three groups were conducted in St. John's, Newfoundland at the offices of the Adolescent Health Counselling Services.

The evaluation of the group therapy program was composed of two components; outcome evaluation and process evaluation.

The outcome evaluation involved the adolescents completing a Needs Assessment Questionnaire prior to the commencement of the group to help them identify their individual needs and goals. Following completion of the group the members evaluated how successful the group was in helping them meet these needs and goals in a Final Evaluation Questionnaire. The results showed that the group therapy program was a helpful form of treatment for the sexually

abused adolescents who participated in this study. The degree of helpfulness varied amongst the members.

Another component of the outcome evaluation required the adolescents to complete a pre and posttest standardized self-image questionnaire. The results of the Offer Self-Image Questionnaire showed that following the group experience, five adolescents had shown a significant positive change in their total scores, one adolescent had shown a significant negative change and two adolescents had shown no significant change.

The process component of the evaluation involved a session by session evaluation of various group processes occurring throughout the group therapy program. The instruments used in this phase of the evaluation included a Group Climate Questionnaire, a Session Evaluation Questionnaire, and a Participation Questionnaire. The results of these questionnaires allowed the group leaders to identify helpful and not so helpful processes occurring within the group, focus on individual members needs and plan the following sessions accordingly.

Another component of the process evaluation included the group members' identifying the most and least helpful curative factors of group therapy in the Final Evaluation Questionnaire.

The process evaluation was considered a critical contributing factor to the successful results of the outcome evaluation of this study.

Acknowledgements

Initially, I would like to thank the supervisor of this thesis, Dr. David Watts, for his helpful suggestions, constructive criticism and relentless encouragement through this research project.

Gratitude is extended to the Adolescent Health Counselling Service for their belief in this program and my abilities to implement it. Their continuous support will always be remembered.

Sincere appreciation is extended to my co-leader, Mr. Rick Morris. I was very fortunate to have such a knowledgeable and skillful co-leader throughout this study. I believe that he greatly contributed to the progress made by the adolescents in this study. I am especially grateful for his dedication, enthusiasm, support and above all, his friendship.

Deep gratitude and respect is reserved for the adolescents who participated in this study, their willingness to share their experiences with the co-leaders was central to the knowledge development of relevant issues and consequent intervention. Their courage in attempting to overcome the psychological hurdles presented to them in the face of limited resources was remarkable as was their ability to step outside their own troubles to reach out and help each other. Their strength and courage is truly commendable.

Table of Contents

List of Tables

xi

CHAPTER I

INTRODUCTION

The sexual abuse of children and adolescents has become a more visible social problem in recent years. Finkelhor (1982) stated:

> More than any other social problem in recent memory, sexual abuse has experienced a precipitous rise in public awareness from a level of practically total obscurity to one of extremely high visibility. (p. 96)

Results of studies (Finkelhor, 1979; Gagnon, 1965; Landis, 1956) suggested that the increased public attention to the problem of sexual abuse cannot be attributed to a corresponding increase in prevalence. Evidence suggested that sexual abuse was not a new problem, only that the full scope was just being acknowledged.

While the prevalence of sexual abuse may not have increased, the number of cases being reported to the authorities has risen drastically. Justice and Justice (1979) found an increase in reporting of over 500% in Texas, from 1974-1977. In Newfoundland, the Department of Social Services found an increase of 600% in reported cases of child sexual abuse from 1983-1987.

There existed a number of key factors which were considered influential in breaking the silence of sexual abuse. Finkelhor (1982) believed that the women's movement and the children's protection movement were major contributing

forces in bringing sexual abuse to the public limelight. The passage of the United States Federal Child Abuse Prevention and Treatment Act of 1974 brought national legal attention to the issue. Associations of mental health professionals, law enforcement officials and other social agencies have embraced the subject as an important topic for study and discussion. Finally, the consciousness of the average person has been raised with respect to sexual abuse of children throu u television and other media reports.

Since the acceptance of sexual abuse of children as a problem of significant importance to demand governmental and public concern, an increased number of papers and books have been written about the issue.

Numerous studies focused on the prevalence of child sexual abuse and the effects on its victims (Defrancis, 1969; Finkelhor, 1982; Gelanis, 1983; German, 1987; Justice & Justice, 1979; Lindberg & Disdad, 1985; Lukianowitz, 1972; Morrow, 1987; Russell, 1983; Gomes-Schwartz, Horowitz, & Sauzier, 1985, Sharpiro, 1987; Sloane & Karpinski, 1942; Walsh, 1988). However, research findings on forms of treatment for sexual abuse victims were scant.

Weitzel, Powell and Penick (1978) reported there were no systematic efforts made to evaluate the effectiveness of various treatment interventions with child sexual abuse victims.

Boatman, Borkan and Schetky (1981) and Finkelhor (1982) also made reference to the lack of reports on treatment approaches for sexual abuse victims.

In this study the writer examined the effectiveness of a group therapy program as a form of treatment for sexually abused adolescent girls.

Rationale

The sexual abuse of children and adolescents has evolved as a major social problem. The high incidence and the numerous possible harmful effects that can result justifies serious public concern.

A major Canadian study, R. Badgley (1984) reported that at some time during their lives about one half of females and one third of males experience unwanted sexual acts including acts of exposure, fondling genitals and intercourse. Four in five of these incidents first occurred when the victims were children or adolescents. Furthermore, Badgley estimated that at least 5% of all females would have experienced traumatic sexual assault, within the family context by their 16th birthday. He proposed that, based on a conservative estimate, every elementary school in Canada would have two or three students who were currently being sexually assaulted within their families. In addition, about five times this number

would still be suffering trauma as a result of past sexual abuse.

Finkelhor (1982) surveyed 521 men and women in the Boston area and found 15% of the women and 6% of the men had suffered sexual abuse as children or adolescents, both within and outside the family.

Russell (1983) surveyed 930 adult women in San Francisco and found that 16% of her respondents reported at least one incidence of sexual abuse within the family before the age of 18. Only 2% of these assaults were reported to the authorities. Generalized to the total United States population, Russell concluded that at least three million American women may be suffering from long term effects of earlier sexual abuse by fathers, stepfathers or other male relatives.

Estimating the true incidence of sexual abuse is a difficult task. There are those who believe the actual incidence of childhood sexual assault is much higher than estimated. Tsai and Wagner (1978) felt that, considering the high number of sex crimes against children by family and relatives and the fear and shame that usually accompanies the abuse, the hidden incidence may be anywhere from five to ten times greater than what is reported.

Nevertheless, it is obvious that whatever the exact incidence is, the problem is of serious magnitude.

The various possible effects of sexual abuse on the victims are numerous and are dependent on many factors. A number of studies (Defrancis, 1969; Justice & Justice, 1979; Lindberg & Disdad, 1985; Sharpiro, 1987; Sloane & Karpinski, 1942; Tsai & Wagner, 1978; West, 1985) identified a wide variety of short term and long term effects of sexual abuse.

In contrast, some early studies, Bender and Blau (1937), and Bender and Grugett (1951) indicated that sexual assault can have no ill effects on the victims. One study, Rascovsky and Rascovsky (1950) suggested that sexual assault could be a positive experience for the victims and that incestuous acts diminished the person's chance of psychosis and allowed for a better adjustment to the adult world.

However, an overwhelming number of studies since have identified a myriad of serious negative effects of sexual abuse on its victims. Defrancis (1969) found guilt, shame and loss of self-esteem to be the usual reactions of child victims of both incestuous and nonincestuous sexual assault. Those feelings often manifested themselves in rebellious behavior and some older victims became prostitutes. Blumberg (1978) concluded from his study that emotional trauma and depression resulting from early sexual misuse could create long lasting effects through adolescence and into adulthood. Other studies, Halliday (1986), J. Peters (1976) and Nakashima and Zakus (1977) have identified many more negative effects of

sexual abuse such as anxiety, sleep disturbances, isolation delinquency and suicidal ideation.

There are a number of factors that contribute to the extent of the trauma resulting from sexual abuse. One important factor is the age of the victim.

Adolescence is considered a critical period of development marked by the transition from childhood to adulthood. Erickson (1968) viewed the task of adolescence as the establishment of a sense of one's identity as a unique person and the avoidance of identity confusion.

According to Erickson, identity means that an individual feels he is a specific unique person and implies an internal stability and sense of wholeness and continuity. Identity formation results through synthesis of biopsychosocial characteristics from a number of sources such as earlier gender identity, family, friends, social class, ethnic, religious and occupational groups.

If the adolescent fails to achieve a sense of identity, identity confusion results. The adolescent feels self conscious, and has doubts and confusion about him/herself and his/her roles in life.

Murray and Zentner (1975) believed that development of self-concept and body image was closely akin to identity formation. They also noted that adolescents cannot be looked at only in the context of the present; earlier experiences have an impact which continues to affect them. Adolescents

feeling negative about themselves or their body would find this a difficult period of their life.

Conger (1977) also stressed the importance of prior events to present functioning of the adolescent but he/she was not completely bound by it. He stated, "The adolescent years present critically important opportunities for continued growth and development and for the repair of adverse prior experience" (p. 37).

Various psychological developmental tasks of the adolescent have been noted by different writers. MacLennon and Feldensheld (1968) summarized the tasks as follows:

(1) to obtain some clear idea about the kind of person's they want to be and what kinds of roles they are going to play in life, to be able to take responsibility for themselves, and to plan and carry out those plans.

(2) to sort out their own feelings about what is expected of men and women and how they will get along with their own and opposite sex.

(3) to develop a self-image they themselves can respect.

(4) to learn to understand human interaction and respond appropriately.

(5) to understand the structure and functioning of the world around them and to be able to assess opportunity realistically.

(6) to think through and work out for themselves their own standards and values.

(7) to be willing to involve themselves with others and to help them and receive help.

(8) to allow themselves to feel and to risk
     expressing what they feel when it is
     appropriate.

(9) to be able to mobilize their energies to
     action.   More specifically, during
     adolescence boys and girls have to choose
     and begin to train for adult occupations;
     they have to prepare themselves for
     marriage and parenthoc ; to come to terms
     with themselves as men and women and to
     learn how to mate; to separate themselves
     from their families, and to take on adult
     responsibilities.   (p. 38)

Considering the turmoil and tasks of normal adolescence,
the difficulty of this period must be multifold for the sexual
abuse victim.

The results of some studies suggested that the period of
adolescence is the time when victims of sexual abuse are most
severely affected.

Sloane and Karpinski (1942) concluded that the effects
of sexual abuse were age related. The potential for
psychological damage was greater when the victims were older
and less when they were preadolescent, as adolescents
considered the act to be socially reprehensible.

R.S. Kempe and C.H. Kempe (1978) stated that incest
during adolescence was especially traumatic because of the
heightened awareness of the adolescent and the active
involvement in identity formation and peer group standards

The high prevalence of sexual abuse and the many harmful
effects it has on its victims indicates a legitimate need for
effective treatment programs. Adolescents appear to be highly

susceptible to the harmful effects of sexual abuse and thus require priority for treatment intervention.

Three major forms of treatment intervention used by mental health workers in helping victims deal with the psychological trauma caused by sexual abuse are individual therapy, family therapy and group therapy. In some incidences one form of therapy may be used, while other cases may involve a combination of therapies depending on the various factors involved.

Individual therapy can be used as the sole treatment modality or in conjunction with group or family therapy. Boatman et al. (1981) suggested individual therapy for very young children for whom play is a natural medium of communication. Children suffering from psychosis, mental retardation or organic brain syndrome were also recommended for individual therapy since they would not be appropriate candidates for group therapy. Boatman et al. (1981) also pointed out some disadvantages of individual therapy particularly for the adolescent population:

> For some children, particularly adolescents shame and embarrassment prevent them from discussing the abuse with their therapist, particularly if the therapist is a male, whereas the presence of a group may greatly facilitate the process. An additional problem with individual therapy is that it does not necessarily help these children overcome their feelings of isolation and deviancy or directly work upon the problems they have relating to peers. (p. 45)

Family therapy is often recommended when the abuse is incestuous. In such incidents the abuse is viewed as a

symptom of family dysfunction and restructuring of the family system is necessary. Boatman et al. (1981) noted that such a task is difficult and in some situations contraindicated. If the family members are too disorganized to reap any benefits or there is a risk of punishment to the child as a result of information divulged in therapy, then family therapy is not recommended. A clear assessment of the individuals who compose the family is necessary to determine if family therapy is appropriate.

Group therapy can be a highly beneficial form of treatment, especially for the adolescent victim. Knittle and Tuana (1980) stated group therapy contained some uniquely positive characteristics that more effectively addressed the needs of adolescent sexual abuse victims than individual or family therapies.

Adolescents who have been traumatized by sexual abuse typically feel shameful, guilty, powerless, inadequate, alone and have little sense of self-worth. They suffer various effects resulting from their traumatization such as nightmares, anxiety, and suicidal ideation.

Group therapy allows them to share their experiences with each other and help minimize their feelings of isolation. The group provides them the opportunity to improve their social skills and develop trusting relationships with others. Group therapy allows the victims to express deep feeling and offer

support and help to others. Through the group, they can also learn more about themselves and feel hopeful about the future.

Considering that peer relationships are such an important part of normal adolescent development, group therapy for sexual abuse victims becomes a natural process. The adolescent's need for peer identity, acceptance and approval is normally met through socialization with age mates. Many of the therapeutic needs of adolescents traumatized by sexual abuse can be effectively addressed in group therapy.

Group therapy is a common form of treatment that has been used by many disciplines over the years and various therapeutic factors have been identified. Yalom (1970) identified 11 curative factors which he considered to be the most helpful. These factors are:

(1) <u>Imparting Information</u> - didactic instruction given by the leaders as well as advice, suggestion or direct guidance offered by the leaders or other members.

(2) <u>Instilling Hope</u> - a crucial component to keep members in therapy so that other curative factors can take effect. Faith in the treatment can itself be therapeutic.

(3) <u>Universality</u> - members feel a great sense of relief having discovered that they are not unique or alone in their unacceptable problems, thoughts, impulses and fantasies.

(4) <u>Altruism</u> - members offer support, suggestions, and reassurance to others and this increases their own self esteem.

(5) <u>Recapitulation of the Primary Family Group</u> - the therapy group is used to work out problems with other members or the leaders which may help them work through unfinished family business from the past.

(6) <u>Development of Social Skills</u> - techniques such as role playing are used to learn and practice social skills and provides an opportunity for interpersonal feedback.

(7) <u>Interpersonal Learning</u> - members learn to recognize their strengths, limitations and maladaptive behaviors and there fore increase their ability to form rewarding relationships.

(8) <u>Imitative Behavior</u> - members model themselves upon aspects of the other group members and leaders.

(9) <u>Cohesiveness</u> - the attractiveness of a group for its members. In a cohesive group members are more likely to express and explore themselves and relate more to others.

(10) <u>Catharsis</u> - the expression of strong emotion. This is considered a valuable part of the curative process.

(11) <u>Existential Factors</u> - recognition that life is at times unfair, ultimately there is no escape from some of life's pain and death, and no matter how much guidance and support people receive from others everyone ultimately faces life alone and must take responsibility for their conduct of life.

Considering the various negative effects of sexual abuse and the developmental tasks of adolescence, the curative factors of group therapy represent a logical and appropriate form of treatment for sexually abused adolescent victims.

There exist some studies that examined the effectiveness of groups for sexual abuse victims; however, the majority of these studies involved women who were abused as children (Cole, 1985; B. Goodman & Nowak-Scibelli, 1985; Gordy, 1983; Herman & Schwartz, 1984; Perl, Westin & Peterson, 1985; Tsai & Wagner, 1978; Walls, 1985).

Five studies evaluating the effectiveness of group therapy for sexually abused adolescents were noted in the literature (Baker, 1987; James, 1977; Lubell & Soong, 1982; McCormick, 1986; Verleur, Hughes & Dobkin de Rios, 1986). One such study, Lubell and Soong (1982) found that feedback from individual and family therapist and community workers indicated that following the group program the girls' self-esteem and functioning within the family units had improved.

McCormick (1986) evaluated the effectiveness of a group therapy program for adolescent incest victims in St. John's.

She concluded that all the adolescent victims who participated in the therapy group began to make positive changes in interpersonal functioning in at least some of the domains studied.

While there exists an abundance of research regarding the indicators and effects of sexual abuse there are few studies involving treatment. Those that do exist are often subjective in nature and void of objective measurable standards. Finkelhor (1982) stated that there is a pressing need to evaluate the effects of various intervention strategies.

In conclusion, the high incidence and numerous negative effects of sexual abuse warrant treatment intervention. Adolescents are highly vulnerable to the harmful effects of sexual abuse and group therapy appears to be a logical choice of treatment considering the importance of peers at this stage of development and the needs of these adolescents. The lack of studies related to treatment intervention is another factor in the rationale for this study.

Purpose

The purpose of this study was to develop, implement and evaluate a group therapy program for sexually abused adolescents.

The development of the program was based on the effects of sexual abuse, the needs of adolescents and the benefits of group therapy as identified in the literature.

The program was implemented at the Adolescent Health Counselling Service, St. John's, Newfoundland for three months beginning in April 1987. Two pilot groups were conducted in March and October, 1986.

The evaluation of the program involved both the content and process components. The needs of the individual group members were examined and used as guidelines in structuring the group. The ongoing monitoring of members' experiences within the group helped identify positive and negative group processes and were used in determining the direction of the group. The final evaluation helped determine how successful the group was in meeting individual needs and goals as well as the degree of helpfulness of various group processes. A self-image questionnaire was administered individually to the members before and after the group to assess any changes in their feelings towards themselves following the group experience.

Research Questions

In this study, the writer sought the answer to this general question:

(1) Will the group therapy program developed by the writer be found to be an effective therapeutic intervention in helping sexually abused adolescent girls adjust to their traumatization?

To attempt to answer this question, more specific research questions were proposed:

(1) Will the group therapy program be helpful in meeting the identified needs of the group members?

(2) Will the group therapy program be helpful in meeting the individual goals of the group members?

(3) Will the group therapy program be helpful in meeting needs other than those identified as important in the Needs Assessment by group members?

(4) Will there be significant change in different components of The Offer Self-Image Questionnaire for the adolescents following the group therapy program?

(5) What group processes are considered the most helpful by the group members?

(6) What group processes are considered the least helpful by the group members?

(7) Will the ongoing evaluation after each session (group climate questionnaires, session evaluation questionnaires and participation questionnaires) be helpful to the leaders in planning the content and process components of the group sessions?

Model

The terms group therapy and group psychotherapy have been defined by many writers over the years (Moreno, 1931; Corsini, 1957; Gibb Platts & Miller, 1951; and Spotnitz, 1972). The boundaries of what encompasses group therapy and psychotherapy are enormous. Moreno (1962) stated that group psychotherapy means simply to treat people in groups. Other definitions are more explicit and elaborate. Spotnitz (1972) defined group psychotherapy this way:

> Group psychotherapy is a procedure in which three or more persons assemble at an appointed time and place for a definite period to beneficially influence their mental health and psychological functioning. (p. 4)

Some writers differentiate between group therapy and group psychotherapy. Gibb et al. (1951) contended that group therapy represents personality change which is a by-product of more primary group activities carried on for other purposes than therapy. Whereas group psychotherapy refers to a process by which a professional therapist guides a group in which the immediate and primary objective is the therapeutic welfare of the group.

Gazda (1970) on the other hand stated that the terms group therapy and group psychotherapy were being used synonymously and group therapy was simply a shortened or colloquial version of group psychotherapy.

In this study, the writer adopted the Gibb et al. (1951) definition of group psychotherapy and in agreement with Gazda

(1970) considered the terms group therapy and group psychotherapy synonymous.

Within the framework of group therapy there exists many different types of groups (i.e., encounter groups, self-help groups, support groups, sensitivity training groups, marathon groups and behavioral groups). Due to the wide variety of groups used for therapy, classification is difficult. Spotnitz (1972) noted that various sorting racks have been used over the years to accommodate the many practices designated as group psychotherapy, but that no generally accepted classification exists. A number of factors come into play in determining types of groups, such as the needs of the group members, the aim of treatment and the directiveness of the leaders.

The writer, in determining what type of group was to be used in this study, found Marc Schwartz's (1975) conceptualization of situational/transition groups to be the most appropriate model.

Schwartz (1975) described situational/transition groups as "small discussion-education groups moderated by a trained leader which have been used in a variety of settings for the mutual assistance of individuals who share some stressful life situation" (p. 744). He identified five characteristics of situational/transitional groups. They are as follows: (a) The primary orientation of the groups is to help members cope with a shared external event, (b) The groups are small

and meet on a regular basis for a period of weeks or months, (c) The groups are moderated by a professional leader, (d) The groups offer social support, information about the shared external event and an opportunity for emotional interaction with other members and (e) The groups do not encourage members to adopt a particular moral or behavioral value system.

Schwartz also identified a number of helpful factors that operate in situational/transitional groups. He categorized them in the following manner: (a) suppressive factors such as emotional support, universality and denial, (b) expressive factors such as catharsis and ventilation and (c) neutral factors such as information sharing and socialization.

In conclusion, the essential characteristics, and helpful factors of situational/transitional groups as identified by Schwartz (1975) best fitted the writer's concept of the components for a therapy group for sexually abused adolescents. Thus, the situational/transitional group served as a model for the therapy groups described in this study.

Importance of the Study

As a result of the onslaught of public awareness and support to the problem of child sexual abuse, more and more victims are reporting their abuse. They disclose the secret, with the hope that someone will help them. What a further injustice we, as a society, inflict upon these victims if we

are unable to offer them effective therapeutic assistance. Some may like to think that if the victims would just forget about the abuse, the problem would go away. However, results of studies show otherwise. Lindberg and Distad (1985) found, in a population of 17 women who had experienced childhood or adolescent incest, symptoms that appear to fit the features of chronic and/or delayed post traumatic stress disorder. The symptoms included anxiety, recurring nightmares, insomnia, depression, anger, guilt, and mistrust. Other long term self destructive behaviors included substance abuse, feelings of worthlessness, suicide or suicide attempts, isolation and/or emotional numbing.

Tsai and Wagner (1978) also studied women who were sexually molested as children and found the following symptoms typical; guilt, depression, feelings of worthlessness, mistrust of men, feelings of isolation and sexual dysfunction.

The Working Group on Child Sexual Abuse (1985) examined the availability of existing services for the victims of child sexual abuse in the St. John's area. While the need for group therapy for sexually abused children and adolescents was identified, the community based services available were seriously lacking in group therapy programs.

There is a critical need for treatment intervention programs for children, adolescents and adults to help alleviate and prevent further mental anguish resulting from the trauma of sexual abuse. This study was one step towards

the goal of effective therapy programs for sexual abuse victims.

The development, implementation and evaluation of the group therapy program used in this study can provide valuable information for community services, organizations, and interested professionals. The program serves as a model for others to adapt, modify or build on. The study can also serve as an additional source in the literature on treatment intervention and can be used as a base for future follow-up research.

Definition of Terms

Sexual Abuse - A sexual act imposed on a child or adolescent, that is based on the powerful and dominant position of the adult or older adolescent perpetrator seeking sexual gratification without considering the victim's psychosocial development and subordinate position. (Sgroi, 1982).

Sexual assault and sexual victimization will be used interchangeably with sexual abuse for the purpose of this study.

Incest - A form of sexual abuse in which the offender is a parent, stepparent, extended family member, or an older sibling.

Rape - A form of sexual abuse in which the victim is forced to have nonconsenting sexual activity under duress. (Burgess, Groth, Holstrom & Sgroi, 1978)

Adolescence - The developmental stage spanning 13 to 19 years.

Group Therapy - A process by which a professional therapist(s) guides a group in which the immediate and primary objective is the therapeutic welfare of the group. (Gibb et al., 1951)

Limitations of the Study

(1) The small sample size limits the generalization of the results with respect to the broader population of all adolescent sexual abuse victims.

(2) There exists the possibility that there may be other factors operating within the daily environment and backgrounds of each sexually abused adolescent which may affect her other than the group therapy program being studied.

(3) The group therapy program for this study consisted of a two hour session per week for 12 weeks. A group therapy program of a different duration could result in a change in the findings of this study.

(4) Only sexually abused adolescents referred to the Adolescent Health Counselling Service in St. John's, Newfoundland were used in this study. Thus, they may not be representative of all sexually abused female adolescents.

(5) The feelings of group members toward the group co-leaders may have biased their responses in this study.

(6) The researcher was one of the group co-leaders.

(7) Only female adolescents were used in this study.

Organization of the Remainder of the Thesis

Chapter two contains the Review of the Literature. The history, theories, effects and treatment methods of sexual abuse are discussed in this chapter. In chapter three the methodology of the study is presented. This includes a discussion of the development, implementation and evaluation processes used in the study. Chapter four contains the results of the study. This includes a presentation of individual subject profiles, group session content and the findings of the evaluation instruments. In chapter five, the conclusions, interpretations and recommendations are presented.

CHAPTER II

REVIEW OF RELATED LITERATURE

The purpose of this study was to develop, implement and evaluate a group therapy program for sexually abused adolescents. Areas that are related to the problem of sexual abuse and present a context within which to place the results of the study are discussed in this chapter. The first section contains the history of the problem. This is followed by a discussion of the various theoretical explanations of the cause of sexual abuse. The next section is concerned with the effects sexual abuse has on its victims. This is followed by an exploration of different treatment modalities used to deal with the problem. The last section considers the effectiveness of therapy groups for sexual abuse victims.

History

The sexual abuse of children has emerged as a major social problem over the last decade. However, it is believed that this problem has been in existence for a very long period of time.

Schultz (1982) pointed to evidence of sexual abuse in historical accounts of children being used as prostitutes and sexual companions in Greek, Roman and Medieval times. He noted that in early Rome, upper class boys wore distinctive

necklaces so their fathers would not engage in sexual behavior with them by mistake in public bathhouses.

The first person known to speak out against the sexual misuse of children was the clergyman, Dominic. In 1405 A.D. he indicated an interest in children's sexual protection as he warned parents to avoid nudity in front of one's children because of its temptation (Bullough, 1976).

By the 1500's some need for child sexual protection emerged in the legislative of England. Radzinowicz (1957) noted that in 1548 a law was passed protecting boys from forced sodomy and in 1576 a law was enacted protecting girls under 10 years of age from forcible rape.

During the Victorian era of the 1800's, society focused on curbing all sexual activity of children as it was believed to be the cause of many medical problems. Schultz (1982) stated that during this time parents were instructed to give regular cold baths to children, avoid sexual talk at home or displays of parental affection, prohibit children viewing animals in heat and to use tinctures and enemas.

In an effort to desexualize children, programs to control masturbation were implemented. Schultz (1982) noted that these programs occurred in two rough time phases. Phase one (1850-1900) marked the period of forced sexual underdevelopment via surgery. This included such procedures as cauterization and cutting out the nerves of the genitalia of both sexes. Phase two (1875-1925) involved the use of

physical and psychological constraints to prevent self stimulation. This included encasing the child in canvas and splits, terror therapy and when all else failed, admission to a masturbation sanatoria. By the 1920's this attack on children's sex organs came to a slow end as a cure for early sexual development.

Linda Gordon (1982) pointed out that prior to the twentieth century in America, incest was likely to have been more prevalent considering that girls remained closely tied to the home, carried a lot of domestic responsibility and assumed unquestioning obedience to a father's command.

Finkelhor (1979) believed that many observers blamed our Victorian heritage for the failure of sexual abuse to become a sustained public issue. The stifling of sexuality during this era made it very difficult to discuss openly many sexual topics. Landis (1956) noted that the vast majority of people who experienced sexual abuse in childhood during this time period would probably have kept the secret from even their closest confidants. Even with the gradual liberalization of views toward sexuality, discussion of sexual abuse is still difficult for most people.

Freud was considered to be a key figure in bringing sexual victimization out of the darkness of the Victorian era. However, some researchers, Herman and Hirschman (1977) felt that Freud did more to distract from serious study of the problem than he did to further it. When confronted by a large

number of young women who reported having been sexually approached at an early age by fathers and brothers, Freud first suggested the idea that childhood sexual trauma was at the root of adult psychological problems. He later changed his mind, however, and stated his patients' stories were fantasies and not true experiences. This belief led him to the formulation of the famous Oedipus complex, which suggested that there existed a strong impulse in the child for sexual union with the parent leading to fantasies and sometimes overt acts by the child (Freud, 1962).

Freud's theory took the moral blame off the offender and placed it on the victim. According to Finkelhor (1982) many people view blaming the victim as the biggest obstacle to the serious study of child sexual abuse.

Kinsey was another important figure in the history of research on child sexuality. Kinsey's studies broke new ground by demonstrating that child sexual abuse was far more widespread than anyone had previously been able to show. However, in spite of evidence that childhood sexual experiences were virtually universal he gave these findings little attention. Kinsey (1948) stated that he thought incest was more in the imaginations of psychotherapists than it was in the experiences of their patients. He also wondered why any child should be so distraught at having its genitals fondled by a stranger.

During the next twenty years there were several times when incidents of child molesting and murders connected with sexual attacks heightened public awareness (Schultz, 1982).

Now, in the past fifteen to twenty years sexual abuse has blossomed as a major public concern. The precipitous rise in public awareness of the problem has brought benefits to its victims. In 1974, in the United States, a Child Abuse Prevention and Treatment Act was passed which provided resources for research, inservice training and treatment to help combat the problem of child abuse (Schultz, 1982).

In Canada the Badgley report, a comprehensive study on sexual offences, against children was completed in 1984. The Badgley report made numerous recommendations in relation to legislative changes, treatment and research related to child sexual abuse.

On a more local level, in Newfoundland, the Community Services Council established a Working Group on Child Sexual Abuse in 1985. The mandate of this group was to sort through the general issues of child sexual abuse and develop a plan of action based on key community needs. The Working Group on Child Sexual Abuse continues to provide this service to the community.

The Department of Social Services in Newfoundland took steps to improve services for child abuse victims. In 1986, a specialized child abuse treatment and prevention unit was established in St. John's. Social workers and police officers

work together to investigate reports of child abuse in a more efficient and effective manner.

Summary

The problem of child sexual abuse has surfaced as a serious social issue over the past 15 to 20 years. This has lead many people to believe that child sexual abuse is a recent problem. However, history shows that this is not the case. Schultz (1982) pointed to evidence of sexual abuse of children back in Greek Roman and Medieval times. During the Victorian era society focused on curbing all sexual activity of children. Often cruel means such as surgery and physical and psychological constraints were utilized in an effort to desexualize children.

Freud was considered instrumental in bringing sexual victimization out of the darkness of the Victorian era. However, his theory placed the blame on the victim and many people viewed this as the biggest obstacle to the serious study of child sexual abuse.

Kinsey (1948) broke new ground by demonstrating that child sexual abuse was a universal problem. However, he downplayed his results and suggested that incest was more in the imagination of psychotherapists than in the experiences of their patients. As well, he minimized the effects of genital fondling.

Child sexual abuse has gradually evolved as a serious social issue. The increased attention to this problem has brought benefits to the victims. Child protection laws have been improved and more resources for treatment, training and research are being implemented. The problem of child sexual abuse is finally getting some of the needed attention it deserves.

Theory

There is no one complete and comprehensive theory to explain why child sexual abuse occurs. Instead, there exists numerous fragmented theoretical views from various perspectives.

Early theories on the offender were heavily moralistic and medical in nature. Krafft-Ebing (1935) described child sexual abusers as psychopathic, feeble minded, physical and moral degenerates. Further results of research discounted this theory. Cohen and Boucher (1972) revealed that only a small portion of sex offenders were psychotic, senile or mentally retarded. They were not primarily strangers who attacked children in parks and alley ways. More often they were friends, neighbours or relatives of the victimized children.

Some psychoanalytical theorists viewed childhood traumas and warped parental relationships as the causative factor of

the offender's behavior. Glueck (1954) stated that an offender's sexual interest in children resulted from a disturbance in parental relationships and many offenders had overly seductive mothers. Nabokov (1955) believed that sexual preoccupation with children resulted from either an unusually pleasurable childhood sexual experience or an unusually negative childhood sexual experience.

Subsequent studies on larger samples, however, failed to back-up these psychoanalytic theories. Instead, researchers have moved away from typologies of the offender. Swanson (1968) stated men who sexually victimize children appear to be a much more heterogeneous group than was originally thought. While it was acknowledged that child sex offenders are generally not raving sex maniacs or psychopaths, there was little evidence available to explain their behavior.

Some theorists attempted to explain the occurrence of child sexual abuse by placing the blame on the victims. The psychoanalyst, Sigmund Freud laid the groundwork for this orientation when he suggested that every child in his or her fantasy life wished for sex with his parents and by extension other adults and this fantasy sometimes spilled over into reality (Freud, 1962).

A famous American child psychiatrist, Lauretta Bender, found that all the child sexual abuse victims she interviewed were unusually attractive and made seductive overtures to the psychiatrists (Bender & Blau, 1937).

Burton (1968) suggested that some children act in ways that actively encourage adults to approach them sexually. These children were needy and discovered they could obtain attention and affection from an adult by arousing his sexual impulses.

Defrancis (1969) was another theorist who held the child somewhat responsible for the sexual abuse. He stated that many children when approached by offenders seemed to collaborate in their victimization by failing to protect themselves. They accepted the adult overtures, allowed the situation to continue and did not take steps to stop the abuse. Defrancis (1969) believed that such children were disturbed, had sexual conflicts, few friends or a passive outlook, all of which made them especially vulnerable.

When child sexual abuse occurs within a family, as is the case in incest, the family as a whole unit can be viewed as the cause. Some researchers (C. Badgley, 1969; Finkelhor, 1979; Weinberg, 1955) noted that incest occurs in families characterized by a high degree of social isolation. They suggested that the isolation reflected and reinforced several forces that promoted incest. These families tended to avoid social interaction and draw into themselves. As a result sexual attachments that would normally develop with people outside the family occurred in the family.

Other theorists, Summit and Kryso (1978) suggested that incest and other kinds of adult-child sex are forms of role

confusion and thus problems of sociopathology rather than psychopathology. In these situations adults place children in adult sexual roles. A father acts towards his daughter as he would towards his wife. In this theory, father-daughter incest is an adaption to severe role strain. Fathers are often authoritarian and physically abusive and mothers are often unwilling or unable to fulfill parental functioning. The resulting mother-daughter role reversal sets the stage for the incestuous relationship.

According to another theory, incest may occur in response to a fear of abandonment. Kaufman, Peck and Tagiuri (1934) suggested that when one family member fears abandonment by others, sexuality may be the final resource used to stave off this trauma.

Litin, Giffen and Johnson (1956) suggested another cause for child sexual abuse. They theorized that some families were oversexualized and children from these families were more susceptible to sexual abuse even outside the family. This theory stated that children in such families had inappropriate sexual models and an unusual kind of sexual socialization.

The final theory examined child sexual abuse from a cultural perspective. This theory suggested that sexual victimization may be as common as it is in our society because of the degree of male supremacy. Brownmiller (1975) suggested that men use sexual victimization and the threat of it to

intimidate women and inevitably the process begins in childhood with the victimization of young girls.

<u>Summary</u>

There is no one simple explanation why child sexual abuse occurs. Theorists have examined possible causes of the problem from various perspectives. The offender, the victim, the family, and society have all been identified as the root of the problem. Considering the many complicated factors that are involved, a one or two factor explanation for this problem seems unrealistic. Perhaps there exists a need to recognize that there are many different forms of sexual abuse, with varying circumstances and each may require its own explanation. Sexual victimization that was part of a psychotic episode would be best explained by a theory of individual psychology, whereas an incident of sexual abuse in an isolated community may need an explanation based on social psychology theory.

<u>Effects</u>

Numerous writers have examined the possible short term and long term effects of sexual abuse on its victims (Adams, 1987; Adams-Tucker, 1982; Axelrod, 1986; S.C. Anderson, Bach & Griffith, 1981; Bach & S.C. Anderson, 1980; C. Badgley &

Ramsey, 1983; Bender & Blau, 1937; Bender & Grugett, 1951;
Blumberg, 1981; Briere, 1984; Briere & Runtz, 1985; Brooks,
1985; Courtois, 1979; Courtois & Watts, 1982; Defrancis, 1969;
DeYoung, 1982; Finkelhor & Browne, 1985; Finkelhor, 1986;
Forward and Buck, 1978; Gelanis, 1983; German, 1987;
Goldstein, 1986; Gomes-Schwartz, Horowitz & Sauzier, 1985; J.
Goodwin, 1979; Greenberg, 1979; Gross, 1979; Halliday, 1986;
Herman, 1981; K.L. James, 1977; J. James and Meyerding, 1977;
Justice & Justice, 1979; Kaufman, et al., 1954; R.S. Kempe &
C.H. Kempe, 1978; Lindberg and Disdad, 1985; Lukianowicz,
1972; Maisch, 1972; Meiselman, 1979; Morrow, 1987; Myers,
1978; Oppenheimer Palmer & Brandon, 1984; J. Peters, 1976;
S.D. Peters, 1984; Rascovsky and Rascosky, 1950; Rosenfeld,
Nadelson, Krieger & Backman, 1979; Sedney & Brooks, 1984;
Sharpiro, 1987; Silbert & Pines, 1981; Sloane & Karpinski,
1942; Tabor, 1987; Tsai & Wagner, 1978; Walls, 1985; Walsh,
1986; West, 1985; Yorukoglu & J. Kempe, 1966).

Early research supported the theory that sexually abused
children were attention seeking and seductive. Bender and
Blau (1937) examined the effects of sexual abuse on 16
children who were referred by the children's court or other
agencies because of sexual experiences with adults. They
concluded that all of the children had conspicuously charming
and attractive personalities and their emotional reactions
were remarkably devoid of guilt, fear or anxiety regarding the
sexual experience. They described the children as bold,

flaunting and brazen. They suggested there was evidence that the children derived some emotional satisfaction from the experience.

In 1951, Bender and Grugelt conducted a follow-up study on a group of individuals who had been sexually abused as children 11 to 16 years previously. They concluded:

> Overt sexual behavior of the several kinds described did not necessarily forecast either their retention into adult life or maladjustments specifically rooted in such experience. (p. 836)

In other studies (Rascovsky & Rascovsky, 1950, Lukianowicz, 1972, Yorukoglu & J. Kempe, 1966) it was suggested that children were not seriously affected by sexual abuse and some even suggested positive effects from the victimization.

Rascovsky and Rascovsky (1950) suggested that incest may diminish the chances of psychosis in a person who has been in a grave state of melancholy and may even allow better adjustment to the external world.

Lukianowitz (1972) in a follow-up study of child sexual abuse victims described them as essentially normal adults who were free from gross personality disorders, neurosis or psychosis.

Yorukoglu and J. Kempe (1966) assessed two adolescent incest victims and concluded that they were not severely damaged by the experience. They did acknowledge the parental roles these victims had assumed, and the potential problems

as spouses and parents these adolescent might experience in adulthood.

While there existed some early studies that deny negative effects of child sexual abuse, the majority of studies identified various harmful effects of sexual abuse on the victims. There was an abundance of studies that pointed to traumatic outcomes of such sexual experiences.

Nineteen negative effects were noted in the literature. The writer categorized these effects into three areas: feelings, internalized behaviors, and externalized behaviors. Under the category of feelings the following effects were noted: (a) guilt, (b) low self-esteem, (c) depression, (d) hostility and aggression and (e) anxiety. The effects included in the internalized behaviors category were as follows: (a) psychosomatic complaints, (b) hysterical seizures, (c) self-mutilation, (d) suicide attempts, (e) frigidity, (f) eating disorders, (g) sleep disturbances and (h) emotional disturbances. The effects included in the externalized behaviors category were as follows: (a) behavioral difficulties, (b) alcohol and drug abuse, (c) promiscuity, (d) prostitution, (e) running away and (f) school difficulties.

Feelings

Guilt

Feelings of guilt by the victim was a predominant effect noted by many writers (S.C. Anderson, et al., 1981; Bach & S.C. Anderson, 1980; Defrancis, 1969; DeYoung, 1982; Finkelhor & Browne, 1985; Forward & Buck, 1978; Gelanis, 1983; German, 1987; Justice & Justice, 1979; Kaufman, et al., 1953; Lindberg & Disdad, 1985; Rosenfeld, et al., 1977; Sloane & Karpinski, 1942; Tsai & Wagner, 1978; West, 1985). DeFrancis (1969) examined the effects of sexual abuse on 263 children. He found 64% of the victims suffered various degrees of guilt, ranging from mild (26%) to moderate (25%) to severe (13%). The victims typically felt guilty about being involved in sexual abuse and the trouble caused to the family as a consequence of this occurrence.

S.C. Anderson et al. (1981) reviewed the clinical charts of 155 female adolescent sexual assault victims and reported guilt in 25% of the subjects.

Low Self-Esteem

Low self-esteem was another effect frequently mentioned in the literature (Adams, 1987; Axelrod, 1986; C. Badgley & Ramsey, 1985; Courtois, 1979; Courtois & Watts, 1982; Defrancis, 1969; Forward & Buck, 1978; Gelanis, 1983; German, 1987; K.L. James, 1977; Justice & Justice, 1979; R.S. Kempe & C.H. Kempe, 1978; Lindberg and Disdad, 1985; Morrow, 1987;

Tabor, 1987; Tsai & Wagner, 1978; Walsh, 1986). German (1987) reported that the female adolescent incest victims involved in his study had significantly lower self-esteem scores in the Piers-Harris instrument than the norms for female adolescents.

In the Defrancis (1969) study, 58% of the victims expressed feelings of inferiority or lack of self-worth as a result of having been sexually abused.

C. Bagley and Ramsay (1985) found that 19% of the child sexual abuse victims they studied, scored in the "very poor" category on the Coopersmith self-esteem inventory as compared to 5% of the control group. Only 9% of the victims scored in the very good category as compared to 20% of the control group.

In Courtois's (1979) study, 87% of the incest victims reported that their sense of self had been moderately to severely affected by the experience of sexual abuse.

Depression

Depression was another effect of sexual abuse often reported by researchers (Adams-Tucker, 1982; Bach & S.C. Anderson, 1980; Blumberg, 1981; Brooks, 1985; Gelinas, 1983; Goldstien, 1986; Justice & Justice, 1979; Kaufman et al., 1953; R.S. Kempe & C.H. Kempe, 1978; Lindberg & Disdad, 1985; S.D. Peters, 1984; Rosenfeld et al., 1977; Tsai & Wagner, 1978; Walls, 1985). Blumberg (1981) studied depression in abused and neglected children and concluded:

> Frequent or recurrent sexual acts with the same or
> with several adults will almost invariably result
> in an ongoing depressive state.   (p. 349)

S.D. Peters (1984) interviewed 119 victimized women and concluded that sexual abuse which involved physical contact was associated with a higher incidence of depression and a great number of depressive episodes over time. He also found that women who had been sexually abused were more likely to be hospitalized for depression than nonvictims.

Brooks (1984) in a study of 301 college women reported a greater likelihood for subjects with childhood sexual experiences to report symptoms of depression (65% as compared to 43% of the control group) and to have been hospitalized for depression (18% as compared to 4% of the control group).

Hostility and Aggression

Many researchers noted feelings of hostility and aggression as an effect resulting from sexual victimization (Adams-Tucker, 1982; Brooks, 1985; Defrancis, 1969; Finkelhor, 1986; Finkelhor & Browne, 1985; Greenberg, 1979). Brooks (1985) studied 29 female adolescents, 18 of whom revealed a history of sexual abuse. A Brief Symptom Inventory was completed by 26 of the subjects. Results indicated that many of the sexually abused girls were functioning poorly in many areas as compared to the nonabused adolescents. Frequent hostility was noted to be one of the prominent psychological characteristics of the sexually abused group of adolescents.

Tufts' study (cited in Finkelhor, 1986) found that 45% to 50% of the 7 to 13 year old sexual abuse victims studied showed hostility levels that were substantially elevated on measures of aggression and antisocial behavior.

Anxiety

Anxiety was another common feeling that has been identified by numerous writers as a negative effect of sexual abuse (Adams-Tucker, 1982; Briere, 1984; Defrancis, 1969; Gelanis, 1983; Lindberg & Disdad, 1985; Rosenfeld et al., 1977). Defrancis (1969) in his study of 263 sexually abused children found symptoms of anxiety in 83% of the victims. Severe anxiety was noted in 15% of the group, and 68% displayed mild to moderate degrees. Briere (1984) found that 54% of the sexual abuse victims in his adult sample were experiencing anxiety attacks as compared to 28% of the nonvictims.

Internalized Behaviors

Psychosomatic Complaints

Psychosomatic complaints were noted by many writers as a negative effect resulting from sexual victimization (Adams-Tucker, 1982; Briere & Runtz, 1985; Brooks, 1985; DeYoung, 1982; Forward & Buck, 1978; Gelanis, 1983; Halliday, 1986; Kaufman et al., 1953; R.S. Kempe & C.H. Kempe, 1978). Linda Halliday (1986), a sexual abuse consultant, found through her

experience working with victims that those who did not acknowledge and deal with their abuse as children had an extremely high tendency towards physical ailments as adults. Some of these ailments included migraine headaches, back problems, stomach problems, allergies, and asthma.

Briere and Runtz (1985) in a study of 278 female college students found sexual abuse victims were quite strongly differentiated from other students by their scores on the somatization scale (both chronic and acute) on the Hopkins Symptom Checklist.

Hysterical Seizures

A few writers attributed sexual abuse as the cause of hysterical seizures experienced by some victims (J. Goodwin, 1979; Gross, 1979; R.S. Kempe & C.H. Kempe, 1978). Goodwin (1979) reviewed the records of 12 psychiatric admissions for hysterical seizures and found 4 of these patients had reported prior incest. The findings from 25 previously reported cases of hysterical seizures suggested that at least 10% of such seizures were associated with incest.

Gross (1979) studied four adolescent girls who were experiencing hysterical seizures. She concluded that the girl's seizures were the consequence of forced incestuous relationships with their fathers.

Self-Mutilation

Self-mutilation is another frequent behavior of sexual abuse victims noted in the literature (Adams-Tucker, 1982; DeYoung, 1982; Forward & Buck, 1978; Justice & Justice, 1979; Shapiro, 1987). Shapiro (1987) in a sample of 11 women who were child incest victims, found 6 had a history of self-mutilating behavior. He stated that many young women who have been sexually abused as children use self-mutilation to express their emotional pain.

DeYoung (1982) noted that over 50% of the victims in her clinical sample had engaged in self injurious behavior during or immediately after a period of incest victimization. This behavior included acts such as (a) cutting, (b) slashing, (c) bruising, (d) scratching and burning themselves, (e) deliberate attempts to break bones and (f) self-poisoning.

Suicide Attempts

Suicide or attempted suicide has on occasion been attributed to childhood sexual abuse (Adams-Tucker, 1982; Blumberg, 1981; Brooks, 1985; DeYoung, 1982; J. Goodwin, 1979; Halliday, 1986; R.S. Kempe & C.H. Kempe, 1978; Lindberg & Disdad, 1985; Sedney & Brooks, 1984). Blumberg (1981) stated:

> In the case of teenage girls, repeated incestuous molestation is occasionally the motivation for suicide attempt if not actual achievement. (p. 354)

Halliday (1986) in her study of 468 adults who were victims of childhood sexual abuse, found 205 of them had at some time in their lives made suicide attempts.

Sedney and Brooks (1984) noted that 39% of their sample of college students who had experienced childhood sexual abuse reported having thoughts of hurting themselves as compared to 16% of the control group. Of these victims, 16% had attempted suicide at least once as compared to 6% of the control group.

DeYoung (1982) in her study of 60 female incest victims found that 41 (68%) had attempted suicide at least once. In each incidence, the first suicide attempt occurred either during the victimization or within two years following its termination.

Frigidity

Frigidity was another behavior attributed to childhood sexual abuse noted in the literature (DeYoung, 1982; R.S. Kempe & C.H. Kempe, 1978; Greenberg, 1979; Lukianowitz, 1972; Meiselman, 1978; Rosenfeld et al., 1977). Lukianowitz (1972) in his study of 26 women involved in incestuous relationships, found 5 who reported frigidity. Rosenfeld et al. (1977) noted frigidity as a frequent finding in adults who had reported having had childhood sexual experiences.

Meiselman (1978) reported 74% of her sample of adult women who had been victims of incest, had experienced some degree of frigidity.

DeYoung (1982) found 83% of the adult incest victims in her study reported complete or selective frigidity in their sexual relationships.

Eating Disorders

Some writers have associated eating disorders with sexual victimization (Bach & S.C. Anderson, 1980; Greenberg, 1979; Halliday, 1986; Oppenheimer et al., 1984; J. Peters, 1976). Halliday (1986) found that some victims become anorexic, and others become overweight. The anorexic victims feel that by starving themselves they have some control over their own body. The overweight victims deliberately gain weight in an effort to ward off any further sexual attention to themselves.

Peters (1976) in his study of 100 child victims of intrafamilial sexual abuse reported 20% demonstrated eating disturbances.

Oppenheimer et al. (1984) found that 34% of the women in a clinical program for eating disorders had been sexually abused before the age of 15. Approximately one third of the victims suffered from anorexia nervosa and two thirds had bulimia.

Sleep Disturbances

Sleep disturbances were another effect resulting from sexual abuse noted by researchers (Adams-Tucker, 1982; Bach & S.C. Anderson, 1980; Briere, 1984; Lindberg & Disdad, 1985).

Lindberg and Disdad (1985) studied 17 adult women who had experienced childhood incest. They concluded that their symptoms fit the features of post-traumatic stress disorder. These symptoms (often seen in war victims) included anxiety, nightmares, intrusive daytime imagery, insomnia, depression, anger, guilt, and mistrust. Of the 17 women involved in the study, 14 reported having difficulty with sleep.

Briere (1984) reported that 54% of the sexual abuse victims in his adult sample reported nightmares as compared to 23% of the nonvictims. Also, 72% stated they had difficulty sleeping as compared to 55% of the nonvictim group

Emotional Disturbances

A number of writers have attributed various emotional disturbances to childhood sexual victimization (Brooks, 1985; Defrancis, 1969; DeYoung, 1982; Gelanis, 1983; Halliday, 1986; Lukianowitz, 1972; R.S. Kempe & C.H. Kempe, 1978; Maisch, 1972; Meiselman, 1978; Sloane & Karpinski, 1942; West, 1985). Meiselman (1978) in her study of 11 victims who were just emerging from the incest experience, found three were psychotic, three had character disorders, two were severely neurotic and three presented mixed pictures of anxiety antisocial tendencies and depression.

Maisch (1972) concluded that incest caused personality disturbances in 35% of his sample of victims, exacerbated preexisting symptoms in 27% of the cases, and had no traceable

relation to personality problems in the remaining 38% of the cases.

Defrancis (1969) reported that 66% of the victims he studied were emotionally disturbed by the molestation; of these 52% were mildly to moderately disturbed and 14% seriously disturbed. Only 24% were considered to be emotionally stable following the abuse.

Externalized Behaviors

Behavioral Difficulties

A number of writers attributed sexual abuse as the cause of behavioral difficulties in some victims (Bach & S.C. Anderson, 1980; Blumberg, 1981; Defrancis, 1969; DeYoung, 1982; Morrow, 1987; Rosenfeld et al., 1977; Gommes-Schwartz et al., 1985). Gommes-Schwartz et al., (1985) administered the Louisville Behavior Checklist to a group of sexually abused children and adolescents. They concluded that their findings supported the idea that young sexual abuse victims manifested more behavioral problems and more signs of emotional harm than children in the general population.

Defrancis (1969) noted that 55% of the children he studied exhibited behavioral disturbances. These behaviors included such acts as active defiance, disruptive behavior within the family, and quarrelling or fighting with siblings and classmates.

Alcohol and Drug Abuse

Alcohol and drug abuse was another effect associated with sexual abuse (Bach & S.C. Anderson, 1980; Gelanis, 1983; Halliday, 1986; R.S. Kempe & C.H. Kempe, 1978; Lindberg & Disdad, 1985; Myers, 1978; S.D. Peters, 1984). Barbara Myers (1978) described alcohol and drug abuse as a common coping mechanism for adolescent victims. Halliday (1986) found in her study of 468 adults who were victims of childhood sexual abuse, 262 had a history of drug and alcohol abuse.

S.D. Peters (1984) in a community study found that 17% of the sexually victimized women demonstrated symptoms of alcohol abuse as compared to 4% of nonvictimized women. Also, 27% of the victimized women abused at least one type of drug as compared to 12% of the nonvictimized group.

Promiscuity

Promiscuity was a recurrent behavior observed in many victims of sexual abuse (DeYoung, 1982; Herman, 1981; K.L. James, 1977; Kaufman et al., 1953; R.S. Kempe & C.H. Kempe, 1984; Lukianowitz, 1972; Rosenfeld et al., 1977; Sloane & Karpinski, 1942; West, 1985). R.S. Kempe & C.H. Kempe (1984) stated from their experience working with adult incest victims that promiscuity was one of the chronic disabilities seen in some women who have experienced adolescent incest without receiving help. Lukianowitz (1972) found 11 of the 26 adult incest victims he studied to be promiscuous.

DeYoung (1982) reported 15% of the adult women in her clinical sample characterized their own sexual behavior as promiscuous in nature.

Herman (1981) noted that 35% of the incest victims she studied reported promiscuity. She stated that some victims seemed to have a "repertoire of sexually stylized behavior" (p. 40).

Prostitution

Some researchers have indicated that prostitution can result from childhood sexual abuse (Bach & S.C. Anderson, 1980; DeYoung, 1982; Gelanis, 1983; J. James & Meyerding, 1977; Silbert-Pines, 1981). J. James and Meyerding (1977) in their study of the early sexual histories of street prostitutes concluded there was a much higher incidence of incest in their childhoods than was found in the backgrounds of a control group. In a sample of 20 adolescent prostitutes 13 reported having had a forced/bad sexual experience prior to age 15.

Silbert and Pines (1981) reported that 60% of the prostitutes they studied had been sexually victimized before age 16 by an average of two people, for 20 months. The average age of these children at the time of their first victimization was 10.

Running Away

Running away was another frequent behavior of some young sexual abuse victims (Adams-Tucker, 1982; Bach & S.C. Anderson, 1980; Kaufman et al., 1953; Meiselman, 1978; Myers, 1978 Reich & Gutierres, 1979). Adams-Tucker (1982) studied 28 children and adolescents who had been sexually abused and identified running away as one of 10 major effects of victimization.

Reich and Gutierres (1979) reported that 55% of the children in Maricopa County, Arizona, who were charged with truancy or running away or were listed as missing were incest victims.

Meiselman (1978) found that 50% of the incest victims she studied had left home before the age of 18, compared with 20% of the women in a nonvictimized comparison group.

School Difficulties

Researchers have also attributed school difficulties to sexual abuse in young victims (Adams-Tucker, 1982; S.C. Anderson et al.; Bach & S.C. Anderson, 1980; Defrancis, 1969; Gelanis, 1983; Kaufman et al., 1953; R.S. Kempe & C.H. Kempe, 1978; Rosenfeld et al., 1977). Defrancis (1969) found 60% of the sexually abused children he studied had difficulties in school. The problems included truancy, poor achievement, disruptive behavior, feelings of nonacceptance by peers and teachers and dropping out of school.

S.C. Anderson et al. (1981) noted that 20% of the adolescents in their study experienced school problems including truancy or dropping out.

Summary

Guilt, low self-esteem, depression, hostility and anxiety are some of the common feelings felt by sexual abuse victims as noted in the literature. These feelings often manifest themselves in a number of behaviors. Some victims project their negative feelings inwardly towards themselves, through behaviors such as psychosomatic complaints, hysterical seizures, self-mutilation, suicide, frigidity, eating disorders, sleep disturbances, and emotional disturbances. Other victims express their feelings outwardly through behaviors such as delinquency, alcohol and drug abuse, promiscuity, prostitution, running away and school problems.

Variables

While there have been many studies identifying numerous effects of childhood sexual abuse most researchers acknowledged that there are a number of factors that influenced the degree of traumatization to the victim (Adams-Tucker, 1982; Courtois & Watts, 1982; DeYoung, 1982; Finkelhor & Browne, 1985; Morrow, 1987; Mrazek & Mrazek, 1981; Rosenfeld et al., 1977; Sloane & Karpinski, 1942; Gommes-

Schwartz et al., 1985; Taber, 1987, Tsai, Feldman-Summers and Edgar, 1979).

Mrazek & Mrazek (1981) recommended the consideration of the following six variables when assessing the effects of child sexual abuse:

(1) Extent of sexual contact.

(2) Age and developmental maturity of the child.

(3) Degree of relatedness between victim and perpetrator.

(4) Affective nature of the relationship.

(5) Age difference between the victim and the perpetrator.

(6) Length of the relationship. (p. 235)

Adams-Tucker (1982) concluded from her study of 28 sexually abused children that there existed a continuum of emotional disturbances amongst the victims resulting from a number of factors. The duration of the abuse and the age of onset were two important variables identified. Emotional disturbances were found to be more severe when the abuse began at an early age and was longstanding, or when the abused child was a teenager.

Tsai et al., (1979), in their study of women molested as children, found that the victims differed substantially in terms of later adult adjustment. The differences in adjustment were attributed to the following factors: frequency and duration of molestation and developmental factors associated with the age of the last molestation. Post-molestation

experiences including support of family, friends and sexual partners were other possible factors that required further investigation.

The age of the victim was a variable frequently noted in the literature. A number of researchers suggested that teenage victims were more severely affected by sexual abuse as compared to young children (Adams-Tucker, 1982; R.S. Kempe & C.H. Kempe, 1984; Mrazek & Mrazek, 1981; Sloane & Karpinski, 1942). R.S. Kempe & C.H. Kempe (1984) were typical when they stated the following:

> Incest during adolescence was especially traumatic because of the heightened awareness of the adolescent and the active involvement in identity formation and peer group standards. (p. 190)

Summary

A few early studies indicated that the sexual victimization of children can be a positive experience with no harmful effects (Bender & Blau, 1937; Bender & Grugelt, 1951; Lukianowitz, 1972; Rascovsky and Rascovsky, 1950; Yorukoglu & J. Kempe, 1966).

However, the vast majority of researchers provided evidence of a variety of harmful effects resulting from childhood sexual abuse (Adams, 1987; Adams-Tucker, 1982; Axelrod, 1986; S.C. Anderson et al., 1981; Bach & S.C. Anderson, 1980; Badgley & Ramsay, 1985, Blumberg, 1981; Briere, 1984; Briere & Runtz, 1985; Brooks, 1985; Courtis, 1979; Courtis & Watts, 1982; Defrancis, 1969; DeYoung, 1982;

Finkelhor, 1985; Forward & Buck, 1978; Gelanis, 1983; German, 1987; Goldstein, 1986; Gomnes-Schwartz et al., 1985; J. Goodwin, 1979, Greenberg, 1979; Gross, 1979; Halliday, 1986; Herman, 1981; James, 1977; James & Meyerding, 1977; Justice & Justice, 1979; Kaufman et al., 1954; R.S. Kempe & C.H. Kempe, 1978; Lindberg & Disdad, 1985; Maisch, 1972; Meiselman, 1978; Morrow, 1987; Myers, 1978; Oppenheimer et al., 1984; J. Peters, 1976; S.D. Peters, 1984; Rosenfeld et al, 1979; Sedney & Brooks, 1984; Sharpiro, 1987; Silbert & Pines, 1981; Sloane & Karpinski, 1942; Taber, 1987; Tsai & Wagner, 1978; Walls, 1985; Walsh, 1986; West, 1985).

Most studies identified a number of negative feelings frequently experienced by the victim (Adams, 1987; Adams-Tucker, 1982; Axelrod, 1986; S.C. Anderson et al., 1981; Bach & S.C. Anderson, 1980; C. Badgley & Ramsey, 1985; Blumberg, 1981; Briere, 1984; Brooks, 1985; Courtois, 1979; Courtis & Watts, 1982; Defrancis, 1969; DeYoung, 1982; Finkelhor & Crowne, 1985; Forward & Buck, 1978; Gelanis, 1983; German, 1987; Goldstein, 1986; Greenberg, 1979; K.L. James, 1977; Justice & Justice, 1979; Kaufman et al., 1953; R.S. Kempe & C.H. Kempe, 1978; Lindberg & Disdad, 1985; Morrow, 1987; S.D. Peters, 1984; Rosenfeld et al., 1979; Sloane & Karpinski, 1942; Taber, 1987; Tsai & Wagner, 1978; Walls, 1985; Walsh, 1986; West, 1985).

These negative feelings were often manifested in a variety of behaviors such as psychomatic complaints, suicide

attempts, sleep disturbances, alcohol and drug abuse, and promiscuity. In some incidences the negative feelings were turned inwards and internalized behaviors were evident. In other cases the victims turned their feelings outward and externalized behaviors were shown.

The degree to which a victim experienced these effects varied and was dependent on a number of factors. The emotional harm caused by sexual abuse did not manifest itself in a single typical pattern but ranged from minimal harm to serious disturbances.

There existed an overwhelming body of research that indicated childhood sexual abuse was almost always an emotionally harmful experience. DeYoung (1982) concluded the following:

> Child sexual assault, whether incestuous or nonincestuous is prevalent, harmful and transmissible. To treat it as anything less than that is to deny sound scientific evidence and to discount the experiences of countless victims. And that is its own form of child abuse. (p. 163)

Treatment

A number of treatment modalities for sexually abused victims have been addressed in the literature. However, there was no concensus on which form of treatment was the most effective. Instead, writers approached the problem from a variety of perspectives, emphasizing different aspects of treatment as important.

The three most common forms of therapy referred to in the literature were individual therapy, family therapy, and group therapy. Many writers agreed that all three types of therapy were beneficial to the recovery process, but opinions varied as to which type was the most crucial component.

R.S. Kempe and C.H. Kempe (1984) noted that in some instances individual therapy was more beneficial to the adolescent victim than family or group therapy. Individual therapy allowed for privacy during the initial period of shock and was necessary for more intensive care and closer monitoring of conditions such as severe depression.

Boatman et al. (1981) suggested that one advantage of individual therapy was that it offered the victim the chance to form a trusting relationship with an adult. The victim's relationship with the therapist was facilitated by the fact that the therapist was neither an investigator nor an accusor and allowed the victim to share her story at her own pace and in privacy.

Family therapy was often recommended when the abuse was incestuous. J. James and Nasjleti (1983) stated that a family systems model was the most effective method of dealing with child sexual abuse. The abuse was viewed as one of a number of symptoms of family dysfunction and intensive treatment was recommended for family members to gain insight into themselves and others in the family.

Eist and Mandel (1968) recommended family therapy approaches for treating incest victims. They suggested that promoting individual integrity and self-respect in all family members was a vital component of family therapy.

Group therapy was a recommended treatment modality for a number of writers (Fowler, Burns & Roehi, 1983; R.S.Kempe & C.H. Kempe, 1984; Knittle & Tuana, 1980; Reed, 1985; Summit & Kryso, 1978). Knittle and Tuana (1980) stated group therapy contained some uniquely positive characteristics that more effectively addressed the needs of adolescent sexual abuse victims than individual or family therapies. R.S. Kempe and C.H. Kempe (1984) stated group therapy offered a major benefit that no individual therapist could offer so convincingly; the clear demonstration that other victims have had the same experiences and many of the same feelings.

A combination of all three types of therapy was considered the most desirable method for many writers.

One of the frequently cited models of treatment involving individual, family and group therapy noted in the literature was developed for incest victims by Dr. Henry Giarretto of California (Giarretto, 1979).

This treatment model, known as the Child Sexual Abuse Treatment Program (CSATP) has been implemented in many areas throughout North America. The treatment approach is based on humanistic psychology and its primary objective is reconstitution of the family. Giarretto's model recommends

using the legal system to induce parental participation in treatment as opposed to incarceration.

The first step employed by CSATP with families in which father-daughter incest has occurred is to design a treatment program for the family. Incestuous families usually are badly fragmented as a result of the original dysfunctional family dynamics, and the disclosure of the abuse. As a result, family therapy is not recommended in the initial stages of therapy. The victimized child, mother and father are involved in individual counseling before family therapy commences. Thus, the treatment plan usually follows in this order:

(1) Individual counseling for the child, mother and father

(2) Mother-daughter counseling

(3) Marital counseling

(4) Father-daughter counseling

(5) Family counseling

(6) Group counseling for victims and group counseling for parents.

The treatment plan does not always follow this exact order, but all steps are usually considered necessary for family reconstitution.

Giarretto (1979) reported a high success rate with his comprehensive treatment program. He noted that approximately 90% of the children in his program have been reunited with

their families with a recidivism rate of less than 1% in families that have completed the program.

Some writers examined the treatment of sexual abuse from a broader viewpoint. They stressed a coordinated approach by the many professional disciplines involved as the key component of treatment. Reed (1985) noted that a coordi t network between social services, mental health, law enforcement and the court systems was necessary to effectively intervene in sexual abuse cases. L. Anderson and Shafer (1979) stated that child sexual abuse was a multifaceted social problem that invariably involved multiple agencies with differing professional orientations, roles, goals and expectations; thus effective coordination of services was crucial. Conte (1984) emphasized that in some cases treatment must go beyond therapy and meet concrete needs such as housing and financial aid.

Specific counselling techniques that could be used in the treatment process were recommended by some writers. Carozza and Heirsteiner (1982) and Kelly (1984) suggested art therapy for sexually abused children. Kelly (1984) stated that victimized children needed age appropriate ways to ventilate their feelings surrounding the abuse and expression through art, in contrast to verbalization was a less threatening means of communication for a child.

Forward and Buck (1978) found psychodrama to be the most effective technique in dealing with incest trauma:

> Psychodrama cuts through the intellectualization and
> denial that many patients use as a defense against
> their feelings; it offers patients a chance to
> express their feelings toward family members,
> perhaps for the first time, without fear; and it
> provides a safe atmosphere in which to try out new
> behavior. (p. 166)

Courtois and Watts (1982) suggested a variety of
techniques such as gestalt exercises, letter writing, and
guided imagery. Gestalt exercises encouraged identification
of feeling, body awareness and spontaneous expression of these
feelings. Writing letters to family members allowed the
discovery, expression and owning of feelings about the
experience. Guided imagery was noted to be particularly
useful in dealing with issues of guilt and forgiveness. These
techniques were just a sample of the methods used in
counselling sexual abuse victims.

There existed a number of different counselling
techniques and forms of treatment recommended in the
literature to combat the negative effects of sexual abuse on
its victims. Since the effects of abuse vary in degree
according to individual circumstances, so must treatment.
Some writers did acknowledge the importance of individualized
assessment in determining appropriate treatment. Nakashima
and Zakus (1977) described incest as a multifaceted and
complicated diagnosis that involved a broad range of
individual and family pathology; thus intervention must be
according to the needs of individual cases. Courtois and
Watts (1982) noted treatment should be based on the issues

raised by the nature of the sexual abuse and on the victims' unique response pattern. Boatman et al. (1981) stated that the choice of therapy for the victim depended upon a number of factors, including the victim's age, developmental level, sex, diagnosis, family situation and availability of services.

While a number of different treatment modalities have been discussed in the literature, research evaluating the effectiveness of these treatments models was sparse. Boatman et al. (1981) stated that much of the literature on child victims of incest focused on description, psychodynamics, case and medical management and impact on development. There were few reports on treatment approaches. Weitzel, Powell and Penick (1978) reported there was no cited systematic efforts to evaluate the effectiveness of different therapeutic interventions with child sexual abuse victims.

Summary

Individual, family and group therapy were the three major forms of treatment for sexual abuse victims identified in the literature. While most writers agreed that all three types of therapy were helpful, opinions differed as to which type was the most important component. One of the most popular models of treatment noted in the literature was the Child Sexual Abuse Treatment Program. This program utilized all three types of therapy in a step by step process.

A coordinated approach by the many professional disciplines working with sexual abuse victims was also stressed as an important element of treatment.

Specific counselling techniques such as art therapy, psychodrama, gestalt exercises, letter writing and guided imagery were recommended tools for the treatment process.

Considering the many complicating factors that are involved in sexual abuse an individualized assessment of each case was recommended to determine an appropriate treatment model.

In order to more effectively evaluate the different types of treatment for sexual abuse victims more research in this area was also recommended.

Group Therapy

Group therapy was the most frequently recommended treatment for sexual abuse victims noted in the literature. Many writers suggested that group therapy was particularly beneficial to the adolescent population (Blick & Porter, 1982; Cleaveland, 1986; Hazzard, King & Webb, 1986; Knittle & Tuana, 1980; Reed, 1985; Sturkie, 1983). Reed (1985) suggested group work offered significant treatment advantages to adolescent victims. A sense of hope was instilled by the presence of other group members and a sense of optimism and outreach was discovered by the victims that they could not find in their normal peer group.

Hazzard et al. (1986) described group therapy for adolescents as a unique experience that provided opportunities not available within the context of individual or family therapy. The group served as a means of diminishing feelings of isolation, enhancing social skills, and providing peer support.

Some writers have studied group therapy for sexual abuse victims and evaluated the effectiveness of this type of treatment (Baker, 1987; Cole, 1985; B. Goodwin & Nowak-Scibelli, 1985; Gordy, 1983; Homstead, 1986; Hayes, 1987; Hazzard et al., 1986; Herman & Schwartz, 1984; K.L. James, 1977; Lubal & Soong, 1982; McCormick, 1987; Perl, Westin, & Peterson, 1985; Tsai & Wagner, 1978; Verleur et al., 1986; Walls, 1987).

While there existed a number of studies involving adolescent victims, the majority of research pertained to adults who were sexually victimized as children.

Tsai and Wagner (1978) examined the effectiveness of a four session therapy group for women sexually molested as children. Ten groups were conducted comprising an overall total of 50 women. Evaluations of the therapy groups were completed by the participants six months following termination of each group. The victims indicated that the primary curative component was the sense of identification instilled by a common bond. The primary therapeutic effect was the mitigation of guilt and increase in self-esteem.

Herman and Scwartz (1984) evaluated a ten session therapy group for women who were victims of childhood incest. Five groups were conducted involving a total of 30 participants. Six month follow-up evaluations indicated 85% of the participants felt better about themselves, 80% reported feeling less ashamed and guilty, 75% felt less isolated and 75% felt they were better able to protect themselves. The victims unanimously agreed that the single most helpful component of the groups was the contact with other incest victims.

B. Goodman and Novak-Scibelli (1985) described a 12 week therapy group for women incestuously abused as children. They noted that the group provided most of the women with their first true sense of identification and belonging and because of this they were able to explore the way in which incest affected many aspects of their lives.

Gordy (1983) conducted time-limited group therapy for adult victims of childhood incest. She concluded that the group process helped overcome social isolation. The support and understanding gained by the members increased their self-respect and self-esteem, lessened their guilt and shame, and provided insight into how to control their lives.

Cole (1985) examined the effectiveness of a six week therapy group for adult survivors of childhood incest. Six groups were conducted involving a total of 30 women. The evaluation was based on observations by the therapists and self-evaluation forms completed at the end of the group. Cole noted that group members gained self-esteem renewed their

ability to trust others, learned assertiveness skills and often confronted the abuser.

Perl et al. (1985) studied time limited group therapy for female rape survivors. A total of 17 women participated in four consecutive groups. Each group ran for eight sessions. Evaluation was based on the professional judgement of the therapists who conducted the groups. There was a marked improvement noted in the following symptoms: anxiety, fear, excessive anger, guilt, depression, low self-esteem, and somatic complaints. Partial improvement occurred in poor social functioning, phobias and difficulty discussing the rape incident with others. Symptoms showing little improvement were sexual dysfunction and difficulties in close relationships with men.

Walls (1985) also examined the effectiveness of group therapy for adult rape survivors. Nineteen women were involved in two groups; ten in a structured group and nine in an unstructured group. In follow-up interviews both groups reported improvement in social and sexual adjustment and lower levels of anxiety, paranoid thinking and depression after treatment. However, these changes were not evident on objective measures of depression, anxiety, self-esteem, locus of control or sexual functioning. The unstructured group reported a significantly higher functioning on a measure of social adjustment, but there was not enough support to recommend one type of group over the other.

While the results of these studies unanimously reported
that group therapy was an effective form of treatment for adult
sexual abuse victims, the results in most cases were based on
the professional judgement of the writers, and evaluations by
the victims. There was only one study that used objective
standardized measures in the evaluation process.

Five studies which evaluated the effectiveness of group
therapy for adolescent sexual abuse victims were noted in the
literature.

K.L. James (1977) studied an eight session therapy group
for teenage incest victims residing in a juvenile institution.
Seven adolescent victims participated in the program. In a
follow-up interview all of the group members confirmed that
this form of treatment was helpful in alleviating feelings of
fear, anger, guilt, and shame. Six of the seven participants
showed an increased score on a self-esteem inventory following
group therapy.

Lubell and Soong (1982) examined a therapy group for six
incest victims. The group met for 19 sessions over a five
month period. At the end of the therapy group all members
reported their living situations had improved, they felt better
about themselves, they had new friends, they were not
experiencing such intense periods of sadness and anger and they
felt optimistic about the future. Feedback from individual
therapists and community workers indicated that the
adolescents' self-esteem and functioning within the family had
improved.

Verleur et al. (1986) studied the effects of group therapy on 15 adolescent incest victims and compared the results with a matched control group. The experimental group received six months of group therapy while the control group did not receive any intervention therapy. Findings showed that a significant increase in positive self-esteem as measured by the Coopersmith Self-Esteem Inventory was evident in the experimental group of adolescent victims as compared to the control group. The girls who participated in the experimental group also developed a significant increased knowledge of human sexuality, birth control, and venereal disease when compared to the control group.

Baker (1987) compared the effectiveness of individual and group therapy as treatment modalities for sexually abused adolescent females. Thirty-nine victims were randomly placed in individual or group therapy. The participants in individual therapy received one hour of counselling for 10 weeks. The adolescents in group therapy received one and a half hours of therapy for six weeks. All participants were evaluated on self-concept, anxiety, and depression inventories. Group therapy was at least as effective as individual therapy on all three inventories and significantly more effective on the self-concept measure.

McCormick (1986) examined the effectiveness of an eight session therapy group for female adolescent incest victims. Seven adolescents participated in the program. Six objective standardized measures and two nonstandardized measures were

used in this study. The objective measures involved pre and post self-rating of the following scales: Index of Self Esteem, Index of Family Relations, Index of Peer Relations, the Child's Attitude Toward Mother, the Child's Attitude Toward Father, and the Rathus Assertiveness Scale. McCormick found that the scores of the objective measures in conjunction with the clinical assessment showed that all group members began to make positive changes in at least some of the domains studied.

Although, there was only a small number of studies examining the effectiveness of group therapy as a treatment modality for sexually abused adolescents, there existed a consensus amongst these researchers that group therapy was an effective mode of treatment for this population. The findings of three of the studies were based on standardized objective measures. The results of the other two studies were based on more subjective measures of evaluation.

Researchers agreed that group therapy contained some unique characteristics that were better able to meet the needs of adolescent victims than individual or family therapy. MacLennan and Feldensheld (1969) pointed out a number of therapeutic factors that operated in group therapy which are beneficial to the adolescent population. They noted that groups provided a mirror in which adolescents could evolve a new concept of themselves, test this out in action with their peers, and find new models for identification. Group therapy also allowed adolescents to lose a unique sense that they were the only ones who had problems and helped them feel less

isolated. Finally, group therapy increased their self-esteem through their acceptance by the group members and their ability to help others. These advantages of adolescent group therapy noted by MacLennan and Feldenshield were representative of the benefits and positive results of group therapy with sexually abused adolescents that were noted by researchers.

Summary

There have been a number of studies examining the therapeutic value of groups as a form of treatment for sexual abuse victims. However, the majority of studies have involved women who were abused as children. While the researchers recommended group therapy for these women, most of their conclusions were based on subjective findings as opposed to objective measures.

Five studies evaluating the effectiveness of group therapy for adolescent sexual abuse victims were noted in the literature. Once again researchers recommended group therapy as the treatment of choice for this population. Three of the studies utilized objective measures in the evaluation and only two studies involved subjective means of evaluation. Some of the beneficial components of group therapy with the adolescent population were also noted.

CHAPTER III

METHODOLOGY

Overview

This chapter includes a discussion of the methodology involved in the development, implementation and evaluation of a group therapy program for sexually abused adolescent females.

Development

In formalizing a group therapy program for sexual abuse victims three important components were examined; the type of group needed, the content of the group sessions and the group processes necessary for therapeutic intervention.

Type of Group

Following a review of the literature on groups, the needs of sexual abuse victims and adolescents, the situation/transition group was chosen as an appropriate model in the formalization of a group for this study. The five essential features of a situation/transition group, as identified by Schwartz (1975) adequately provide the basic structure for a group for sexually abused adolescents. These features were as follows:

(1) Situation/Transition groups are primarily
oriented towards helping members cope more
effectively with some shared external
event.

(2) Situation/Transition groups have the
properties of small groups and meet
regularly over a period of weeks or
months.

(3) Situation/Transition groups are moderated
by a trained leader.

(4) Situation/Transition groups offer social
support, factual information about the
shared life stress, and an opportunity for
emotional interaction with others around
the group focus.

(5) Situational/Transition groups do not
encourage or require members to espouse
a particular moral or behaviourial value
system. (pp. 745-746)

The traumatization resulting from sexual abuse was

considered to be the shared external event which was the

primary focus of the group. Through their shared common

experiences the group members would feel a sense of belonging.

The group would serve as a safe haven, where members could get

support and acceptance by their peers.

The concept of a small group, meeting regularly over a

period of weeks or months was appropriate for the therapy

group designed for this study. A number of writers (Fowler

et al., 1983; B. Goodman and Nowak-Scibelli, 1985; MacLennon

and Feldensheld, 1968; Schwartz, 1973) suggested 5 to 10

members would be necessary for an effective group. Any number

under 5 could make functioning difficult and any more than 10

could limit the level of personal involvement by the members.

Most situational/transition groups meet for one to two hours once a week for a series that usually lasts from 4 to 15 weeks. Taking into consideration the sensitive nature of the topic of sexual abuse and the difficulty members might have discussing it, the decision was made to schedule the group for two hour sessions, once a week, for 12 weeks.

The third feature of situational/transition groups was that groups be moderated by a trained leader. A professional counsellor with knowledge and experience in group dynamics, crisis intervention and the issues of sexual abuse would therefore be important qualifications for a leader of the type of group used in this study. Two counsellors were used to provide leadership of the group, a male and a female.

Gottlieb and Dean (1981) referred to the male-female co-therapy model used in group treatment of sexually abused adolescent girls as an effective therapeutic agent. They explained:

> Adolescents who have been involved in sexual abuse become very confused about relationships between men and women and can benefit from a healthy male-female role model to help them disengage from disturbed family relationships and begin to establish appropriate peer relationships and solid sexual identities. (p. 211)

The groups for women sexually molested as children studied by Tsai and Wagner (1978) were lead by a male and female co-therapist as was the sexually abused adolescent group examined by Lubell and Soong (1982).

In choosing a male co-therapist, a professional counsellor was selected whose philosophy and style in working with groups of sexually abused adolescents was complementary to the researcher who served as the female co-therapist.

The fourth characteristic of situation transition groups: offering of social support, emotional interaction with others and sharing of factual information about the shared external event, was another feature incorporated into the group therapy program used in this study.

Giving and receiving of support within the group setting can help members feel less lonely and isolated and more useful. Sharing information among a group of sexually abused adolescents can reduce uncertainty and relieve some fears and false beliefs. The group also can offer adolescents the opportunity to share their feelings about their abuse in a setting where reciprocity is possible.

The final feature of situation/transition groups: that members are not encouraged or required to espouse to a particular moral or behavioral value system, was relevant to a group for sexually abused adolescents. Group members need the freedom to adopt whatever moral or value system they chose that will best help them cope with their traumatization.

In addition to the features of the situation/transition group, two other characteristics were incorporated into the model. The group therapy program for sexually abused adolescent girls was to be goal oriented and structured.

Focusing on the goals of the members would be a helpful process in meeting individual's needs in a group setting. Providing some structure to the group would supply the members with different outlets to discuss their traumatization and reduce anxiety. Corey and Corey (1977) suggested that imposing some structure to a group was essential, especially with adolescents since they do not cope with uncertainty as well as adults do.

In choosing the population, to be used in this study adolescents were selected since they were identified in the literature as being highly vulnerable to the negative effects of sexual abuse and they were at a stage in their development when interacting with peers was crucial to them. The group therapy program used in this study was designed for both female and male adolescent sexual abuse victims. However, only female adolescents participated in the therapy groups when no males were referred for the program.

Content of the Group

The topics discussed in the group were chosen by the co-leaders and based on the effects of sexual abuse as identified in the literature and the co-leaders professional experiences in counselling victims.

Two important assumptions of the co-leaders were considered in formalizing the discussion topics for the group. First, it was not the actual act of sexual abuse that caused

the traumatization but rather how the abuse left the victims feeling about themselves, and the resulting spillover into their relationships with others. Thus, topics discussed in the group were not centered around details of the abusive acts but, instead, addressed issues such as self-esteem, relationships with friends, relationships with boys, and relationships with family members.

Secondly, the co-leaders adhered to the premise that the members needed to begin with discussion of topics of a low-threatening level and gradually progress to issues that were more difficult to share with others. Sexual abuse is such a sensitive and personal subject it is unfair to expect victims to share deep feelings without providing them with time to cohere and build trusting relationships. As a result, the content of the initial sessions included topics such as rules, naming the group, and a feelings list.

A preventative component was also built into the structure of the group as children who have been sexually abused are highly susceptible to further abuse. Finkelhor et al. (1986) noted that previously abused children were at high risk for re-abuse and that prevention skills could be an excellent vehicle for restoring their sense of security and self-esteem. Thus two sessions were devoted to assertiveness skills.

An outline of the session content for the pilot and trial groups can be found in Appendix A. The outline of the session

content for the group used in this study can be found in Appendix B. These outlines served as a guide and were subject to change according to the needs of the group members.

Group Process

In assessing what group processes would best meet the needs of sexually abused adolescent girls, the 11 curative factors as identified by Yalom (1970) were deemed most suitable. These therapeutic factors served as a focus for the co-leaders as they guided various group processes throughout the group therapy program. The co-leaders were to play a critical role in the therapeutic effectiveness of the group by facilitating the operation of these curative factors throughout the sessions. For example, if a group member shared a personal feeling related to the abuse a co-leader could facilitate the operation of the curative factor Universality by encouraging other members to share the same or similar feelings.

Structured group exercises were also considered as a medium for effective therapeutic intervention. A specific group exercise could heighten the interest of the adolescents, help focus their feelings and have a bigger impact upon them than the process of a general discussion. For example, in a group session on assertiveness members role playing different approaches was considered to be a more effective process than simply a discussion of the topic. Drum and Knott (1982) noted

that role playing and behavioral rehearsal were vital components of assertiveness training.

Another important factor considered in the development of the process component of the therapy group was the activity-level of the co-leaders.

Co-leaders would need to be highly active in the initial stages of the group. Since initially group members would likely be anxious and uncertain, a fair degree of direction and input would need to come from the co-leaders. However, once the cohesive process began to function, the co-leaders role would gradually change as they encouraged members to turn to each other rather than the co-leaders. This process was to encourage independence and increase self-confidence.

In summary, the 11 curative factors developed by Yalom (1970), structured group exercises and the transition of the group leaders from a high activity level to a low activity level were considered to be vital group processes that were incorporated into the development of the group therapy program examined in this study.

Implementation

The implementation of the group therapy program was a three phase project spanning a year and a half. A pilot group and trial group were valuable precursors to the group evaluated in this study. All three groups are discussed in the implementation component of this study.

Setting

Each group was conducted in St. John's, Newfoundland, at the offices of the Adolescent Health Counselling Service. This agency is a service of the Provincial Department of Health and its mandate is to provide counselling on a community outpatient basis, for teenagers and their families in the areas of lifestyle, growth and development and mental health.

The Adolescent Health Counselling Service was the selected location as it was accessible, private, relatively neutral and comfortable. The sessions were held in the early evening; 7:00 - 8:30. This allowed for further privacy as the group was usually the sole occupant of the building at that time.

The final session, which had a party format, was held at the writer's house.

Pilot Group

The first step in the implementation of the pilot group was to obtain a sample of sexually abused female adolescents who were willing to participate in a group therapy program for 12 weeks. A letter explaining the nature of the group and requesting referrals was sent to all school counsellors in the junior high and high school settings in the St. John's area, as well as to the three St. John's Regional Social Services Offices and two community agencies; Transition House and

Emmanual House. A copy of this letter can be found in Appendix C. Phone calls, to the Director of Child Welfare and the Crown Prosecutor involved in sexual abuse were conducted to discuss and promote the group therapy program. Follow-up phone calls were also made to all recipients of the letter requesting referrals. In addition the group therapy program was advertised, for two weeks on the television community bulletin board on Channel 9, Avalon Cablevision, St. John's, Newfoundland.

Six female adolescents were referred for the program and individual interviews with the co-leaders were conducted prior to the commencing of the group. The purpose of these interviews was to assess the adolescent's appropriateness for the group, to provide additional information about the group therapy program and to address any questions or concerns of the adolescent. A candidate was considered eligible for the group if she was an adolescent who had been the victim of sexual abuse and was interested in becoming involved in the program. If a subject appeared mentally handicapped, very immature or exhibited a personality disturbance then she would be considered ineligible for the program.

The six referred and accepted adolescents commenced group therapy on April 16th, 1986. The girls ranged in age from 13 to 19 years. Two of the girls were abused by their fathers, two others were abused by uncles, one adolescent was victimized by her brother and one girl was sexually assaulted

by a group of neighbourhood boys. Three of the girls lived in foster care and three lived at home. Five of the six girls were still attending school.

One member elected not to return to the group after three sessions as she found it too stressful. The other five members continued for the 12 week duration.

The instruments selected for evaluation of the group therapy program were implemented in the pilot project. This involved group members completing the Needs Assessment Questionnaire (see Appendix D) and the pretest Offer Self-Image Questionnaire (see Appendix E) in the first session; the Group Climate Questionnaire (see Appendix F) at the end of each session; and the Final Evaluation Questionnaire (see Appendix G) and posttest Offer Self-Image Questionnaire (see Appendix E) during the final session.

The topics discussed in the group followed the outline developed by the writer (see Appendix A). One new topic that was introduced to the group by the members was the issue of having a male co-therapist. The discussion of this subject took half of one session. The various group processes identified in the development section of this study were evident and functioned effectively in the pilot project.

Overall, the co-leaders felt the pilot study had operated relatively smoothly and only a few minor modifications were necessary prior to the commencement of another group therapy program. These modifications included the following:

(1) The issue of a male co-therapist in the group be introduced and explained by the co-leaders and discussed by the members if they felt it necessary.

(2) The questionnaires administered in the first and final sessions be completed at other times. These questionnaires were very time consuming, the members were easily distracted and not eager to complete them at these times. Individual times prior to the first session and following the final session were to be allotted for each group member.

(3) The group members were to be provided with individual assistance in formalizing their goals for the group therapy program to help make them more specific and thus easier to evaluate.

Trial Group

The trial group was originally planned to be the group evaluated in this study. However difficulties arose, that had not surfaced in the pilot study, requiring further modifications and thus this group served as a second pilot project.

Obtaining a sample of sexually abused adolescent girls willing to participate in a group therapy program was an easier task in the trial group, in comparison to the pilot study. A list of five possible candidates were on a waiting list at the Adolescent Health Counselling Service and phone

calls to the regional offices of Social Services in St. John's resulted in three more referrals. Individual interviews were held with each adolescent and on October 22nd, 1986, the eight candidates commenced the group therapy program. The girls ranged in age from 13 to 19 years. Five of the girls had been abused by their father or stepfather, two were abused by uncles and one member was victimized by her brothers and mother. Five of the adolescents lived with members of their family, one in a foster home, one in a boarding home and one in a group home. Five of the girls were still attending school. One of the group members was hospitalized for depression during the group and another was under close medical attention for uncontrollable vomiting, blackouts and severe nightmares.

During the initial individual interview or at a time just prior to the first session members met with one of the co-leaders to complete The Needs Assessment Questionnaire and the pretest Offer Self-Image Questionnaire and to receive assistance in identifying the goals.

The issue of one co-leader being male was introduced by the group and discussed by the members. Two other topics which the members chose to discuss were suicide and court proceedings. All of the topics listed in the outline were not discussed due to time constraints and a premature termination.

The co-leaders found that with this group, the co-leader's roles were more focused in the area of crisis

intervention. Facilitating various group processes also was more difficult. Often when one member expressed feelings of depression, the other members would react with feelings of despair and/or hopelessness. Thus, it became the task of the co-leaders to help lift the group to a more hopeful and helpful level of functioning.

The trial group terminated after nine sessions when the number of group members attending the program dropped to three. The first adolescent dropped out after the first session as she did not feel she was ready to deal with the issue in a group setting. Another girl, who was extremely shy and timid, terminated after the third session. One adolescent was forced to withdraw from the group when she was hospitalized for depression. Two group members, who were sisters, lived 60 miles from the Adolescent Health Counselling Service and were unable to continue to attend because of transportation problems. With only three members remaining, the group decided to terminate and the girls were offered the opportunity to join the next group.

Following the trial group a full review was undertaken and some major modifications resulted. They were as follows:

(1) The criteria for members to be eligible for the group was to be expanded and the prescreening interviews were to be more extensive. The additional criteria for group inclusion were to be:

(a) no chronic or current crisis of major magnitude (i.e., psychiatric hospitalizations, self-destructive tendencies).

(b) some reasonable degree of a social support network (e.g., at least one person, family member or friend who could provide support).

(c) adolescents who live out of town were not to be included in groups that were scheduled in the winter months because of possible transportation problems.

Cole and Barney (1986) implemented group therapy for adult incest survivors and made reference to the importance of the prescreening interview. They stated that an adequate prescreening process was vital to the safety and positive outcome for group members as well as those who are not yet ready to be involved in the group.

(2) All members would be required to be in concurrent individual therapy during the course of the group, either with one of the co-leaders or another professional. The group process inevitably generates material that cannot be addressed adequately during the group session and this would provide an outlet to deal with these issues.

(3) General information regarding the abuse was to be shared by the members through a structured exercise

in the first session. This exercise would involve members pairing off and asking each other a list of general questions about their situation. Members were to return to the group and share their partner's answers with the other members. The co-leaders believed that this exercise would help the members feel an initial sense of belonging and enhance the cohesive process without being too anxiety-provoking.

(4) A check-in and check-out exercise was to be implemented in each session. This would involve each group member and the co-leaders telling the group how he/she was feeling at the beginning of the session, and then at the end of the group how they felt about that session. The check-in could provide the co-leaders and the members with a better understanding of each member for that session. The check-out would allow the co-leaders to model the benefits and positive aspects of a difficult session and thus facilitate the task of lifting the group to a more hopeful level of functioning.

The Group Evaluated in this Study

The sample for the third group was taken from a waiting list of 11 female adolescents referred to the Adolescent Health Counselling Service for the program. Prescreening

interviews were conducted by the co-leaders and three members were considered ineligible according to the new criteria outlined as a result of the trial group.

Eight adolescents commenced the group therapy program on April 23rd, 1987. The girls ranged in age from 13 to 18 years. One group member had participated previously in the trial group. Two girls were abused by their fathers, and two by their grandfathers. A stepfather, a mother's boyfriend, a neighbour and a mother and brothers were the offenders of the other adolescents. Five of the girls lived at home with either one or both parents. Two girls lived in a group home and one in a foster home. All the adolescents were still attending school.

All of the members were seen individually by either one of the co-leaders or another counsellor on a regular basis throughout the group program. Two new structured exercises were implemented during this group: the check-in and check-out exercise and the sharing of general information about the abuse exercise. These exercises were described in the modifications resulting from the trial group. The topics discussed followed the outline found in Appendix B. The group was conducted for 12 consecutive weeks and ended on June 19th, 1987. A concluding interview with each group member was held following the group to complete the Final Evaluation Questionnaire and the posttest Offer Self-Image Questionnaire

and to ensure follow-up counselling was available if
necessary.

Evaluation

This study involved the evaluation of both the content
and process components of a group therapy program for sexually
abused adolescent females.

The group members identified their individual needs and
goals through the Needs Assessment Questionnaire and this
information was utilized in choosing topics for the group
sessions. The Final Evaluation Questionnaire was administered
following the group in order that members could evaluate the
degree of success with which the group therapy helped them
meet their needs and goals.

Throughout the group, members evaluated group processes
by completing the Group Climate Questionnaire at the end of
each session. When the group program was completed the
members identified the group processes they found to be the
most and least helpful in their Final Evaluation.

Ongoing evaluation of the group's content and process was
carried out by the co-leaders throughout the group. They
completed the Group Climate Questionnaire, the Member
Participation Questionnaire (see Appendix H) and the Leader
Evaluation Questionnaire (see Appendix I) at the conclusion
of each session. This information was analyzed on a weekly

basis in an effort to evaluate the group's progress and plan for future sessions.

This study also incorporated a pre and posttest Offer Self-Image Questionnaire in the evaluation to assess any significant changes in the group member's self-image following the group experience.

Instrumentation

Needs Assessment Questionnaire

The Needs Assessment Questionnaire (see Appendix D) was administered to each group member prior to the first session of the group. The purpose of this instrument was to help the adolescent focus on specific needs that have arisen as a result of her victimization and to identify individual goals to strive for in the group therapy program. The questionnaire was composed of 26 needs. These needs were based on a combination of factors: (a) the effects of sexual abuse identified in the literature, (i.e., low self-esteem, guilt, depression, suicide, and behaviourial problems), (b) the developmental tasks of adolescence (i.e., socialization with peers, identity formation, sexual behaviour and knowledge, and independence and control) and (c) the curative factors of group therapy (i.e., Universality, Cohesiveness, Instillation of Hope and Imparting Information). Each adolescent was asked to indicate whether each of these needs was applicable to her. Since these 26 needs were only a representative sample of the

many possible needs of adolescent sexual abuse victims, there was a section in the questionnaire for the adolescent to identify any other needs that were not included in the list.

The final section of this instrument asked the group member to identify three important goals that she would like to achieve as a result of her participation in the group. The co-leaders provided the adolescents with assistance in making their goals as specific as possible.

The Needs Assessment Questionnaire was an important tool in the evaluation process. It facilitated the meeting of individual needs in a group setting and formed the basis of the content evaluation.

Self-Image Questionnaire

The Offer Self-Image Questionnaire (see Appendix E), an instrument developed by Daniel Offer in 1969 (Offer, 1982), is a self-descriptive personality test that is used to measure the adjustment of teenage boys and girls between the ages of 13 to 19. The questionnaire contains 130 items to measure adjustment in 11 content areas that are considered important in the psychological life of the adolescent. A description of the 11 areas and the number of items included for each is as follows:

    (1)   _Impulse Control_ - This scale measures the extent to which the ego apparatus of the adolescent is strong enough to ward off the various pressures that exist in his internal and his external environment. There are nine items in this scale

(2) <u>Emotional Tone</u> - This scale measures the degree of affective harmony within the psychic structure, the extent to which there is fluctuation in the emotions as opposed to feelings that remain relatively stable. There are 10 items in this scale.

(3) <u>Body and Self-Image</u> - This scale indicates the extent to which the adolescent has adjusted to or feels awkward about his or her body. There are nine items in this scale.

(4) <u>Social Relationships</u> - This scale assess object relationships and friendship patterns. There are nine items in this scale.

(5) <u>Morals</u> - This scale measures the extent to which the conscience or superego has developed. There are 10 items in this scale.

(6) <u>Vocational-Educational Goals</u> - One of the specific tasks of the adolescent is learning and planning for a vocational future. This scale measures how well the teenager is faring in accomplishing this task. There are 10 items in this scale.

(7) <u>Sexual Attitudes</u> - This scale concerns itself with the adolescent's feelings, attitudes, and behaviour towards the opposite sex. There are 10 items in this scale.

(8) <u>Family Relationships</u> - This scale is concerned with how the adolescent feels about his parents and the kind of relationship he has with his mother and father. It measures the emotional atmosphere in the home. There are 19 items in this scale.

(9) <u>Mastery of the External World</u> - This scale demonstrates how well an adolescent adapts to the immediate environment. There are 10 items in this scale.

(10) <u>Psychopathology</u> - This scale identifies overt or severe psychopathology. There are 14 items in this scale.

(11) <u>Superior Adjustment</u> - This scale measures
how well the adolescent copes with
himself, significant others and his world.
This scale could also be defined as a
measure of ego strength. There are 14
items in this scale. (pp. 3-4)

The questionnaire instructs the adolescent to indicate
how well the various items describe him/herself. Each of the
130 items has six response choices ranging from "describes me
very well" to "does not describe me at all". The items are
presented in random order and half of them are written in
positive form, while the remainder are negative to help insure
the items are read carefully. An average of 40 minutes is
required for the adolescent to complete the questionnaire.

This self-image questionnaire has been administered to
over 10,000 teenagers and studies (Offer, Ostrov, & Howard,
1982; Offer, Ostrov & Howard, 1984; and Offer, & Howard, 1972)
have shown that this instrument can significantly
differentiate between different adolescent populations (i.e.,
normal, delinquent and disturbed).

The internal consistency of this instrument was assessed
in 1979 (Offer, et al. 1982). The correlation coefficients
for the scales in the four separate normal populations
(younger males, older males, younger females and older
females) ranged from 0.36 to 0.88. Six month test retest
reliability in the normative population was between 0.48 and
0.84 for the scales, and 0.73 for the total score.

In an effort to address the concurrent validity of the Offer Self-Image Questionnaire, scores of this instrument have been correlated with other personality tests. Three studies (Offer, 1969; Coche and Taylor, 1974 and Hjorth, 1980) concluded that moderate to high correlations existed between the Offer Self-Image Questionnaire and the Bell Inventory, the Minnesota Multiphasic Personality Inventory (MMPI), and the Tennessee Self-Image Test.

The Offer Self-Image Questionnaire was administered as a pre and posttest with the sexually abused adolescent girls involved in the group therapy program to assess any significant changes in the different areas of their self-image following the group experience. This instrument was selected because many of the scales in this self-image questionnaire were areas of self-image that were often affected by sexual abuse as identified in the literature (i.e., social relationship, body and self-image, sexual attitudes and superior adjustment).

The pretest was administered to the group members on an individual basis during the week prior to the first session. The posttest questionnaire was completed with the final evaluation during the week following the last session. Both the pre and posttests were completed by the members at the offices of the Adolescent Health Counselling Service. One of the co-leaders was available in an adjacent office to answer any of the adolescent's questions. While a few members

complained about the length of the questionnaire all the adolescents were willing to complete it.

Group Climate Questionnaire

This instrument, developed by Mackenzie (1981) is a 12 item measure of important interpersonal behaviour perceived by group members within the treatment sessions. Mackenzie (1981) reported that the Group Climate Questionnaire (see Appendix F) has been in regular use in a hospital outpatient group psychotherapy program for several years. The therapists using this instrument found it valuable as an additional viewpoint on the group process. Mackenzie cautions:

> The Group Climate Questionnaire results are not taken as an absolute truth but only as another source of information with which to understand group process and formulate appropriate interventions – an example of applied clinical research.   (p. 166)

Dies (1983) stated that the Group Climate Questionnaire was well suited to the group treatment setting, because it was face-valid, brief, easily scored, and assessed key dimensions of group process. This instrument was utilized in the evaluation process of this study since it could provide the co-leaders with additional insight into various group processes on an ongoing basis.

The leaders and group members each completed the Group Climate Questionnaire at the end of every session. The 12 items were rated on a five point Likert scale ranging from "not at all" to "extremely". There was also a brief critical

incident form which provided anecdotal data concerning issues
in the session considered personally important by the member.
The questionnaire took five to ten minutes to complete.

The Group Climate Questionnaire served as a valuable tool
in this evaluation as it kept the co-leaders alert to emerging
trends in the interactions of the group members and provided
them with information that members may have found difficult
to disclose during the session.

Final Evaluation Questionnaire

The Final Evaluation Questionnaire (see Appendix G) was
completed by the adolescents individually during the week
following the final session. The importance of the evaluation
in assisting the group leaders to identify the helpful and not
so helpful components of the group was explained to the
adolescent. Each girl was also encouraged to answer the
questionnaire as honestly as possible and the co-leaders
welcomed any criticisms and suggestions for improvement. The
questionnaire was completed by the adolescent at the offices
of the Adolescent Health Counselling Service. One of the co-
leaders was present in an adjacent office, to answer any
questions that arose concerning completion of the
questionnaire.

This evaluation instrument was divided into three
sections. The first part was a Likert Rating Scale which
evaluated how well the needs and goals identified in the Needs

Assessment Questionnaire were met. Meeting the members individual needs and goals was the primary objective of the group therapy program. Thus, examining how successful the program was in meeting this objective was a crucial component of the evaluation process. A Likert Rating Scale was the measure chosen as it allowed the adolescent to differentiate the level of helpfulness provided by the group therapy program. All 26 needs were included in each questionnaire. This method allowed assessment of not only the success of meeting an adolescent's identified needs but also unidentified needs that she may not have been aware of prior to the therapy group. Any additional needs listed in the Needs Assessment Questionnaire and the individual goals of each member were written on the individual's questionnaire and were rated on the same Likert Rating Scale.

The second section of the final evaluation assessed the helpfulness of the curative factors identified by Yalom (1970) during the group. Examples of each curative factor were listed and the adolescents were to rank them from least helpful to most helpful.

The final section of the evaluation was a subjective component which sought the girl's personal feelings about the group. They were also asked to recommend changes to the program. Additionally, a space for other comments was also available to the adolescents for any additional feedback they

may have wanted to share with the co-leaders regarding the
group experience.

This instrument served as the primary tool in the overall
evaluation of the group therapy program.

Member Participation Questionnaire

The Member Participation Questionnaire (see Appendix H)
was completed separately by each of the co-leaders following
each session. This instrument allowed the co-leaders to
assess the group members' level of participation in the
sessions. Each group member was listed by number on the
questionnaire and the co-leaders had to assess the
adolescent's participation level using a five point Likert
scale ranging from "not at all" to "total involvement".

This questionnaire was helpful to the co-leaders in the
ongoing evaluation of the group. It helped them focus on
group members who were not participating enough and thus not
having their needs met and those who were over participating
thus preventing others from meeting their needs. The co-
leaders then utilized this information in planning for the
next session.

Session Evaluation Questionnaire

The Session Evaluation Questionnaire (see Appendix I) was
also completed separately by each of the co-leaders following
each session. This instrument involved the co-leaders,

identifying positive and/or negative components of the
session, describing any changes that should be made, and
listing three goals for the next session.

The Session Evaluation Questionnaire served as a valuable
tool for the co-leaders in the ongoing evaluation of the
group. It helped them identify the useful and not so useful
events of the session and focus their changes and plans for
the next session.

General Information Questionnaire

The General Information Questionnaire (see Appendix J)
was completed by each group member prior to the first session.
This demographic data sheet illicited the following
information: age, relationship to the abuser, nature of the
abuse, frequency and duration of the abuse, court proceedings,
and present living status.

This information was useful to the co-leaders in
obtaining a better understanding of each adolescent. The
General Information Questionnaire also served as a permanent
record to help develop individual profiles for the purposes
of this study.

The Research Design

A group therapy program for sexually abused adolescent
females was developed to assist victims to deal with their

traumatization. A pilot group and a trial group were completed prior to the group therapy program evaluated in this study. The purpose of this evaluation was to assess the effectiveness of group therapy as a form of treatment for sexually abused female adolescents. A number of different instruments were utilized in assessing group process, group content and the final outcome of the group experience throughout the duration of the program.

A single case study design was used in this study. Dies (1983) described how this design is used in group therapy:

> In the investigation of a single group the clinician intensely studies the group through systematic and repeated observation throughout the course of treatment, to monitor possible connections between certain process variables and therapeutic outcome. (p. 10)

Dies (1983) added that this intensive examination is facilitated by the careful application of empirical measures.

In choosing the instruments for this study a variety of questionnaires were selected as opposed to a simple pre/post design. The rationale being that it was important to evaluate therapeutic processes and not just outcome. A battery of instruments also allowed for a more comprehensive and reliable study.

A number of criteria for selecting a suitable change-measure package were recommended by Mackenzie and Dies (1982). They were as follows:

(1) Multiple measures, due to the complexity of therapeutic change.

(2) Both objective and subjective viewpoints evaluating subjective impressions and behavioral observations.

(3) A combination of individualized and standardized measurements.

(4) Assessment of various areas of functioning, e.g., self-esteem, interpersonal and social role functioning.

(5) Measures from varying sources of information, including the therapist, client and significant others.

(6) Instruments that represent a reasonable compromise between comprehensiveness and realistic time demands. (p. 14)

One of the measures utilized by the researcher was a standardized test, the Offer Self-Image Questionnaire. This instrument was selected for the pre and posttesting because it had demonstrated validity and was considered a good measurement to assess clinical improvement. A principal advantage of this test was it allowed assessment of the group members against normative standards, thus providing a reasonable framework for evaluating levels of change along a variety of dimensions. A major shortcoming was that individualized treatment goals may not be tapped by such a standardized measure. To offset this disadvantage a Needs Assessment Questionnaire was incorporated, requiring group members to identify specific needs and goals. These needs and goals were evaluated in the Final Evaluation Questionnaire at the end of the group. Thus, there was an integration of two important methods in the group therapy program which offered

considerable potential for measuring the nature of the adolescent's improvement.

In an effort to integrate group process and therapeutic outcome process measures were incorporated in the study. The Group Climate Questionnaire was one such instrument. Aside from the information-gathering value, this measure can actually improve group treatment. Dies (1983) suggested that instruments such as the Group Climate Questionnaire serve to structure the therapeutic enterprise by encouraging group members to focus on critical dimensions of group interactions. In addition, they facilitate continuity across sessions.

Another component of group process, the curative factors identified by Yalom (1970) were assessed by the group members in the Final Evaluation Questionnaire. Research on curative factors across a range of clinical settings demonstrated that therapeutic outcomes were influenced by the clients' experience of group treatment (Dies, 1983).

The use of instrumentation in evaluative research is critically important. Oetting (1976a) noted that this type of research offered a distinct advantage over scientific research in that the evaluator is afforded greater flexibility in constructing instruments to fit the particular treatment context. He reported that evaluators can often construct instruments with a high degree of face validity: "if the instruments are short and simple and seem reasonable the

client is likely to feel more like cooperating and may even take the trouble to do the ratings carefully" (p. 13).

Oetting (1976a) concluded that although evaluative research might not eliminate all the crucial alternative explanations of results, it would at least reduce the number of alternative interpretations of practical importance and permit generalizations to the same or similar target groups.

Analysis of the Data

The analysis of this evaluation was qualitative in nature. Since the sample size was small little value could be placed on statistical results.

One of the difficulties of small-scale research noted by Dies (1983) was the difficulty of determining the significance of change on the various empirical measures. In most cases scores would reflect individualized patterns of outcome. As a result the analysis of the data in this study involved individual profiles of group members. The success of each individual's needs and goals being met through the group experience were analyzed as well as areas of significant changes in their self-image. According to Dies (1983) more stock can be placed in changes obtained on individual outcome measures (i.e., the Final Evaluation Questionnaire) than were corroborated by corresponding changes on standardized instruments.

The helpfulness of various group processes were examined as was the usefulness of the ongoing evaluation by the co-leaders. Clinical judgement was used to integrate the various results.

CHAPTER IV

FINDINGS OF THE STUDY

Overview

The purpose of this study was to develop, implement and evaluate a group therapy program for sexually abused adolescent girls. Presented in this chapter are the findings of the evaluation of the program. The data consisted of: (a) the adolescents responses to the Needs Assessment Questionnaire (see Appendix D) completed prior to the first group session; (b) the scores of each adolescent on the Offer Self-Image Questionnaire (see Appendix E) administered before and after the group therapy program; (c) the adolescents' and the co-leaders' responses to the Group Climate Questionnaire (see Appendix F) administered after each session, (d) the adolescents' response to the Final Evaluation Questionnaire (see Appendix G) completed following the final session, (e) the co-leaders' scores on the Participation Questionnaire (see Appendix H) completed after each session, (f) the co-leaders' responses to the Leader Evaluation Questionnaire (see Appendix I) completed after each session, (g) the adolescents' responses to the General Information Questionnaire (see Appendix J) completed prior to the first session and (h) the co-leaders' clinical observations made throughout the group therapy program.

The analysis of the data is presented in two sections:
Section One examines the outcome of the group therapy program
through individual analysis of each group member and Section
Two reports the evaluation of group processes occurring during
the program through examination of ongoing evaluation data.

Section One--Outcome Evaluation

This section of the analysis contains a general
demographic description of the group members, followed by
individual profiles of each adolescent. The following
information is included in each profile: (a) specific
demographic data regarding the adolescent, (b) results of the
individual's Needs Assessment Questionnaire, (c) the
adolescent's scores on the pretest Offer Self-Image
Questionnaire, (d) the co-leaders' clinical observations of
the adolescent, (e) the individual's responses in the Final
Evaluation Questionnaire and (f) the adolescent's scores on
the posttest Offer Self-Image Questionnaire.

Each adolescent was assigned a letter to help preserve
anonymity.

General Demographic Information

The group evaluated in this study consisted of eight
adolescent girls ranging in ages from 13 to 18 years and a
male and female co-leader. The group commenced on April 23rd,

1987 and continued for 12 consecutive weeks. The sessions were held at the Adolescent Health Counselling Service every Thursday evening for an hour and a half to two hours.

Six of the eight adolescents were the victims of incestuous abuse; two of the girls were abused by their fathers, two by their grandfathers, one by a stepfather and one by a mother and three brothers. The other two adolescents were abused by non-family members. One was abused by a neighbour, the other by her mother's boyfriend. In all cases, the abuser was someone known to the adolescent.

The nature of the abuse ranged from fondling of genitals to sexual intercourse. One adolescent had experienced severe physical and emotional abuse as well as the sexual abuse. The average duration of the sexual victimization was 4.4 years and the frequency ranged from once or twice every few months to two to three times a week.

Five of the girls lived at home with one or both parents. Two lived in a group home and one in a foster home. Criminal charges were laid against the abuser in seven cases.

The writer and a male counsellor with the Adolescent Health Counselling Services were the co-leaders for the group. Both were experienced professional counsellors who were trained at the graduate level, in educational psychology and social work respectively. The co-leaders both had psychiatric and crisis intervention experience. The writer was a psychiatric nurse and had done considerable work with sexually

Table 1

Demographic Data of Group Members

Subject	Age	Abuser	Frequency	Nature	Duration	Court	Present Living Arrangements
A	13	Mother's boyfriend	9-10 times	Fondling	3 months	Yes Convicted - 6 month sentence	Lives with mother. Parents separated. Both parents supportive.
B	18	Mother, brothers and 4 boyfriend	Weekly	Intercourse Gross indecency Emotional and physical abuse	Over 12 years	No Did not want to press charges	Lives in a boarding home. No contact with any family members.
C	13	Stepfather	2-3 times a week	Fondling and intercourse	Over 6 years	Yes Convicted - 4 year sentence	Lives with mother. However, possibly stepfather may return to the home.
D	17	Grandfather	2-3 times a month	Fondling	Over 5 years	Yes Convicted 4 year sentence	Lives with her mother and sister. Parents separated. Mother was abused by the grandfather when she was a child.
E	14	Grandfather	15-20 times	Fondling	2 years	Yes Case pending	Lives with parents. Family supportive.
F	13	Father	Once or twice every few months	Intercourse	4 years	Yes Convicted - 2 year sentence	Group home. She wanted to return to her home.
G	13	Father	3-6 times a month	Fondling	1 year	Yes Convicted - 6 month sentence	Group home. She did not want to return home.
H	16	Neighbour	Once	Intercourse	1 time	Yes Convicted - 10 month sentence	Lives at home with parents and brothers and sister. Parents supportive.

abused children. The male leader had significant group work experience and had worked with abusive families and victims.

Individual Profiles

Subject "A"

Subject "A" was a 13 year old girl who had been sexually abused by her mother's boyfriend. The abuse occurred 8 to 10 times over a three month period when the subject was 11 years old. The nature of the abuse was fondling of the breasts and pubic area. When the victim first disclosed the abuse to her mother she was not initially believed. Later criminal charges were laid and the offender was convicted.

Subject "A" lived with her mother, older sister, two younger sisters and two younger brothers. The adolescent's parents were separated and both were alcoholics. The family was receiving social assistance. The victim maintained frequent contact with her father and appeared to think highly of him. The relationship with her mother was not viewed as positive by the adolescent. She believed it had deteriorated following the disclosure of abuse.

At the time of the group, the subject was attending school. She was in grade eight and was performing in the average range. She was involved in school athletics but did not feel she had many friends.

Subject "A" was referred to the Adolescent Health Counselling Service by her school counsellor. The

adolescent's mother was in agreement with her daughter attending the group. Problems at home resulted in Subject "A" missing sessions four and five.

In the group, Subject "A" presented as an attractive and emotionally mature adolescent. She was one of the more vocal members of the group and often contributed very insightful comments for her age. She appeared to have assumed an adult role in the family as she frequently referred to various domestic responsibilities and chores.

Of the 26 needs listed in the Needs Assessment Questionnaire the following 21 were identified as being important for Subject "A".

(1) To feel happier about myself.

(2) To feel more comfortable around boys my age.

(3) To feel that what happened to me wasn't my fault.

(6) To feel someone understands me.

(7) To feel that I'm not a bad person.

(10) To feel close to someone.

(11) To believe in myself.

(12) To know what to do if someone tries to sexually abuse me again.

(13) To change my present way of behaving.

(14) To feel that I'm not a dirty person.

(15) To better understand my sexual feelings.

(16) To feel more sure of myself.

(17) To feel less lonely and sad.

(18) To feel more comfortable around older men.

(19)   To feel closer to my family.

(20)   To be able to tell members of my family how I feel about being sexually abused.

(21)   To feel I am not helpless and I can control what happens to me.

(22)   To feel less nervous and anxious.

(24)   To feel that other people like and accept me.

(25)   To have a better sense of who I am.

(26)   To feel that I will grow up and have a normal happy life.

Two additional needs developed by the adolescent were as follows:

(1)   To feel wanted and needed.

(2)   To feel that I am not alone in the way I feel about sexual abuse.

Two goals were listed by Subject A. They were as follows:

(1)   I will no longer feel that the abuse happened because I was no good.

(2)   I will be able to believe that I will be able to get married, have children and feel happy.

In the Final Evaluation Questionnaire Subject "A" rated how successful the group was in helping to meet her needs and goals. The rating scale included "not at all", "a little bit", "somewhat", "alot" and "total improvement". The results of the identified needs were as follows:

(1)	To feel happier about myself.	A lot
(2)	To feel more comfortable around boys my age.	A lot
(3)	To feel that what happened to me wasn't my fault.	Total Improvement
(6)	To feel someone understands me.	Total Improvement
(7)	To feel that I'm not a bad person.	Total Improvement
(10)	To feel close to someone.	Total Improvement
(11)	To believe in myself.	A lot
(12)	To know what to do if someone tries to sexually abuse me again.	A lot
(13)	To change my present way of behaving.	Somewhat
(14)	To feel that I'm not a dirty person.	Somewhat
(15)	To better understand my sexual feelings.	A lot
(16)	To feel more sure of myself.	Total Improvement
(17)	To feel less lonely and sad.	A lot
(18)	To feel more comfortable around older men.	A lot
(19)	To feel closer to my family.	A little bit
(20)	To be able to tell members of my family how I feel about being sexually abused.	Somewhat
(21)	To feel I am not helpless and I can control what happens to me.	Not at all
(22)	To feel less nervous and anxious.	A lot
(24)	To feel that other people like and accept me.	Total Improvement

(25) To have a better sense of
     who I am.   A lot

(26) To feel that I will grow
     up and have a normal happy
     life.   Total Improvement

<u>Additional needs</u> identified by
Subject A

(1) To feel wanted and needed.   A lot

(2) To feel I am not alone in
    the way I feel about sexual
    abuse.   A lot

     The five needs identified by Subject "A" as not being

important in the Needs Assessment Questionnaire were included

in the Final Evaluation Questionnaire to assess if

unidentified needs were met through the group therapy program.

These needs and ratings were as follows:

(4) To know more about sex and
    when it's okay for me to do it.   Somewhat

(5) To know how to say no when
    someone asks me to do
    something I don't want to do.   Total Improvement

(8) To know how to act around
    guys.   A lot

(9) To learn how to make more
    friends.   Somewhat

(23) To feel that I don't want
     to hurt myself anymore.   A little bit

     The ratings of the two individual goals were as follows:

(1) I will no longer feel that
    the abuse happened because
    I was no good.   A lot

(2) I will be able to believe
     that I will be able to get
     married, have children and
     feel happy.   Total Improvement

     In the subjective component of the Final Evaluation
Questionnaire, Subject "A" stated that she would change
nothing if she were to attend the group again.   She
recommended the group for other victims and stated it dealt
with almost every problem one could run into because of the
abuse.   She concluded that the group had been a tremendous
help to her and she wished it went on forever.

     The Offer Self-Image Questionnaire was administered to
Subject "A" prior to the commencement of the first session and
following completion of the last session.   The questionnaire
is composed of eleven areas measuring self-image.   Raw scores
in each area were calculated and converted to standard scores.
A score of 50 signifies a score equal to the normal reference
group mean.   A score lower than 50 indicates poorer adjustment
than that of normal and a score higher than 50 signifies
better adjustment than that of normal adolescents.   A score
of 65 is one standard deviation above the mean and a score of
35 is one standard deviation below the mean.   A difference of
five points in the standard score is considered significant
at the .05 level (Offer et al., 1981).

     In the pretest Subject "A" scored below the mean in 9 of
the 11 areas of self-image.   The area of Mastery of External
World had the lowest score of 19.   The area of Morals held the

highest score of 75. Other scores were as follows: Impulse Control, 29; Emotional Tone, 27; Body and Self-Image, 23; Social Relationships, 42; Sexual Attitudes, 37; Family Relationships, 22; Psychopathology, 44; Vocational and Educational Goals, 61; and Superior Adjustment, 41. Five of the nine areas below the standard mean score of 50 were at least one standard deviation below the mean. The total standard score mean combining all areas was 38.2. This was 11.8 points below the average for normal adolescents.

In the posttest Subject "A" scored below the mean in only five of the eleven areas of self-image. There was a significant positive change in the areas of: Impulse Control, Emotional Tone, Social Relationships, Sexual Attitudes, Mastery of External World and Superior Adjustment. There was a significant negative change in the area of Morals. The changes in the other four areas were not significant. The total standard score mean on the posttest was 45.2. While this score was below the mean standard score of 50 it was a seven point increase over the pretest score. A comparison of the pre and posttest scores of the Offer Self-Image Questionnaire is reported in Table 2.

A graphic illustration of the pre and posttest results as compared to the mean for Subject "A" is recorded in Figure 1.

Table 2

A Comparison of the Pre and Posttest Scores of the Offer Self-Image Questionnaire for Subject "A"

Categories	Pretest Scores Standard Scores	Pretest Scores Percentile Rank	Posttest Scores Standard Scores	Posttest Scores Percentile Rank	Direction of Change	Significance of Change (5 point difference)
1) Impulse Control	29	9.1	51	45.7	+	Yes
2) Emotional Tone	27	7.6	42	22.1	+	Yes
3) Body and Self-Image	23	2.2	26	4.0	+	No
4) Social Relationships	42	24.6	62	77.2	+	Yes
5) Morals	75	92.8	55	49.6	-	Yes
6) Vocational and Educational Goals	61	62.3	61	62.3	0	No
7) Sexual Attitudes	37	14.1	47	33.0	+	Yes
8) Family Relationships	22	3.6	24	4.0	+	No
9) Mastery of External World	19	1.8	29	4.7	-	Yes
10) Psychopathology	44	27.9	43	23.9	-	No
11) Superior Adjustment	41	22.5	57	59.4	+	Yes
Standard Total Mean	38.2		45.2		+	Yes
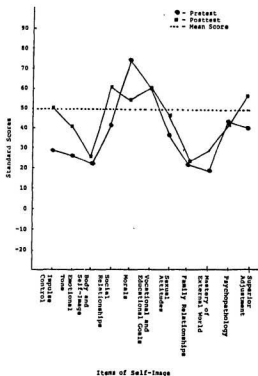
Figure 1. A graphic illustration of the pre and posttest scores of the Offer Self-Image Questionnaire for Subject "A".

Summary

Subject "A" was a 13 year old adolescent who had been sexually abused by her mother's boyfriend for a three month period. In the Needs Assessment Questionnaire she identified 21 of the 26 needs listed as being important to her. She also recorded two additional needs and two goals. In the Final Evaluation Questionnaire, Subject "A" rated how successful the group was in helping her meet her needs and goals. Of the 21 identified needs, 7 were rated "total improvement", 9 were "a lot", 3 were "somewhat", 1 was "a little bit" and 1 was "not at all". The two additional needs were both rated "a lot". One of the goals was rated "a lot" and the other "total improvement". Of the five identified needs one was "a little bit", two were "somewhat", one was "a lot" and one was "total improvement".

In her subjective comments about the group experience Subject "A" noted that she found the group to be a tremendous help and would recommend it to other sexually abused adolescents.

The results of the pretest Offer Self-Image Questionnaire demonstrated that Subject "A" was below the normal reference group mean in 9 of the 11 areas of self-image. The total score was 11.8 points below the mean for normal adolescents. In the posttest there was significant positive change in six areas and significant negative change in one area. There was

an increase of seven points in the total score as compared to
the pretest.

Individual Profile

Subject "B"

Subject "B" was an 18 year old girl who had been sexually
abused by her mother and three brothers. The abuse occurred
on the average once a week. The adolescent's earliest
recollection of abuse was when she was three years old. The
victimization ended when she was seventeen and moved out of
the home. The nature of the abuse included exposure, fondling
of genitals, oral sex and intercourse. Physical and emotional
abuse often accompanied the sexual victimization. On some
occasions, one offender would be involved in the abusive act.
Other times, two, three or four offenders would engage in
abusive acts simultaneously.

Subject "B" disclosed the abuse to a school counsellor
and was removed from her home shortly after. She was placed
in a foster home with nine other children. She thought highly
of her foster mother and referred to her as mom. There was
no further contact with her biological family. Subject "B"
decided not to press criminal charges because she did not
think she could face the mental anguish of a trial.

At the time of the group, the adolescent was attending
school. She was in grade 11 but was having difficulty keeping

up with the work as she was frequently absent from school due to illness.

Subject "B" experienced many physical and emotional repercussions resulting from the abuse. She suffered from blackouts, anxiety attacks, nightmares, uncontrollable vomiting, self-mutilation and suicidal ideation. She was referred to the group therapy program by her doctor. She had attended the trial group, shown improvement, and was eager to participate in another group. Physical illness resulted in Subject "B" missing sessions three and four.

In the group Subject "B" presented herself as an intelligent and articulate adolescent. Her participation level varied according to her mood. On some occasions she was very withdrawn, while other times she was very vocal. Subject "B" was extremely sensitive, and had difficulty accepting compliments from others. She appeared to have a very low self-image. She complained of not having any friends and always feeling different. At times Subject "B" demonstrated an excellent sense of humor and interacted well with others. On other occasions she isolated herself from the other members, avoided eye contact and sketched pictures. She exhibited a talent in art and poetry.

Of the 26 needs listed in the Needs Assessment Questionnaire the following 18 were identified as being important for Subject "B".

(1) To feel happier about myself.

(3) To feel that what happened to me wasn't my fault.

(5) To know how to say no when someone ⸱⸱⸱ me to something I don't want to do.

(6) To feel someone understands me.

(7) To feel that I'm not a bad person.

(8) To know how to act around guys.

(9) To learn how to make more friends.

(10) To feel close to someone.

(11) To believe in myself.

(12) To know what to do if someone tries to sexually abuse me again.

(14) To feel that I'm not a dirty person.

(16) To feel more sure of myself.

(19) To feel closer to my family.

(22) To feel less nervous and anxious.

(23) To feel that I don't want to hurt myself anymore.

(24) To feel that other people like and accept me.

(25) To have a better sense of who I am.

(26) To feel that I will grow up and have a normal happy life.

No additional needs were developed by Subject "B". Three individual goals identified by the adolescent were as follows:

(1) I will be able to get a better understanding of why these things happen.

(2) I will meet new people and help them when needed.

(3) I will share my experiences better with people without feeling that people will think I am weird or strange.

In the Final Evaluation Questionnaire Subject "B" rated how successful the group was in helping to meet her needs and goals. The rating scale included; "not at all", "a little bit", "somewhat", "a lot", and "total improvement". The results of the identified needs were as follows:

(1)	To feel happier about myself.	A lot
(3)	To feel that what happened to me wasn't my fault.	Somewhat
(5)	To know how to say no when someone asks me to do something I don't want to do.	A little bit
(6)	To feel someone understands me.	Total Improvement
(7)	To feel that I'm not a bad person.	Somewhat
(8)	To know how to act around guys.	Somewhat
(9)	To learn how make more friends.	A lot
(10)	To feel close to someone.	A lot
(11)	To believe in myself.	Somewhat
(12)	To know what to do if someone tries to sexually abuse me again.	Somewhat
(14)	To feel that I'm not a dirty person.	A little bit
(16)	To feel more sure of myself.	A lot
(19)	To feel closer to my family.	A little bit
(22)	To feel less nervous and anxious.	A lot
(23)	To feel that I don't want to hurt myself anymore.	Somewhat
(24)	To feel that other people like and accept me.	A lot

(25) To have a better sense of
      who I am.   A lot

(26) To feel that I will grow
      up and have a normal happy
      life.   Somewhat

The eight needs identified by Subject "B" as not being important in the Needs Assessment Questionnaire were included in the Final Evaluation Questionnaire to assess if unidentified needs were met through the group therapy program. These needs and ratings were as follows:

(2)   To feel comfortable around boys
      my age.   A little bit

(4)   To know more about sex and when
      its okay for me to do it.   A lot

(13) To change my present way of
      behaving.   Somewhat

(15) To better understand my sexual
      feelings.   Somewhat

(17) To feel less lonely and sad.   A lot

(18) To feel more comfortable around
      older men.   Not at all

(20) To feel less nervous and anxious.   A lot

(22) To be able to tell members of my
      family how I feel about being
      sexually abused.   A lot

The ratings of the three individual goals were as follows:

(1)   I will be able to get a better
      understanding of why these
      things happen.   A lot

(2)   I will meet new people and
      help them when needed.   Total Improvement

(3)   I will share my experiences
      better with people without
      feeling that people will
      think I am weird.   Total Improvement

In the subjective component of the Final Evaluation
Questionnaire Subject "B" stated she would change absolutely
nothing if she were to attend the group again. She
recommended the group for others and stated how helpful it had
been. She expressed gratitude for all the help and support
the group had given her and stated she would miss everyone.

The Offer Self-Image Questionnaire was administered to
Subject "B" prior to the commencement of the first session and
following completion of the last session.

In the pretest Subject "B" scored below the mean in 7 of
the 11 areas of self-image. The area of sexual attitudes had
the lowest score of 22. The area of Morals had the highest
score of 77. Other scores were as follows: Impulse Control,
57; Emotional Tone, 43; Body and Self-Image, 39; Social
Relationships, 27; Vocational and Educational Goals, 70;
Family Relationships, 57; Mastery of External World, 38;
Psychopathology, 38; and Superior Adjustment, 37. The total
standard score mean combining all area was 45.9. This was 4.1
points below the average for normal adolescents.

In the posttest Subject "B" scored below the mean in 6
of the 11 areas of self-image. There was significant positive
change in only one area: Superior Adjustment. There was a
significant negative change in the following seven areas:

Impulse Control, Body and Self-Image, Social Relationships, Morals, Sexual Attitudes, Family Relationsnips and Psychopathology. There was no significant change in the other two areas. The total standard score mean on the posttest was 38.2. This score was a 6.7 decrease over the pretest score.

Subject "B" participated in the trial group a few months prior to this group. She completed a pretest Offer Self-Image Questionnaire but not the posttest because of the premature termination of the group. In the pretest she scored below the mean in 9 of the 11 areas and her total standard score was 29.5. Although Subject "B" posttest score dropped 6.7 points following the group therapy program used in this study, this posttest score was a 9.7 increase over her pretest score in the trial group. A comparison of the pre and posttest scores of the Offer Self-Image Questionnaire are reported in Tables 3 and 3A.

A graphic illustration of the pre and posttest results as compared to the mean for Subject "B" is recorded in Figure 2.

Summary

Subject "B" was an 18 year old adolescent who had been extensively sexually, physically and emotionally abused by her mother and three older brothers from early childhood until she was 17 years of age. In the Needs Assessment Questionnaire

Table 3

A Comparison of the Pre and Posttest Scores of the Offer Self-Image Questionnaire for Subject "B"

Categories	Pretest Scores Standard Scores	Pretest Scores Percentile Rank	Posttest Scores Standard Scores	Posttest Scores Percentile Rank	Direction of Change	Significance of Change (5 point difference)
1) Impulse Control	57	63.4	52	52.5	-	Yes
2) Emotional Tone	43	2.4	47	32.3	+	No
3) Body and Self-Image	39	16.4	34	13.9	-	Yes
4) Social Relationships	27	5.9	4	.6	-	Yes
5) Morals	77	96.8	71	87.8	-	Yes
6) Vocational and Educational Goals	70	84.5	70	84.5	0	No
7) Sexual Attitudes	22	1.9	-13	0.1	-	Yes
8) Family Relationships	57	60.9	47	35.5	-	Yes
9) Mastery of External World	38	15.5	38	15.5	0	No
10) Psychopathology	38	17.0	30	9.0	-	Yes
11) Superior Adjustment	37	15.5	51	48.1	+	Yes
Standard Total Mean	45.9		39.2		-	Yes

Table 3A

A Comparison of the Pretest Trial Groups Scores and the Postest Scores of the Offer Self-Image Questionnaire for Subject "H"

Categories	Trial Group Pretest Scores		Postest Scores		Direction of Change	Significance of Change (5 point difference)
	Standard Scores	Percentile Rank	Standard Scores	Percentile Rank		
1) Impulse Control	27	6.3	52	52.5	+	Yes
2) Emotional Tone	19	2.7	47	32.3	+	Yes
3) Body and Self-Image	27	4.8	34	13.9	+	Yes
4) Social Relationships	-1	.4	4	.6	+	Yes
5) Morals	88	99.8	71	87.8	-	Yes
6) Vocational and Educational Goals	65	78.8	70	84.5	+	Yes
7) Sexual Attitudes	-10	0.1	-13	0.1	-	No
8) Family Relationships	10	1.0	47	35.5	+	Yes
9) Mastery of External World	38	15.5	38	15.5	0	No
10) Psychopathology	16	1.5	30	9.0	+	Yes
11) Superior Adjustment	45	37.6	51	48.1	+	Yes
Standard Total Mean	29.5		39.2		+	Yes
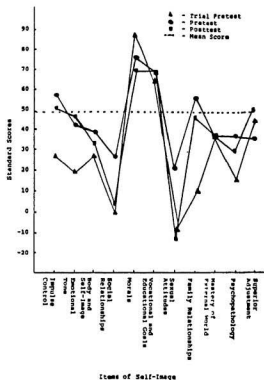
Figure 2. A graphic illustration of the pre and posttest scores of the Offer Self-Image Questionnaire for Subject "B".

she identified 18 needs as being important to her. She also recorded three individual goals. In the Final Evaluation Questionnaire, Subject "B" rated how successful the group was in helping her meet her needs and goals. Of the 18 identified needs, 1 was rated "total improvement", 6 were "a lot", 7 were "somewhat", 3 were "a little bit", and 1 was "not at all". The eight unidentified needs were rated as follows: four were "a lot", one was "somewhat", two were "a little bit", and one was "not at all". Two of the individual goals were rated "total improvement" and one was "a lot".

In her subjective comments about the group experience Subject "B" noted that the group had been very helpful and supportive to her and she recommended it for other sexually abused adolescents.

The results of the pretest Offer Self-Image Questionnaire demonstrated that Subject "B" was below the normal reference group mean in 7 of the 11 areas of self-image. The total score was 4.1 points below the mean for normal adolescents. In the posttest there was a significant positive change in only one area and significant negative change in seven areas. The total score was 6.7 points lower than the pretest. However, in comparison to the pretest results in the trial group, the posttest total score was 9.7 points higher.

Individual Profile

Subject "C"

Subject "C" was a 13 year old girl who had been sexually abused by her stepfather. The abuse occurred on the average two to three times a week, beginning when she was six years old and ending when she was twelve years of age. The nature of the abuse included fondling of genitals, oral sex and intercourse.

The adolescent disclosed the abuse to her teacher when she was 12 years old. The stepfather was removed from the home and criminal charges were laid. When Subject "C" disclosed the abuse to her mother she was not initially believed. Although the mother eventually supported her daughter she continued to maintain a relationship with her husband and planned to take him back into the home once he served his four-year sentence.

Subject "C" continued to live at home with her mother, 14 year old brother and two year old stepsister. The relationship with her mother showed evidence of strain and the adolescent was described as defiant and difficult to manage.

At the time of the group the victim was attending school. She was in grade seven, but was in danger of failing. She was described by her teachers as being attention seeking and having few friends.

In the group, Subject "C" presented as a giggly, immature adolescent. She was one of the least vocal members of the group and often refused to talk about her situation and denied negative feelings. She rarely initiated any conversation and had very poor eye contact. Despite her limited involvement, Subject "C" was often noted to be listening attentively and appeared to enjoy the social contact with other members. She did not miss any sessions and frequently arrived early. Subject "C" was referred to the group by her social worker and her mother was in agreement with her daughter attending the group.

Of the 26 needs listed in the Needs Assessment Questionnaire the following 24 were identified as being important for Subject "C":

(1) To feel happier about myself.

(2) To feel more comfortable around boys my age.

(3) To feel that what happened to me wasn't my fault.

(4) To know more about sex and when its okay for me to do it.

(5) To know how to say no when someone asks me to do something I don't want to do.

(6) To feel someone understands me.

(7) To feel that I'm not a bad person.

(9) To learn how to make more friends.

(10) To feel close to someone.

(11) To believe in myself.

(12) To know what to do if someone tries to sexually abuse me again.

(13) To change my present way of behaving.

(14) To feel that I'm not a dirty person.

(15) To better understand my sexual feelings.

(16) To feel more sure of myself.

(17) To feel less lonely and sad.

(18) To feel more comfortable around older men.

(19) To feel closer to my family.

(21) To feel I am not helpless and I can control what happens to me.

(22) To feel less nervous and anxious.

(24) To feel that other people like and accept me.

(25) To have a better sense of who I am.

(26) To feel that I will grow up and have a normal happy life.

No additional needs were developed by Subject "C". Three individual goals identified by the adolescent were as follows:

(1) I will be able to say no to someone who asks or tells me to do something that makes me feel uncomfortable.

(2) I will be able to talk to my mom about my feelings and topics such as boys.

(3) I will feel more comfortable about talking to other people about my feelings about being sexually abused.

In the Final Evaluation Questionnaire Subject "C" rated how successful the group was in helping to meet her needs and goals. The results of the identified needs were as follows:

(1)	To feel happier about myself.	A lot
(2)	To feel more comfortable around boys.	A little bit
(3)	To feel what happened to me wasn't my fault.	A lot
(4)	To know more about sex and when it's okay for me to do it.	A little bit
(5)	To know how to say no when someone asks me to do something I don't want to do.	Total improvement
(6)	To feel someone understands me.	Somewhat
(7)	To feel I am not a bad person.	Somewhat
(9)	To learn how to make more friends.	Somewhat
(10)	To feel close to someone.	Somewhat
(11)	To believe in myself.	Somewhat
(12)	To know what to do if someone tries to sexually abuse me again.	A lot
(13)	To change my present way.	Somewhat
(14)	To feel that I'm not a dirty person.	A lot
(15)	To better understand my sexual feelings.	Somewhat
(16)	To feel more sure of myself.	Somewhat
(17)	To feel less lonely and sad.	Somewhat
(18)	To feel more comfortable around older men.	Somewhat
(19)	To feel closer to my family.	Somewhat
(20)	To feel less nervous and anxious.	A little bit
(22)	To feel I am not helpless and I can control what happens to me.	Somewhat

(23)   To feel that I don't want to
       hurt myself anymore.   Somewhat

(24)   To feel that other people like
       me and accept me.   A little bit

(25)   To have a better sense of who
       I am.   Somewhat

(26)   To feel that I will grow up
       and have a normal happy life.   Somewhat

The two needs identified by Subject "C" as not being
important in the Needs Assessment Questionnaire were included
in the Final Evaluation Questionnaire to assess if
unidentified needs were met through the group therapy program.
These needs and ratings were as follows:

(8)   To know how to act around guys.   Somewhat

(20)   To be able to tell members of
       my family how I feel about being
       sexually abused.   A little bit

The ratings of the three individual goals were as
follows:

(1)   I will be able to say no to
       someone who asks or tells me
       to do something that makes me
       feel uncomfortable.   A lot

(2)   I will be able to talk to my
       mom about my feelings and
       topics such as boys.   Somewhat

(3)   I will feel more comfortable
       about talking to other people
       about my feelings about being
       sexually abused.   A lot

In the subjective component of the Final Evaluation Questionnaire Subject "C" stated she would change nothing if she were to attend group again. She recommended the group for other victims because they would meet others who had the same thing happen to them.

The Offer Self-Image Questionnaire was administered to Subject "C" prior to the commencement of the first session and following completion of the last session.

In the pretest Subject "C" scored below the mean in 6 of the 11 areas of self-image. The area of Vocational and Educational Goals had the lowest score of 22. The area of Body and Self-Image had the highest score of 63. Other scores were as follows: Impulse Control, 58; Emotional Tone, 61; Social Relationships, 60; Morals, 35; Sexual Attitudes, 31; Family Relationships, 41; Mastery of External World, 40; Psychopathology, 53; and Superior Adjustment, 41. The total standard score mean combining all areas was 46.4. This was 3.6 points below the average for normal adolescents.

In the posttest Subject "C" also scored below the mean in 6 of the 11 areas of self-image. There was significant positive change in the areas of Social Relationships, Morals and Mastery of External World. There was a significant negative change in the following four areas: Impulse Control, Emotional Tone, Body and Self-Image, and Family Relationships. There was no significant change in the other four areas. The standard score mean on the posttest was 47.6. This score,

which was 0.8 point increase over the pretest score, was considered insignificant. A comparison of the pre and posttest scores of the Offer Self-Image Questionnaire is reported in Table 4.

A graphic illustration of the pre and posttest results as compared to the mean for Subject "C" is recorded in Figure 3.

Summary

Subject "C" was a 13 year old adolescent who had been sexually abused by her stepfather for a period of six years. In the Needs Assessment Questionnaire she identified 24 needs as being important to her. She also recorded three individual goals. In the Final Evaluation Questionnaire Subject "C" rated how successful the group had been in helping her to meet her needs and goals. Of the 24 identified needs, 1 was rated "total improvement", 4 were "a lot", 15 were "somewhat", and 4 were "a little bit". The two unidentified needs were rated "somewhat" for one and "a lot" for the other. Of the three individual goals two were rated "a lot" and the other was "somewhat".

In her subjective comments about the group experience Subject "C" recommended the group for other victims because they would meet others who had the same thing happen to them.

The results of the pretest Offer Self-Image Questionnaire demonstrated that Subject "C" was below the normal reference group mean in 6 of the 11 areas of self-image. The total

Table 4

A Comparison of the Pre and Postest Scores of the Offer Self-Image Questionnaire for Subject "C"

Categories	Pretest Scores Standard Scores	Percentile Rank	Postest Scores Standard Scores	Percentile Rank	Direction of Change	Significance of Change (5 point difference)
1) Impulse Control	58	64.1	44	24.3	-	Yes
2) Emotional Tone	61	66.7	46	34.1	-	Yes
3) Body and Self-Image	63	73.2	53	55.4	-	Yes
4) Social Relationships	60	64.5	65	81.2	+	Yes
5) Morals	35	10.9	72	88.0	+	Yes
6) Vocational and Educational Goals	27	5.4	25	2.9	-	No
7) Sexual Attitudes	31	5.8	33	7.8	+	No
8) Family Relationships	41	27.5	34	15.2	-	Yes
9) Mastery of External World	40	21.4	50	38.8	+	Yes
10) Psychopathology	53	47.1	53	47.1	0	No
11) Superior Adjustment	41	22.5	44	33.0	+	No
Standard Total Mean	46.4		47.2		+	No
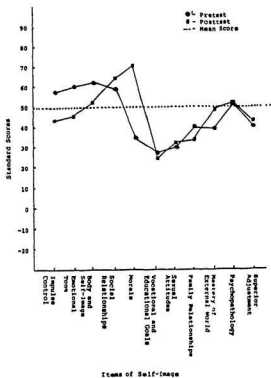
Figure 3. A graphic illustration of the pre and posttest scores of the Offer Self-Image Questionnaire for Subject "C".

score was 3.6 points below the average for normal adolescents. In the posttest, there was a significant positive change in three areas, a significant negative change in four areas and no significant change in the other four areas. The total posttest score was .9 points higher than the pretest score. This was not considered a significant change.

Individual Profile

Subject "D"

Subject "D" was a 17 year old girl who had been sexually abused by her maternal grandfather. The abuse occurred on the average two to three times a month from the time she was 10 years old until she was 15. The nature of the abuse involved fondling of genitals.

The adolescent disclosed the abuse to her mother and criminal charges were laid. Subject "D"s mother found the ordeal very stressful and later admitted to her daughter that she was also the victim of abuse by her father when she was younger. Both mother and daughter were receiving counselling prior to the group.

Subject "D"s parents were divorced and her father lived in Ontario. She had very little contact with him. The adolescent lived with her mother and two younger sisters. She appeared to be a great source of emotional support to her mother and often the mother-daughter roles appeared reversed.

At the time of the group the victim was attending school. She was in grade 11 and doing well. She appeared to have a lot of friends and was popular in school.

In the group, Subject "D" presented as a very attractive, mature and intelligent adolescent. She frequently assumed the role as leader and the other members appeared to look up to her. Another role assumed by Subject "D" in the group was the "helper". She was often observed supporting, comforting and offering advice to other members. She always appeared happy and well adjusted in the group.

Subject "D" was referred to the group by the counsellor she was seeing individually at the Adolescent Health Counselling Service. Her mother was supportive of her attendance in the group. She missed sessions four and five because she was out of town.

Of the 26 needs listed in the Needs Assessment Questionnaire the following 19 were identified as being important for Subject "D":

   (1) To feel happier about myself.

   (2) To feel more comfortable around boys my age.

   (3) To feel that what happened to me wasn't my fault.

   (4) To know more about sex and when it's okay for me to do it.

   (6) To feel someone understands me.

   (7) To feel that I'm not a bad person.

  (10) To feel close to someone.

  (11) To believe in myself.

(14) To feel that I'm not a dirty person.

(15) To better understand my sexual feelings.

(16) To feel more sure of myself.

(18) To feel more comfortable around older men.

(19) To feel closer to my family.

(20) To be able to tell members of my family how I feel about being sexually abused.

(21) To feel I am not helpless and I can control what happens to me.

(23) To feel that I don't want to hurt myself anymore.

(24) To feel that other people like and accept me.

(25) To have a better sense of who I am.

(26) To feel that I will grow up and have a normal happy life.

No additional needs were developed by Subject "D". Three individual goals identified by the adolescent were as follows:

(1) I will be able to respect and appreciate myself for what I am and who I am.

(2) I will be able to take things at face value and not read more into it.

(3) I will be able to understand that what happened to me was not my fault and I am not a bad person.

In the Final Evaluation Questionnaire Subject "D" rated how successful the group was in helping to meet her needs and goals. The results of the identified needs were as follows:

(1) To feel happier about myself.   A lot

(2) To feel more comfortable around boys.   Total improvement

(3)   To feel what happened to me
           wasn't my fault.   Total improvement

(4)   To know more about sex and when
           it's okay for me to do it.   Somewhat

(6)   To feel someone understands me.   Somewhat

(7)   To feel I am not a bad person.   A lot

(10)   To feel close to someone.   A lot

(11)   To believe in myself.   A lot

(14)   To feel that I'm not a dirty
           person.   A lot

(15)   To better understand my
           sexual feelings.   Somewhat

(16)   To feel more sure of myself.   A lot

(18)   To feel more comfortable
           around older men.   A little bit

(19)   To feel closer to my family.   Somewhat

(20)   To feel less nervous and anxious. Somewhat

(22)   To feel I am not helpless and I
           can control what happens to me. Somewhat

(23)   To feel that I don't want to
           hurt myself anymore.   Somewhat

(24)   To feel that other people like
           me and accept me.   Somewhat

(25)   To have a better sense of who
           I am.   A lot

(26)   To feel that I will grow up
           and have a normal happy life.   A lot

The seven needs identified by Subject "D" as not being important in the Needs Assessment Questionnaire were included in the Final Evaluation Questionnaire to assess if

unidentified needs were met through the group therapy program. These needs and ratings were as follows:

(5)	To know how to say no when someone asks me to do something I don't want to do.	A lot
(8)	To know how to act around guys.	A lot
(9)	To learn how to make more friends.	A lot
(12)	To know what to do if someone tries to sexually abuse me again.	A lot
(13)	To change my present way of behaving.	Somewhat
(17)	To feel less lonely and sad.	A lot
(20)	To feel less nervous and anxious.	Somewhat

The ratings for the three individual goals were as follows:

(1)	I will be able to respect and appreciate myself for what I am.	A lot
(2)	I will be able to take things at face value and not read more into them.	Somewhat
(3)	I will be able to understand that what happened to me wasn't my fault and I am not a bad person.	A lot

In the subjective component of the Final Evaluation Questionnaire Subject "D" stated that she would change her goals if she were to attend the group again. She described the group as a good experience that would most likely help other victims.

The Offer Self-Image Questionnaire was administered to Subject "D" prior to the commencement of the first session and following completion of the last session.

In the pretest Subject "D" scored above the mean in all 11 areas of self-image. Seven of the 11 scores were at least one standard deviation above the mean. The highest score of 83 was in the area of Morals. The area of Body and Self-Image had the lowest score of 53. Other scores were as follows: Impulse Control, 75; Emotional Tone, 56; Social Relationships, 67; Vocational and Educational Goals, 67; Sexual Attitudes, 56; Family Relationships, 66; Mastery of External World, 72; Psychopathology, 56; and Superior Adjustment, 73. The total standard score mean was 65.8. This was 15.8 points higher than the average normal adolescents.

In the posttest Subject "D" scores were also above the mean in all of the 11 areas. There was a significant positive change in the areas of Body and Self-Image, Social Relationships, Vocational and Educational Goals, Sexual Attitudes, Mastery of External World and Psychopathology. There was significant negative change in the area of Family Relationship and no significant change in the other three areas. The standard score mean on the posttest was 71.5. This score, a 5.7 increase over the pretest score was considered significant. A comparison of the pre and posttest scores of the Offer Self-Image Questionnaire is reported in Table 5.

A graphic illustration of the pre and posttest results as compared to the mean for subject "D" is recorded in Figure 4.

Summary

Subject "D" was a 17 year old adolescent who had been sexually abused by her grandfather for a period of five years. In the Needs Assessment Questionnaire she identified 19 needs as being important to her. She also recorded three individual goals. In the Final Evaluation Questionnaire Subject "D" rated how successful the group had been in helping her to meet her needs and goals. Of the 18 needs identified 2 were rated "total improvement", 8 were "alot", 8 were "somewhat" and 1 was "a little bit". Of the seven unidentified needs five were rated "alot" and two were "somewhat". Two of the individual goals were rated "alot" and the other goal was rated "somewhat".

In her subjective comments about the group, Subject "D" described it as a good experience that would most likely benefit other victims.

The results of the pretest Offer Self-Image Questionnaire demonstrated that Subject "D" scored above the mean in all of the 11 areas of self-image. The total score was 15.8 above the average for normal adolescents. In the posttest there

Table 5

A Comparison of the Pre and Post-test Scores of the Offer Self-Image Questionnaire for Subject "D"

Categories	Pretest Scores		Postest Scores		Direction of Change	Significance of Change (5 point difference)
	Standard Scores	Percentile Rank	Standard Scores	Percentile Rank		
1) Impulse Control	75	94.7	75	94.7	0	No
2) Emotional Tone	56	59.7	58	59.7	+	No
3) Body and Self-Image	53	54.6	74	92.9	+	Yes
4) Social Relationships	67	88.5	79	97.5	+	Yes
5) Morals	83	98.3	80	96.8	-	No
6) Vocational and Educational Goals	67	79.0	75	95.2	+	Yes
7) Sexual Attitudes	56	55.3	72	90.9	+	Yes
8) Family Relationships	66	85.5	54	51.7	-	Yes
9) Mastery of External World	72	88.2	79	97.1	+	Yes
10) Psychopathology	56	64.1	63	75.2	+	Yes
11) Superior Adjustment	73	92.4	77	95.6	+	No
Standard Total Mean	65.8		71.5		+	Yes
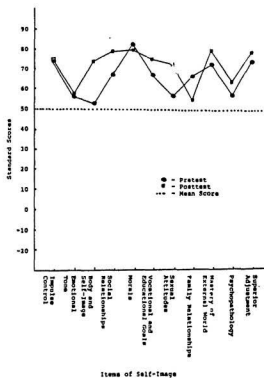
Figure 4. A graphic illustration of the pre and posttest scores of the *Offer Self-Image Questionnaire* for Subject "D".

was significant positive change in six areas, a significant negative change in one area and no significant change in the other three areas. The total posttest score was 5.7 points higher than the pretest. This was considered a significant change.

Individual Profile

Subject "E"

Subject "E" was a 14 year old girl who had been sexually abused by her paternal grandfather. The abuse occurred 15 to 20 times over a two year period beginning when she was 11 and ending when she was 13. The nature of the abuse involved fondling of genitals.

The adolescent disclosed the abuse to her mother when she was 13. Both of the parents were understanding and supportive of their daughter upon disclosure. Criminal charges were laid and court was pending.

Subject "E" lived at home with her parents and younger brother. The adolescent usually interacted well with her family. However, since the disclosure of abuse, Subject "E"s mother reported that her daughter was noticeably aggressive and verbally hostile towards friends and family.

At the time of the group the victim was attending school. She was in grade eight and achieving in the average range. She admitted not being happy in school because some students knew about the abuse and didn't understand.

In the group, Subject "E" presented as a shy, quiet and sensitive adolescent. She was one of the least vocal members of the group, but contributed when others encouraged her. She appeared angry and hurt at times during the group about her peers lack of understanding of her situation.

Subject "E" was referred to the group by her social worker. Her parents were in agreement with their daughter's participation in the group. The adolescent was absent for session ten due to illness.

Of the 26 needs listed in the Needs Assessment Questionnaire, the following 15 were identified as being important for Subject "E":

(1) To feel happier about myself.

(2) To feel more comfortable around boys my age.

(4) To know more about sex and when it's okay for me to do it.

(6) To feel someone understands me.

(7) To feel that I'm not a bad person.

(11) To believe in myself.

(14) To feel that I'm not a dirty person.

(15) To better understand my sexual feelings.

(16) To feel more sure of myself.

(17) To feel less lonely and sad.

(18) To feel more comfortable around older men.

(20) To be able to tell members of my family how I feel about being sexually abused.

(24) To feel that other people like and accept me.

(25) To have a better sense of who I am.

(26) To feel that I will grow up and have a normal happy life.

No additional needs were developed by Subject "E". Three individual goals identified by the adolescent were as follows:

(1) I will feel better about myself and no longer think that I'm a no good person.

(2) I will understand better the ways in which being sexually abused has affected my life.

(3) I will believe that I will be able to lead a happy normal life again someday.

In the Final Evaluation Questionnaire Subject "E" rated how successful the group was in helping to meet her needs and goals. The results of the identified needs were as follows:

(1)	To feel happier about myself.	Total improvement
(2)	To feel more comfortable around boys.	Total improvement
(4)	To know more about sex and when it's okay for me to do it.	Total improvement
(6)	To feel someone understands me.	Total improvement
(7)	To feel I am not a bad person.	Total improvement
(11)	To believe in myself.	Total improvement
(14)	To feel that I'm not a dirty person.	Total improvement
(15)	To better understand my sexual feelings.	Total improvement
(16)	To feel more sure of myself.	Total improvement
(17)	To feel less lonely and sad.	Total improvement

(18)	To feel more comfortable around older men.	Total improvement
(20)	To feel less nervous and anxious.	Total improvement
(24)	To feel that other people like me and accept me.	Total improvement
(25)	To have a better sense of who I am.	Total improvement
(26)	To feel that I will grow up and have a normal happy life.	Total improvement

The 11 needs identified by Subject "E" as not being important in the Needs Assessment Questionnaire were included in the Final Evaluation Questionnaire to assess if unidentified needs were met through the group therapy program. These needs and ratings were as follows:

(3)	To feel that what happened to me wasn't my fault.	Total improvement
(5)	To know how to say no when someone asks me to do something I don't want to do.	Total improvement
(8)	To know how to act around guys.	Total improvement
(9)	To learn how to make more friends.	Total improvement
(10)	To feel close to someone.	Total improvement
(12)	To know what to do if someone tries to sexually abuse me again.	Total improvement
(13)	To change my present way of behaving.	Total improvement
(19)	To feel closer to my family.	Total improvement
(21)	To feel I am not helpless and I can control what happens to me.	Total improvement

(22) To feel less nervous and
      anxious.   Total improvement

(23) To feel I don't want to
      hurt myself anymore.   Total improvement

The ratings for the three individual goals were as follows:

(1) I will feel better about
     myself and no longer think
     that I'm a no good person.   Total improvement

(2) I will understand better the
     ways in which being sexually
     abused has affected my life.   Total improvement

(3) I will believe that I will
     be able to lead a happy normal
     life again someday.   Total improvement

In the subjective component of the Final Evaluation Questionnaire Subject "E" stated that she would not change anything if she were to attend the group again. She would recommend the group to others emphasizing how helpful it had been for her. Subject "E" noted specific improvement in two areas. She stated that the group helped her to feel more comfortable around boys her age. Secondly, she noted the group helped her to be able to talk more openly about the abuse, especially with her family.

The Offer Self-Image Questionnaire was administered to Subject "E" prior to the commencement of the first session and following completion of the last session.

In the pretest, Subject "E" scored above the mean in 8 of the 11 areas of self-image. The highest score of 67 was

in the area of Social Relationships. The area of Impulse
Control had the lowest score of 36. Other scores were as
follows: Emotional Tone, 44; Body and Self-Image, 55; Morals,
52; Vocational and Educational Goals, 63; Sexual Attitudes,
56; Family Relationships, 61; Mastery of External World, 40;
Psychopathology, 54; and Superior Adjustment, 52. The total
standard score mean was 52.3. This was 2.3 points higher than
the average for normal adolescents.

In the posttest Subject "E" scored above the mean in all
areas of self-image. There was significant positive change
in the areas of Impulse Control, Emotional Tone, Morals,
Vocational and Educational Goals, Sexual Attitudes, Family
Relationships, Mastery of External World and Superior
Adjustment. There was significant negative change in the area
of Social Relationships and no significant change in the other
two areas. The standard score mean on the posttest was 65.3.
This score, a 13 point increase over the pretest score was
considered significant. A comparison of the pre and posttest
scores of the Offer Self-Image Questionnaire is reported in
Table 6.

A graphic illustration of the pre and posttest results
as compared to the mean for Subject "E" is recorded in Figure
5.

Table 6

A Comparison of the Pre and Postest Scores of the Offer Self-Image Questionnaire for Subject "E"

Categories	Pretest Scores Standard Scores	Percentile Rank	Postest Scores Standard Scores	Percentile Rank	Direction of Change	Significance of Change (5 point difference)
1) Impulse Control	36	15.2	56	58.3	+	Yes
2) Emotional Tone	44	25.4	33	47.1	+	Yes
3) Body and Self-Image	55	60.1	58	67.4	+	No
4) Social Relationships	67	86.2	60	64.5	.	Yes
5) Morals	52	49.3	69	84.1	+	Yes
6) Vocational and Educational Goals	63	70.7	80	98.6	+	Yes
7) Sexual Attitudes	56	57.8	74	92.2	+	Yes
8) Family Relationships	61	73.2	71	93.1	+	Yes
9) Mastery of External World	40	21.4	66	81.9	+	Yes
10) Psychopathology	54	53.3	57	65.9	+	No
11) Superior Adjustment	52	44.2	74	94.2	+	Yes
Standard Total Mean	52.3		65.3		+	Yes
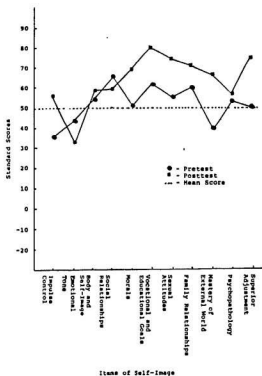
Figure 5. A graphic illustration of the pre and posttest
scores of the Offer Self-Image Questionnaire
for Subject "E".

<u>Summary</u>

Subject "E" was a 14 year old adolescent who had been sexually abused by her grandfather for a period of two years. In the Needs Assessment Questionnaire she identified 15 needs as being important to her. She also recorded three individual goals. In the Final Evaluation Questionnaire, Subject "E" rated how successful the group had been in helping her to meet her needs and goals. The 15 identified needs, the 11 unidentified needs and the 3 individual goals were all rated "total improvement".

In her subjective comments about the group Subject "E" described it as a helpful experience and would recommend it for other victims. Specifically, Subject "E" noted the group helped her feel more comfortable around boys and helped her talk more openly about her abuse especially with her family.

The results of the pretest Offer Self-Image Questionnaire demonstrated that Subject "E" scored above the mean in eight areas of self-image. The total score was 2.3 points above the average for normal adolescents.

In the posttest there was significant positive change in eight areas, significant negative change in one area and no significant change in the other two areas. The total posttest score was 13.0 points higher than the pretest. This was considered a significant change.

Individual Profile

Subject "F"

Subject "F" was a 16 year old girl who had been sexually abused by her father. The abuse occurred on the average once or twice every few months from the time she was 12 until she was 16. The nature of the abuse included fondling of genitals and intercourse. When the victim first disclosed the abuse to her mother she was not believed. Subject "F" continued to feel unsure about her mother's support and belief in her even after criminal charges were laid.

At the time of the group Subject "F" was living in a group home with five other adolescents. She talked a lot about wanting to return to her family. She had two younger brothers and one younger sister and she appeared to miss them. She appeared to have a lot of mixed feelings about her father and would waver from emotions of love to disgust. She believed that he had learned a lesson and if she was allowed to return home it would not happen again.

Subject "F" was attending school at the time of the group. She was in grade 10, but was in danger of failing. She found it difficult adjusting to a new school and stated she lacked interest in her subjects.

A social worker referred Subject "F" to the group therapy program and she attended all the sessions.

In the group, Subject "F" presented as an eager, outspoken and honest adolescent. She appeared rough in her

actions and speech as compared to the other adolescents. She was overweight and very negative about her body image. Subject "F" was one of the more vocal members of the group, frequently verbalizing her emotions, opinions and advice. She sometimes had difficulty accepting when others' viewpoint differed from hers. She was supportive to the other members and interacted well with them.

Of the 26 needs listed in the Needs Assessment Questionnaire the following 5 were identified as being important for Subject "F":

(5)   To know how to say no when someone asks me to do something I don't want to do.

(11)   To believe in myself.

(13)   To change my present way.

(16)   To feel more sure of myself.

(19)   To feel closer to my family.

No additional needs were developed by Subject "F". Three individual goals identified by the adolescent were as follows:

(1)   I will feel like a part of my family again.

(2)   I will be able to feel happier and more interested in school.

(3)   I will learn how to handle my friends when they bring up the topic of sexual abuse.

In the Final Evaluation Questionnaire Subject "F" rated how successful the group was in helping to meet her needs and goals. The results of identified needs were as follows:

(5)   To know how to say no when
      someone asks me to do
      something I don't want to do.   Total improvement

(11) To believe in myself.   Total improvement

(13) To change my present way.   Total improvement

(16) To feel more sure of myself.   Total improvement

(19) I feel closer to my family.   Total improvement

The 21 needs identified by Subject "F" as not being important in the Needs Assessment Questionnaire were included in the Final Evaluation Questionnaire to assess if unidentified needs were met through the group therapy program. These needs and ratings were as follows:

(1)   To feel happier about myself.   Total improvement

(2)   To feel more comfortable around
      boys.   Total improvement

(3)   To feel what happened to me
      wasn't my fault.   Total improvement

(4)   To know more about sex and when
      it's okay for me to do it.   Total improvement

(6)   To feel someone understands me. Total improvement

(7)   To feel I am not a bad person.   Total improvement

(8)   To know how to act around guys. Total improvement

(9)   To learn how to make more
      friends.   Total improvement

(10) To feel close to someone.   Total improvement

(12) To know what to do if someone
      tries to sexually abuse me
      again.   Total improvement

(14) To feel that I'm not a dirty
      person.   Total improvement

(15)   To better understand my
       sexual feelings.   Total improvement

(17)   To feel less lonely and sad.   Total improvement

(18)   To feel more comfortable
       around older men.   Total improvement

(20)   To be able to tell members
       of my family how I feel about
       being sexually abused.   Total improvement

(21)   To feel less nervous and anxious.   Total improvement

(22)   To feel I am not helpless and I
       can control what happens to me.   Total improvement

(23)   To feel that I don't want to
       hurt myself anymore.   Total improvement

(24)   To feel that other people like
       me and accept me.   Total improvement

(25)   To have a better sense of who
       I am.   Total improvement

(26)   To feel that I will grow up
       and have a normal happy life.   Total improvement

The ratings of the three individual goals were as follows:

(1)   I will feel like part of my
       family again.   Total improvement

(2)   I will be able to feel
       happier and more interested
       in school.   Total improvement

(3)   I will learn how to handle
       my friends when they bring
       up the topic of sexual
       abuse.   Total improvement

In the subjective component of the Final Evaluation Questionnaire Subject "F" stated she would change nothing if she were to attend the group again. She would recommend the

group to other victims because it was so helpful. She stated that she had a great time and wished the group did not have to end.

The Offer Self-Image Questionnaire was administered to Subject "F" prior to the commencement of the first session and following completion of the last session.

In the pretest Subject "F" scored below the mean in 8 of the 11 areas of self-image. The area of Morals had the lowest score of 30. The area of Vocational and Educational Goals had the highest score of 55. Other scores were as follows: Impulse Control, 52; Emotional Tone, 47; Body and Self-Image, 32; Social Relationships, 41; Sexual Attitudes, 45; Family Relationships, 47; Mastery of External World, 45; Psychopathology, 50; and Superior Adjustment, 39. The total standard mean combining all areas was 43.9. This was 6.1 points below the average for normal adolescents.

In the posttest Subject "F" scored below the mean in three areas of self-image. There was significant positive change in the areas of Emotional Tone, Body and Self-Image, Morals, Vocational and Educational Goals, Family Relationships, Mastery of External World, Psychopathology and Superior Adjustment. There was no significant negative changes in any areas. The other three areas, Impulse Control, Social Relationships and Sexual Attitudes showed no significant change. The total standard score mean on the posttest was 55.5. This score was an 11.6 increase over the

pretest score. A comparison of the pre and posttest scores of the Offer Self-Image Questionnaire is reported in Table 7.

A graphic illustration of the pre and posttest results as compared to the mean for Subject "F" is recorded in Figure 6.

Summary

Subject "F" was a 16 year old adolescent who had been sexually abused by her father beginning when she was 12 and ending when she was 16. In the Needs Assessment Questionnaire she identified five needs as being important to her. She also recorded three individual goals. In the Final Evaluation Questionnaire, Subject "F" rated how successful the group was in helping her meet her needs and goals. The 5 identified needs, the 21 unidentified needs and the 3 individual goals were all rated "total improvement".

In her subjective comments about the group, Subject "F" described it as a helpful experience and would recommend it for other victims. She stated she had a great time and wished it did not have to end.

The results of the pretest Offer Self-Image Questionnaire demonstrated that Subject "F" scored below the mean in eight areas of self-image. The total score was 6.1 points below the average for normal adolescents.

Table 7

A Comparison of the Pre and Postest Scores of the Offer Self-Image Questionnaire for Subject "F"

Categories	Pretest Scores		Postest Scores		Direction of Change	Significance of Change (5 point difference)
	Standard Scores	Percentile Rank	Standard Scores	Percentile Rank		
1) Impulse Control	52	52.5	50	47.7	-	No
2) Emotional Tone	47	32.3	62	68.5	+	Yes
3) Body and Self-Image	32	9.9	41	21.2	+	Yes
4) Social Relationships	41	21.9	41	21.9	0	No
5) Morals	30	6.5	66	78.1	+	Yes
6) Vocational and Educational Goals	55	48.9	65	78.8	+	Yes
7) Sexual Attitudes	45	26.8	42	22.7	-	No
8) Family Relationships	47	35.5	60	68.3	+	Yes
9) Mastery of External World	45	28.2	62	67.7	+	Yes
10) Psychopathology	50	41.0	61	72.5	+	Yes
11) Superior Adjustment	39	19.5	61	71.9	+	Yes
Standard Total Mean	43.9		55.5		+	Yes

90
80
70
60
50
40
30
20
10
0
-10
-20

Standard Scores

● - Pretest
■ - Posttest
-- - Mean Score

Impulse Control
Emotional Tone
Body and Self-Image
Social Relationships
Morale
Vocational and Educational Goals
Sexual Attitudes
Family Relationships
Mastery of External World
Psychopathology
Superior Adjustment

Items of Self-Image
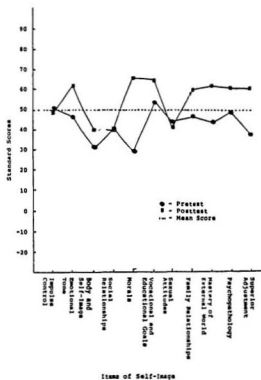
Figure 6. A graphic illustration of the pre and posttest
scores of the Offer Self-Image Questionnaire
for Subject "F".

In the posttest, there was significant positive change in eight areas, no significant negative change in any areas and no significant change in the remaining three areas. The total posttest score was 11.6 points higher than the pretest. This was considered a significant change.

Individual Profile

Subject "G"

Subject "G" was a 13 year old girl who had been sexually abused by her father. The abuse occurred on the average three to six times a month for a one year period when she was 11 years old. The nature of the abuse involved fondling of genitals. She disclosed the abuse to her aunt. The offender denied the charges and the adolescent's mother believed her husband and not her daughter. Criminal charges were laid against the offender and Subject "G" was placed in a group home.

Subject "G" appeared very upset about her father denying the charges and her mother believing him. She stated she never wanted to live at home again. She admitted she frequently felt lonely and missed her two younger brothers.

At the time of the group, the subject was attending school. She was in grade seven and achieving in the average range. She appeared to like school and had lots of friends.

Subject "G" was referred to the group by her social worker. At one time she contemplated quitting the group,

because she felt the sessions were causing her to think about a lot of painful memories. She missed session eight for this reason, but following an individual session with one of the co-leaders she returned to complete the group therapy program.

In the group, Subject "G" presented as a quiet, sad and sensitive young adolescent. In the beginning stages of the group she usually required prompting to participate. As the group progressed she was better able to voice her feelings and concerns. She was noted to be honest and sincere in her interactions with others.

Of the 26 needs listed in the Needs Assessment Questionnaire the following 22 were identified as being important for Subject "G":

(1) To feel happier about myself.

(2) To feel more comfortable around boys my age.

(3) To feel that what happened to me wasn't my fault.

(4) To know more about sex and when its okay for me to do it.

(5) To know how to say no when someone asks me to do something I don't want to do.

(6) To feel someone understands me.

(7) To feel that I'm not a bad person.

(8) To know how to act around guys.

(9) To learn how to make more friends.

(10) To feel close to someone.

(11) To believe in myself.

(12) To know what to do if someone tries to sexually abuse me again.

(13) To change my present way of behaving.

(15) To better understand my sexual feelings.

(16) To feel more sure of myself.

(17) To feel less lonely and sad.

(20) To be able to tell members of my family how I feel about being sexually abused.

(21) To feel I am not helpless and I can control what happens to me.

(22) To feel less nervous and anxious.

(24) To feel that other people like and accept me.

(25) To have a better sense of who I am.

(26) To feel that I will grow up and have a normal happy life.

No additional needs were developed by Subject "G". Three individual goals identified by the adolescent were as follows:

(1) I will believe that being sexually abused was not my fault.

(2) I will feel more comfortable about talking to others about being sexually abused.

(3) I will be able to talk to my mother about being sexually abused.

In the Final Evaluation Questionnaire Subject "G" rated how successful the group was in helping to meet her needs and goals. The results of the identified needs were as follows:

(1) To feel happier about myself.　　　Total improvement

(2) To feel more comfortable around boys.　　　Total improvement

(3)   To feel what happened to me
wasn't my fault.   Total improvement

(4)   To know more about sex and when
it's okay for me to do it.   A lot

(5)   To know how to say no when
someone asks me to do something
I don't want to do.   A lot

(6)   To feel someone understands me.   Total improvement

(7)   To feel I am not a bad person.   A lot

(8)   To know how to act around guys.   A lot

(9)   To learn how to make more friends.   A lot

(10)   To feel close to someone.   Total improvement

(11)   To believe in myself.   A lot

(12)   To know what to do if someone
tries to sexually abuse me
again.   Total improvement

(13)   To change my present way.   Total improvement
person.   A lot

(15)   To better understand my
sexual feelings.   Total improvement

(16)   To feel more sure of myself.   Total improvement

(17)   To feel less lonely and sad.   Total improvement

(20)   To be able to tell members
of my family how I feel
about being sexually abused.   Not at all

(21)   To feel less nervous and anxious. Total improvement

(22)   To feel I am not helpless and I
can control what happens to me.   A lot

(24)   To feel that other people like
me and accept me.   Total improvement

(25)   To have a better sense of who
I am.   A lot

(26)   To feel that I will grow up
and have a normal happy life.   Total improvement

The four needs identified by Subject "G" as not being important in the Needs Assessment Questionnaire were included in the Final Evaluation Questionnaire to assess if unidentified needs were met through the group therapy program. These needs and ratings were as follows:

(14) To feel that I'm not a dirty
      person.   Total improvement

(18) To feel more comfortable
      around older men.   Somewhat

(19) To feel closer to my family.   Not at all

(23) To feel that I don't want
      to hurt myself anymore.   A lot

The ratings of the three individual goals were as follows:

(1)   I will believe that being
      sexually abused was not my
      fault.   Total improvement

(2)   I will feel more comfortable
      about talking to others about
      being sexually abused.   A lot

(3)   I will be able to talk to my
      mother about being sexually
      abused.   A little bit

In the subjective component of the Final Evaluation Questionnaire Subject "G" stated she would not change anything if she were to attend the group again. She recommended the group for other victims because she believed it helped her a lot.

The Offer Self-Image Questionnaire was administered to Subject "G" prior to the commencement of the first session and following completion of the last session.

In the pretest Subject "G" scored above the mean in eight areas of self-image and below the mean in three areas. Family Relationships had the lowest score of 18 and Impulse Control had the highest score of 75. Other scores were as follows: Emotional Tone, 63; Body and Self-Image, 62; Social Relationships, 67; Morals, 49; Vocational and Educational Goals, 52; Sexual Attitudes, 49; Mastery of External World, 51; Psychopathology, 51; and Superior Adjustment, 63. The total standard score mean combining all areas was 55.9. This was 5.9 points above the average for normal adolescents.

In the posttest, Subject "G" scored above the mean in 9 of the 11 areas of self-image. There was significant positive change in the following areas: Impulse Control, Emotional Tone, Social Relationships, Vocational and Educational Goals, Psychopathology and Superior Adjustment. There was significant negative change in the areas of Morals and Family Relationships. There was no significant change in the other three areas. The total standard score mean on the posttest was 62.1. This score, a 6.2 increase over the pretest score, was considered significant. A comparison of the pre and posttest scores of the Offer Self-Image Questionnaire is reported in Table 8.

Table 8

A Comparison of the Pre and Posttest Scores of the Offer Self-Image Questionnaire for Subject "G"

Categories	Pretest Scores Standard Scores	Pretest Scores Percentile Rank	Posttest Scores Standard Scores	Posttest Scores Percentile Rank	Direction of Change	Significance of Change (5 point difference)
1) Impulse Control	75	96.4	86	99.0	+	Yes
2) Emotional Tone	63	73.2	76	9+	+	Yes
3) Body and Self-Image	62	72.1	62	72.1	0	No
4) Social Relationships	67	86.2	81	98.9	+	Yes
5) Morals	49	34.4	41	19.9	-	Yes
6) Vocational and Educational Goals	52	43.1	77	96.7	+	Yes
7) Sexual Attitudes	49	38.8	51	47.6	+	No
8) Family Relationships	18	2.5	13	.7	-	Yes
9) Mastery of External World	66	81.9	63	72.1	-	No
10) Psychopathology	51	44.9	61	76.1	+	Yes
11) Superior Adjustment	63	79.7	72	90.2	+	Yes
Standard Total Mean	55.9		62.1		+	Yes

A graphic illustration of the pre and posttest results as compared to the mean for Subject "G" is recorded in Figure 7.

Summary

Subject "G" was a 13 year old adolescent who had been sexually abused by her father for a period of one year. In the Needs Assessment Questionnaire she rated how successful the group was in helping her meet her needs and goals. Of the 22 identified needs, 13 were rated "total improvement" 8 were "a lot"and 1 was "not at all". Of the four unidentified needs one was rated "total improvement", one was "a lot", one was "somewhat" and one was "not at all". The three individual goals were rated as follows: one was rated "total improvement", one "a lot" and the third was "not at all".

In her subjective comments about the group experience Subject "G" stated the group had helped her a lot and she recommended it for other victims.

The results of the pretest Offer Self-Image Questionnaire demonstrated that Subject "G" was above the normal reference group mean in 8 of the 11 areas of self-image. The total score was 5.9 points above the mean for normal adolescents. In the posttest there was a significant positive change in six areas, a significant negative change in two areas and no significant change in the other three areas. The total score
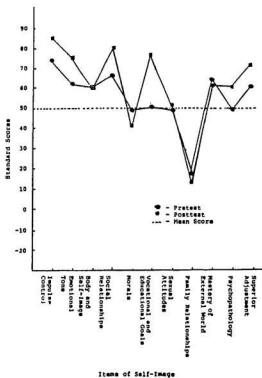
Figure 7.   A graphic illustration of the pre and posttest scores of the Offer Self-Image Questionnaire for Subject "G".

was 6.2 points higher than the pretest. This was considered a significant change.

Individual Profile

Subject "H"

Subject "H" was a 16 year old girl who had been sexually abused by a 19 year old neighbour. The abuse occurred 10-12 times over a period of one year when the adolescent was 13 years of age. The nature of the abuse included fondling of genitals and intercourse. The victim first disclosed the abuse to her school counsellor and criminal charges were laid.

Subject "H" lived at home with her parents, older sister, younger sister and younger brother. The victim was believed and supported by her parents upon disclosure. However, Subject "H" stated that when family members fought often they called her dirty names and made suggestions that the abuse was her fault. Since the disclosure of the abuse, the adolescent's mother noted that her daughter was exceptionally hostile and irritable. She was frequently fighting with her sisters and brother, didn't socialize with friends very much and appeared depressed. Subject "H" attended all sessions.

At the time of the group, the subject was attending school. She was in grade 11 and finding it difficult to concentrate and keep up with her school work. She was worried about failing some subjects. In school Subject "H" found it

difficult to interact with her peers. She felt different and believed that some students were talking about her situation in a malicious way.

In the group, Subject "H" presented as a sad and troubled adolescent. She was initially very withdrawn and avoided all eye contact. She did participate more as the group progressed. Subject "H"s self-esteem appeared to be very low and at one point she discussed thoughts of harming herself. Her affect improved as the group progressed and she frequently made intelligent and insightful contributions.

Of the 26 needs listed in the Needs Assessment Questionnaire the following 24 were identified as being important for Subject "H".

    (1) To feel happier about myself.

    (2) To feel more comfortable around boys my age.

    (3) To feel that what happened to me wasn't my fault.

    (4) To know more about sex and when its okay for me to do it.

    (5) To know how to say no when someone asks me to do something I don't want to do.

    (6) To feel someone understands me.

    (7) To feel that I'm not a bad person.

    (8) To know how to act around guys.

  (10) To feel close to someone.

  (11) To believe in myself.

  (13) To change my present way of behaving.

  (14) To feel that I'm not a dirty person.

  (15) To better understand π sexual feelings.

(16) To feel more sure of myself.

(17) To feel less lonely and sad.

(18) To feel more comfortable around older men.

(19) To feel closer to my family.

(20) To be able to tell members of my family how I feel about being sexually abused.

(21) To feel I am not helpless and I can control what happens to me.

(22) To feel less nervous and anxious.

(23) To feel that I don't want to hurt myself anymore.

(24) To feel that other people like and accept me.

(25) To have a better sense of who I am.

(26) To feel that I will grow up and have a normal happy life.

No additional needs were developed by Subject "H". Three individual goals identified by the adolescent were as follows:

(1) I will be able to share my feelings and relate better with my family.

(2) I will be able to express myself, to be able to talk openly to my family and friends.

(3) I will be able to get close to guys like before and not fear sexual activity and stimulation.

In the Final Evaluation Questionnaire Subject "H" rated how successful the group was in helping to meet her needs and goals. The results of the identified needs were as follows:

(1)   To feel happier about myself.   A lot

(2)   To feel more comfortable around
       boys.   A little bit

(3) To feel what happened to me
wasn't my fault.   Somewhat

(4) To know more about sex and when
it's okay for me to do it.   Somewhat

(5) To know how to say no when someone
asks me to do something I don't
want to do.   A lot

(6) To feel someone understands me.   A lot

(7) To feel I am not a bad person.   A lot

(8) To know how to act around guys.   A lot

(10) To feel close to someone.   A lot

(11) To believe in myself.   Total improvement

(13) To change my present way.   A lot

(14) To feel that I'm not a dirty
person.   A lot

(15) To better understand my
sexual feelings.   A lot

(16) To feel more sure of myself.   A lot

(17) To feel less lonely and sad.   Somewhat

(18) To feel more comfortable
around older men.   A little bit

(19) To feel closer to my family.   A lot

(20) To feel less nervous and anxious.   Somewhat

(21) To be able to tell members of my
family how I feel about being
sexually abused.   A little bit

(22) To feel I am not helpless and I
can control what happens to me.   A lot

(23) To feel that I don't want to
hurt myself anymore.   Somewhat

(24) To feel that other people like
me and accept me.   Total improvement

(25)   To have a better sense of who
       I am.   A lot

(26)   To feel that I will grow up
       and have a normal happy life.   Somewhat

   The two needs identified by Subject "H" as not being
important in the Needs Assessment Questionnaire were included
in the Final Evaluation Questionnaire to assess if
unidentified needs were met through the group therapy program.
These needs and ratings were as follows:

(9)   To learn how to make more
       friends.   Total improvement

(12)   To know what to do if
       someone tries to sexually
       abuse me again.   A lot

   The ratings of the three individual goals were as
follows:

(1)   I will be able to share my
       feelings and relate better
       with my family.   Not at all

(2)   I will be able to express
       myself to be able to talk
       openly to my family and
       friends.   Not at all

(3)   I will be able to get close
       to guys like before and not
       fear sexual activity and
       stimulation.   Not at all

   In the subjective component of the Final Evaluation
Questionnaire, Subject "H" stated that if she were to attend
the group again she would like to talk more openly about how
the victim felt about being sexually abused and why it is so

hard to accept. She recommended the group for other victims because it would help them sort out a lot of things and feel more relaxed about the abuse. She described her group experience as excellent.

The Offer Self-Image Questionnaire was administered to Subject "H" prior to the commencement of the first session and following completion of the last session.

In the pretest Subject "H" scored below the mean in 8 of the 11 areas of self-image. The area of Psychopathology had the lowest score of -5. The area of Vocational and Educational Goals had the highest score of 57. Other scores were as follows: Impulse Control, 21; Emotional Tone, 19; Body and Self-Image, 11; Social Relationships, 22; Morals, 55; Sexual Attitudes, 22; Family Relationships, 19; Mastery of External World, 33; and Superior Adjustment, 53. The total standard mean combining all areas was 27.9. This was 21.1 points below the average score for normal adolescents.

In the posttest Subject "H" scored below the mean in 10 of the 11 areas of self-image. There was a significant positive change in the areas of Body and Self-Image, Social Relationships, Family Relationships, Mastery of External World, and Psychopathology. There was significant negative change in the areas of Emotional Tone, Morals, Vocational and Educational Goals and Superior Adjustment. There was no significant change in Impulse Control and Sexual Attitudes.

The total standard score mean on the posttest was 32.3. This score was 4.4 point increase over the pretest score. This change was not considered significant. A comparison of the pre and posttest scores of the Offer Self-Image Questionnaire is reported in Table 9.

A graphic illustration of the pre and posttest results as compared to the mean for Subject "H" is recorded in Figure 8.

Summary

Subject "H" was a sixteen year old adolescent who had been sexually abused by a neighbour for a period of one year when she was 13 years of age. In the Needs Assessment Questionnaire she identified 24 needs as being important to her. She also recorded three individual goals. In the Final Evaluation Questionnaire Subject "H" rated how successful the group was in helping her meet her needs and goals. Of the 24 identified needs 2 were rated "total improvement", 13 were "alot", 6 were "somewhat" and 3 were "a little bit". The two unidentified needs were rated "total improvement" and "alot". The three individual goals were rated "not at all".

In her subjective comments Subject "H" described the group as excellent. She recommended the group to other victims to help them sort things out and feel more relaxed about the abuse. Subject "H" suggested that more time should

Table 9

A Comparison of the Pre and Posttest Scores of the Offer Self-Image Questionnaire for Subject "H"

Categories	Pretest Scores Standard Scores	Pretest Scores Percentile Rank	Posttest Scores Standard Scores	Posttest Scores Percentile Rank	Direction of Change	Significance of Change (5 point difference)
1) Impulse Control	21	2.5	23	3.4	+	No
2) Emotional Tone	19	2.7	4	.4	-	Yes
3) Body and Self-Image	11	.8	46	29.6	+	Yes
4) Social Relationships	22	4.0	32	7.8	+	Yes
5) Morals	55	49.8	49	42.8	-	Yes
6) Vocational and Educational Goals	57	55.2	52	48.9	-	Yes
7) Sexual Attitudes	22	1.9	19	1.2	-	No
8) Family Relationships	19	3.4	36	15.5	+	Yes
9) Mastery of External World	33	8.4	45	28.2	+	Yes
10) Psychopathology	-5	.1	4	.2	+	Yes
11) Superior Adjustment	53	53.1	45	37.6	-	Yes
Standard Total Mean	27.9		32.3		+	No
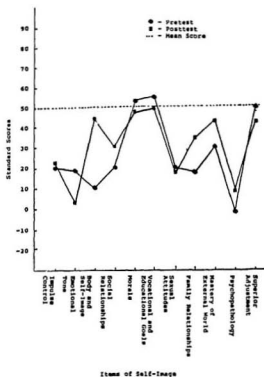
Figure 8. A graphic illustration of the pre and posttest
scores of the Offer Self-Image Questionnaire
for Subject "H".

be spent discussing how the victim felt about being sexually abused and why it's so difficult to accept.

The results of the pretest Offer Self-Image Questionnaire demonstrated that Subject "H" scored below the normal reference group mean in 8 of the 11 areas of self-image. The total score was 22.1 points below the mean for normal adolescents. In the posttest there was as significant positive change in five areas, a significant negative change in four areas and no significant change in the other two areas. The total score was 4.4 points higher than the pretest. This change was not considered significant.

Section Two--Process Evaluation

The section of the analysis contains a session by session evaluation of group processes, general trends in the Group Climate Questionnaires and Participation Questionnaires and the degree of helpfulness of the curative factors as identified by the members.

Session by Session Evaluation of Group Processes

A session outline was developed by the writer and revised by the co-leaders following the pilot and trial groups. This outline was to serve as a guide. The co-leaders believed that ongoing evaluation following each session was necessary for an effective group therapy program. As a result, the co-

leaders met for a one to two hour period following each session to discuss their clinical observations of the group processes, examine the Group Climate Questionnaires of the members and leaders and to formalize changes and plans for the next session. In this section a brief description of each session is presented followed by a summary of the comments written on the Group Climates Questionnaires by the co-leaders and members and the resulting goals developed by the co-leaders for the next session.

Session One

The goals for the first session were devised by the co-leaders in a planning session prior to the commencement of the group. They were based on the program outline and information gathered from the pilot and trial groups. The goals for session one were as follows:

(1) to assist members to feel they are not alone in their sexual victimization

(2) to help relieve nervousness and anxiety amongst members

(3) to establish rules for the group

(4) to allow members to know that the leaders are supportive of them by having the co-leaders express their personal views of sexual abuse.

(5) to provide members the opportunity to get to know one another

(6) to allow the members to choose a name for the group.

Session Description

All eight members of the group were present for the first session. Session One was begun with introductions by the co-leaders and members. An exercise was then introduced by the co-leaders. This involved randomly pairing members and sending them to different rooms to interview each other about their abuse. They were given a sheet of general questions (see Appendix K) as a guide. After 15 minutes they were asked to return to the group and present a brief summary of their partner's responses to the questions. The co-leaders then reviewed a brief list of rules and the research component of the group. This was followed by the co-leaders expressing their personal opinions about sexual abuse. The members were then given the opportunity to express what topics they wanted discussed in the group and the co-leaders recorded their suggestions on a flip chart. The next task of the first session was to ask the members to choose a name for their group. The co-leaders left the room for this exercise, providing the adolescents with the opportunity to get to know each other in a less formal atmosphere. When the co-leaders and members reconvened 20 minutes later the group announced the name they had chosen. The group concluded with a check-out exercise in which each person in the group, beginning and ending with a co-leader, expressed to the group what they liked or didn't like about the session.

The co-leaders noted a decrease in the anxiety level of the members by the end of the session and the beginning of group cohesion. The co-leaders were pleased that all members participated in the first session and they were impressed by the competent performance of the members in the group exercises assigned.

Following this and each succeeding session the members and co-leaders completed the Group Climate Questionnaire. The results of the 12 questions they rated will be discussed later in this section under the heading <u>General Trends in the Group Climate</u>. Another component of this questionnaire asked members to briefly describe the event that was personally important to them during the session. The resulting comments provided valuable data for the co-leaders in their ongoing evaluation and planning of future sessions.

A summary of the comments of the Group Climate Questionnaires following session one were as follows:

Members

The most important part of the session was ...

- I realize I'm not the only one out there and I'm not alone.

- I thought I'd feel out of place but I didn't.

- I'm wondering if this is for me.

- I liked the part where you shared information about the abuse with your partner.

- I know I'm not the only one.

- I met others who had the same thing happen to them.

- I learned about the sexual abuse experiences of others.

Co-Leaders

The most important part of the session was ...

- The successful ways the members were able to share their sexual abusive experiences.

These comments confirmed for the co-leaders the usefulness of the first exercise in helping the adolescents feel less isolated and enhance the cohesive process.

Following examination of the various questionnaires and discussion of clinical observations the following goals for session two were compiled by the co-leaders:

(1) Introduce the topic of feelings (evidence of early cohesiveness, no need for further ice breaking exercises).

(2) Encourage more interaction between the members and less interaction by the co-leaders.

(3) Set up individual counselling prior to the next session with the member who appeared doubtful following the first session.

(4) Encourage members to continue to share feelings with each other.

Session Two

Session Description

All members were present for the second session. Session two was begun with a check-in exercise. This involved each member and the co-leaders individually telling the group how they were feeling that evening and how their week had been.

The next exercise involved the members developing a feelings list. The feelings identified were compiled on a flipchart and the members alternated being the recorders. The group were encouraged to list negative and positive feelings. Over 100 feelings were identified by the members. Once the list was completed the co-leaders and members were to chose one positive and one negative feeling and share with the group a time when they experienced that feeling. The feelings may or may not have been related to being sexually abused. When members expressed feelings, others were encouraged to acknowledge if they ever had similar feelings. Frequently, when a member expressed a negative feeling related to being sexually victimized, others would acknowledge that they felt the same and the members would be supportive of each other. The feeling of guilt related to the abuse was discussed at length by the members. While the adolescents were quick to tell others the abuse wasn't their fault, many had difficulty accepting it for themselves. The session ended with the check-out exercise.

The co-leaders noted that some members appeared more comfortable in sharing their feelings in this session. The members also began to offer support to one another with encouragement from the co-leaders. However, frequently the members would address their comments directly to the co-leaders rather than each other.

In the Group Climate Questionnaire the following comments were examined in the ongoing evaluation and planning of future sessions conducted by the co-leaders:

Members

The most important part of the session was ...

- Everyone was comforting and supporting whenever possible.
- The group helped me feel good about myself.
- It feels good to hear that other members feel the same way I do.
- I liked how people talked openly.
- The group helped other members feel better.
- I understand what happened to me better, now, I know it wasn't my fault.
- The courage of other members.

Cc-Leaders

The most important part of the session was ...

- The way the group members helped each other out.
- The group's ability to look after itself.

These comments emphasized to the leaders that the most powerful helping agent was the members ability to reach out to one another.

Following examination of the questionnaires and discussion of clinical observations the following goals for session three were compiled by the co-leaders:

(1) Continued interaction between members, encouraging them to talk to each other not the leaders.

(2) When the members continue to look to the co-leaders for solutions direct them back to each other.

(3) Give lots of positive feedback for the members ability to help one another.

(4) Begin the topic of "Friendship", using role-playing techniques.

Session Three

One member was absent for the third session. Session three was begun with the check-in exercise. One member appeared very quiet and sullen. She stated in her check-in she had a difficult week but did not want to discuss it further. The topic of friendship was introduced by the co-leaders role-playing a situation where a new student in school attempted to initiate a friendship with an adolescent who had been sexually victimized. The co-leaders verbalized the inner feelings that these two adolescents may have been experiencing and how their feelings influenced their interactions with each other. The group members although initially giggly appeared to enjoy the role play. They acknowledged they often experienced many of the feelings verbalized by the co-leader playing the role of the sexual abuse victim. The members went on to share with each other experiences they had with friends. The two main issues discussed were; how do you know who to trust when wanting to confide your victimization with a friend, and how to react when your peers or classmates find

out you were sexually abused. One member who was experiencing difficulties with a friend at the time of the session, received support and suggestions from the other members. Near the conclusion of the group two of the members role-played a situation in which one person was a sexual abuse victim. The outcome of their role play was more positive than that of the co-leaders efforts at the beginning of the session. The group ended with the check-out exercise.

The leaders noted that the members appeared less attentive during this session. They were easily distracted and the co-leaders frequently had to redirect them back to the topic. The co-leaders also noted that the two youngest members were very quiet and possibly feeling overpowered by the older members.

Upon conclusion of session three the following comments in the Group Climate Questionnaires were examined by the co-leaders in their ongoing evaluation and planning meeting.

Members

The most important part of the session was ...

- Right now I need to talk to someone, not a group. Life means nothing to me and I don't think it ever will.

- I liked people expressing their feelings.

- The group helped me with my problem.

- The group helped me to work out problems.

- I liked helping other members with feelings and problems.

- The best part of the group was talking about friends trusting each other.

Co-Leaders

The most important part of the session was ...

- The positive feedback given by one member to another.

- The suggestions and support given by one member to another.

Following examination of the questionnaires and discussion of clinical observations the following goals for session four were compiled by the co-leaders:

(1) Set up an individual session immediately with the member whose comments on the Group Climate Questionnaire indicate possible suicidal ideation.

(2) Help focus the members on the issue and redirect them back to the topic whenever necessary.

(3) Continue to encourage members to interact with each other and be supportive.

(4) Assist younger members to be heard in the group.

(5) Conclude "Friendship" topic and introduce the topic of "Interacting with the Opposite Sex".

Session Four

Three members were absent for the fourth session. Session four was begun with the check-in exercise. One member who had appeared sad and quiet the previous week, expressed feelings of depression in the check-in. The other group members responded by encouraging the member to share with them what was troubling her. This lead to the topic of suicide. Some of the other members acknowledged that they had felt suicidal at times, and they emphasized that you can get over it and feel better. While the member expressed gratitude for

the support of the other members, she was unable to tell them that she would not harm herself. This left the other group members feeling sad and helpless. Many of them appeared to be trapped in their own inner sadness. Heads were low, eyes downcast and the mood of the group was very low. The co-leaders spent some time interacting with the suicidal adolescent emphasizing the issue of control. The next step involved the co-leaders addressing with the group the issue of responsibility. The members were commended by the co-leaders for the support and help they had given, but it was emphasized that they couldn't take responsibility for the feelings of another member. Assurance was given by the co-leaders that they would take the necessary steps to help insure the safety of the suicidal member. When the check-out was initiated by one of co-leaders, the focus was on the helpfulness and support that was provided and that the sadness observed in the session demonstrated that the members trusted each other enough to share some very troublesome feelings. The other members imitated the first co-leaders positive check-out. This allowed members to leave the session in a more positive hopeful frame of mind.

Immediately following the group, the co-leaders met privately with the suicidal adolescent and the necessary precautions were taken.

The co-leaders concluded that the session had been very stressful but productive. They were pleased with the group's

ability to be supportive and to lift themselves out of the low mood they had fallen into during the session. A session such as this was considered beneficial since it showed the members the group was a place where they could feel safe expressing their most inner feelings.

Upon conclusion of session four the following comments in the Group Climate Questionnaires were examined by the co-leaders in their ongoing evaluation and planning meeting:

Members

The most important part of the session was ...

- I can't help feeling this way; I'm glad everyone was there for me not like my family.

- The best part of the session was helping the other member when she was talking about suicide.

- The most important part of the session was helping and caring about another member.

- I am worried about the member who talked about suicide.

Co-Leaders

The most important part of the session was ...

- The group's responsiveness to the suicidal member.

- My co-leader's handling of the suicidal member.

Following examination of the questionnaires and discussion of clinical observations, the following goals for session five were compiled by the co-leaders:

(1) Continue to closely monitor the member who may be suicidal. An individual and family session needs to be arranged as soon as possible.

(2) Contact missing members and encourage all members to be present for the next session.

(3) Set up individual session with the member who was worried about the suicidal member to provide reassurance.

(4) Provide positive focus; model hope and effective ways of coping.

(5) Provide positive feedback and encouragement of supportiveness of members.

(6) Get back on topic - Conclude the "Friendship" topic and introduce "Interacting with the Opposite Sex".

Session Five

Two members were absent for the fifth session. Session five was begun with the check-in exercise. The member who had been suicidal last week expressed that she was feeling much better and was no longer thinking about harming herself. The other members appeared relieved. When the co-leaders introduced the topic of "Interacting with the Opposite Sex" the members were reluctant to discuss it. They appeared to be fearful of another difficult session and preferred to talk about a less anxiety-provoking topic. The co-leaders allowed the group to decide what they wanted to discuss for this session. In the check-in one of the less vocal younger members referred to a problem she was having with her peers in the group home and the members decided to discuss that concern. The member explained in detail the difficulties she was experiencing at the group home. She stated she didn't feel others believed or trusted her. Some of the other group

members immediately verbalized their belief in the adolescent and provided support and suggestions on how to handle the situation. Some members shared similar experiences about other people not believing or trusting them. The concept of believing in themselves was introduced by the co-leaders. The members discussed this at length, providing encouragement and support to one another. The group concluded with the check-out exercise.

The co-leaders were impressed by the members' ability to recognize and convey that they required some healing time following the last session. While the topic chosen for the session was not discussed, a more important process had taken place. The group as a whole was able to verbalize what their needs were for the session and insure they were met. The continued support they showed for one another further enhanced the cohesive process and prepared them for their next task.

Upon conclusion of session five, the following comments in the Group Climate Questionnaires were examined by the co-leaders in their ongoing evaluation and planning meeting:

Members

The most important part of the session was ...

- I'm feeling a lot better this week; when suicide enters my mind I'll think twice and ask someone for help

- I liked how everybody helped me.

- We helped another member.

- I'm glad that the other member is feeling better.

- We believed the other member.

- The most important part is seeing others improve and their courage.

Co-Leaders

The most important part of the session was ...

- The group's ability to help and support the members.

- The group telling the co-leaders what they wanted to discuss.

Following examination of the questionnaires and discussion of clinical observations, the following goals for session six were compiled by the co-leaders:

(1) Focus on the group's ability to control the mood of the group through support and sharing.

(2) Introduce the topic of "Self-Esteem" as this topic was beginning to be explored in the last session. We will go back to the topic of Interacting with the Opposite Sex".

(3) Help the group stay focused on the topic.

(4) Provide positive feedback for the younger member's contribution to the last session and encourage the other younger member to contribute as well.

Session Six

All members were present for the sixth session. Session six was begun with the check-in exercise. The co-leaders then introduced the self-esteem exercise. The members were asked to silently rate how they felt about themselves on a scale of one to ten at four different time periods: before the sexual

abuse, immediately after the abuse, now, and where they would like to be rated in the future. One member was chosen by the co-leaders to come forth and share her rankings with the group. Then the co-leader asked the adolescent to answer four questions related to her physical appearance, intelligence, ability to make friends and her contributions to her family. The co-leader then described an imaginary person in an empty chair incorporating the answers the adolescent had given to the four questions. The adolescent was then asked to give a self-esteem rating to the imaginary person. The rating given was much higher than the adolescent had given herself. She appeared shocked when the co-leader stated that the person she described in the empty chair was the adolescent herself. The co-leaders explained to the group that this exercise showed that if we could step outside ourselves and evaluate ourselves more objectively, we would see we are usually doing much better than we give ourselves credit for. The next stage involved each member sharing with the group the ratings they gave themselves. After one member shared her ratings, the other members would argue with her that she rated herself too low and provided positive feedback to support their views. This process continued for all the members. One member had particular difficulty accepting compliments from others and the co-leaders had to request the members to respect her feelings. The co-leaders pointed out to the group that they were very good at arguing that others' ratings of self-esteem

were too low, but were much tougher on themselves. The group ended with the check-out exercise.

The co-leaders were impressed with the members' ability to examine their own self-esteem and to provide positive feedback to others.

Upon conclusion of session six, the following comments in the Group Climate Questionnaires were examined by the co-leaders in their ongoing evaluation and planning meeting.

Members

The most important part of the session was ...

- We helped three people.
- I liked how everyone helped each other.
- We talked about people's problems and I got some of my feelings sorted out.
- It's good to talk about things but sometimes it becomes too much and I'm glad the co-leaders were there to step in.

Co-Leaders

The most important part of the session was ...

- The group's ability to disagree. This portrays trust and intimacy.
- The members ability to rate themselves on the self-esteem inventory.

Following examination of the questionnaires and discussion of clinical observations, the following goals for Session Seven were compiled by the co-leaders.

(1) Encourage and model respect for individual differences.

(2) Curb one member who is very vocal and not accepting of opinions differing from her own.

(3) Continue attempts to encourage more participation by younger members.

(4) Provide more positive feedback for one member who is consistently making valuable contributions.

(5) Ask group members for feedback regarding the progress of the group so far. Ask for suggestions for future sessions.

(6) Conclude topic of "Self-Esteem" and introduce the topic of "Interacting with the Opposite Sex".

(7) Address the concerns of upcoming court case that one member made reference to in the last session.

Session Seven

All members were present for the seventh session.

Session seven was begun with the check-in exercise. The co-leaders then asked the members for feedback regarding progress thus far and future plans. The adolescents appeared to enjoy the group and made special mention of the various exercises used. They were very general in their suggestions for future sessions. The topic of interacting with the opposite sex was then introduced. The reactions of members to the opposite sex varied greatly. One member had no difficulties with younger males, but stated that she would become extremely uncomfortable in the presence of older males. Another member stated she never wanted to have a relationship with any male and would become nervous if a male appeared to be trying to get close to her. One member stated that being sexually

abused did not affect her relationships with the opposite sex in any way. Another member revealed that she was extremely fearful of dating boys, because if they made any sexual contact it reminded her of the abuse. In the middle of the discussion one member became fearful and left the room. When the adolescent returned to the group with the female co-leader's assistance she explained to the group that the reason she became upset was that the male co-leader reminded her of the person who abused her. This initiated discussion about the issue of a male co-leader. The female co-leader explained to the group the reasons why a male was chosen to co-lead the group. The male co-leader told the members that he was not offended by their concern of having a male co-leader and he understood that it could be difficult for some of them. The members appeared divided on the issue. They requested an opportunity to discuss the issue without the co-leaders present and this was permitted. When the group convened 15 minutes later, the members requested that the male co-leader not be included in all the sessions. They went further to suggest that professional leadership of any sort was not a necessity.

The co-leaders at that point stated that a group of this nature required two professional co-leaders and a male-female team was considered beneficial. The leaders stated they were open to suggestions to help work through this problem, but a change of leaders was not an option. Following a lengthy

discussion those members who had difficulties with the male
co-leader admitted that this was a problem they had to face
and try and work through rather than run away from it. The
issue appeared resolved and the group ended with the check-
out exercise.

The co-leaders felt that the group had reached a critical
point in its development. They believed the challenge to the
leadership was a healthy process as it showed an increased
independence and confidence in the members. However, the
outcome of the issue could have resulted in either a more
cohesive and united group or a group fragmented and
discontented. The co-leaders believed that the group had
reunited and tightened the cohesive bond, but another session
would be necessary to confirm this.

Upon conclusion of session seven, the following comments
in the Group Climate Questionnaires were examined by the co-
leaders in their ongoing evaluation and planning meeting.

Members

The most important part of the session was ...
- Somethings that had been said were talked out.
- It was a tough session and I feel worried.
- We helped some members.
- Sorry many personal problems for me; the session wasn't beneficial, but for others it was.
- The support the group gave me.
- The caring and affection members have for each other.

- When another member helped me.

Co-Leaders

The most important part of the session was ...

- The member's disclosure of the male co-leader reminding her of the offender.
- The co-leader's separation of the leader's role from the supportive role of the members.

The co-leaders were surprised by the members' challenge to the leadership of the group. They were impressed with the group's ability to address and deal with the issue of a male co-leader.

Following examination of the questionnaires the following goals for session eight were compiled by the co-leaders:

(1) Set up individual sessions for the member who made reference to personal problems in her group climate comments and the member who stated she felt worried.

(2) Check to assure the male issue is resolved; if not promote further discussion.

(3) Expand the topic of "Interacting with the Opposite Sex" to include questions and concerns regarding sexuality.

(4) Address the concerns of the member who has an upcoming court case. This didn't get addressed in the last session.

(5) Curtail one member who is taking on the helper role excessively and setting herself apart form the other members.

Session Eight

One member was absent for session eight. This session was begun with the check-in exercise. The co-leaders then reintroduced the issue of the male co-leader and asked the members if this topic required further discussion. There was consensus amongst the members that the issue had been resolved and they were ready to move on to another topic. The co-leaders then returned to the topic of interacting with the opposite sex. Members were encouraged to ask any questions they had regarding sexual activity. There were a number of questions asked about sexual intercourse, birth control, and pregnancy. The members were encouraged to answer each others questions. The co-leaders provided additional information and corrected misinformation when necessary. Most of the members appeared comfortable discussing sexual concerns. However, the younger members appeared nervous and giggly.

Following this discussion, the co-leaders then requested the group to assist the member who was concerned about the upcoming trial of her offender. A few of the members who had been through the court process offered some very practical advice. Other members, who would be facing testifying in the trial of the offender in the future, appeared keenly interested and asked a number of questions. The two main concerns of the victims were: (1) being believed by the judge and others in the court room and (2) having to see the

offender again. Session eight ended with the check-out exercise.

The co-leaders were relieved the male co-leadership issue was resolved. They were impressed by the members open and honest discussion of sexuality, but were surprised by their limited knowledge in this area. The co-leaders felt the discussion of court appearance had been beneficial to the members.

Upon conclusion of session eight the following comments in the Group Climate Questionnaire were examined by the co-leaders in their ongoing evaluation and planning meeting.

Members

The most important part of the session was ...

- I liked learning that others felt the same way I did.

- I learned things about sex I didn't know.

- I'm glad last week's problem was solved.

- I liked helping another member learn about the trial.

- I liked talking about boys and feelings of sex.

- I hope some day I will feel different about sex.

Co-Leaders

The most important part of the session was ...

- The openness of members discussing sexual concerns.

- The resolution of the male issue.

Following examination of the questionnaires the following goals for session nine were compiled by the co-leaders:

(1) Encourage the two younger members to be more vocal.

(2) Provide positive feedback to the members for their openness in sharing concerns about sexuality.

(3) Introduce the topic of "Assertiveness". This topic is a logical follow-up to the issue of sexuality and males. The topic of "Family" will be addressed the following week.

Session Nine

All members were present for session nine. The session was begun with the check-in exercise. The co-leaders then introduced the topic of assertiveness. The concepts of passiveness, aggressiveness and assertiveness were explained by the co-leaders and the members then shared personal examples. The co-leaders then role-played a situation in which a teenage boy was bringing his girlfriend home from a date. He was aware that her parents were away for the weekend and was pressuring his girlfriend to invite him in for awhile. The girlfriend did not want to, but was finding it extremely difficult to say no. The co-leaders modeled three different responses of the girlfriend; passive, aggressive and assertive and the members were asked to identify each type of response. The female co-leader played the role of the boyfriend and the male co-leader played the role of the girlfriend: so the exercise would be less threatening to the members. The female co-leader then role-played the same situation, rotating each

member in the girlfriend role.   Upon completion of the exercise each member was asked to share with the group her feelings about the experience.   The other members and co-leaders then provided feedback.   Only one member refused to participate in the exercise.   While some of them had difficulty asserting themselves, they appeared to enjoy the role-playing activity and some even requested another turn. The session ended with the check-out exercise.

The co-leaders were impressed by the improvement in assertiveness skills of the members as the session progressed. They believed that this exercise helped them to develop skills that would protect them from further abuse.

Upon conclusion of session nine the following comments in the Group Climate Questionnaire were examined by the co-leaders in their ongoing evaluation and planning meeting.

Members

The most important part of the session was ...

- Acting out assertiveness skits.

- Talking over assertiveness.   I would like more time to try it.

- Practising assertiveness.

- The issue of assertiveness.   I didn't think I could do it but I did.

- The topic. It's important and I thought this session was excellent.

Co-Leaders

The most important part of the session was ...

- The members' ability to act in an assertive manner.

- One member's ability to advance from aggressive to assertive.

Following examination of the questionnaire the following goals for session ten were compiled by the co-leaders:

(1) Continue to provide positive feedback for the group's ability to demonstrate assertiveness skills and convey confidence in them for the future.

(2) Provide a final opportunity for members to discuss and/or practice assertiveness skills.

(3) Continue to encourage the active involvement of all members.

(4) Introduce the topic of "Family".

Session Ten

All members were in attendance for session ten. The session was begun with the check-in exercise. The co-leaders then re-introduced the issue of assertiveness. Following a brief discussion of the topic, the members were ready to proceed to the next topic. The subject of family was then introduced. The members first discussed their relationship with their mothers. Many of the adolescents felt rejected, hurt, and deserted by their mothers. They appeared to find some consolation in the fact that others felt the same way. However, the discussion left the members feeling a great sense of loss and sadness. They became very quiet and withdrawn and

the mood of the group was very low. The co-leaders attempted to focus the members on being able to differentiate between the things in life they couldn't control (ie., reactions of mothers) and the things they could control (ie., what kind of person they could be). The co-leaders acknowledged the normality of their feelings of sadness and loss and encouraged them to try and fill those voids with people who appear to be supportive and understanding.

Some of the members were able to talk about other people in their lives who had been supportive to them and the mood of the group improved slightly. The group went on to discuss siblings and their reactions to the disclosure of abuse. Generally, the group found that younger siblings often didn't understand and blamed the victim, whereas older siblings were more likely to be supportive. The group ended with the check-out exercise. In this exercise the co-leaders focused on the inner strength and courage of the members.

The co-leaders found this session to be emotionally draining as they felt a real sense of sadness and injustice for the members. The session was comparable with the grieving process as members mourned for the family they wished they had. The co-leaders believed that this grieving process was a painful but important step towards healing. The members' ability to share their sadness with each other demonstrated the cohesive and secure atmosphere the group provided.

Upon conclusion of session ten the following comments in the *Group Climate Questionnaire* were examined by the co-leaders in their ongoing evaluation and planning meeting.

Members

The most important part of the session was ...

- The discussion of control.

- I don't know. The topic was tough and I feel empty.

- The helpfulness of the group. I hope it continues.

- We helped another member. I really liked tonight's meeting. I found it really important.

- I didn't like talking about family.

- It was a good session. Thanks for all the help.

Co-Leaders

The most important part of the session was ...

- Discussing the issue of control again.

- The group's ability to show its true feelings.

Following examination of the questionnaires, the following goals for session eleven were compiled:

(1) Assist the group to get back to a more optimistic and positive mood following the tough session on family.

(2) Repeat the important points of the control issue.

(3) Focus on member's individual strengths.

(4) Encourage the group to deal with termination issues.

(5) Set up individual sessions with the two members whose Group Climate Questionnaires indicated difficulties dealing with the topic of "Family".

(6) Introduce the topic of "Coping". Encourage members to share with the group things that have helped them.

Session Eleven

One member was absent for session eleven. The session was begun with the check-in exercise. The co-leaders then introduced the topic of "ways of coping". The members shared with the group ways they cope with stress, anxiety, and feelings of loneliness, depression and low self-esteem. Some of the suggested coping methods included: talking to a friend, talking to a counsellor, going for a walk, doing your favorite activity, writing in a diary, writing poetry, drawing, playing music, going out with friends, reading a book, and going to your room and letting all the tears out. The co-leaders emphasized the courage, strength and abilities each member had demonstrated. They stressed to the members to think of themselves not as "victims" but as "survivors". The group then began to deal with the issue of termination. Some members expressed doubt about their ability to cope without the support of the group. The co-leaders encouraged the members to call each other if they wanted and that follow-up counselling on an individual basis was available for all members. The co-leaders pointed out that the completion of the group was not an end, but a beginning step in their efforts to recover from sexual abuse. The members then began planning their party for the final session. The group ended

with members feeling optimistic and happy. Session eleven concluded with the check-out exercise.

The co-leaders were pleased that the last formal session ended with the members appearing hopeful about the future. They too felt a degree of sadness about the termination of the group.

Upon conclusion of session eleven the following comments in the Group Climate Questionnaires were examined by the co-leaders in their ongoing evaluation and planning meeting:

Members

The most important part of the session was ...

- Talking about ways of feeling better.

- Everyone was feeling better.

- Talking about ways to deal with things when it gets tough.

- Everything. I really liked this session and the group.

- I feel I'm going to be okay. Thanks for the help.

- I hope I can be like another member and feel in control.

Co-Leaders

The most important part of the session was ...

- The members giving suggestions to one another on ways of coping.

- The group's hopeful atmosphere.

The following goals for session twelve were compiled by the co-leaders:

(1)   Provide positive feedback to all members.

(2)   Emphasize availability of counsellors for continued
      individual therapy.

(3)   Encourage members to contact each other.

(4)   Ensure the members enjoy the final session.

Session Twelve

The final session was held at the female co-leader's
home.   The informal party atmosphere was chosen to give
members the feeling that their participation in the group was
worthy of celebration and to facilitate the termination
process. All members were present. The members brought some
treats and a pizza was ordered.

There was one formal exercise conducted. The co-leaders
and the members sat in a circle and one after another a person
was chosen to receive feedback from the group. Each member
and co-leader provided at least one way that person
contributed to the group.   While most members appeared
embarrassed when receiving feedback, they did appear to
appreciate the compliments they received from others.

The co-leaders were impressed by the members' level of
insight and perception about each other as demonstrated in the
feedback exercise.   A certificate of participation and a
collection of some members' poetry was given to each member
by the co-leaders as a memento of the group experience.   The
members then socialized with each other for a half hour.

Following the exchange of phone numbers, there were a lot of hugs and tears as the members and co-leaders said their good-byes to one another.

There were no Group Climates Questionnaires or Leader Evaluation Questionnaires completed following this session. The co-leaders felt a mixture of relief, sadness and satisfaction following the last session. They agreed to meet again in a few weeks to discuss plans for future groups.

Summary

The ongoing evaluation following each session proved to be a valuable process for the co-leaders. The written comments in the Group Climate Questionnaire provided enlightening information that was extremely helpful in the planning of future sessions. The session by session process evaluation was viewed by the researcher as playing a critical role in the success of the outcome evaluation of the group therapy program examined in this study.

General Trends in the Group Climate Questionnaire

The results of the ratings by the members and co-leaders to the 12 statements listed on the Group Climate Questionnaire are presented in this section. Each statement was examined and the members and co-leaders ratings were compared. An average score was calculated for the members. Scores 1 through 5 were assigned to the rating scales as follows: 1 -

not at all, 2 -a little bit, 3 - somewhat, 4 - a lot and 5 -
extremely. The scores were added together and then divided
by the number of member responses to obtain an average score.
In determining the co-leaders' score the same criteria was
used.

The first statement on the Group Climate Questionnaire
was as follows:

(1) <u>Members liked and cared about each other</u>.

The members rated this statement consistently high
throughout all the sessions. In the first session the score
was 3.75. By the third session it had risen to 4.86 and
stayed in this range for the remaining 8 sessions. The co-
leaders gave a consistent rating of 4.00 for all the sessions.

A graphic illustration of the scores of the first
statement on the Group Climate Questionnaire is recorded in
Figure 9.

The second statement on the Group Climate Questionnaire
was as follows:

(2) <u>The members tried to understand why they do the things</u>
<u>they do, tried to reason it out</u>.

The members rated this statement consistently high
throughout all the sessions, except the first one. In the
first session the score was 2.75. By the second session it
had risen to 4.29 and stayed in this range for the remaining
nine sessions. The co-leaders' scores followed the same

Figure 9. A graphic illustration of the average ratings of the members and co-leaders to statement one on the Group Climate Questionnaire.

Statement one - The members liked and cared about each other.

pattern although they were slightly lower. In the first session the co-leaders score' was 2.00. It rose to 4.00 and stayed in this range for the remaining nine sessions.

A graphic illustration of the scores of the second statement on the Group Climate Questionnaire is recorded in Figure 10.

The third statement on the Group Climate Questionnaire was as follows:

(3) The members avoided looking at important issues going on between themselves.

The members rated this statement consistently low throughout all the sessions. The scores ranged from 1.00 to 1.60. The co-leaders' ratings were not as consistent. In sessions one and ten their score was 3.00. In sessions nine and eleven their scores were 2.00. For the remaining sessions the co-leaders' scores ranged from 1.00 to 1.50.

A graphic illustration of the scores of the third statement on the Group Climate Questionnaire is recorded in Figure 11.

The fourth statement on the Group Climate Questionnaire was as follows:

(1) The members felt what was happening was important and there was a sense of participation.

The members rated this statement consistently high throughout all the sessions. The scores ranged from 3.90 to 4.75. The co-leaders' scores followed the same consistent

Figure 10. A graphic illustration of the average ratings of the members and co-leaders to statement two on the Group Climate Questionnaire.

Statement two - The members tried to understand why they do the things they do, tried to reason it out.
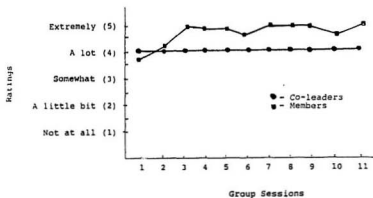
Figure 11. A graphic illustration of the average ratings of the members and co-leaders to statement three on the Group Climate Questionnaire.

Statement three - The members avoided looking at important issues going on between themselves.

pattern, although they were slightly lower. Their scores ranged from 3.50 to 4.50. Session seven was the only time when the co-leaders' score exceeded the members. In this session the members scored 3.90 and the co-leaders scored 4.50.

A graphic illustration of the scores of the fourth statement on the Group Climate Questionnaire is recorded in Figure 12.

The fifth statement on the Group Climate Questionnaire was as follows:

(5) <u>The members depended on the group leaders for direction</u>.

The members rated this statement consistently low throughout all the sessions. The scores ranged from 1.50 to 2.25. The co-leaders' scores were not as consistent as the members and were higher for most of the sessions. In session six, the co-leaders' score was 3.50 and in sessions one and nine their score was 3.00. The scores ranged from 2.00 to 2.50 for the remaining sessions. Session two was the only time the members' score exceeded the co-leaders. The members' rating was 2.17 and the co-leaders' was 2.00.

A graphic illustration of the scores of the fifth statement on the Group Climate Questionnaire is recorded in Figure 13.

The sixth statement on the Group Climate Questionnaire was as follows:

Figure 12. A graphic illustration of the average ratings of the members and co-leaders to statement four on the Group Climate Questionnaire.

Statement four — The members felt what was happening was important and there was a sense of participation.
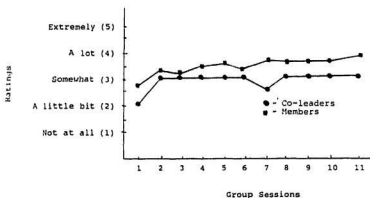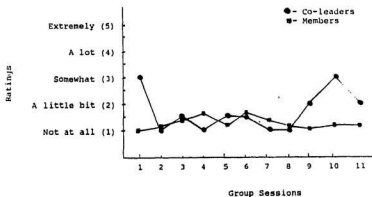
Figure 13. A graphic illustration of the average ratings of the members and co-leaders to statement five on the Group Climate Questionnaire.

Statement five - The members depended on the group leaders for direction.

(5) <u>The members were distant and withdrawn from each other</u>.

The members rated this statement consistently low throughout all the sessions. The scores ranged from 1.00 to 2.00. The co-leaders' scores were also consistently low, although slightly higher than the members in all but sessions two and five. The co-leaders' scores ranged from 1.50 to 2.50. In session two, the co-leaders' score was 1.50. This was 0.50 points lower than the members. In session five the co-leaders' score was 1.50 as compared to the members' score of 1.67.

A graphic illustration of the scores of the sixth statement on the Group Climate Questionnaire is recorded in Figure 14.

The seventh statement on the Group Climate Questionnaire was as follows:

(7) <u>The members challenged and confronted each other in an effort to sort things out</u>.

The members rated this statement consistently around 3.00 throughout all the sessions. The first and last two sessions were rated slightly lower than the seven middle sessions. The scores for the four end sessions ranged from 2.70 to 3.30. The scores for the seven middle sessions ranged from 3.50 to 3.90. The co-leaders' scores were not as consistent as the members and the range was much greater. All the co-leaders' scores were less than or equal to that of the members. The
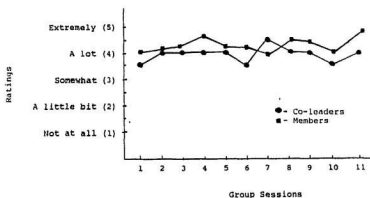
Figure 14. A graphic illustration of the average ratings of the members and co-leaders to statement six on the Group Climate Questionnaire.

Statement six - The members were distant and withdrawn from each other.

co-leaders' scores ranged from 1.50 in session one to 4.00 in session six.

A graphic illustration of the scores of the seventh statement on the Group Climate Questionnaire is recorded in Figure 15.

The eighth statement on the Group Climate Questionnaire was as follows:

(8) <u>There was friction and anger between the members</u>.

The members rated this statement consistently low throughout all the session. The scores ranged from 1.00 to 1.57. The co-leaders' scores showed the same low consistent pattern with scores ranging from 1.00 to 1.50. In ten of the eleven sessions the scores of the co-leaders were slightly lower or equal to the members' score. The biggest difference in scores was seen in session ten where the co-leaders' score was 0.50 points higher than the members'.

A graphic illustration of the scores of the eighth statement on the Group Climate Questionnaire is recorded in Figure 16.

The ninth statement on the Group Climate Questionnaire was as follows:

(9) <u>The members appeared to do things the way they thought</u>
<u>would be acceptable to the group</u>.

The members' rating of this statement fluctuated throughout the sessions. In the first two sessions the scores were 3.37 and 3.29. The scores then increased and ranged from
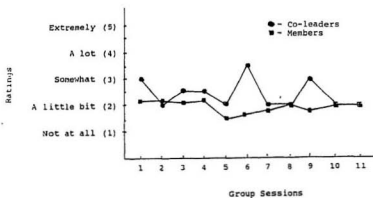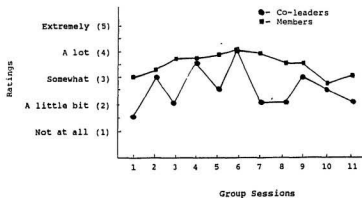
Figure 15. A graphic illustration of the average ratings of the members and co-leaders to statement seven on the Group Climate Questionnaire.

Statement seven - The members challenged and confronted each other in efforts to sort things out.
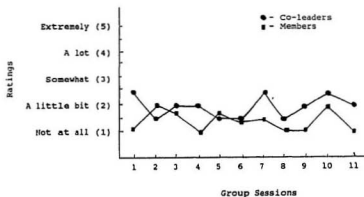
Figure 16. A graphic illustration of the average ratings of the members and co-leaders to statement eight on the Group Climate Questionnaire.

Statement eight - There was friction and anger between the members.

3.90 to 4.50 for the next five sessions. In session eight the score dropped to 2.50. The scores increased again for the last three sessions and ranged from 3.70 to 4.30. The co-leaders' scores were more consistent than the members and substantially lower. Their scores ranged from 1.50 to 3.00.

A graphic illustration of the scores of the ninth statement on the Group Climate Questionnaire is recorded in Figure 17.

The tenth statement on the Group Climate Questionnaire was as follows:

(10) The members distrusted and rejected each other.

The members rated this statement consistently low throughout all the sessions. Their scores ranged from 1.00 to 1.14. The co-leaders' scores were not as consistent as the members. Their scores ranged from 1.00 to 2.50. They had 8 scores of 1.00, 2 scores of 2.00 and 1 score of 2.50.

A graphic illustration of the scores of the tenth statement on the Group Climate Questionnaire is recorded in Figure 18.

The eleventh statement on the Group Climate Questionnaire was as follows:

(11) The members revealed personal information or feelings.

The members rated this statement consistently high throughout the sessions. The scores ranged from 3.43 to 4.75. The lowest score occurred in session two and the highest score in session eight.

Figure 17. A graphic illustration of the average ratings of the members and co-leaders to statement nine on the Group Climate Questionnaire.

Statement nine - The members appeared to do things the way they thought would be acceptable to the group.
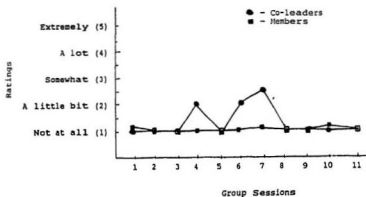
Figure 18. A graphic illustration of the average ratings of the members and co-leaders to statement ten on the Group Climate Questionnaire.

Statement ten - The members distrusted and rejected each other.

The co-leaders scored a consistent rating of 4.00 throughout all the sessions. In eight of the eleven sessions the co-leaders' scores were slightly greater than or equal to the members' scores.

A graphic illustration of the scores of the eleventh statement on the Group Climate Questionnaire is recorded in Figure 19.

The twelfth statement on the Group Climate Questionnaire was as follows:

(12) <u>The members appeared tense and anxious</u>.

The members rated this statement consistently low throughout all the sessions. In all the sessions except sessions eight and eleven the scores ranged from 1.86 to 2.63. In sessions eight and eleven the scores dropped to 1.37. The co-leaders' scores showed a similar pattern as the members, but their scores had a bigger range. Their lowest score was 1.00 and their highest was 3.00. In seven of the eleven sessions the members' scores were higher than the co-leaders.

A graphic illustration of the scores of the twelfth statement on the Group Climate Questionnaire is recorded in Figure 20.
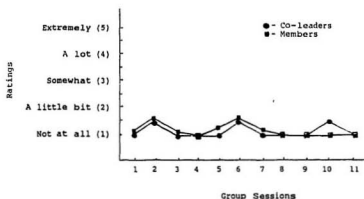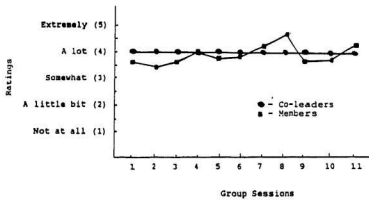
Figure 19. A graphic illustration of the average ratings of the members and co-leaders to statement eleven on the Group Climate Questionnaire.

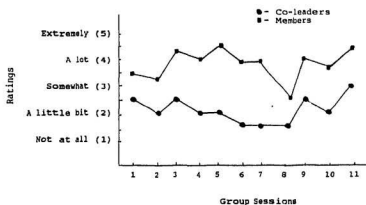Statement eleven - The members revealed personal information or feelings.
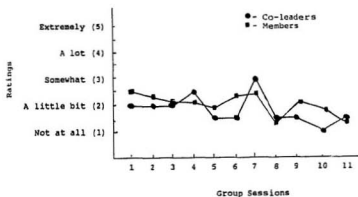
Figure 20. A graphic illustration of the average ratings
of the members and co-leaders to statement
twelve on the Group Climate Questionnaire.

Statement twelve – The members appeared
tense and anxious.

Summary

The results of the ratings by members of the 12
statements listed on the Group Climate Questionnaire
illustrated a consistent and similar pattern by the members
and co-leaders throughout most of the sessions. The
positively phrased statements generally received high scores
by both groups of raters with the members' scores being
slightly higher than the co-leaders'. The negatively phrased
statements generally received low scores by both groups of
raters with the members' scores being slightly lower or equal
to the co-leaders'. Statement nine was the one exception to
the pattern of scores. In this negatively phrased statement
the members' scores were substantially higher than the co-
leaders.

General Trends in the Participation Questionnaire

The results of the co-leaders' ratings of the members'
level of participation in the sessions are presented in this
section. Each member's level of participation was examined
and the co-leaders' rating were compared.

Subject "A"

Subject "A" was observed to be an active participant in
all the sessions she attended. She missed sessions four and
five. The co-leaders' ratings were the same for all but

session three. Subject "A"s level of participation level began at a rating of "somewhat" and rose to "a lot" for the last five sessions.

A graphic illustration of the co-leaders' ratings of Subject "A"s level of participation in the sessions is recorded in Figure 21.

Subject "B"

Subject "B" was observed to be an active participant in all the sessions she attended. She missed sessions four and five. The co-leaders' ratings were the same for all but sessions two and eight. Subject "B"s level of participation rate began at a rating of "somewhat" and rose to "a lot" for session five. It dropped back down to "somewhat" for sessions six and seven and rose again to "a lot" for the remaining five sessions.

A graphic illustration of the co-leaders' ratings of Subject "B"s level of participation in the sessions is recorded in Figure 22.

Subject "C"

Subject "C" had a low level of participation in most of the twelve sessions she attended. The co-leaders' ratings were the same in all but session one. In this session one co-leader gave her a rating of "somewhat" and the other co-leader's rating was "a little bit". She maintained a

Figure 21. A graphic illustration of the co-leaders' ratings of Subject "A"s level of participation.
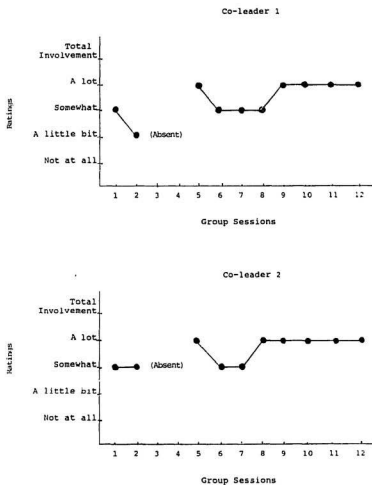
Figure 22. A graphic illustration of the co-leaders' ratings of Subject "B"s level of participation.

consistent rating of "a little bit" for the next ten sessions. In the final session her rating rose to "somewhat".

A graphic illustration of the co-leaders' ratings of Subject "C"s level of participation in the sessions is recorded in Figure 23.

Subject "D"

Subject "D" was observed to be an active participant in all the sessions she attended. She missed sessions four and five. The co-leaders' ratings varied in sessions one, two, six and seven. The co-leaders' ratings ranged from "a little bit" to total involvement for first five sessions Subject "D" attended. Following session seven both co-leaders gave Subject "D" a rating of "a lot" for the remaining five sessions.

A graphic illustration of the co-leaders' ratings of Subject "D"s level of participation in the sessions is recorded in Figure 24.

Subject "E"

Subject "E" was observed to be an active participant in most of the sessions she attended. She missed session ten. The co-leaders' ratings varied in sessions two, five, six and seven. In these sessions one co-leader's ratings were consistently higher than the other co-leader's Subject "E"s

Figure 23. A graphic illustration of the co-leaders' ratings of Subject "C"s level of participation.
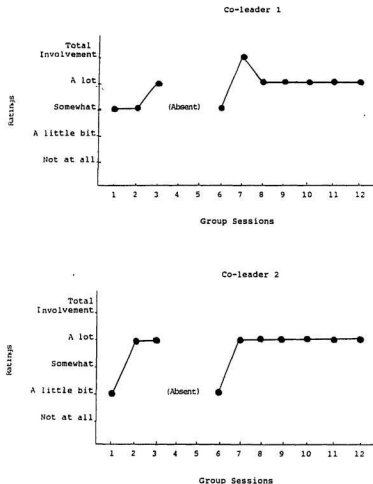
Figure 24. A graphic illustration of the co-leaders' ratings of Subject "D"s level of participation.

level of participation started at "a little bit" in session one and ended with "a lot" in session twelve.

A graphic illustration of the co-leaders' ratings of Subject "E"s level of participation in the sessions is recorded in Figure 25.

Subject "F"

Subject "F" was observed to be an active participant in the twelve sessions she attended. The co-leaders' ratings were the same for all sessions. Subject "F"s level of participation started at "a little bit" in session one and rose to "a lot" in session two. Subject "F" maintained a rating of a lot for the next 10 sessions.

A graphic illustration of the co-leaders' ratings of Subject "F"s level of participation in the sessions is recorded in Figure 26.

Subject "G"

The co-leaders' ratings of Subject "G" varied in 6 of the 11 sessions she attended. She missed session eight. One co-leader's rating was consistently lower than the other co-leader's for the first five sessions. Subject "G"s level of participation ranged from "a little bit" to "a lot" with most ratings in the "a little bit" and "somewhat" areas. Subject "G" had a lower level of participation than most of the other members in the majority of sessions she attended.
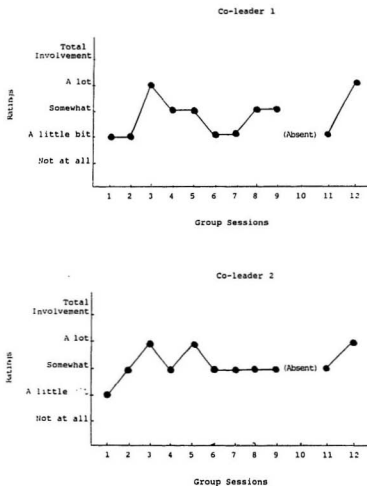
Figure 25. A graphic illustration of the co-leaders' ratings of Subject "E"s level of participation.
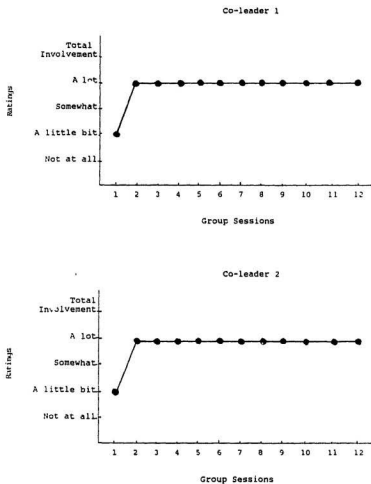
Figure 26. A graphic illustration of the co-leaders'
ratings of Subject "F"s level of participation.

A graphic illustration of the co-leaders' ratings of Subject "G"s level of participation in the sessions is recorded in Figure 27.

Member "H"

Member "H"s level of participation fluctuated throughout the twelve sessions she attended. The co-leaders' ratings were the same for 9 of the 12 sessions. Member "H" started at "somewhat" in session one and fluctuated between "a little bit", "somewhat", and "a lot" for the remaining sessions.

A graphic illustration of the co-leaders' ratings of Member "H"s level of participation in the sessions is recorded in Figure 28.

Summary

The results of the co-leaders; ratings of the members level of participation in the sessions were very similar and some consistent patterns were noted. Members "C" and "G" were identified as being the least active members. These two members were the youngest in the group. Members "D" and "F" were observed to be the most active members. Members "A", "B", "D" and "F" increased their level of participation as the group progressed. Member "H"s level of participation showed the most fluctuation.
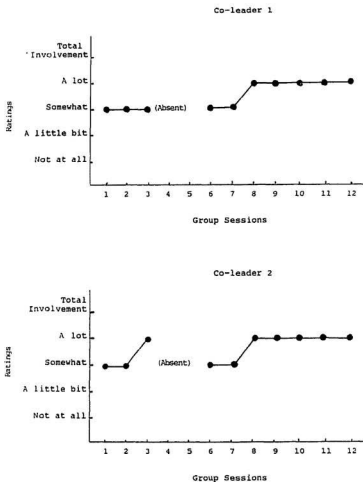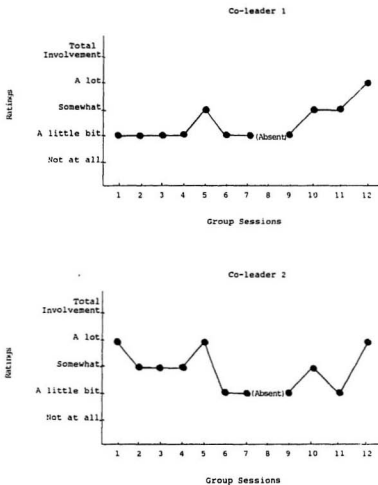
Figure 27. A graphic illustration of the co-leaders'
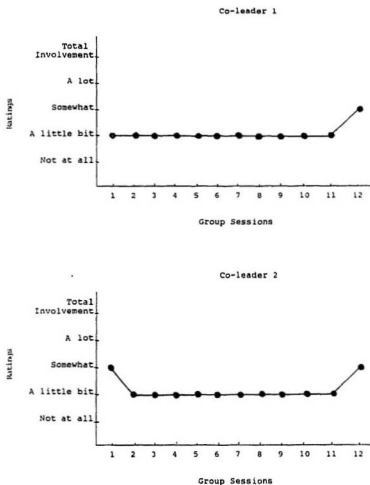ratings of Subject "G"s level of
participation.
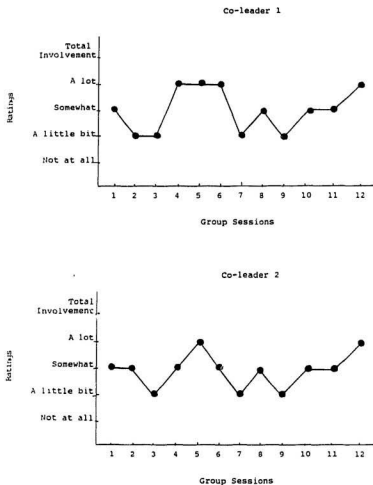
Figure 28. A graphic illustration of the co-leaders' ratings of Subject "H"s level of participation.

Curative Factors

In the Final Evaluation Questionnaire, the members rank ordered a group of statements representing the curative factors of group therapy as identified by Yalom (1970). The purpose of this component of the evaluation was to ascertain the most and least helpful group processes as viewed by the members.

Yalom (1970) conducted research to evaluate the comparative potency of the curative factors. He devised a curative factor Q-sort involving 12 categories of factors and five items describing each category for a total of sixty items. Each item was typed on a card and the member was given the stack of cards and asked to place a specified number of cards in seven piles ranging from most helpful to least helpful. The twelve categories were the same as those described earlier in Chapter One. One additional category "self-understanding" was included to permit the examination of the importance of personal insight.

The writer modified Yalom's curative factor Q-sort to a shorter and less complex version for the purposes of this study. One item from each of the twelve categories was randomly selected from Yalom's sixty items (Yalom, 1970). The members were asked to rank the items from 1-12 according to how helpful they were for them in the group. The least helpful item was ranked 1 and the most helpful was ranked 12.

A list of the 12 items and the categories they represented is
as follows:

Item	Category
(1) Reaching out and helping others in the group	Altruism
(2) Belonging to a group of people who understood and accepted me.	Cohesiveness
(3) Being with other people who had been through the same thing.	Universality
(4) Other people honestly telling me what they think of me.	Interpersonal Learning "Input"
(5) Other people suggesting or advising something for me to do.	Guidance
(6) Improving my skills in getting along with people.	Interpersonal Learning "Output"
(7) Being able to say what was bothering me instead of holding it in.	Catharsis
(8) Seeing that others could reveal embarrassing things and take other risks and benefit from it helped me do the same.	Identification
(9) Being in the group was in a sense, like reliving and understanding my life in the family in which I grew up in.	Family Reenactment
(10) Learning why I think and feel the way I do. (ie., learning some of the causes and sources of my problems.	Self-Understanding
(11) Knowing others have solved problems similar to mine.	Instillation of Hope

(12) Learning that I must take
ultimate responsibility for the
way I live my life, no matter
how much guidance and support
I get from others.

Existential
Factors

(pp. 15-18)

All of the group members reported finding the rank ordering a difficult task. They felt they had the most confidence in their rankings at the extreme ends of the scale. Since the members consistently stated that their rankings in the extremes of the scales most accurately reflected their perceptions of their group experience, only the top three most helpful items and the bottom three least helpful items are reported. The results for each member were as follows:

Subject "A"

Three most helpful items

(1) Belonging to a group of people who understood and accepted me.

(2) Seeing that others could reveal embarrassing things and take other risks and benefit from it helped me do the same.

(3) Reaching out and helping others in the group.

Three least helpful items

(1) Being in the group was in a sense like reliving and understanding my life in the family in which I grew up.

(2) Knowing others had solved problems similar to mine.

(3) Improving my skills in getting along with people.

Subject "B"

Three most helpful items

(1) Belonging to a group of people who understood and accepted me.

(2) Being with other people who have been through the same thing.

(3) Knowing others had solved problems similar to mine.

Three least helpful items

(1) Being in the group was in a sense like reliving and understanding my life in the family in which I grew up.

(2) Being able to say what was bothering me instead of holding it in.

(3) Other people suggesting or advising something for me to do.

Subject "C"

Three most helpful items

(1) Being with other people who have been through the same thing.

(2) Other people honestly telling me what they think of me.

(3) Seeing that others could reveal embarrassing things and take other risks and benefit from it helped me do the same.

Three least helpful items

(1) Being in the group was in a sense like reliving and understanding my life in the family in which I grew up.

(2) Improving my skills in getting along with people.

(3) Learning why I think and feel the way I do (ie., learning some of the causes and sources of my problems).

Subject "D"

Three most helpful items

(1) Learning that I must take ultimate responsibility for the way I live my life no matter how much guidance and support I get from others.

(2) Reaching out and helping others in the group.

(3) Improving my skills in getting along with people.

Three least helpful items

(1) Being able to say what was bothering me instead of holding it in.

(2) Belonging to a group of people who understood and accepted me.

(3) Seeing others could reveal embarrassing things and take other risks and, benefit from it, helped me do the same.

Subject "E"

Three most helpful items

(1) Being with other people who had been through the same thing.

(2) Reaching out and helping others in the group.

(3) Knowing others had solved problems similar to mine.

Three least helpful items

(1) Seeing that others could reveal embarrassing things and take other risks and benefit from it helped me do the same.

(2) Being in the group was, in a sense, like reliving and understanding my life in the family in which I grew up.

(3) Learning why I think and feel the way I do (ie., learning some of the causes and sources of my problems).

Subject "F"

Three most helpful items

(1) Reaching out and helping others in the group.

(2) Learning I must take ultimate responsibility for the way I live my life no matter how much guidance and support I get from others.

(3) Being with other people who have been through the same thing.

Three least helpful items

(1) Being able to say what was bothering me instead of holding it in.

(2) Other people honestly telling me what they think of me.

(3) Other people suggesting or advising something for me to do.

Subject "G"

Three most helpful items

(1) Reaching out and helping others in the group.

(2) Being with other people who have been through the same thing.

(3) Improving my skills in getting along with people.

Three least helpful items

(1) Being in the group was in a sense like reliving and understanding my life in the family in which I grew up.

(2) Other people suggesting or advising something for me to do.

(3) Belonging to a group of people who understood and accepted me.

Subject "H"

Three most helpful items

(1) Belonging to a group of people who understood and accepted me.

(2) Being with other people who have been through the same thing.

(3) Learning that I must take ultimate responsibility for the way I live my life no matter how much guidance and support I get from others.

Three least helpful items

(1) Learning why I think and feel the way I do (i.e., learning some of the causes and sources of my problems).

(2) Knowing others had solved problems similar to mine.

(3) Seeing that others could reveal embarrassing things and take other risks and benefit from it helped me do the same.

Summary

Although the members varied in their rank order of the curative factors, some items were more consistently ranked than others. Item one representing the curative factor Altruism was ranked in the "three most helpful items" category by five of the eight members. Item three, representing the curative factor, Universality was ranked in the "three most helpful items" category by six of the eight members. Item nine, representing the curative factor, Family Reenactment was ranked in the "three least helpful items" by five of the eight members.

A summary of the items rank order in the three most helpful and three least helpful categories is recorded in Table 10.

Summary of the Chapter

The findings of this study were divided into two sections, outcome evaluation and process evaluation.

The outcome evaluation involved an individual analysis of each group member's progress in the group. The member's progress was measured by her responses to the Needs Assessment Questionnaire, the Final Evaluation Questionnaire and the pre and posttest Offer Self-Image Questionnaire. The findings showed that all the group members found the group therapy program to be a helpful experience. The degree of helpfulness varied from member to member.

The process evaluation involved a session by session evaluation of various group processes, general trends in the Group Climate Questionnaire and Participation Questionnaires and the degree of helpfulness of Yalom's (1970) curative factors. The findings of the session by session evaluation provided valuable information for the co-leaders that was extremely helpful in the planning of future sessions. The general trend in the Group Climate Questionnaire illustrated a consistent and similar pattern of a positive group climate by the members and co-leaders throughout most of the sessions. The general trend in the Participation Questionnaires showed

Table 10

The Member's Rank Ordering of the Three Most Helpful and Three Least Helpful Items Representing the Curative Factors of Group Therapy

Item	Category	Number of members who ranked this item as one of the three most helpful Items	Number of members who ranked this item as one of the three least helpful Items.
1) Reaching out and helping others in the group	Altruism	5	0
2) Belonging to a group of people who understood and accepted me	Cohesiveness	3	2
3) Being with other people who had been through the same thing	Universality	6	0
4) Other people honestly telling me what they think of me	Interpersonal Learning "Input"	1	1
5) Other people suggesting or advising something for me to do	Guidance	0	3
6) Improving my skills in getting along with people	Interpersonal Learning "Output"	2	2
7) Being able to say what is bothering me instead of holding it in	Catharsis	0	3
8) Seeing that others could reveal embarrassing things and take other risks and benefit from it helped me do the same.	Identification	2	3
9) Being in the group was in a sense like reliving and understanding my life in the family in which I grew up in	Family Reenactment	0	5
10) Learning why I think and feel the way I do (i.e., learning some of the causes and sources of my problems	Self Understanding	0	5
11) Knowing others have solved problems similar to mine	Instillation of Hope	2	2
12) Learning that I must take ultimate responsibility for the way I live my life no matter how much guidance and support I get from others	Existential Factors	3	0

the co-leaders were very similar in their ratings of member's level of participation in the group. The members varied in their participation level. The degree of helpfulness of Yalom's (1970) curative factors showed that although members varied in their ratings some items were more consistently ranked than others.

CHAPTER V

CONCLUSIONS, INTERPRETATIONS AND RECOMMENDATIONS

Overview

In Chapter V, a summary of the completed study is presented. Contained in this chapter are (a) a restatement of the problem, (b) a summary of the procedures, (c) an interpretation of the findings, (d) a restatement of the research questions and specific findings, (e) the implications for other sexual abuse group leaders, and (f) recommendations for further research.

Restatement of the Problem

Child sexual abuse has become a dominant social problem during the past two decades. This has resulted in increased public concern about the cause of this social enigma. Research indicates that child sexual abuse is not a new problem. Schultz (1982) pointed to evidence of child sexual abuse as far back as Greek, Roman and Medieval times. Evidence suggested that it was not an increase in prevalence of child sexual abuse that has caused the rise in public awareness of the problem, but rather a drastic increase in the number of cases being reported to the authorities.

The true incidence of child sexual abuse is difficult to measure. Studies (C. Badgley, 1984; Finkelhor & Brown, 1982;

Russell, 1983) varied in their estimates from 15% to 50% for female victims. Tsai and Wagner (1978) noted the true incidence of child sexual abuse was likely to be much higher than what was reported since the fear and shame that usually accompanies the abuse prevents many victims from disclosing about their victimization. Whatever the true incidence, child sexual abuse is obviously a problem of great magnitude.

The various possible effects of sexual abuse on the victims are numerous and dependent on many factors.

Some early studies (Bender & Blau, 1937; Bender & Grugett, 1951; Rascovsky & Rascovsky, 1950) indicated that child sexual abuse had no ill effects on the victims.

However, an overwhelming number of studies since have identified a myriad of serious negative effects on its victims. Nineteen negative effects were noted in the literature review. These were as follows: (a) guilt, (b) low self-esteem, (c) depression, (d) hostility and aggression, (e) anxiety, (f) psychosomatic complaints, (g) hysterical seizures, (h) self-mutilation, (i) suicide attempts, (j) frigidity, (k) eating disorders, (l) sleep disturbances, (m) emotional disturbances, (n) behavioral difficulties, (o) alcohol and drug abuse, (p) promiscuity, (q) prostitution, (r) running away, and (s) school difficulties. (Adams, 1987; Adams-Tucker, 1982; Axelrod, 1986, S.C. Anderson et al., 1981; Bach & S.C. Anderson, 1980; C. Badgley & Ramsey, 1985; Blumberg, 1981; Briere, 1984; Briere & Runtz, 1985; Brooks,

1985; Courtois, 1979; Courtois & Watts, 1982; Defrancis, 1969; DeYoung, 1982; Finkelhor, 1985; Forward & Buck, 1978; Gelanis, 1983; German, 1987; Goldstein, 1986; Gommes-Schwartz et al., 1985; J. Goodwin, 1979; Greenberg, 1979; Gross, 1979; Halliday, 1986; Herman, 1981; K.L. James, 1977; J. James & Meyerding, 1977; Justice and Justice, 1979; Kaufman et al., 1954; Kempe & Kempe, 1978; Lindberg & Disdad, 1985; Maish, 1972; Meiselman, 1978; Morrow, 1987; Myers, 1978; Oppenheimer et al., 1984; J. Peters, 1976; S. Peters, 1984; Rosenfeld et al., 1979; Sedney & Brooks, 1984; Sharpiro, 1987; Silbert & Pines, 1981; Sloane & Karpinski, 1942; Taber, 1987; Tsai & Wagner, 1978; Walls, 1985; Walsh, 1986; West, 1985)

Considering the high incidence of child sexual abuse and the numerous possible negative effects suffered by the victims, effective treatment intervention is critical.

Adolescents are especially vulnerable to the harmful effects of child sexual abuse. The period of adolescence is known to be a difficult stage of development. The struggle to cope with the turmoil and tasks of this period of development are multifold for the sexually abused adolescent. Thus, adolescent victims need to be high in priority for treatment intervention.

The three major forms of treatment used to help victims deal with the trauma of sexual abuse are individual therapy, family therapy and group therapy. In some incidences one form of therapy may be used, while other cases may involve a

combination of therapies depending on the various factors involved.

Group therapy was often the treatment of choice, noted in the literature, especially for adolescent victims. Considering that peer relationships are such an important component of normal adolescent development, group therapy for sexual abuse victims becomes a natural process. Knittle and Tuana (1980) noted that group therapy contained some uniquely positive characteristics that more effectively addressed the needs of adolescent sexual abuse victims than individual or family therapies.

In summary, the high incidence of child sexual abuse and the many possible negative effects suffered by the victims warrant effective treatment interventions. Adolescence are highly susceptible to the harmful effects of sexual abuse and thus require priority for treatment. Group therapy presents as a logical choice of treatment considering the importance of peers at this stage of development and the needs of sexually abused adolescents.

Thus, the purpose of this study was to develop, implement and evaluate a group therapy program for sexually abused adolescents.

Review of Procedures

Development

In developing a group therapy program for sexual abuse victims the researcher examined three important components: (a) the type of group needed, (b) the content of the group sessions, and (c) the group processes necessary for therapeutic intervention.

The situation/transition group was chosen by the researcher as an appropriate model for the type of group needed in this study. Following a review of the literature on groups, the needs of sexual abuse victims and adolescents, the researcher concluded that the features of the situation/transition group described by Schwartz (1975) best suited the needs of a group for sexually abused adolescents.

The topics discussed in the group were chosen by the co-leaders' and based on the effects of sexual abuse as identified in the literature and the co-leaders professional experiences counselling victims. An outline of the session content for the pilot and trial groups and the group used in this study can be found in Appendices A and B.

The 11 curative factors of group therapy identified by Yalom (1970), structured group exercises and the transition of the group leaders from a high activity level to a low activity level were considered vital group processes that were incorporated into the development of the group therapy program examined in this study.

Implementation

The implementation of the group therapy program was a three phase project spanning a year and a half. A pilot group and a trial group were valuable precursors to the group evaluated in this study. All three groups were conducted in St. John's, Newfoundland at the offices of the Adolescent Health Counselling Service.

The pilot group commenced on April 16th, 1986. Six adolescents ranging in age from 13 to 19 years participated in the 12 week program. The co-leaders felt the pilot study had operated relatively smoothly and only three minor modifications were recommended prior to the commencement of another group.

The trial group commenced on October 22nd, 1986 with eight adolescents ranging in age from 13 to 19 years. This group was originally planned to be the one evaluated in this study. However, difficulties arose that had not surfaced in the pilot study, requiring further modifications and thus this group served as a second pilot project. The trial group terminated after nine sessions when the number of group members dropped to three. Four major modifications were recommended prior to the commencement of another group.

The third group commenced on April 23rd, 1987. Eight females ranging in age from 13 to 18 years participated in the 12 week program. The modifications recommended from the trial group were implemented and this group was the one evaluated in this study.

Evaluation

The evaluation involved both the content and process components of the group therapy program. The needs and goals of the individual group members were identified prior to the commencement of the group through the Needs Assessment Questionnaire (see Appendix D). Following the group, the Final Evaluation Questionnaire (see Appendix G) was administered to allow members to evaluate the degree of success with which group therapy helped them meet their needs and goals.

Throughout the group, members evaluated group processes by completing the Group Climate Questionnaire (see Appendix F) at the end of each session. When the group program ended, members rated the degree of helpfulness of Yalom's (1970) curative factors in their Final Evaluation Questionnaire (see Appendix G).

Ongoing evaluation of the therapy group was carried out by the co-leaders throughout the group sessions. They completed the Group Climate Questionnaire (see Appendix F), the Member Participation Questionnaire (see Appendix H) and the Leader Evaluation Questionnaire (see Appendix I) at the conclusion of each session. This information was analyzed on a weekly basis in an effort to evaluate the group's progress and plan for future sessions.

This study also incorporated a pre and posttest of the Offer Self-Image Questionnaire (see Appendix E) in the evaluation to assess any significant changes in the group member's self-image following the group experience.

Interpretation of Findings

The evaluation of the group therapy program used in this study was composed of two components; outcome evaluation and process evaluation. The outcome evaluation examined the outcome of the therapy group through individual analysis. The process evaluation reported the evaluation of group processes occurring during the therapy group through examination of ongoing evaluation data.

Outcome Evaluation
Subject "A"

Subject "A" was a 13 year old girl who had been sexually abused by her mother's boyfriend. In the group she presented as a mature, verbal and insightful adolescent.

The therapy group was helpful in meeting Subject "A"s individual needs and goals. In the Needs Assessment Questionnaire she identified 21 of the 26 needs listed as being important to her. She also recorded two additional needs and two goals. In the Final Evaluation Questionnaire, of the 21 identified needs 7 were rated "total improvement", 9 were "a lot", 3 were "somewhat", 1 was "a little bit" and

l was "not at all". The one need that was not at all met was "To feel I am not helpless and I can control what happens to me".

The two additional needs were both rated "a lot". One of the goals was rated "a lot" and the other "total improvement". The unidentified needs of Subject "A" showed improvement. Of the five unidentified needs one was rated "a little bit", two were "somewhat", one was "a lot" and one was "total improvement".

Subject "A"s subjective comments in the Final Examination Questionnaire showed that she saw the group as a helpful experience. She noted the group dealt with almost every problem, and was a tremendous help to her. She recommended the group for other sexual abuse victims.

Subject "A"s total score on the Offer Self-Image Questionnaire showed a significant positive change following the group experience. Although her posttest score of 45.2 was still below the mean score of 50, there was a 7 point improvement over her pretest score of 38.2. Of the 11 areas of self-image measured in the questionnaire 6 areas showed significant positive change, 1 area showed significant negative change and 4 areas showed no significant change. Following the posttest, the scores in three areas remained at least one standard deviation below the mean. They were Body and Self-Image, 26; Family Relationships, 24; and Mastery of External World, 29.

Subject "A"s low score in Mastery of External World coincided with the one need that was "not at all" met through the group "To feel I am not helpless and I can control what happens to me".

The group therapy program was viewed as a positive and helpful process for Subject "A". While this adolescent made definite progress in dealing with her victimization, further group and/or individual and family counselling was recommended to help her improve her self-image and feelings of helplessness and family relationships.

Subject "B"

Subject "B" was an 18 year old girl who had been severely emotionally, physically, and sexually abused by four members of her family for 14 years. In the group she presented as a bright, moody sensitive adolescent with very little self-esteem. She had been a member of the trial group.

The therapy group was helpful in meeting Subject "B"s individual needs and goals. In the Needs Assessment Questionnaire she identified 18 of the 26 needs listed as being important to her. She also recorded three individual goals. In the Final Evaluation Questionnaire, of the 18 identified needs 1 was rated "total improvement", 7 were "a lot", 7 were "somewhat", and 3 were "a little bit". Two of the three goals were rated "total improvement" and one was "a lot". The unidentified needs of Subject "B" showed some

improvement. Of the eight unidentified needs four were rated "a lot", one was "somewhat", two were "a little bit", and one was "not at all".

Subject "B"s subjective comments in the Final Evaluation Questionnaire showed that she saw the group as a helpful experience. She expressed gratitude for the help and support she received and stated she would miss the other members. Subject "B" recommended the group for other sexual abuse victims.

Subject "B" was the only adolescent whose total score on the Offer Self-Image Questionnaire showed a significant negative change following the group experience. The posttest score of 39.2 was 6.7 points lower than her pretest score of 45.9. However, the posttest of 39.2 was higher than her pretest score in the trial group which was 29.5. Of the 11 areas of self-image measured in the questionnaire for the group used in this study 1 area showed significant positive change, 7 areas showed significant negative change and 3 areas showed no significant change.

Following the posttest, the scores in four areas remained at least one standard deviation below the mean. They were Body and Self-Image, 34; Social Relationships, 4; and Sexual Attitudes, -13, and Psychopathology, 30.

The group therapy program was viewed as a positive and helpful process for Subject "B". Although her scores on the Offer Self-Image Questionnaire showed a significant negative

change, all of her identified needs and goals showed some degree of improvement. Following the group experience Subject "B" was diagnosed as having a split personality disorder. Considering the severity of the abuse suffered by Subject "B" and the resulting degree of traumatization her healing process is likely to be long term and subject to various setbacks. This may explain the fluctuations in her self-image scores. While Subject "B" made some progress in dealing with her victimization further long term group and individual counselling were strongly recommended to help her cope with her traumatization.

Subject "C"

Subject "C" was a 13 year old girl who had been sexually abused by her stepfather. In the group she presented as a shy, immature adolescent who had difficulty discussing her victimization.

The therapy group was helpful in meeting Subject "C"s individual needs and goals. In the Needs Assessment Questionnaire she identified 24 of the 26 needs listed as being important to her. She also recorded three individual goals. In the Final Evaluation Questionnaire, of the 24 identified needs, 1 was rated "total improvement", 4 were "a lot", 15 were "somewhat", and 4 were "a little bit". Two of three goals were rated "a lot" and one was "somewhat". The two unidentified needs of Subject "C" showed some degree of

improvement. One was rated "somewhat" and one was "a little bit".

Subject "C"s subjective comments in the Final Evaluation Questionnaire showed that she saw the group as a helpful experience. She noted that meeting others who had the same thing happen to them was beneficial to her. She would not change anything if she were to attend the group again and she recommended the group for other victims.

Subject "C"s total score on the Offer Self-Image Questionnaire showed no significant change following the group experience. The posttest score of 47.2 was only 0.8 of a point higher than the pretest score of 46.4. Of the 11 areas of self-image measured in the questionnaire, 3 areas showed significant positive change, 4 areas showed significant negative change and 4 areas showed no significant change.

Following the posttest, the scores in three areas remained at least one standard deviation below the mean. They were Vocational and Educational Goals, 25; Sexual Attitudes, 33; and Family Relationships, 34.

The group therapy program was viewed as being a positive and somewhat helpful process for Subject "C". Although her scores on the Offer Self-Image Questionnaire showed no significant change, all of her needs and goals showed some degree of improvement, Subject "C"s immaturity and inability to deal with her victimization in the group at that time may have limited the degree of helpfulness of the group therapy

program. While Subject "C" made some progress in dealing with her victimization, further long term group and/or individual and family counselling was strongly recommended.

Subject "D"

Subject "D" was a 17 year old girl who had been sexually abused by her maternal grandfather. In the group she presented as a mature, intelligent and well adjusted adolescent. She emerged as a leader among group members and frequently took on a "helper" role.

The therapy group was helpful in meeting Subject "D"s individual needs and goals. In the Needs Assessment Questionnaire she identified 19 of the 26 needs listed as being important to her. She also recorded three individual goals. In the Final Evaluation Questionnaire, of the 19 identified needs 2 were rated "total improvement", 8 were "a lot", 8 were "somewhat", and 1 was "a little bit". Two of the three goals were rated "a lot" and one was "somewhat". The unidentified needs of Subject "D" showed some improvement. Of the seven unidentified needs five were rated "a lot" and two were "somewhat".

Subject "D"s subjective comments in the Final Evaluation Questionnaire, showed that she saw the group as a helpful experience. She noted the group was a good experience and it would likely be helpful for other victims.

Subject "D"s total score on the Offer Self-Image Questionnaire showed a significant positive change following the group experience. The posttest score of 71.5 was 5.7 points higher than the pretest score of 65.8. Of the 11 areas of self-image measured in the questionnaire 6 areas showed significant positive change, 1 area showed significant negative change, and 4 areas showed no significant change. All the pretest and posttest scores were above the mean. Subject "D"s attractiveness, intelligence, excellent social skills and leadership qualities were possible contributing factors to her high scores on the Offer Self-Image Questionnaire.

The group therapy program was viewed as a positive and helpful process for Subject "D". The "helper" role assumed by this adolescent during the group made her a valuable contributor. However, this role may have gotten in the way of Subject "D" having her own needs fully met. Perhaps, having assumed the "helper" role at home also, Subject "D" found it easier to be the "helper" rather than ask others for help. The researcher recommended further group and/or individual and family counselling for Subject "D" to further explore this issue.

Subject "E"

Subject "E" was a 14 year old girl who had been sexually abused by her paternal grandfather. In the group she presented as a shy, sensitive and quiet adolescent.

The therapy group was helpful in meeting Subject "E"s individual needs and goals. In the Needs Assessment Questionnaire she identified 15 of the 26 needs listed as being important to her. She also recorded three individual goals. In the Final Evaluation Questionnaire all 15 needs were rated "total improvement". The three individual goals and the 11 unidentified needs were also rated "total improvement". While the subjective nature of the evaluation must be kept in mind, it was evident that Subject "E" perceived the group experience as a very helpful process in meeting her needs and goals.

Subject "E"s subjective comments in the Final Evaluation Questionnaire also showed that she saw the group as a helpful experience. She noted that the group had been especially helpful in making her feel more comfortable around boys and to talk more openly about the abuse particularly with her family. She recommended the group to other victims.

Subject "E"s total score on the Offer Self-Image Questionnaire showed a significant positive change following the group experience. The posttest score of 65.3 was 13 points higher than her pretest score of 52.3. Of the 11 areas of self-image measured in the questionnaire, 8 areas showed

significant positive change, 1 area showed significant negative change and 2 areas showed no significant change. All scores in the posttest were above the mean. The areas of Family Relationships, and Sexual Attitudes were two components of the self-image questionnaire that showed significant positive change. This coincides with Subject "E"s subjective comments about the group helping her feel more comfortable around boys and being able to talk more openly with her family about her victimization.

The group therapy program was viewed to be a very helpful and positive process for Subject "E". She was encouraged by the researcher to seek individual family and/or group counselling in the future if she felt she needed it.

Subject "F"

Subject "F" was a 16 year old girl who had been sexually abused by her father. In the group she presented as an eager, outspoken and honest adolescent. She was rough in her actions and speech and she was overweight.

The therapy group was helpful in meeting Subject "E"s individual needs and goals. In the Needs Assessment Questionnaire she identified only 5 of the 26 needs listed as being important to her. She also recorded three individual goals. In the Final Evaluation Questionnaire all five needs were rated "total improvement". The three individual goals and the 21 unidentified needs were also rated "total

improvement". While Subject "F" only indicated five needs prior to the commencement of the group, it appeared that the other 21 unidentified needs were also met through the group experience. Again, the subjective nature of the Final Evaluation Questionnaire must be taken into consideration. However, it was evident that Subject "F" perceived the group experience as a very helpful process in meeting her needs and goals.

Subject "F"s subjective comments in the Final Evaluation Questionnaire also showed that she saw the group as a helpful experience. She stated she wished the group did not have to end. She noted she would change nothing if she were to attend the group again and recommended the group for other victims.

Subject "F"s total score on the Offer Self-Image Questionnaire showed a significant positive change following the group experience. The pretest score was 43.9; this was 6.1 points below the mean. The posttest score was 55.5, an 11.6 increase over the pretest score and 5.5 points above the mean. Of the 11 areas of self-image measured in the questionnaire, 8 areas showed significant positive change, and 3 areas showed no significant change. There were no areas that showed significant negative change. Subject "F" was noted to have a very poor body image and the other group members tried to help her with this issue. Body and Self-Image was one of the areas of self-image that showed a significant positive change.

The group therapy program was viewed as a very positive and helpful process for Subject "F". While this adolescent made definite progress in the therapy group, further individual, family and/or group therapy was recommended to help her improve her self-image and cope with her planned move back home with her family.

Subject "G"

Subject "G" was a 13 year old girl who had been sexually abused by her father. In the group she presented as a sad, quiet and sincere adolescent.

The therapy group was helpful in meeting Subject "G"s individual needs and goals. In the Needs Assessment Questionnaire she identified 22 of the 26 needs listed as being important to her. She also recorded three individual goals. In the Final Evaluation Questionnaire, of the 22 identified needs, 13 were rated "total improvement", 8 were "a lot" and 1 was "not at all". The one need that was not at all met was "to be able to tell members of my family how I feel about being sexually abused". Of the three individual goals, one was rated "total improvement", one was "a lot" and one was "a little bit". Some of the unidentified needs of Subject "G" showed improvement. Of the four unidentified needs one was rated "total improvement", one was "a lot", one was "somewhat" and one was "not at all". The unidentified

need that was not at all met was "to feel closer to my family".

Subject "G"s subjective comments in the Final Evaluation Questionnaire showed that she saw the group as a helpful experience. She stated she found the group helped her a lot and she would not change anything if she were to come again. She recommended the group for other victims.

Subject "G"s total score on the Offer Self-Image Questionnaire showed a significant positive change following the group experience. The posttest score of 62.1 was a 6.2 point improvement over the pretest score of 55.9. Of the 11 areas of self-image measured in the questionnaire 6 areas showed significant positive change, 2 areas showed significant negative change and 3 areas showed no significant change. Family Relationships was the one area where the scores on the pre and posttest were extremely low. The scores in the other 10 areas ranged from 41 to 86 in the pre and posttest. In the area of Family Relationships the pretest score was 18 and the posttest score was 13. The low scores in this area coincide with the two needs that were not at all met: "to be able to tell members of my family how I feel about being sexually abused" and "to feel closer to my family".

The group therapy program was viewed as being a positive and helpful process for Subject "G". While this adolescent made definite progress in dealing with her victimization,

further individual and group counselling were recommended to
help her cope with the rejection she feels from her family.

Subject "H"

Subject "H" was a 16 year old girl who had been sexually
abused by a neighbour. In the group she presented as a sad
and troubled adolescent who had very little self-esteem.

The therapy group was helpful in meeting Subject "H"s
individual needs. However, the group was not at all helpful
in meeting her individual goals. In the Needs Assessment
Questionnaire sne identified 24 of 26 needs listed as being
important to her. She also recorded three individual goals.
In the Final Evaluation Questionnaire of the 24 identified
needs, 2 were rated "total improvement", 13 were "a lot", 6
were "somewhat" and 13 were "a little bit". Of the two
unidentified needs one was rated "total improvement" and one
was "a lot". The three individual goals were all rated "not
at all". They were as follows:

(1) I will be able to share my feelings and relate
    better with my family.

(2) I will be able to express myself, to be able to talk
    openly to my family and friends.

(3) I will be able to get closer to guys like before and
    not fear sexual activity and stimulation.

Subject "H"s subjective comments in the Final Evaluation
Questionnaire showed that she saw the group as a helpful

experience. She stated that if she were to attend the group again she would like to talk more openly about being sexually abused. She recommended the group for other victims and described the program as excellent.

Subject "H"s total score on the Offer Self-Image Questionnaire showed no significant change following the group experience. Although her posttest score of 32.3 was still below the mean score of 50, this was a 4.4 point improvement over her pretest score of 27.9. Of the 11 areas of self-image measured in the questionnaire, 5 areas showed significant positive change, 4 areas showed significant negative change and 2 areas showed no significant change. In the posttest the scores in all areas except the area of Vocational and Educational Goals were below the mean. Five of the areas were at least one standard deviation below the mean. The areas which were related to Subject "H"s individual goals were: Family Relationships, Social Relationships and Sexual Attitudes. While the scores in Family Relationships and Social Relationships showed a significant positive change, the posttest scores remained low. Her posttest scores were: Family Relationships, 36 and Social Relationships, 32. The area of Sexual Attitudes showed no significant change. The posttest score was 19. The low scores in these three areas coincided with the three individual goals that were not at all met through the group experience.

The group therapy program was viewed as a somewhat helpful and positive process for Subject "H". While this adolescent made some progress in the therapy group, further individual, family, and group counselling were strongly recommended to increase her self-esteem and to deal with her victimization.

Summary

The outcome evaluation showed that the group therapy program was a helpful form of treatment for the sexually abused adolescents who participated in this study. The degree of helpfulness of the therapy group in meeting individual needs and goals varied amongst the group members. In the subjective comments about the group experience, all the adolescents viewed the group as helpful.

The results of the Offer Self-Image Questionnaire showed that following the group experience, five adolescents had shown a significant positive change in their total score, one adolescent had shown a significant negative change and two adolescents had shown no significant change.

Process Evaluation

The process evaluation involved a session by session evaluation of various group processes occurring throughout the group therapy program. This component of the evaluation was considered to be a critical contributing factor to the

successful results of the outcome evaluation. The session by session evaluation allowed the group co-leaders to identify helpful and not so helpful processes occurring within the group. The evaluation also allowed the co-leaders to focus on individual members' needs and plan the following session accordingly. The instruments used in the ongoing evaluation included the Group Climate Questionnaires, the Session Evaluation Questionnaires, and the Participation Questionnaires. The curative factors identified as most and least helpful by the group members in the Final Evaluation Questionnaire were also utilized in the process evaluation.

The Group Climate Questionnaire

The Group Climate Questionnaire which was completed by the members and co-leaders following each session was composed of two parts. The first part of the questionnaire involved rating 12 statements which measured the general climate of the group. The second part of the questionnaire required each person to identify the most important event of that session for them.

The results of the ratings to the 12 statements listed on the Group Climate Questionnaire illustrated a consistent and similar pattern by the members and co-leaders throughout most of the sessions. The positively phrased statements generally received high scores by both groups of raters with the members' scores being slightly higher than the co-

leaders'. The negatively phrased statements generally received low scores by both groups of raters with the members' scores being slightly lower than the co-leaders'. Statement nine was the only exception to the pattern of scores. In this negatively phrased statement, the members' scores were substantially higher than the co-leaders'.

The results of the ratings to the 12 statements measuring group climate confirmed for the co-leaders that the members' feelings about the group sessions were in line with their feelings. In most cases, the members' ratings were slightly more positive than the co-leaders'. This suggested that helpful group processes were being implemented during the sessions. The only exception to the general trends in the statement ratings was statement nine: "The members appeared to do things the way they thought would be acceptable to the group". While this statement was considered a negative statement by the co-leaders, perhaps the members perceived that doing things in a way that was acceptable to the group was a positive statement. This statement lacked specificity and was open to various interpretations which may have accounted for the discrepancy in the ratings between the members and the co-leaders.

The rater's comments regarding the most important event of the session were viewed as the most valuable component of the Group Climate Questionnaire. In this part of the questionnaire, the members often wrote about feelings they

were unable to verbalize in the group.   This information
provided the co-leaders with a better understanding of the
individual members and their needs, as well as areas to focus
on in the following sessions.   In addition, the members'
comments on occasion alerted the co-leaders to individual
problems which warranted immediate individual therapy.   For
example, in session three Subject "H" wrote: "Right now I
need to talk to someone, not a group.   Life means nothing to
me and I don't think it ever will".   This alerted the co-
leaders to possible suicidal ideation by this member and the
need for immediate individual intervention.   In session five
another member having noticed the improvement in Subject "H"s
outlook wrote: "The most important part of the session is
seeing others improve and their courage".   This suggested that
the improvement made by Subject "H" was encouraging and
helpful for another member.   Comments such as these were very
useful in the ongoing evaluation and planning of group
sessions.

The Session Evaluation Questionnaire

Following the analysis of the Group Climate Questionnaire
each of the co-leaders completed the Session Evaluation
Questionnaire.   This involved identifying the negative and
positive aspects of the session, recommending any changes, and
listing the goals for the next session.

The co-leaders found that identifying the negative and positive components of the group provided a framework to discuss the helpful and not so helpful processes of each session. They found the task of recommending changes and listing goals helped them provide a focus and direction for the next session.

The Session Evaluation Questionnaire was a valuable contributor to the process component of the evaluation. This instrument also served as an important planning tool in structuring future sessions.

The Participation Questionnaire

Following each session the co-leaders rated each member's level of participation in the group. The results of the co-leader's ratings were very similar and some consistent patterns were noted. Subject "C" and "G" were identified as being the least active members. These were the youngest members of the group. Subjects "A", "B", "D" and "F" increased their level of participation as the group progressed. Subject "G"s level of participation showed the most fluctuation.

While most members showed a low level of participation during the first few sessions, the majority of the members increased their participation as the group progressed. The two youngest members, however, maintained a relatively low level of participation throughout the group. The younger age

of these members may have been a contributing factor to their low participation level. Perhaps these members would have been more vocal in a group composed solely of young adolescent victims.

The Participation Questionnaire helped the co-leaders monitor the member's level of participation throughout the sessions. When a member received a low rating, the co-leaders would plan to encourage that member to participate more in the next session. When a member's participation level reached a point where she was monopolizing the discussion, the co-leaders would plan to curb her verbalizations in the next sessions.

While the information provided by the Participation Questionnaire was utilized in the ongoing evaluation of the group, the researcher found that a questionnaire solely to measure participation was not necessary. The co-leaders' observations regarding member participation could have been incorporated directly into the Session Evaluation Questionnaire.

Curative Factors

In the Final Evaluation Questionnaire, the members rank ordered a group of statements representing the curative factors of group therapy as identified by Yalom (1970). The purpose of this component was to ascertain the most and least helpful group processes as viewed by the members.

Although the members varied in their rank order of the curative factors, some items were more consistently ranked than others. Item one: "Reaching out and helping others in the group" represented the curative factor, Altruism. This item was ranked in the "three most helpful items" category by five of the eight members. Item three: "Being with other people who had been through the same thing" represented the curative factor, Universality. This item was ranked in the three "most helpful items" category by six of the eight members. Item nine: "Being in the group was in a sense like reliving and understanding my life in the family I grew up in" represented the curative factor Family Re-enactment. This item was ranked in the three "least helpful items" by five of the eight members.

Of the 12 items representing the curative factors, only 3 items were ranked in the most or least helpful categories by 5 or more members. The variety in the rankings of the curative factors by the members suggested to the researcher that various group processes are helpful depending on the individual members' needs. Thus, a therapy group must be flexible in its approach and open to a variety of group processes in an effort to help each member of the group.

Summary

The process component of this evaluation proved to be a crucial part of the total evaluation. The Group Climate

Questionnaire provided the co-leaders with a continued sense
of how the group members were feeling about the sessions. The
comments by the members in the second part of the Group
Climate Questionnaire proved to be invaluable. The Session
Evaluation Questionnaire was a useful instrument that helped
the co-leaders provide focus and direction to the group. The
Participation Questionnaire provided information about the
members' level of participation in the group. However, this
instrument was not considered a necessary tool for this study.
The final component of the process evaluation involved the
members ranking the curative factors that operated within the
group. The variety of rankings of the most and least helpful
factors was noted.

Interpretations of Findings in Relation to Previous Findings

The findings of this study support previous research
findings that group therapy is an effective treatment modality
for sexual abuse victims (Baker, 1987; Cole, 1985; B. Goodwin
& Nowak, 1985; Gordy, 1983; Hayes, 1987; Hazzard et al., 1986;
Herman & Schwartz, 1984; Hamstead, 1986; K.L. James, 1977;
Lubal & Soong, 1982; McCormick, 1986; Perl et al., 1985; Tsai
& Wagner, 1978; Verleur et al., 1986; Walls, 1987).

The results of this study showed that out of a total of
148 needs identified by the members, 146 of these needs were

met in varying degrees. The needs that the therapy group was the most successful in meeting were as follows:

To feel happier about myself.

To feel that what happened to me wasn't my fault.

To feel someone understands me.

To feel close to someone.

To feel more sure of myself.

This indicated that the therapy group examined in this study was most successful in increasing self-esteem, and feelings of belonging and decreasing feelings of depression, guilt and isolation.

The needs that the therapy group were the least successful in meeting were as follows:

To feel more comfortable around older men.

To feel closer to my family.

To be able to tell members of my family how I feel about being sexually abused.

This indicated that the therapy group examined in this study was the least successful in improving family relations and the comfort level of the members around older males.

The curative factors identified by the majority of members as being the most helpful were Universality and Altruism. Universality refers to "being with other people who had been through the same thing". Altruism refers to "reaching out and helping others in the group". The curative factor identified by the majority of members as being the

least helpful was Family Re-enactment. This factor refers to "being in the group was in a sense like reliving and understanding my life in the family I grew up in".

The results of the Offer Self-Image Questionnaire showed that five of the eight group members showed a significant positive change in their total self-image scores. The two areas of self-image that showed the most improvement were Mastery of the External World and Superior Adjustment. These areas represent coping skills. The areas that showed the least improvement were Morals and Family Relationships.

The findings of other studies involving therapy groups for female adult and adolescent victims of childhood sexual abuse reported similar results as those of this study.

Tsai and Wagner (1978) in their study of a group of adult victims found that the primary curative component was the sense of identification instilled by a common bond. The primary therapeutic effect was the mitigation of guilt and increase in self-esteem.

Herman and Schwartz (1984) evaluated a therapy group for women who were victims of childhood incest. The victims unanimously agreed that the single most helpful component of the group was the contact with other incest victims. Goodman and Novak-Scibelli (1985) evaluated a therapy group for women incestuously abused as children. They noted the group provided most of the women with their first true sense of identification and belonging.

Gordy (1983) also examined a group for adult victims of childhood incest. She concluded that the group helped increase the member's self-respect, and self-esteem and decrease their social isolation and feelings of guilt and shame.

Cole (1985) was another researcher who evaluated the effectiveness of a therapy group for adult survivors of childhood incest. This researcher noted that group members gained self-esteem, renewed their ability to trust others, learned assertiveness skills and often confronted the abuser.

Perl et al. (1985) studied a therapy group for female rape survivors. There was a marked improvement noted in the following symptoms: anxiety, fear, excessive anger, guilt, depression, low self-esteem and somatic complaints.

Walls (1985) also examined the effectiveness of group therapy for adult rape survivors. Following the groups, members reported improvement in social and sexual adjustment and lower levels of anxiety, paranoid thinking and depression.

Four studies (K.L. James, 1977; Lubell and Soong, 1982; McCormick, 1986; and Verleur et al., 1986) evaluated the effectiveness of group therapy for adolescents incest victims.

K.L. James (1977) noted that all members reported that the group was helpful in alleviating feelings of fear, anger, guilt and shame. Six of the seven participants showed an increased score on a self-esteem inventory following group therapy.

Lubell and Soong (1982) found that following the group all members reported their living situations had improved, they felt better about themselves, they had new friends, they were not experiencing such intense periods of sadness and anger and they felt optimistic about the future. The individual therapists indicated that the adolescents' self-esteem and functioning within the family had improved. The findings of improved functioning in the family contradicted the findings of this study. Family relationships was the one area identified in this study that showed the least improvement.

McCormick (1986) reported that the members' scores on scales of Self-Esteem, Family Relations, Peer Relations, Attitudes Towards Parents and Assertiveness showed that all group members began to make positive changes in at least some of the domains studied.

The findings of Verleur et al. (1988) showed a significant increase in self-esteem as measured by the Coopersmith Self-Esteem Inventory following the therapy group. The members also developed a significant increased knowledge of human sexuality, birth control, and venereal disease.

One other study, Baker (1987) compared the effectiveness of individual and group therapy as treatment modalities for sexually abused adolescents. All participants were evaluated on self-concept, anxiety and depression inventories. Group therapy was at least as effective as individual therapy on all

three inventories and significantly more effective on the
self-concept measure.

In summary, the findings of this study support the
results of previous studies that group therapy is an effective
form of treatment for sexual abuse victims. In this study,
the most improvement was noted in increasing members' self-
esteem and feelings of belonging and decreasing their feelings
of guilt, depression and isolation. Many of the findings of
previous studies pointed to improvements in these same areas.
The degree of improvement in Family Relationship was the one
area in which the results of this study contradicted that of
a previous study.

Research Questions and Specific Findings

This study examined one general research question and
seven specific research questions. Each question is restated
followed by the specific findings related to it.

General Question

(1) Will the group therapy program developed by the
     writer be found to be an effective therapeutic
     intervention in helping sexually abused adolescent
     girls adjust to their traumatization?

The results of the outcome and process components of the
evaluation indicated that the group therapy program developed
by the writer was an effective treatment modality for sexually

abused adolescent girls. The results showed that the therapy group was most effective in increasing members' self-esteem and feelings of belonging and decreasing their feelings of guilt, depression and isolation. The results of the Offer Self-Image Questionnaire indicated that areas related to coping skills also showed considerable improvement. The one area identified by the members as not being effectively addressed in the group was family relationships.

While this 12 week therapy group was considered an effective treatment intervention, the writer cautions that it was only a segment of the total treatment regime necessary for most sexual abuse victims.

During the group therapy program all members were engaged in individual therapy and one member participated in family therapy. Following the group, all members were recommended for further treatment either individual, family or group therapy or a combination of these therapies.

Specific Question

(1) Will the therapy group be helpful in meeting the identified needs of the group members?

The therapy group was helpful in meeting the identified needs of the group members. Of the 148 needs identified by the eight members as being important, 146 were met in varying degrees. Forty-six needs were rated "total improvement"; 49

nine were "a lot"; 39 were "somewhat"; and 12 were "a little bit". Only two needs received a "not at all" rating.

(2) Will the group therapy program be helpful in meeting the individual goals of the group members?

The group therapy program was helpful in meeting the individual goals of seven of the eight members. Of the 23 goals identified by the eight members, 20 of them were met in varying degrees. Ten goals were rated "total improvement"; seven were "a lot"; two were "somewhat"; one was "a little bit" and three were "not at all". The three goals that were "not at all" met were the goals of one member.

(3) Will the group therapy program be helpful in meeting needs other than those identified as being important in the Needs Assessment Questionnaire by group members?

The group therapy program was helpful in meeting most needs other than those identified in the Needs Assessment Questionnaire. Of the 59 unidentified needs listed in the members Final Evaluation Questionnaires 57 of these were met in varying degrees. Thirty-five of these needs were rated "total improvement", 12 were "a lot" , 7 were "somewhat", 3 were "a little bit" and 2 were "not at all". This indicated that the majority of the needs not identified by the members prior to commencement of the group showed improvement following the group program.

(4) Will there be significant change in different components of the Offer Self-Image Questionnaire for the adolescents following the group therapy program?

All group members showed a significant positive change in some of the areas measured by the Offer Self-Image Questionnaire following the group experience. The areas of significant positive change varied amongst members. The two areas that showed the most consistent improvement by the members were Mastery of the External World and Superior Adjustment. Mastery of the External World measures how well an adolescent adapts to the immediate environment. Superior Adjustment measures how well the adolescent copes with him or herself, significant others and his world. The improvement in these areas suggested that most of the adolescents felt they were better able to cope with their lives following the group experience. The two areas that showed the least improvement by the members were Morals and Family Relationships. Morals measures the extent to which the conscience or superego has developed. Family Relationships is concerned with how adolescents feel about their parents and the kind of relationships they have with their father and mother. While the area of Morals showed little improvement, the scores for most members remained above the mean. The lack of improvement in the area of Family Relationships was consistent with the other findings of this study. In the Final Evaluation Questionnaire two of the three needs that

showed the least improvement involved Family Relationship. As well, the curative factor that was identified as the least helpful was Family Re-enactment.

The results of the Offer Self-Image Questionnaire showed that five of the eight group members showed a significant positive change in their total self-image score. Two members showed no significant change and one member showed significant negative change.

(5) What group processes are considered the most helpful by the group members?

In order to ascertain the most helpful group processes, the members rank ordered a group of statements representing the curative factors of group therapy as identified by Yalom (1970). Although the members varied in their ranking of the curative factors, some items were ranked in the "three most helpful items" category more consistently than others. Two items were ranked in this category by the majority of members. Item three: "Being with other people who had been through the same thing" represented the curative factor Universality. This item was ranked in the three most helpful items category by six of the eight group members. Item one: "Reaching out and helping others in the group" represented the curative factor, Altruism. This item was ranked in the "three most helpful items" category by five of the eight members.

Universality was considered one of the most helpful curative factors by most of the members. This finding

supported that of the evaluation of the members identified needs. One of the needs that the therapy group was the most successful in meeting was: "To feel someone understands me". This need was very similar to the curative factor of Universality.

    (6) What group processes are considered the least helpful by the group members?

In order to ascertain the least helpful group processes, the members rank ordered a group of statements representing the curative factors of group therapy as identified by Yalom (1970). Only one item was ranked in the "three least helpful items" category by the majority of members. Item nine, "Being in the group was in a sense like reliving and understanding my life in the family I grew up in", represented the curative factor Family Re-enactment. This item was ranked in the "three least helpful items" category by five of the eight members.

This finding was consistent with other findings of this study. In the Final Evaluation Questionnaire two of the three needs that showed the least improvement involved Family Relationship. As well, one of the two areas identified in the Offer Self-Image Questionnaire as showing the least improvement was Family Relationships.

    (7) Will the ongoing evaluation after each session (Group Climate Questionnaires, Leader Evaluation Questionnaires and Participation Questionnaires) be

helpful to the leaders in planning the content and process components of the group sessions?

The ongoing evaluation following each session was extremely helpful to the co-leaders in planning the content and process components of the group sessions. Without this component of the evaluation, the group would not have been as successful in meeting the individual needs and goals of the members.

The Group Climate Questionnaire was helpful in providing the co-leaders with a sense of how each member felt about each session. The comments by the members in the second part of the questionnaire provided the co-leaders with extremely valuable information.

The Session Evaluation Questionnaire was a helpful tool for the co-leaders. This instrument provided them with the framework to evaluate each session and provided focus and direction in the planning of future sessions.

The Participation Questionnaire was helpful in assessing the participation level of the members. However, the researcher found a questionnaire solely for this purpose unnecessary. The co-leader's observation regarding member participation could be directly incorporated into the Session Evaluation Questionnaire.

Implications for Other Group Leaders

The following are a list of implications for other group leaders who are interested in conducting a therapy group for sexually abused female adolescents. These implications are based on the researcher's experience as a co-leader in the group therapy program.

(1) Two leaders are recommended to conduct a group for sexually abused adolescent girls. Due to the intense nature of the issues being discussed, and the various group processes that take place in such a group, it would be extremely difficult for one leader to handle everything. The use of a female and male co-leader was considered beneficial to the group. Although some members had difficulty accepting a male co-leader, the issue was dealt with and resolved. The male co-leader served as a healthy male role model. The female-male co-leader combination allowed the co-leaders to model an equal and respectful relationship.

(2) The co-leaders should be professionals with knowledge and experience in group therapy, the dynamics of sexual abuse and the developmental stage of adolescence.

(3) Some adolescents will have had or will have suicidal thoughts and tendencies. The co-leaders need sufficient skills in relevant crisis intervention. Clear guidelines need to be established with respect to the issue of suicide. The existence of a professional consultant (psychiatrist)

available for help in these instances was seen as a definite asset.

(4)   The co-leaders need to conduct prescreening interviews with all potential group members to assess their readiness for group therapy. If an adolescent is considered an inappropriate candidate for the group, other forms of therapy should be recommended.

(5)   All group members should have an identified individual counsellor/therapist with whom they can discuss the issues brought out in group sessions as the need arises. Otherwise the adolescent may experience anxiety within the group for which the group does not hold a sufficient response.

(6)   While one component of the group's curative effectiveness lies in the mutual support of the members, it is important for the co-leaders to maintain enough control of process and emotional content to offset the likelihood of the whole group experiencing lengthy periods of intense sadness and shared helplessness.

(7)   Many members indicated in their Final Evaluation Questionnaire that they wished the group did not have to end. A follow-up group should be available for members to "graduate" to following the 12 week structured therapy group. This group would be longer term where the structure would be diminished and greater responsibility for areas of concentration and discussion would be assumed by the adolescents themselves.

(8)   Termination is a very difficult time for most members. The loss of the support provided by the group can be frightening for the adolescents. Thus, it is important that the co-leaders ensure that some professional support people are in place with whom the adolescent can talk to following the group.

Recommendations for Further Research

The following recommendations are made for further research.

(1)   The therapy group program examined in this study was originally designed for female and male adolescent sexual abuse victims. However, only female adolescents were referred for the program. Further studies involving a therapy group solely for male adolescent victims and a mixed group composed of female and male adolescents needs to be conducted to evaluate the effectiveness of this program with these populations.

(2)   The group therapy program examined in this study involved adolescents ranging in age from 13 to 18 years. Further studies involving a group for younger adolescents (13-15 years) and a group for older adolescents (16-18 years) need to be conducted to determine if the group therapy program is more

effective with adolescent victims more homogeneous in age range.

(3) Long term, less structured, follow-up groups for sexually abused adolescents need to be studied to evaluate their effectiveness in furthering the healing process.

(4) A modification recommended for the group therapy program examined in this study is to extend the group to 14 weeks, to accommodate two additional sessions on family relationships. The evaluation used in this study should be repeated in the modified therapy program to determine if this alteration is effective in improving the members needs in this area.

BIBLIOGRAPHY

.

Bibliography

Adams, C. (1987). Father-daughter incest. The relationship between perceptions of parents and self esteem in adult females. (Doctoral dissertation, California School of Professional Psychology, 1987). Dissertation Abstracts International, 48, 3-B.

Adams-Tucker, C. (1982). Proximate effects of sexual abuse in childhood: A report on 28 children. American Journal of Psychiatry, 139 (10), 1252-1258.

Axelrod, R. (1986). Self and body images of women: Post assault and post partum. (Doctoral dissertation, Adelphi University 1986). Dissertation Abstracts International, 47, 4-B.

Anderson, S.C., Bach, C.M. & Griffith, S. (1981, April). Psychosocial sequelae in intrafamilial victims of sexual assault and abuse. Paper presented at the Third International Conference on Child Abuse and Neglect, Amsterdam, The Netherlands.

Anderson, L., & Shafer, G. (1979). The character-disordered family: A community treatment model for family sexual abuse. American Journal of Orthopsychiatry, 49 (3), 430-445.

Bach, C.M., & Anderson, S.C. (1980). Adolescent sexual abuse and assault. The Journal of Current Adolescent Medicine, 4, 10-15.

Badgley, C. (1969). Incest behavior and incest taboos. Social Problems, 16, 505-519.

Badgley, R. (1984). Sexual offences against children. Ottawa, Canada: Canadian Government Publishing Center.

Bagley, C. & Ramsay, R. (in press). Disrupted childhood and vulnerability to sexual assault: Long term sequels with implications for counselling. Social Work and Human Sexuality.

Baker, C.R. (1987). A comparison of individual and group therapy as treatment of sexually abused adolescent females. (Doctoral dissertation, University of Maryland, 1985). Dissertation Abstracts International, 47, 10-B.

Bender, L. & Blau, A. (1937). The reactions of children to sexual relations with adults. American Journal of Orthopsychiatry, 7, 500-518.

Bender, L. & Grugett, A. (1952). A follow-up report on children who had atypical sexual experience. _American Journal of Orthopsychiatry_, _22_, 825-837.

Blick, L. & Porter, F. (1982). Group therapy with female adolescent incest victims. In S. Sgroi (Ed.), _Handbook of clinical intervention in child sexual abuse_ (pp. 147-176). Lexington, MA: Lexington Books.

Blumberg, M.L. (1981). Depression in abused and neglected children. _American Journal of Psychotherapy_, _35_, 342-355.

Boatman, B., Borkan, E.L., & Schetky, D.H. (1981). Treatment of child victims of incest. _The American Journal of Family Therapy_, _9_ (4), 43-50.

Briere, J. (1984, April). _The long term effects of childhood sexual abuse: Defining a post-sexual-abuse syndrome_. Paper presented at the Third National Conference on Sexual Victimization of Children, Washington, D.C.

Briere, J., & Runtz, M. (1985). _Symptomatology associated with prior sexual abuse in a non-clinical sample_. Paper presented at the annual meeting of the American Psychological Association, Los Angeles.

Brooks, B. (1985). Sexually abused children and adolescent identity development. _American Journal of Psychotherapy_, _34_ (3), 401-409.

Brownmiller, S. (1975). _Against our will: Men, women and rape_. New York: Simon & Schuster.

Bullough, V. (1976). _Sexual variance in society and history_. New York: Wiley and Sons.

Burgess, A., Groth, A., Holstrom, L. & Sgroi, S. (Eds.). (1978). _Sexual assault of children and adolescents_. Lexington, MA: Lexington Books.

Burton, L. (1968). _Vulnerable children_. London: Routledge and Kegan Paul.

Carozza, P.M. & Heirsteiner, C.L. (1982). Young female incest victims in treatment: Stages of growth seen with a group art therapy model. _Clinical Social Work Journal_, _10_ (3), 165-175.

Cleaveland, D. (1986). _Incest_. Massachusetts: Lexington Books.

Coche, E., & Taylor, S. (1974). Correlations Between the Offer Self-Image Questionnaire for Adolescents and the Minnesota Multiphasic Personality Inventory in a psychiatric hospital population. _Journal of Youth and Adolescence, 3_, 145-152.

Cohen, M. & Boucher, R. (1972). Misunderstandings about sex criminals. _Sexual Behavior, 6_, 57-62.

Cole, C.L. (1985). A group design for adult female survivors of childhood incest. _Women and Therapy, i_ (3), 71-82.

Conger, J.J. (1977). _Adolescence and youth: Psychological development in a changing world_. New York: Harper and Row.

Conte, J. (1984). Progress in treating the sexual abuse of children, _Social Work, 6_, 258-261.

Corey, G., & Corey, M. (1977). _Groups: Process and practice_. Monterey, CA: Brooks & Cole Publishing.

Corsini, R. (1957). _Methods of group psychotherapy_. New York: McGraw-Hill.

Courtois, C.A. (1979). The incest experience and its aftermath. _Victimology: An International Journal, 4_, 337-347.

Courtois, C.A., & Watts, D.L. (1982). Counseling adult women who experienced incest in childhood or adolescence. _The Personnel and Guidance Journal, 10_, 275-279.

Defrancis, V. (1969). _Protecting the child victims of sex crimes committed by adults_. Denver, CO: American Humane Association, Children's Division.

DeYoung, M. (1982). _Sexual victimization of children_. North Carolina: MacFarland.

Dies, R.R. (1983). Bridging the gap. In R.R. Dies, & K.R. Mackenzie (Eds.), _Advances in group psychotherapy: Integrating research and practice_, (pp. 1-25). New York: International Universities Press.

Drum, D. & Knott, J. (1972). _Structured groups for facilitating development: Acquiring life skills, resolving life themes, and making life transitions_. New York: Human Sciences Press.

Eist, H.I., & Mandel, A.U. (1968). Family treatment of ongoing incest behavior. _Family Process, 7_, 216-232.

Erikson, E. (1968). _Identity youth and crisis_. New York: Norton.

Finkelhor, D. (1979). _Sexually victimized children_. New York: MacMillan.

Finkelhor, D. (1982). Sexual abuse: A sociological perspective. _Child Abuse and Neglect_, _6_, 95-102.

Finkelhor, D., Araji, S., Baron, L., Browne, A., Peters, S.D., & Wyatt, G. (1986). _A sourcebook on child sexual abuse_. London: Sage.

Finkelhor, D. & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. _American Journal of Orthopsychiatry_, _55_, 530-541.

Forward, S. & Buck, C. (1978). _Betrayal of innocence: Incest and its devastation_. New York: Penguin Books.

Fowler, C., Burns, S.R., & Roehl, J.E. (1983). The role of group therapy in incest counseling. _International Journal of Family Therapy_, _5_ (2), 127-135.

Freud, S. (1962). _Three essays on the theory of sexuality_. New York: Basic Books.

Gagnon, J. (1965). Female child victims of sex offenses. _Social Problems_, _3_, 176-192.

Gazda, G. (1970). _Basic approaches to group psychotherapy and group counseling_. Illinois: Charles C. Thomas.

Gelanis, D.J. (1983). The persisting negative effects of incest. _Psychiatry_, _46_, 312-332.

German, D.E. (1987). The female adolescent incest victim: Personality, self-esteem and family orientation (Doctoral dissertation, Andrews University, 1986). _Dissertation Abstracts International_, _47_, 12-B.

Giaretto, H. (1982). _Integrated treatment of child sexual abuse_. Palo Alto, CA: Science and Behavior Books.

Giaretto, H., Giaretto, A., & Sgroi, S. (1978). A coordinated community treatment of incest. In Burgess, A. et al. (eds.). _Sexual assault of children and adolescents_ (pp. 231-240). Toronto: Lexington Books.

Gibb, J. Platts, C., & Miller, L. (1951). _Dynamics of participative groups_. St. Louis: John Swift Inc.

Glueck, B. (1954). Psychodynamic patterns in sex offenders. *Psychiatric Quarterly*, 28, 1-21.

Goldstein, E. (1986). Self-image characteristics of adolescent female incest victims. (Doctoral dissertation, United States International University, 1985). *Dissertation Abstracts International*, 47, 1B.

Gomes-Schwartz, B., Horowitz, J.M., & Sauzier, M. (1985). Severity of emotional distress among sexually abused preschool, school-age, and adolescent children. *Hospital and Community Psychiatry*, 36 (5), 503-508.

Goodwin, J. (1979). Hysterical seizures: A sequel to incest. *American Journal of Orthopsychiatry*, 49, 694-703.

Goodwin, J. (1982). *Sexual abuse: Incest victims and their families*. London: John Wright.

Goodwin, B., & Novak-Scibelli, D. (1985). Group treatment for women incestuously abused as children. *International Journal of Group Psychotherapy*, 35 (4), 531-544.

Gordon, L. (1982). *Incest, social work and daughters resistance*. Boston: University of Massachusetts Press.

Gordy, P.L. (1983). Group work that supports adult victims of childhood incest. *Social Casework*, 64, 300-307.

Gotlieb, B., & Dean, J. (1981). The co-therapy relationship in group treatment of sexually mistreated adolescents. In P. Mrazek and C. Kempe (Ed.), *Sexually abused children and their families* (pp. 211-217). New York: Pergamon Press.

Greenberg, N.H. (1979). The epidemiology of childhood sexual abuse. *Pediatric Annals*, 8 (5), 16-28.

Gross, M. (1979). Incestuous rape: A cause of hysterical seizures in four adolescent girls. *American Journal of Orthopsychiatry*, 49, 704-708.

Halliday, L. (1982). *The silent scream: The reality of sexual abuse*. Campbell River, British Columbia: Kask Graphics.

Halliday, L. (1986). *Sexual abuse: Interviewing techniques for police and other professionals*. Campbell River, British Columbia: Ptarmigan Press.

Hays, K. (1987). The conspiracy of silence revisited: Group therapy with adult survivors of incest. *Journal of Group Psychotherapy, Psycho-drama and Sociometry, 39* (4), 143-156.

Hazzard, A., King, H.E., & Webb, C. (1986). Group therapy with sexually abused adolescent girls. *American Journal of Psychotherapy, 60* (2), 213-223.

Herman, J. (1981). *Father-daughter incest.* Cambridge, MA: Harvard University Press.

Herman, J. & Hirschman, L. (1977). Incest between fathers and daughters. *The Sciences,* Oct., 4-8.

Herman, J. & Schwartz, E. (1984). Time limited group therapy for women with a history of incest. *International Journal of Group Psychotherapy, 34* (4), 605-615.

Hjorth, C. (1980). *The self-concept, self-image and body image of the physically abused adolescent.* Unpublished doctoral dissertation, Graduate Institute of Los Angeles, California.

Homstead, K. (1986). An investigation of a sexual abuse treatment program for female adolescent victims of sexual abuse. (Doctoral dissertation, University of Massachusetts, 1985). *Dissertation Abstracts International, 46,* 12-A.

James, K.L. (1977). Incest: The teenager's perspective. *Psychotherapy: Theory, Research and Practice, 14,* 146-155.

James, J. & Meyerding, J. (1977). Early sexual experience and prostitution. *American Journal of Psychiatry, 7* (1), 31-42.

James, J., & Nasjleti, A. (1983). *Treating sexually abused children and their families.* Los Angeles, CA: Consulting Psychological Press.

Justice, B. & Justice, J. (1979). *The broken taboo: Sex in the family.* New York: Human Sciences Press.

Kaufman, I., Peck, A.L., & Tagiuri, C.K. (1954). The family constellation and overt incestuous relations between father and daughter. *American Journal of Orthopsychiatry, 24,* 266-277.

Kelly, S.J. (1984). The use of art therapy with sexually abused children. *Journal of Psycho-social Nursing and Mental Health Services, 22* (12), 12-18.

Kempe, R.S. & Kempe, C.H. (1978). _Child abuse_. London: Fontana/Open Books.

Kempe, R.S., & Kempe, C.H. (1984). _The common secret: Sexual abuse of children and adolescents_. New York: W.H. Freeman.

Kinsey, A. (194°). _Sexual behavior in the human male_. Philadelphia: Saunders.

Knittle, B.J. & Tuana, S.J. (1980). Group therapy as primary treatment for adolescent victims of intrafamilial sexual abuse. _Clinical Social Work Journal_, 8 (4), 236-242.

Krafft-Ebing, R. (1935). _Psychopathia sexualis_. New York: Physicians and Surgeons Book Company.

Landis, J.T. (1956). Experiences of 500 children with adult sexual deviants. _Psychiatric Quarterly Supplement_, 30, 91-109.

Lindberg, F.H., & Distad, L.J. (1985). Post-traumatic stress disorders in women who experienced childhood incest. _Child Abuse and Neglect_, 9, 329-334.

Liten, E., Giffen, M., & Johnson, A. (1956). Parental influence in unusual sexual behavior in children. _Psychoanalytical Quarterly_, 25, 37-55.

Lubell, M. & Soong, W. (1982). Group therapy with sexually abused adolescents. _Canadian Journal of Psychiatry_, 27 (4), 311-315.

Lukianowicz, N (1972). Incest: Part I paternal incest; Part II other types of incest. _British Journal of Psychiatry_, 120, 301-313.

Mackenzie, K.R. (1981). Measurement of group climate. _International Journal of Group Psychotherapy_, 31, 287-296.

Mackenzie, K.R., & Dies, R.R. (1982). _The core battery: Clinical outcome results_. New York: American Group Psychotherapy Association.

MacLennon, B., & Feldensheld, N. (1968). _Group counselling and psychotherapy with adolescents_. New York: Columbia University Press.

Maisch, H. (1972). _Incest_. New York: Stien and Day.

McCormick, M. (1988). <u>A study of the effectiveness of group counselling as a treatment modality for adolescent female incest victims</u>. Unpublished master's thesis, Memorial University of Newfoundland, St. John's, Newfoundland.

McMillen-Hall, N. (1978). Group treatment for sexually abused children. <u>Nursing Clinics of North America</u>, <u>13</u> (4), 701-704.

Meiselman, K.C. (1979). <u>Incest: A psychological study of causes and effects with treatment recommendations</u>. San Francisco: Josey-Bass.

Moreno, Z. (1966). Evolution and dynamics of the group psychotherapy movement. In J.L. Moreno (Ed.), <u>The international handbook of group psychotherapy</u> (pp. 16-25). New York: Philosophical Library.

Morrow, K.B. (1987). Factors associated with differential distress levels in sexually abused adolescents. (Doctoral dissertation, Texas Technical University, 1986). <u>Dissertation Abstracts International</u>, <u>47</u>, 8-A.

Mrazek, P.B., & Mrazek, D.A. (1981). The effects of child sexual abuse: Methodological considerations. In P. Mrazek and C. Kempe (Eds.), <u>Sexually abused children and their families</u>, (pp. 235-245). New York: Pergamon Press.

Murray, R., & Zenther, J. (1975). <u>Nursing assessment and health promotion through the life span</u>. New Jersey: Prentice-Hall.

Myers, B.L. (1979). <u>Developmental disruptions of victims of incest and childhood abuse</u>. (Unpublished manuscript)

Nakashima, I., & Zakus, G. (1977). Incest: Review and clinical experience. <u>Pediatrics</u>, <u>60</u>, 696-701.

Nabokov, B. (1955). <u>Lolita</u>. New York: Pitnam & Sons.

Oetting, E. (1976a). Evaluative research and orthodox science, Part I. <u>Personnel and Guidance Journal</u>, <u>55</u>, 11-15.

Offer, D. (1969). <u>The psychological world of the teenager</u>. New York: Basic Books.

Offer, D., & Howard, K. (1972). An empirical analysis of the Offer Self-Image Questionnaire for adolescents. <u>Archives of General Psychiatry</u>, <u>27</u>, 529-537.

Offer, D., Ostrov, E., & Howard, K. (1982). The Offer Self Image Questionnaire for Adolescents: A manual. Chicago: Michael Reese Hospital.

Offer, D., Ostrov, E., & Howard, K.I. (1984). The self-image of a group of physically ill adolescents. In R.W. Blum (Ed.). The disabled and chronically ill adolescent (pp. 59-73). New York: Grune & Stratton.

Oppenheimer, R., Palmer, R.L., & Brandon, S. (1984, September). A clinical evaluation of early abusive experiences in adult anorexic and bulimic females: Implications for preventive work in childhood. Paper presented at the Fifth International Congress on Child Abuse and Neglect, Montreal.

Orstrov, E., Offer, D., & Howard, K. (1982). Values and self conceptions held by normal and delinquent adolescent males. Journal of Psychiatric Treatment and Evaluation, 41, 503-509.

Perl, M., Westin, A.B., & Peterson, L.G. (1985). The female rape survivor: Time limited group therapy with female-male co-therapists. Journal of Psychosomatic Obstetrics and Gynaecology, 4 197-205.

Peters, J. (1976). Children who are victims of sexual assault and the psychology of the offenders. American Journal of Psychotherapy, 30, 398-421.

Peters, S.D. (1984). The relationship between childhood sexual victimization and adult depression among Afro-American and White women. Unpublished doctoral dissertation, University of California, Los Angeles.

Phelan, P. (1987). Incest: Socialization within a treatment program. American Journal of Orthopsychiatry, 57 (1), 84-91.

Radzinowicz, L. (1957). Sexual Offences. New York: St. Martin's.

Rascovsky, M. & Rascovsky, A. (1950). On consummated incest. International Journal of Psychoanalysis, 31, 42-47.

Reed, C. (1985). Multi-intervention strategies for child sexual abuse victims. Protecting Children, 2 (2), 17-19.

Reich, J.W., & Gutierres, S.E. (1979). Escape/aggression incidence in sexually abused juvenile delinquents. Criminal Justice and Behavior, 6, 239-243.

Rosenfeld, A.A., Nadelson, C.C. Krieger, M., & Backman, J.H. (1977). Incest and sexual abuse of children. _Journal American Academy of Child Psychiatry_, 16 (2), 327-339.

Russell, D. (1986). _The secret trauma: Incest in the lives of girls and women_. New York: Basic Books.

Schultz, L.G. (1982). _Social work and child sexual abuse_. New York: Haworth Press.

Schwartz, M.D. (1975). Situation/Transition Groups: A Conceptualization and Review. _American Journal of Orthopsychiatry_, 45, (5), 744-753.

Sedney, M.A., & Brooks, B. (1984). Factors associated with a history of childhood sexual experience in a nonclinical female population. _Journal of the American Academy of Child Psychiatry_, 23, 215-218.

Silbert, M.H., & Pines, A.M. (1981). Sexual child abuse as an antecedent to prostitution. _Child Abuse and Neglect_, 5, 407-411.

Sgroi, S. (1982). _Handbook of clinical intervention in child sexual abuse_. Lexington, MA: Lexington Books.

Sharpiro, S. (1987). Self-mutilation and self-blame in incest victims. _American Journal of Psychotherapy_, 61 (1), 46-53.

Sloane, P., & Karpinski, E. (1942). Effects of incest on the participants. _American Journal of Orthopsychiatry_, 12, 666-673.

Spontnitz, H. (1972). Comparison of different types of group psychotherapy. In H. Kaplan & B. Sadack (Eds.), _New models for group therapy_ (pp. 1-20). New York: Jason Aronson.

Sturkie, K. (1983). Structured group treatment for sexually abused children. _Health and Social Work_, 8 (4), 299-308.

Summit, R., & Kryso, J. (1978). Sexual abuse of children: A clinical spectrum. _American Journal of Orthopsychiatry_, 48, 237-251.

Swanson, D. (1968). Adult sexual abuse of children. _Diseases of the Nervous System_, 29, 677-683.

Tabor, G. (1986). Incest: Effects of specific trauma variables on the self concepts and locus of control views of adolescent female incest victims before and following six months of group treatment. (Doctoral dissertation, University of Arkansas, 1984). <u>Dissertation Abstracts International, 46</u>, 10-B.

Taylor, N., & Morris, R. (1987). <u>A report on a group program for sexual abuse victims/survivors</u>. Unpublished report.

Tsai, M., Feldman-Summers, S., & Edgar, M. (1979). Childhood molestation: Variables related to differential impacts on psychosexual functioning in adult women. <u>Journal of Abnormal Psychology, 88</u> (4), 407-417.

Tsai, M., & Wagner, N.N. (1978). Therapy groups for women sexually molested as children. <u>Archives for Sexual Behavior, 7</u> (5), 417-427.

Verleur, D., Hughes, R., & Dobkin de Rios, M. (1986). Enhancement of self-esteem among female adolescent incest victims: A controlled comparison. <u>Adolescence, 21</u> (84), 843-854.

Walls, N. (1985). Assessment of rape survivors' adaption to assault and a comparison of two types of group therapy for rape survivors. (Doctoral dissertation, Memphis State University, 1984). <u>Dissertation Abstracts International, 46</u>, 5-B.

Walsh, C. (1986). The self-concept and sex role orientation of adult female incest victims in therapy. (Doctoral dissertation, University of Florida, 1988). <u>Dissertation Abstracts International, 47</u>, 5-A.

Weber, E. (1977, April). Sexual abuse begins at home. <u>Ms.</u>, pp. 64-69.

Weitzel, W., Powell, B., & Penick, E. (1978). Clinical management of father-daughter incest: A critical re-examination. <u>American Journal of Disabled Children, 182</u>, 127-130.

Weinberg, S. (1955). <u>Incest behavior</u>. New York: Citadel.

West, D. (1985). <u>Sexual victimization</u>. Vermount: Gower Publishing.

Working Group on Child Sexual Abuse. (1985). <u>Services Subcommittee Report</u>. Newfoundland, Canada: Community Services Council.

Yalom, I.   (1970).   *The theory and practice of group psychotherapy*. New York: Basic Books.

Yorukoglu, A., & Kemph, J.P. (1966). Children not severely damaged by incest with a parent. *Journal of American Academy of Child Psychiatry*, *5*, 111-124.

APPENDIX A

GROUP SESSION TOPIC OUTLINE FOR THE PILOT

AND TRIAL GROUPS

Group Session Topic Outline for the Pilot

and Trial Groups

Session 1 - Introduction

-    General Introductions
-    Rules and Confidentiality
-    Co-leaders views on sexual abuse
-    Members' suggestions for group topics
-    Members name the group

Session 2 - Feelings

-    Members compile a "feelings list"
-    Members share positive and negative feelings

Session 3 - Friendships

-    Co-leaders role play a situation of an adolescent victim
     disclosing to a friend
-    Members share experiences of disclosing to a friend
-    Discussion about trusting friends
-    Members role play a situation of an adolescent victim
     disclosing to a group of friends

Session 4 - Relationships with Members of the Opposite Sex

-    Discussion of ways abuse affects relationships with the
     opposite sex
-    Discussion of the difference between love and sex
-    Information sharing on sexual issues (i.e., birth
     control, pregnancy)

Session 5 - Relationships with Family Member

-    Members discuss how the abuse has affected their
     relationships with their

     (a) mother
     (b) father
     (c) siblings
     (d) other relatives

Session 6 and 7 - Self Esteem

- Members discuss how the abuse has affected how they feel about themselves
- Members participate in a Self Esteem Exercise
- Members give feedback to each other

Session 8 - Assertiveness (Part I)

- Discussion of the meaning of assertiveness
- Discussion of the difference between passive, assertive and aggressive
- Members share general examples

Session 9 - Assertiveness (Part II)

- Discussion of assertiveness in relation to unwanted sexual advances
- Members role play situations and practice assertiveness

Session 10 - Open

- Review of previous sessions
- Introduction of topics not included in previous sessions (i.e., "going to court")
- or Further discussion of previous topics

Session 11 - Ways of Coping

- Members share helpful ways of coping with their victimization
- Discussion about termination of the group
- Members plan for the party

Session 12 - Party

- Members and co-leaders provide each other with feedback regarding their contributions to the group
- Members and co-leaders exchange small remembrances of the group with each other
- Co-leaders ensure follow-up services available for all members

APPENDIX B

GROUP SESSION TOPIC OUTLINE FOR THE GROUP

EVALUATED IN THIS STUDY

Group Session Topic Outline for the Group

Evaluated in this Study

Session 1 - Introductions

- General Introductions
- "Interview Your Partner" exercise
- Rules and Confidentiality
- Co-leaders views on sexual abuse
- Members' suggestions for group topics
- Members name the group
- Check-out exercise

Session 2 - Feelings

- Check-in exercise
- Members compile a "feelings list"
- Members share positive and negative feelings
- Check-out exercise

Session 3 - Friendships

- Check-in exercise
- Co-leaders role play a situation of an adolescent victim disclosing to a friend
- Members share experiences of disclosing to a friend
- Discussion about trusting friends
- Members role play a situation of an adolescent victim disclosing to a group of friends
- Check-out exercise

Session 4 - Relationships with Members of the Opposite Sex

- Check-in exercise
- Discussion of ways abuse affects relationships with the opposite sex
- Discussion of the difference between love and sex
- Information sharing on sexual issues (i.e., birth control, pregnancy)
- Check-out exercise

Session 5 - Relationships with Family Member

- Check-in exercise
- Members discuss how the abuse has affected their
  relationships with their

  (a) mother
  (b) father
  (c) siblings
  (d) other relatives

- Check-out exercise

Session 6 and 7 - Self Esteem

- Check-in exercise
- Members discuss how the abuse has affected how they feel
  about themselves
- Members participate in a Self Esteem Exercise
- Members give feedback to each other
- Check-out exercise

Session 8 - Assertiveness (Part I)

- Check-in exercise
- Discussion of the meaning of assertiveness
- Discussion of the difference between passive, assertive
  and aggressive
- Members share general examples
- Check-out exercise

Session 9 - Assertiveness (Part II)

- Check-in exercise
- Discussion of assertiveness in relation to unwanted
  sexual advances
- Members role play situations and practice assertiveness
- Check-out exercise

Session 10 - Open

- Check-in exercise
- Review of previous sessions
- Introduction of topics not included in previous sessions
  (i.e., "going to court")
- or Further discussion of previous topics
- Check-out exercise

Session 11 - Ways of Coping

-   Check-in exercise
-   Members share helpful ways of coping with their
    victimization
-   Discussion about termination of the group
-   Members plan for the party
-   Check-out exercise

Session 12 - Party

-   Members and co-leaders provide each other with feedback
    regarding their contributions to the group
-   Members and co-leaders exchange small remembrances of the
    group with each other
-   Co-leaders ensure follow-up services available for all
    members

APPENDIX C

LETTER REQUESTING REFERRALS FOR THE

GROUP THERAPY PROGRAM

GOVERNMENT OF NEWFOUNDLAND AND LABRADOR

DEPARTMENT OF HEALTH

St. John's Adolescent Health Counselling Service   ST. JOHN'S
204 LeMarchant Road
St. John's, NF
A1C 2H6

1986 02 04

Dear _____:

The Adolescent Health Counselling Service has planned a group treatment program
for sexually abused adolescents. The program is designed for adolescents
from ages fourteen to sixteen years.

Group therapy can provide these young people with a sense of identification
and emotional closeness that allows them to deal with the very traumatic experience
of sexual abuse.

Mr. Rick Morris and Mrs. Nancy Taylor, two counsellors working with the Adolescent
Counselling Service will lead the group. Mr. Morris, a full-time counselor at
the Service, has a Master's degree in social work and has experience in group
work with adolescents. Mrs. Taylor, a part-time counselor at the Service is a
psychiatric nurse and a graduate student in educational psychology. She has
experience working with victims of sexual abuse.

The group treatment program consists of twelve sessions scheduled to begin on
March 3, 1986. The sessions will be held on Monday evenings from 7:30 to 8:30 p.m.
at the Adolescent Health Counselling Service, 204 LeMarchant Road.

The major goals of the program are as follows:

1) The group will allow adolescent members to meet some of their psychological
   needs such as belonging, acceptance and the release of negative feelings
   related to being sexually abused.

2) The group will allow adolescent members a comfortable environment so that
   they can drop defenses and begin to explore threatening or troublesome
   aspects of their lives resulting from being sexually abused.

3) The group will allow the adolescent members the opportunity to share and
   explore various ways of coping with problems related to their victimization.

4) The group experience will help the adolescent members deal with social
   interactions with their families, friends, and community members.

- 2 -

5) The group experience will help the adolescent members increase their self esteem and self confidence.

A condition required for inclusion in the group is that perspective members have a genuine willingness to participate in a group with other sexually abused adolescents. There is no cost involved in this program.

An initial interview with the referred adolescent is requested before the group commences. Parental consent is not a necessity for referral. You may contact Rick Morris or Nancy Taylor at the Adolescent Health Counselling Service (754-0220) for further information and/or referrals. The names of all adolescents referred for the program will be kept confidential.

Thanking you in advance for your cooperation.

Sincerely yours,

ALAN P. KENWORTHY, Ph.D.

APPENDIX D

THE NEEDS ASSESSMENT QUESTIONNAIRE

THE NEEDS ASSESSMENT QUESTIONNAIRE

In this group we would like to help each of you deal with feelings and concerns you have that are related to being sexually abused. While everyone in the group except the leaders, have been the victims of sexual abuse, each person's experience is different. In order to help each of you we need to know more about how you feel the group can help you. As a first step we are asking each of you to complete this survey. Your input is important to the success of the group.

Show how important each need is to you by checking the column which shows what you think.

I NEED

		YES	NO
1)	To feel happier about myself.	___	___
2)	To feel more comfortable around boys my age.	___	___
3)	To feel that what happened to me wasn't my fault.	___	___
4)	To know more about sex, and when it's okay for me to do it.	___	___
5)	To know how to say no when someone asks me to do something I don't want to do.	___	___
6)	To feel someone understands me.	___	___
7)	To feel that I'm not a bad person.	___	___
8)	To know how to act around guys.	___	___
9)	To learn how to make more friends.	___	___

10) To feel close to someone.   ___ ___

11) To believe in myself.   ___ ___

12) To know what to do if someone tries
    to sexually abuse me again.   ___ ___

13) To change my present way of behaving.   ___ ___

14) To feel that I'm not a dirty person.   ___ ___

15) To better understand my sexual feelings.   ___ ___

16) To feel more sure of myself.   ___ ___

17) To feel less lonely and sad.   ___ ___

18) To feel more comfortable around
    older men.   ___ ___

19) To feel closer to my family.   ___ ___

20) To be able to tell members of my
    family how I feel about being
    sexually abused.   ___ ___

21) To feel I am not helpless and I
    can control what happens to me.   ___ ___

22) To feel I am not helpless and I can
    control what happens to me.   ___ ___

23) To feel that I don't want to hurt
    myself anymore.   ___ ___

24) To feel that other people like me
    and accept me.   ___ ___

25) To have a better sense of who I am.   ___ ___

26) To feel that I will grow up and have
    a normal, happy life.   ___ ___

If there are other needs that you have that you think
that the group can help you with and are not listed above,
please write them here:

I need to _____

_____

I need to _____

_____

I need to _____

_____

     Now that you have identified some of your needs that can be met through the group, please list three important goals that you would like to achieve as a result of your participation in the group. This simply means think of the three things you hope will change for you after being a part of the group. An example would be: "I will be able to talk to my mother about the sexual abuse."

     <u>My 3 goals are</u>: (be specific)

1)   I will _____

_____

_____

2)   I will _____

_____

_____

3)   I will _____

_____

_____

APPENDIX E

THE OFFER SELF-IMAGE QUESTIONNAIRE

1-describes me very well   4-does not quite describe me
2-describes me well   5-does not really describe me
3-describes me fairly well   6-does not describe me at all

----

1. I carry many grudges.   1___

2. When I am with people I am afraid that someone
will make fun of me.   2___

3. Most of the time I think that the world is an
exciting place to live in.   3___

4. I think that I will be a source of pride to
my parents in the future.   4___

5. I would not hurt someone just for the "heck
of it".   5___

6. The recent changes in my body have given me
some satisfaction.   6___

7. I am going to devote my life to helping
others.   7___

8. I "lose my head" easily.   8___

9. My parents are almost always on the side of
someone else, e.g., my brother or sister.   9___

10. The opposite sex finds me a bore.   10___

11. If I would be separated from all the
people I know, I feel that I would not be
able to make a go of it.   11___

12. I feel tense most of the time.   12___

13. I usually feel out of place at picnics
and parties.   13___

14. I feel that working is too much responsibility
for me.   14___

15. My parents will be disappointed in me in
the future.   15___

16. It is very hard for a teenager to know how
to handle sex in a right way.   16___

17. At times I have fits of crying and/or
laughing that I seem unable to control.   17___

1-describes me very well   4-does not quite describe me
2-describes me well   5-does not really describe me
3-describes me fairly well   6-does not describe me at all

---

18. I am going to devote my life to making as
     much money as I can.   18___

19. If I put my mind to it, I can learn
     almost anything.   19___

20. Only stupid people work.   20___

21. Very often I feel that my father is no good.   21___

22. I am confused most of the time.   22___

23. I feel inferior to most people I know.   23___

24. Understanding my parents is beyond me.   24___

25. I do not like to put things in order
     and make sense of them.   25___

26. I can count on my parents most of the time.   26___

27. In the past year I have been very worried
     about my health.   27___

28. Dirty jokes are fun at times.   28___

29. I often blame myself even when I am not
     at fault.   29___

30. I would not stop at anything if I felt
     I was done wrong.   30___

31. My sex organs are normal.   31___

32. Most of the time I am happy.   32___

33. I am going to devote myself to making
     the world a better place to live in.   33___

34. I can take criticism without resentment.   34___

35. My work, in general, is at least as good
     as the work of the girl next to me.   35___

36. Sometimes I feel so ashamed of myself
     that I just want to hide in a corner
     and cry.   36___

1—describes me very well   4—does not quite describe me
2—describes me well   5—does not really describe me
3—describes me fairly well   6—does not describe me at all

--- ---------------

37. I am sure that I will be proud about
    my future profession.   37___

38. My feelings are easily hurt.   38___

39. When a tragedy occurs to one of my
    friends, I feel sad too.   39___

40. I blame others even when I know that
    I am at fault too.   40___

41. When I want something, I just sit
    around wishing I could have it.   41___

42. The picture I have of myself in the
    future satisfies me.   42___

43. I am a superior student in school.   43___

44. I feel relaxed under normal circumstance. 44___

45. I feel empty emotionally most of the time. 45___

46. I would rather sit around and loaf than work. 46___

47. Even if it were dangerous, I would help
    someone who is in trouble.   47___

48. Telling the truth means nothing to me.   48___

49. Our society is a competitive one and I
    an not afraid of it.   49___

50. I get violent if I don't get my way.   50___

51. Most of the time my parents get along
    well with each other.   51___

52. I think that other people just do not
    like me.   52___

53. I find it very difficult to establish
    new friendships.   53___

54. I am so very anxious.   54___

1-describes me very well   4-does not quite describe me
2-describes me well   5-does not really describe me
3-describes me fairly well   6-does not describe me at all

----

55. When my parents are strict, I feel that
they are right, even if I get angry.   55____

56. Working closely with another girl never
gives me pleasure.   56____

57. I am proud of my body.   57____

58. At times I think about what kind of
work I will do in the future.   58____

59. Even under pressure I manage to remain
calm.   59____

60. When I grow up and have a family, it
will be in at least a few ways
similar to my own.   60____

61. I often feel that I would rather die,
than go on living.   61____

62. I find it extremely hard to make friends.   62____

63. I would rather be supported for the
rest of my life than work.   63____

64. I feel that I have a part in making
family decisions.   64____

65. I do not mind being corrected, since I
can learn from it.   65____

66. I feel so very lonely.   66____

67. I do not care how my actions affect
others as long as I gain something.   67____

68. I enjoy life.   68____

69. I keep an even temper most of the time.   69____

70. A job well done gives me pleasure.   70____

71. My parents are usually patient with me.   71____

72. I seem to be forced to imitate the
people I like.   72____

1-describes me very well   4-does not quite describe me
2-describes me well   5-does not really describe me
3-describes me fairly well   6-does not describe me at all

----

73. Very often parents do not understand
    a person because they had an unhappy
    childhood.   73___

74. For me good sportsmanship in school
    is as important as winning a game.   74___

75. I prefer being alone than with kids
    my age.   75___

76. When I decide to do something, I do it.   76___

77. I think that boys find me attractive.   77___

78. Other people are not after me to take
    advantage of me.   78___

79. I feel that there is plenty I can learn
    from others.   79___

80. I do not attend sexy shows.   80___

81. I fear something constantly.   81___

82. Very often I think that I am not at
    all the person I would like to be.   82___

83. I like to help a friend whenever I can.   83___

84. If I know that I will have to face a
    new situation, I will try in advance
    to find out as much as is possible
    about it.   84___

85. Usually I feel that I am a bother at
    home.   85___

86. If others disapprove of me I get
    terribly upset.   86___

87. I like one of my parents much better
    than the other.   87___

88. Being together with other people gives
    me a good feeling.   88___

1-describes me very well   4-does not quite describe me
2-describes me well   5-does not really describe me
3-describes me fairly well   6-does not describe me at all

----

89. Whenever I fail in something, I try to
    find out what I can do in order to
    avoid another failure.   89___

90. I frequently feel ugly and unattractive.   90___

91. Sexually I am way behind.   91___

92. If you confide in others you ask for
    trouble.   92___

93. Even though I am continuously on the go,
    I seem unable to get things done.   93___

94. When others look at me they must think
    that I am poorly developed.   94___

95. My parents are ashamed of me.   95___

96. I believe I can tell the real from the
    fantastic.   96___

97. Thinking or talking about sex
    frightens me.   97___

98. I am against giving so much money to
    the poor.   98___

99. I feel strong and healthy.   99___

100. Even when I am sad I can enjoy a good joke.   100___

101. There is nothing wrong with putting
     oneself before others.   101___

102. I try to stay away from home most of
     the time.   102___

103. I find life an endless series of
     problems--without solution in sight.   103___

104. At times I feel like a leader and
     feel that other kids can learn
     something from me.   104___

105. I feel that I am able to make decisions.   105___

```
1-describes me very well      4-does not quite describe me
2-describes me well           5-does not really describe me
3-describes me fairly well    6-does not describe me at all
```

----

106. I have been carrying a grudge against
     my parents for years.   106___

107. I am certain that I will not be able
     to assume responsibilities for myself in
     the future.   107___

108. When I enter a new room I have a
     strange and funny feeling.   108___

109. I feel that I have no talent
     whatsoever.   109___

110. I do not rehearse how I might deal
     with a real coming event.   110___

111. When I am with people I am bothered
     by hearing strange noises.   111___

112. Most of the time my parents are
     satisfied with me.   112___

113. I do not have a particularly difficult
     time in making friends.   113___

114. I do not enjoy solving difficult
     problems.   114___

115. School and studying mean very little
     to me.   115___

116. Eye for an eye and tooth for a tooth
     does not apply for our society.   116___

117. Sexual experiences give me pleasure.   117___

118. Very often I feel that my mother
     is no good.   118___

119. Having a boyfriend is important to me.   119___

120. I would not like to be associated
     with those kids who "hit below the
     belt".   120___

121. Worrying a little about one's future
     helps to make it work out better.   121___

1-describes me very well   4-does not quite describe me
2-describes me well   5-does not really describe me
3-describes me fairly well   6-does not describe me at all

-- -------------------

122. I often think about sex.   122____

123. Usually I control myself.   123____

124. I enjoy most parties I go to.   124____

125. Dealing with new intellectual subjects
     is a challenge for me.   125____

126. I do not have many fears which I
     cannot understand.   126____

127. No one can harm me just by not liking me.   127____

128. I am fearful of growing up.   128____

129. I repeat things continuously to be sure
     that I am right.   129____

130. I frequently feel sad.   130____

.

.

APPENDIX F

THE GROUP CLIMATE QUESTIONNAIRE

THE GROUP CLIMATE QUESTIONNAIRE

We would like to know how you felt about this evening's session. Please rate the following items:

1. The members like and cared about each other.

    Not at all   A little bit   Somewhat   A lot   Extremely

2. The members tried to understand why they do the things they do, tried to reason it out.

    Not at all   A little bit   Somewhat   A lot   Extremely

3. The members avoided looking at important issues going on between themselves.

    Not at all   A little bit   Somewhat   A lot   Extremely

4. The members felt what was happening was important and there was a sense of participation.

    Not at all   A little bit   Somewhat   A lot   Extremely

5. The members depended on the group leaders for direction.

    Not at all   A little bit   Somewhat   A lot   Extremely

6. The members were distant and withdrawn from each other.

    Not at all   A little bit   Somewhat   A lot   Extremely

7. The members challenged and confronted each other in efforts to sort things out.

    Not at all   A little bit   Somewhat   A lot   Extremely

8. There was friction and anger between the members.

    Not at all   A little bit   Somewhat   A lot   Extremely

9. The members appeared to do things the way they thought would be acceptable to the group.

    Not at all   A little bit   Somewhat   A lot   Extremely

10. The members distrusted and rejected each other.

    Not at all   A little bit   Somewhat   A lot   Extremely

11. The members revealed personal information or feelings.

    Not at all   A little bit   Somewhat   A lot   Extremely

12. The members appeared tense and anxious.

    Not at all   A little bit   Somewhat   A lot   Extremely

Please describe briefly the event that was most personally important to you during this evening's session. This might be something that involved you directly, or something that happened between other members but which made you think about yourself. Explain what it was about the event that made it important for you personally.

APPENDIX G

THE FINAL EVALUATION QUESTIONNAIRE

THE FINAL EVALUATION QUESTIONNAIRE

Now that the group is over, we would like to know how helpful the experience was for you. Before the group started you identified some needs and goals that you felt the group could help you with. We would now like you to rate how successful the group was in helping you meet these needs and goals.

1. I feel the group helped me to feel happier about myself.

   a) Not at all   _____
   b) A little bit   _____
   c) Somewhat   _____
   d) A lot   _____
   e) Total improvement   _____

2. I feel the group helped me to feel more comfortable around boys my age.

   a) Not at all   _____
   b) A little bit   _____
   c) Somewhat   _____
   d) A lot   _____
   e) Total improvement   _____

3. I feel the group helped me to feel that what happened to me wasn't my fault.

   a) Not at all   _____
   b) A little bit   _____
   c) Somewhat   _____
   d) A lot   _____
   e) Total improvement   _____

4. I feel the group helped me learn more about sex and when it's okay for me to be involved in sexual activities.

   a) Not at all   _____
   b) A little bit   _____
   c) Somewhat   _____
   d) A lot   _____
   e) Total improvement   _____

5. I feel the group taught me how to say no when someone asks me to do something I don't want to do.

   a) Not at all   _____
   b) A little bit   _____
   c) Somewhat   _____
   d) A lot   _____
   e) Total improvement   _____

6. I feel the group helped me to feel someone understands me.

   a) Not at all   _____
   b) A little bit   _____
   c) Somewhat   _____
   d) A lot   _____
   e) Total improvement   _____

7. I feel the group helped me to feel that I'm not a bad person.

   a) Not at all   _____
   b) A little bit   _____
   c) Somewhat   _____
   d) A lot   _____
   e) Total improvement   _____

8. I feel the group helped me to know how to act around guys.

   a) Not at all   _____
   b) A little bit   _____
   c) Somewhat   _____
   d) A lot   _____
   e) Total improvement   _____

9. I feel the group helped me to learn how to make more friends.

   a) Not at all   _____
   b) A little bit   _____
   c) Somewhat   _____
   d) A lot   _____
   e) Total improvement   _____

10. I feel the group helped me to feel close to someone.

   a) Not at all   _____
   b) A little bit   _____
   c) Somewhat   _____
   d) A lot   _____
   e) Total improvement   _____

11. I feel the group helped me to believe in myself.

   a) Not at all   _____
   b) A little bit   _____
   c) Somewhat   _____
   d) A lot   _____
   e) Total improvement   _____

12. I feel the group helped me to know what to do if someone
     sexually abuses me again.

     a)   Not at all   _____

     b)   A little bit   _____

     c)   Somewhat   _____

     d)   A lot   _____

     e)   Total improvement   _____

13. I feel the group helped me to change my present way of
     behaving.

     a)   Not at all   _____

     b)   A little bit   _____

     c)   Somewhat   _____

     d)   A lot   _____

     e)   Total improvement   _____

14. I feel the group helped me to feel that I'm not a dirty
     person.

     a)   Not at all   _____

     b)   A little bit   _____

     c)   Somewhat   _____

     d)   A lot   _____

     e)   Total improvement   _____

15. I feel the group helped me to better understand my sexual
     feelings.

     a)   Not at all   _____

     b)   A little bit   _____

     c)   Somewhat   _____

     d)   A lot   _____

     e)   Total improvement   _____

16. I feel the group helped me to feel more sure of myself.

    a)   Not at all   _____
    b)   A little bit   _____
    c)   Somewhat   _____
    d)   A lot   _____
    e)   Total improvement   _____

17. I feel the group helped me to feel less lonely and sad.

    a)   Not at all   _____
    b)   A little bit   _____
    c)   Somewhat   _____
    d)   A lot   _____
    e)   Total improvement   _____

18. I feel the group helped me to feel more comfortable around older men.

    a)   Not at all   _____
    b)   A little bit   _____
    c)   Somewhat   _____
    d)   A lot   _____
    e)   Total improvement   _____

19. I feel the group helped me to feel closer to my family.

    a)   Not at all   _____
    b)   A little bit   _____
    c)   Somewhat   _____
    d)   A lot   _____
    e)   Total improvement   _____

20. I feel the group helped me to feel less nervous and anxious.

    a)   Not at all   _____

    b)   A little bit   _____

    c)   Somewhat   _____

    d)   A lot   _____

    e)   Total improvement   _____

21. I feel the group helped me to tell members of my family how I feel about being sexually abused.

    a)   Not at all   _____

    b)   A little bit   _____

    c)   Somewhat   _____

    d)   A lot   _____

    e)   Total improvement   _____

22. I feel the group helped me to feel I am not helpless and can control what happens to me.

    a)   Not at all   _____

    b)   A little bit   _____

    c)   Somewhat   _____

    d)   A lot   _____

    e)   Total improvement   _____

23. I feel the group helped me to feel that I don't want to hurt myself anymore.

    a)   Not at all   _____

    b)   A little bit   _____

    c)   Somewhat   _____

    d)   A lot   _____

    e)   Total improvement   _____

24. I feel the group helped me to feel other people like me and accept me.

   a)   Not at all   _____
   b)   A little bit   _____
   c)   Somewhat   _____
   d)   A lot   _____
   e)   Total improvement   _____

25. I feel the group helped me develop a better sense of who I am.

   a)   Not at all   _____
   b)   A little bit   _____
   c)   Somewhat   _____
   d)   A lot   _____
   e)   Total improvement   _____

26. I feel the group helped me to feel that I will grow up and have a normal happy life.

   a)   Not at all   _____
   b)   A little bit   _____
   c)   Somewhat   _____
   d)   A lot   _____
   e)   Total improvement   _____

If you identified any other needs that are not included in the above, please list them here and rate them.

Other need: _____

_____

_____

a)	Not at all	_____
b)	A little bit	_____
c)	Somewhat	_____
d)	A lot	_____
e)	Total improvement	_____

Other need: _____

_____

_____

a)	Not at all	_____
b)	A little bit	_____
c)	Somewhat	_____
d)	A lot	_____
e)	Total improvement	_____

Other need: _____

_____

_____

a)	Not at all	_____
b)	A little bit	_____
c)	Somewhat	_____
d)	A lot	_____
e)	Total improvement	_____

Now list the goals you set at the beginning of the group and rate how successful you were in achieving them.

Goal 1: _____

_____

_____

a) Not at all   _____
b) A little bit   _____
c) Somewhat   _____
d) A lot   _____
e) Total improvement   _____

Give reasons for rating: _____

_____

_____

Goal 2: _____

_____

_____

a) Not at all   _____
b) A little bit   _____
c) Somewhat   _____
d) A lot   _____
e) Total improvement   _____

Give reasons for rating: _____

_____

_____

Goal 2: _____

_____

_____

a)	Not at all	_____
b)	A little bit	_____
c)	Somewhat	_____
d)	A lot	_____
e)	Total improvement	_____

Give reasons for rating: _____

_____

_____

Goal 3: _____

_____

_____

a)	Not at all	_____
b)	A little bit	_____
c)	Somewhat	_____
d)	A lot	_____
e)	Total improvement	_____

Give reasons for rating: _____

_____

_____

Please rank the following items from 1-12 according to how helpful they were for you in the group. The least helpful item would rank 1 and the most helpful item would be ranked 12.

1. Reaching out and helping others in the group.   ____

2. Belonging to a group of people who understood and accepted me.   ____

3. Being with other people who have been through the same thing.   ____

4. Other people honestly telling me what they think of me.   ____

5. Other people suggesting or advising something for me to do.   ____

6. Improving my skills in getting along with people.   ____

7. Being able to say what was bothering me instead of holding it in.   ____

8. Seeing that others could reveal embarrassing things and take other risks and benefit from it helped me do the same.   ____

9. Being in the group was, in sense, like reliving and understanding my life inf the family in which I grew up.   ____

10. Learning why I think and feel the way I do (i.e., learning some of the causes and sources of my problems).   ____

11. Knowing others had solved problems similar to mine.   ____

12. Learning that I must take ultimate responsibility for the way I live my life no matter how much guidance and support I get from others.   ____

What would you like changed if you were to attend the group again?

_____

_____

_____

_____

_____

If a friend of yours confided in you that she was sexually abused and asked you about the group what would you say?

_____

_____

__ _____

_____

_____

Other comments:

_____

_____

__ _____

_____

_____

_____

_____

APPENDIX H

THE PARTICIPATION QUESTIONNAIRE

THE PARTICIPATION QUESTIONNAIRE (LEADERS ONLY)

Please rate each member's level of participation in this evening's session.

Member 1

Not at all   A little bit   Somewhat   A lot   Total Involvement

Member 2

Not at all   A little bit   Somewhat   A lot   Total Involvement

Member 3

Not at all   A little bit   Somewhat   A lot   Total Involvement

Member 4

Not at all   A little bit   Somewhat   A lot   Total Involvement

Member 5

Not at all   A little bit   Somewhat   A lot   Total Involvement

Member 6

Not at all   A little bit   Somewhat   A lot   Total Involvement

Member 7

Not at all   A little bit   Somewhat   A lot   Total Involvement

Member 8

Not at all   A little bit   Somewhat   A lot   Total Involvement

APPENDIX I

THE SESSION EVALUATION QUESTIONNAIRE

THE SESSION EVALUATION QUESTIONNAIRE (LEADERS ONLY)

Please list any negative and/or positive components of the last group session.

Positive   Negative

_____   _____

_____ _____   _____

_____ _____   _____

_____   _____

_____   _____

Describe any changes you would like to make for the next session.

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

List 3 goals for the next session.

_____

_____

_____ _____

_____

APPENDIX J

THE GENERAL INFORMATION QUESTIONNAIRE

THE GENERAL INFORMATION QUESTIONNAIRE

1. Name _____

2. Age _____

3. Who sexually abused you? (i.e., uncle, father, neighbour) _____

4. How old were you when the abuse started?
   _____

5. How old were you when the abuse ended?
   _____

6. How frequently were you abused during that time period? (i.e., once a week, twice a month)
   _____

7. What was the nature of the abuse? (i.e., fondling of genitals, oral sex, sexual intercourse)
   _____

8. Where are you living now and who is living with you?
   _____

9. Was the abuser charged by the police?
   _____

10. What was the outcome of the charges?
    _____

APPENDIX K

"THE GET TO KNOW YOU" QUESTIONNAIRE USED IN SESSION 1

"THE GET TO KNOW YOU" QUESTIONNAIRE USED IN SESSION 1

This form is designed to help members of this group get to know each other better. All answers are confidential within the group and the leaders.

1. Name _____

2. Age _____

3. Do you attend school? If yes, where ? If no, are you working? Where?
   _____

4. Who do you live with? _____

5. What are your hobbies, interests, etc.?
   _____

6. Who was the person who sexually abused you? _____

7. How did other people come to know about the abuse? Who did you tell?
   _____
   _____
   _____

8. How old were you when this happened? Did it occur over a number of years?
   _____
   _____

9. How do you feel about this person who abused you?
   _____

10. Has this affected relationships in your family? How?
    _____
    _____

11. Did this matter go to court? If yes, what was that like? What was the outcome?
    _____
    _____

12. Was it hard to tell a stranger (just now) about your situation?
    _____