

**SOCIAL GROUP WORK WITH ADOLESCENTS:
SEXUALITY EDUCATION AND SEXUAL ABUSE**

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IN PARTIAL FULLFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF

MASTER OF SOCIAL WORK

BY LOTI FRIESEN



FEBRUARY, 1986

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BY

LOTI FRIESEN

A practicum submitted to the Faculty of Graduate Studies
of the University of Manitoba in partial fulfillment of the
requirements of the degree of

MASTER OF SOCIAL WORK

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"To fully humanize sexuality, we need to....recognize more fully the power of sexuality for helping or hurting the human personality."
(Chilman, 1983, page 4)

"This culture, this society mass produces potential victims. Dealing with individual victims, one at a time, is not enough."
(S. Butler, 1985)

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The value of social group work in changing people's behaviour, educating, problem-solving, socializing, remediation, and growth has become more and more evident over the past 50 years or so. In applying this interventive strategy to adolescent populations, further value may be given to the potential for adolescents to make positive changes in their lives.

CHAPTER 1

INTRODUCTION

A practicum in the area of social group work with adolescents was chosen for a primary reason. This reason became evident as a result of the student's experience with emotionally disturbed adolescents in an education/treatment setting. This primary reason is that these troubled adolescents displayed a great potential for positive behavioural, cognitive, and social changes in their lives. This became especially evident in peer-group interaction. And, in conducting groups for these disturbed adolescents, the student witnessed their struggles, successes and failures, and discovered the potential for group work to facilitate changes.

Choosing sexuality as a theme in social group work with adolescents arose "naturally" through

1 (con't)

experience with troubled adolescents. Their recurring questions, misconceptions and negative personal sexual experiences were responded to by staff members who were unsure of appropriate therapeutic responses. This unsureness of staff members, coupled with the increase in concern over the incidence of sexual abuse, presented a challenge for a knowledgeable and direct intervention to be developed and implemented.

1.1 PURPOSE AND OBJECTIVES

The general purpose of this practicum was to utilize social group work as an interventive technique in treatment of troubled adolescents. More specifically, it was applied to the theme of adolescent sexuality and sexually abused adolescents.

The objectives of this practicum were to:

- 1) Explore the literature on:
 - i) social group work with adolescents;
 - ii) the issues pertaining to emotionally disturbed and sexually abused adolescents;
 - iii) the implications of these issues for treatment.
- 2) Apply this research to developing, implementing and evaluating interventions in two practical settings:

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- i) a sexual education group at Knowles Center;
 - ii) a sexual abuse victims group through Victims Services of the Police Department.
- 3) Develop and/or improve the student's social group work skills.
- 4) Contribute to the current social group work literature:
 - i) a sexual education program for emotionally disturbed adolescent boys;
 - ii) a treatment program for sexually abused adolescent females; and,
 - iii) continually growing body of literature information on the practical application of social group work theory with selected adolescent groups.

CHAPTER 2 A SELECTIVE LITERATURE REVIEW:
 ADOLESCENT DEVELOPMENT

2.1 INTRODUCTION

Adolescence is a separate stage of development in the contemporary Western culture (Dasberg, 1983; Lipsitz, 1977; Elder, 1975) with specific developmental tasks and issues. Adolescence refers to the entire set of changes in the individual's life occurring between childhood and adulthood, including physical, psychological and social (Hindley, 1983, p. 28). This report, more specifically, concerns itself primarily with young adolescents, those between the ages of twelve and sixteen. The age of twelve years is typically the age at which puberty begins; puberty being defined, biologically, as the phase of development "when sexual maturation becomes evident" (Chilman, 1983, p. 2). Sixteen is the approximate age at which general adolescent tasks shift from establishing independence and a separate identity to more adult tasks such as searching for a mate, setting values, and choosing occupational goals (Chilman, 1983; Lipsitz, 1977). It then follows that the issues of young adolescence, to be addressed herein, concern the establish-

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ment of independence, and the development of a self- and sexual identity.

A more detailed description of these developmental tasks and issues as they apply to emotionally disturbed adolescents and sexually abused adolescents will now follow. The reader interested in these issues as they apply to a more general adolescent population is referred to such authors as Lerner & Spanier (1980), Elder (1975), McCandless & Coop (1979), Jersild (1977) and Gordon (1972).

Two adolescent population groupings - emotionally disturbed adolescents and sexually abused adolescents became the focus of group intervention in this practicum experience. An understanding of the definition and developmental issues specific to both groupings is necessary and is based on a more general understanding of adolescence as a stage of development.

2.2

FOCUS ON ADOLESCENT DEVELOPMENT OF EMOTIONALLY DISTURBED AND SEXUALLY ABUSED ADOLESCENTS

Various definitions of "emotionally disturbed" have been reported in the literature. The specificity of each definition is largely dependent upon

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the population referred to by each author. A general definition will be given here since it encompasses many definitions and since it is the definitions used at the practicum setting.

The term "emotionally disturbed" is interchanged with "behaviourally disordered". These children display antisocial, aggressive, and/or criminal behaviours. More specifically, behaviour problems which they (males, especially) display include: "destroying objects, bragging, displaying hyperactivity, and harrassing others", (Hanson & Henggeler, 1982, p. 117). Anxiety/withdrawal-types of behaviour could also be exhibited, such as: "excessive crying, loneliness, feeling guilty, lethargy and moodiness.... overeating, somatic complaints and running."

Knowles Center, the "source" for the emotionally disturbed population for this practicum states that they serve those who display: habitual running, avoidance behaviour, generally aggressive and destructive behaviour, and chronic chemical abuse.

The adolescent issue of the development of peer relationships is one of the more difficult tasks for emotionally disturbed adolescents. Carrera & Baker

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(1981) and Copeland (1974) state that poor peer relationships are characteristic, for example: short-term relationships, negative relationships, or peers consistently a few years younger or older. This may be related to a common history, in emotionally disturbed children, of frequently being or feeling rejected or isolated (Jersild, et. al., 1979; Smyth, 1982), which is also related to their level of self-esteem - typically low in emotionally disturbed children.

The issue of self-esteem, in relation to the task of developing a self-identity, is especially pertinent to adolescents with emotional disturbances, since they experience low levels of self-esteem (Carrera, et. al., 1981; Jones, 1980). The development of a sexual identity as a central aspect of the development of a self-identity, may be an especially difficult task for emotionally disturbed adolescents (Iacona - Harris, 1981). They may experience more anxieties, or may experience some anxieties to a greater degree, than non-disturbed adolescents. These anxieties may result from feelings and experiences of isolation and alienation from peers, fears or distrust of adults, misconceptions about or a lack of experience of

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appropriate physical contact and care (as a result of a negative homosexual experience, sexual victimization, witnessing of violent sexual activity, or inappropriate adult gender models), and feelings of guilt and shame (Carrera, et. al., 1981; Johnson, 1981; Knittle, et. al., 1980). A fear of intimacy and a lack of (or incorrect) sexual information (re: dating, anatomy, behavioural expectations, contraception, etc.) may be coupled with poor social, verbal, and problem-solving skills which may help to maintain the fears and lack of knowledge. This also helps to maintain the low level of self-esteem and poor self-identity exhibited by emotionally disturbed adolescents.

Related to the development of peer relations and a positive self-identity is the development of verbal, social and coping skills. This is another developmental task which emotionally disturbed adolescents find more difficult. They display a poor ability to identify their own problems and solutions to these problems (Brandes, et. al. 1973; Copeland, 1974; Snyder & White, 1979).

Similar difficulties in adolescent development are evident in the population-groupings of female

2.2 (con't)

sexual abuse victims. In discussing sexually abused adolescents, two terms - sexual abuse and sexual victimization - will be used interchangeably. According to Berliner & Stevens (1982) "sexual victimization is coercive or non-consenting sexual activity" (p. 95). The Manitoba government offers this definition for child sexual abuse within the family:

"Sexual abuse" means any exploitation of a child whether consensual or not for the sexual gratification of a parent or person in charge of a child and includes, but is not necessarily restricted to: sexual molestation, sexual assault, and the exploitation of the child for purposes of pornography or prostitution. Sexual abuse includes "incest" sexual activity between children may constitute sexual abuse if the difference in ages between the children is so significant that the older is clearly taking sexual advantage of the younger." (Manitoba Community Services, 1984.)

Sexual abuse always involves some degree of coercion since children (including adolescents) are unable to give informed consent to a sexual relationship between an adult and him/herself (Finkelhor, 1979; Sgroi, et. al., 1982). The type of coercion involved can include threats, physical force "pressure, misrepresentation of moral standards, exploitation, or simple exertion of adult authority" (Berliner & Stevens, 1982, p. 98).

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A range of sexual activities are included in sexual abuse: forced intercourse (oral, anal and vaginal), fondling of genitals, forced masturbation, pornographic photography, digital penetration, exposure, etc. (For a comprehensive list, the reader is referred to Sexual Offences Against Children, 1984, Vol. I.)

In discussing sexual abuse of adolescents, it is important to make a few comments in regard to sexual exploitation which "involves a continuum of degrees of inequality between partners" (Berliner & Stevens, 1982, p. 98). This inequality can arise from differences in power and authority, finances, sophistication, and/or age. Therefore, it is possible for an adolescent to sexually abuse another adolescent.

A further clarification of definitions concerns the use of the term "adolescent victim". Adolescents who are victims of sexual abuse have not necessarily only been abused in adolescence. Frequently, especially when the offender is a family member, the abuse may have been continuing for 2, 3 or more years (Sanford, 1982; Berliner & Stevens, 1982; Carrera & Baker, 1981; Jones & MacQuiston, 1984). This may be the situation in 80% of cases (Berliner, 1982).

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Therefore, for the purposes of this report, "adolescent victims" will refer to those adolescents who disclosed the victimization in adolescence, not only those victimized in adolescence. It is important to note though, that there is evidence to suggest that females abused only in adolescence or through to adolescence may experience more negative feelings, higher frequency of sexual abuse, and longer duration of sexual abuse than those abused prior to adolescence (Hanson & Henggeler, 1982).

The experience of sexual victimization can directly and indirectly effect specific developmental tasks and issues of adolescent females. Although counsellors/researchers of adolescent victims of sexual abuse refer to these developmental effects, no comprehensive developmental theory, which takes into account sexual abuse in adolescence, has yet been developed (Butler, 1985).

That the experience of sexual victimization does influence the developmental process of the adolescent is supported by such counsellors/researchers as Knittle & Tuana (1980), Berliner (1982), Sanford (1982). A consultation draft by Manitoba Community

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Services (1984) states that:

Sexual abuse, with its misuse or abuse of power and authority, resulting in betrayal of trust and confusion, is believed to potentially lead to permanent developmental differences in the child's ability to establish warm and trusting relationships.

The development of positive peer relationships with members of their own and the opposite sex is a major developmental task of adolescents. Peers are relied upon to provide guidance, support, security, they offer feedback, help to define acceptable behaviour and values, legitimize behaviour and provide information (Berliner, 1982; Knittle & Tuana, 1980; Gottlieb, 1981). Victims of sexual abuse typically feel alienated and isolated from peers (Mills, 1985; Blick & Porter, 1982; Groth, 1978; Knittle & Tuana, 1980; Sanford, 1982; Thornburg, 1970; Berliner, 1982). This sense of isolation may be escalated by the resulting behaviour of the victims and reactions of rejection to them by their peers. These behaviours can include: prostitution, drug abuse, delinquency, displays of pseudo-maturity, passivity (Blick & Porter, 1982; Thornburg, 1970). Thus, support, security, information and feedback is further reduced.

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The adolescent task of the development of social and relational skills is related to the development of peer relationships since social skills are required to establish friendships and other relationships.

Because of low self-esteem, a lack of trust, feelings and experiences of isolation, etc., adolescent sexual abuse victims may display poor social skills (Blick & Porter, 1982; Knittle & Tuana, 1980; Thorman, 1983) or inappropriate social skills such as seductive, provocative, or psuedo-mature behaviour (Gottlieb, 1981; Blick & Porter, 1982; Sanford, 1982).

A second major task of adolescent development made difficult by sexual abuse is the establishment of a positive self-identity (Erikson, 1968, 1980; Knittle & Tuana, 1980; Berliner, 1982). Goals, values, standards, etc. become difficult to define: "A sexual assault experience may compound the confusion about roles, responsibility and sense of self, which is a part of adolescence" (Berliner, 1982, p. 12). This development of a self-identity is accomplished in relation to others, especially peers (Brandes, 1974;

2.2 (con't)

Erikson, 1968; Berliner, 1982); again, this is more difficult because of the isolation from peers.

A central aspect of the development of a self-identity is the development of a sexual identity, according to many authors (Erikson, 1968; Chilman, Gilchrist & Schinke, 1983; Jackson, 1982; Lerner, et. al., 1980). DeLevita (1984) reports that this is the first task of adolescence. Briefly, this includes the development of one's own sexual attitudes, gender identity, social-sexual roles, sexual knowledge (eg. reproduction, anatomy) and skills and the incorporation of a new body image. Since few adolescents "have reached full maturity in psychosexual development" (Berliner, 1982, p. 13) an experience of sexual victimization can, once again, "compound the confusion".

The sexual aspect of the abusive experience may heighten the difficulty of development (Knittle & Tuana, 1980) by: instilling fear of all sexual relationships and experiences; creating a "need" or "desire" for sexual stimulation prematurely in the adolescent (according to society's standards of maturity); adding to the isolation the adolescent experiences because of her embarrassment with sexuality and her

2.2 (con't)

sexual experiences (Berliner, 1982). Furthermore, the victim may view herself, sexually, as someone who satisfies others, she may not be able to relate to males or others in a non-sexual, affectionate manner (Gottlieb, 1981; Sanford, 1982; Knittle & Tuana, 1980; Thorman, 1983). She may tolerate abusive boyfriends (Silbert & Pines, 1983), or may have difficulty in deciding with whom to have sex, when, and why (Thorman, 1983; Erikson, 1980). Her body image may be distorted negatively (Blick & Porter, 1982), viewing herself as being "bad, ugly, or damaged because of the abuse" (Berliner & Stevens, 1982, p. 103). She may also view her sex role as being passive and non-assertive (Blick & Porter, 1982; Selbert & Pines, 1983). Added to this view of herself, the victim may have misconceptions of sexual functioning and her own body (Blick & Porter, 1982; Thorman, 1983).

Another element of establishing a self-identity which can be made more difficult by an abusive experience, is that of trust; trust in one's self and in others (Erikson, 1968). The adolescent may develop a "basic mistrust", especially of adult authority (Berliner, 1982), so that she/he trusts "nothing but

2.2 (con't)

mistrust" (Erikson, 1980, p. 144). Specifically, the adolescent victim may feel betrayed: by a mother who does not protect her; by the abuser, who exploited or used her, by others who did not believe her or support her (Hanson & Henggeler, 1982) and by herself, for not taking responsibility in stopping the abuse. This lack of trust, as one element of a negative self-identity and low self-esteem can result in feelings of isolation, confusion of reality and their social roles, problems of intimacy and industry of accomplishment (Erikson, 1968, 1980). In Erikson's words (1980, p. 135) the adolescent may experience:

1. an inability to "repudiate, to ignore, or to destroy" those people and pressures who seem a threat;
2. a "sense of isolation, a disintegration of the sense of inner continuity and sameness (i.e., trust in self); a sense of over-all ashamedness; an inability to derive a sense of accomplishment from any kind of activity"; and,
3. may limit experimentation of different activities (p. 138) and roles (p. 155).

Independence or autonomy from adult authority is another developmental issue of adolescence, made more difficult by the experience of being sexually abused (Berliner, 1982; Gottlieb, et. al., 1981;

2.2 (con't)

Knittle & Tuana, 1980). The difficulty is increased because:

1. the offender may be restricting the victims contact with peers (Knittle & Tuana, 1980; Sanford, 1982);
2. the victim may feel isolated from peers who could provide the alternative resource to be dependent upon; and,
3. she cannot trust the adults (i.e., parents) on whom she must stay dependent (Berliner, 1982; Sanford, 1982; Thorman, 1983).

In summary then, the developmental tasks and issues of adolescence which are made more difficult by sexual abuse include: the development of peer relationships, the development of social and relational skills, the establishment of a positive self-identity, with the establishment of a sexual identity as its central aspect, the development of trust as another important element, and the development of independence and antonomy.

Since the issue of the establishment of a sexual identity is a central aspect of the establishment of a positive self-identity, the discussion will now turn to this aspect of adolescent development, as it pertains to the population-groupings chosen for this practicum.

2.3 SEXUAL ISSUES OF DISTURBED AND ABUSED ADOLESCENTS

Chilman's (1983) definition of human sexuality includes the:

"physical characteristics and capacities for specific sexual behaviour, together with psychological learning, values, norms, and attitudes about these behaviours, ... (also) a sense of both gender and sexual identity and related concepts, behaviours, and attitudes about the self and others as masculine or feminine persons in the context of society" (p. 2).

Adolescent sexuality is seen by Chilman (1983) as the "major or basic concern of, and about adolescents" (p. 5), because the process of maturing requires adolescents to incorporate biological, psychological, and interpersonal changes into their image of themselves as people with separate identities.

2.3.1 RATIONALE FOR SEXUALITY EDUCATION FOR ABUSED AND DISTURBED ADOLESCENTS

That the issue of sexuality and the development of a sexual identity are central to adolescence has already been established. The issue becomes even more significant for abused adolescents when one becomes aware of the high rates of re-victimization (sexually and physically) of these adolescents (Russell, 1985). Erikson states that disturbed

2.3.1 (con't)

adolescents may "seek intimacy with the most improbable partner" (1980, p. 134) or "throw himself into acts of intimacy which are promiscuous" (1968, p. 135). Berliner (1982) and Wicki (1984) explain the re-victimization as being a result of these adolescents' poor judgment. This is also supported by Thorman (1983) who explains that intrafamilial victims often have difficulty in deciding with whom to have sex, when, and why. She may tolerate abusive boyfriends/husbands and/or may enter into teenage prostitution (Silbert & Pines, 1983).

Wicki (1984) states that abused, disturbed adolescents express their feelings of over-responsibility for others' feelings and their own negative self-image through sexual activities and further victimization.

The need for sexuality education for abused and/or disturbed adolescents is based upon issues or needs specific to this population, as well as those pertinent to the general adolescent population.

Firstly, as was stated earlier, sexually abused adolescents often feel damaged by the abusive experiences. Since abused, disturbed and "normal"

2.3.1 (con't)

adolescents have misconceptions of sexual functioning and sexual anatomy, sexuality education can provide correct information and can serve to "normalize" the common misconception and fears of their own bodies, its biological functions, etc. (Knittle & Tuana, 1980; Blick & Porter, 1982; Thorman, 1983; Berliner, 1985).

Sex roles are one aspect of sexuality. The sexually abused adolescent may view their sex roles as being passive (Knittle & Tuana, 1980; Silbert & Pines, 1983). On the other hand, she may view herself as someone who satisfies others, and may not be able to relate to males or others in a non-sexual, affectionate manner (Gottlieb, 1981; Sanford, 1982). This aspect of sexuality--sex roles and age-appropriate behaviour would be a suitable focus of sexuality education. Disturbed adolescents, with a likely history of abuse, frequently view the male sex role as: "macho", aggressive, dominant; have misconceptions of age-appropriate sexual behaviours; and may have misconceptions of the level of violence or coercion necessary (Silbert & Pines, 1983). Also, the adolescent may have had a homosexual experience and may fear that he is homosexual (Herold, 1984; McCandless & Coop, 1979).

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Sexuality education could focus on correcting these misconceptions of disturbed adolescent boys.

Because of the current characteristics of adolescent sexual behaviour (i.e., high level of sexual activity and the decreasing age at which sexual experimentation is begun) (Gilchrist, 1983), birth control becomes a relevant issue of sexuality education (Herold, 1984). This is also a necessary topic because of the frequent misuse, or total lack of use of birth control, resulting in higher rates of adolescent pregnancies.

2.4 SUMMARY

In summarizing the above discussion, early adolescence can be viewed as a stage of development with its own specific issues and/or tasks. These issues, and/or tasks which effect the general adolescent population, have specific implications for the emotionally disturbed and sexually abused population. Included in this list of effected developmental tasks is: the development of positive peer relationships, development of social and coping skills, establishment

2.4 (con't)

of a positive self- and sexual-identity, and the establishment of independence.

The importance of the issue of sexuality in the development of sexual- and self-identity was clarified. In the adolescent's development of a sexual identity, one must take into consideration the adolescent's information on sexual functioning and anatomy, sex roles, perception and expression of this knowledge, and birth control. Abused and disturbed adolescents' misconceptions, negative perceptions, and lack of information on sexuality provided a rationale for sexuality education for emotionally disturbed adolescents.

Social group work could provide a vehicle in which the developmental issues and tasks of disturbed and abused adolescents could be addressed. This report will now turn to a study of social group work as a suitable interventive strategy to address these tasks and issues.

CHAPTER 3 SOCIAL GROUP WORK

3.1 INTRODUCTION AND GENERAL DISCUSSION

Since the major thrust of this practicum was to utilize social group work as an interventive tool with two specific adolescent population-groupings, it is important to gain a clear understanding of social group work. The definition of social group work, as presented by Hartford (1972), is "a collective of individuals participating with each other and with a worker to accomplish some specific objectives by being together". Konopka (1972) defines social group work as:

"a method of social work which helps persons to enhance their social functioning through purposeful group experiences and to cope more effectively with their personal, group, or community problems" (p. 15).

Wilson (1976) clarifies group work by making a distinction between "group work as a field, group work as a process, and group work techniques". Her definition is as follows:

"Group work is a term which describes a process: (1) which helps "normal" people to live more effective lives; (2) of service to people which prevents them from having "troubles"; and (3) through which society is forced to change with social situations which are harmful to people."

3.1 (con't)

Definitions of social group work often contain, within themselves, purposes for social work groups. For example, the following purposes are specified in the above definition: helping "normal" people to live more effective lives, preventing people's "troubles", and changing societal situations. Further purposes of social group work, as listed by Alissi (1980), are to: meet developmental needs, facilitate rehabilitative and corrective goals, and to provide positive peer group experiences. Coyle (1930) sees group work as potentially offering individuals the opportunities to develop interpersonal relationships, develop social skills, and problem-solving. According to Hartford (1972) and McBroom (1976), social group work serves various purposes, such as: socialization of rules and patterns of behaviour, development of self-concept, education and learning, problem-solving, and behaviour changes. Heap (1977) and Omstead (1959) view social group work aims as: alleviating social isolation, increasing social learning, and teaching problem-solving. Groups also help in the practice or rehearsal of new behaviour (Henry, 1981). Northen's (1976) view of group work is that it provides the

3.1 (con't)

context and means for problem-solving and goal achievements with the purposes of treating and preventing social relationship problems. Other purposes and/or benefits of social group work are to provide: mutual aide and support (Schulman, 1979; Raubolt, 1983), a "safe atmosphere for self-disclosure", and the opportunity for the development of relationships with authority figures (Raubolt, 1983; Berkovitz & Sugar, 1975).

Much of the literature on group work intervention avoids making clear distinctions between social group work and group psychotherapy. This lack of clarity has been helpful in that there has been a mutual, positive influence of the bases of group theory upon each other; but, in the process, there has become a distinction between the two. Addressing this issue, Lang (1979a; 1979b) lists distinguishable aspects of which the most noteworthy are: 1) social work groups begin with a purpose, structure, task, and leadership, whereas psychotherapeutic groups are often free of these at the outset; 2) social group work relies on the group process (example, structures, tasks, cohesion, etc.) as a major therapeutic agent, whereas psychotherapy groups rely on the therapeutic process as

3.1 (con't)

the major therapeutic agent; 3) the focus of "therapy" is not necessarily on the interaction between members in social group work, unlike that of psychotherapeutic groups whose emphasis is on each member being "the means" or "vehicles" through which other members meet their therapeutic goals; and, 4) the role of the social group work leader is more direct and central to the facilitation of the group process, while the role of the group psychotherapist is that of an expert or non-involved "interpretor" of group interaction.

The definitions and purposes presented thus far have been very general social group work definitions and purposes, with clarifications made by Lang (1979a, 1979b). A lack of clarity may exist in the attempt to integrate social group work, its goals, purposes, theoretical frameworks, and models of practice. Toseland & Rivas (1984) begin to address some of these aspects in their definitions of group work practice.

3.2 A SOCIAL GROUP WORK MODEL: TOSELAND & RIVAS

Toseland and Rivas' (1984) theoretic model of group work practice integrates theory with practice of

3.2 (con't)

social work groups. Because this model is presented simply, and yet comprehensively as well as theoretically and yet practically, it was chosen as the basis for this practicum.

In building their model for social group work practice, Toseland and Rivas define this practice as:

"Goal-directed activity with small groups of people aimed at meeting socio-emotional needs and accomplishing tasks. This activity is directed to individual members of a group and to the group as a whole within a system of service delivery" (p. 12).

The components to be highlighted within this definition include the following: 1) "goal-directed activity", the purpose of which may be to educate, help members socialize or help members grow; 2) "small" groups, allowing face-to-face interaction, the exchange of thoughts, feelings, and ideas, and the indication of being a member of the group; 3) treatment and task groups, referring to the purpose of the group; 4) a dual focus on each individual and the group as a whole; and, 5) the existence of the group "within a system of service delivery" such as an agency system.

The overall purpose of treatment groups, according to Toseland & Rivas' (1984) definition, is to

3.2 (con't)

meet members' socio-emotional needs. The specific primary purposes of treatment groups are: education, growth, remediation, and/or socialization. Toseland & Rivas (1984) developed a typology of treatment groups, based on these primary purposes, with six characteristics common to all types, but varying in emphasis or degree of emphasis of each characteristic, between the group types.

The first characteristic listed by Toseland & Rivas (1984) is that of the "bond" between members, which is based on common needs and situations. Through group interaction, roles are developed; this is the second characteristic. Patterns of communication are characteristically open and occur between members, and the members and group leader(s). The fourth characteristic is that of group composition; individuals are brought together (or come together) because of common problems (for example, disruptive classroom behaviour), concerns (for example, coping with testifying in Court), or characteristics (for example - sexual abuse). The level of self-disclosure is the fifth characteristic. Evaluation of the outcome of group treatment is the sixth characteristic with the measure

3.2 (con't)

of success being based on the meeting of treatment goals.

In integrating these six characteristics into the typology of treatment groups, Toseland & Rivas (1984) illustrate the uses and differences of groups, according to the different primary purposes.

In utilizing Toseland & Rivas's model of group work in this practicum report, ensuing chapters will integrate the theoretical framework with its practical implications. That is, the "theory" of group work, group phases or stages of development, and six general characteristics will be applied to the specific groups conducted in this practicum.

3.3 ADVANTAGES AND DISADVANTAGES OF GROUP WORK

Prior to the application of the specific group work model, it is important to briefly list the advantages and disadvantages in utilizing social group work.

According to Schulman (1979), groups offer members the opportunity to realize they are not alone

3.3 (con't)

with their problems and concerns. Treatment groups "also give members the opportunity to help others by being supportive, giving feedback, making helpful suggestions, and providing information" (Toseland & Rivas, p. 8). These opportunities are not available in individual treatment. Also limited in individual treatment are opportunities to rehearse and learn new behaviours and skills through role playing or practice opportunities. An additional advantage is that members may, through others' experiences, learn about themselves.

Disadvantages of treatment groups include the potential for members to: conform to others' behaviour, encourage dependency on others, scapegoat individuals, respond unsupportively to other members, and/or focus primarily on the more verbal members.

Northen (1982) states that group treatment is the treatment of choice for adolescents due to the opportunity for peer feedback. It is also recommended for those who have difficulty with relationships and who are at least somewhat able to communicate with others.

CHAPTER 4 SOCIAL GROUP WORK APPLIED: GROUP 1,
 EMOTIONALLY DISTURBED ADOLESCENTS

4.1 EMOTIONALLY DISTURBED ADOLESCENTS IN
 SOCIAL WORK GROUPS - LITERATURE REVIEW

Social group work with emotionally disturbed adolescents can be an especially suitable interventive tool in relation to adolescent developmental tasks and issues. Since these developmental tasks and issues are more problematic for emotionally disturbed adolescents than for better-behaved and better-adjusted adolescents (Iacono-Harris, 1981; Erikson, 1968, 1980). Poor peer relationships are characteristic (Carrera and Baker, 1980; Copeland, 1974) and the group structure can provide a safe environment in which to develop peer relationships and the skills required to do so (McCandless, et. al., 1980). Also, with a history of frequent rejection or isolation (Jersild, et. al., 1979; Smyth, 1982) the group can offer the opportunity for "belonging" (Brandes, 1973) and gaining a positive identity within a peer group (Brandes, et. al., 1973; Copeland, 1974).

Emotionally disturbed adolescents display poor verbal, coping, and social skills (Copeland, 1974; Dozier, Lewis, Kesey, and Charping, 1978). In a social group work setting, communication and coping skills can be learned through various activities and the modelling

4.1 (con't)

provided by peers and leaders (Clifford, et. al., 1980; Lievano, 1970; Raubolt, 1983). The structure of the group setting also provides a "practice arena", allowing for the rehearsal of these new skills (Abel, et. al., 1983; Raubolt, 1983). Furthermore, the opportunity to provide feedback, as well as the feedback given by peers and trusted or non-threatening adults, would aide in the attainment of these skills (Corder, et. al., 1981). The acquisition of these new skills, or improvement in the use of these skills, would also lead to an increase in self-esteem (Ragg, et. al., 1982).

Following Toseland & Rivas' (1984) typology of treatment groups, as applied to a sexuality educational group for emotionally disturbed boys, would result in the following specific characteristics. Firstly, the primary purpose would be two-fold: education and growth; education of sexuality (defined in Section 5.1) and growth in awareness of values, goals, expectations, and a more positive self-identity. The leadership role would be to educate, provide structure, facilitate learning and participation, and model appropriate attitudes (for example, acceptance of others'

4.1 (con't)

questions and values) and behaviours (for example, use of appropriate sexual terms, acceptance of one's own sexuality). The focus of the group would be to increase the knowledge of individual members, and the group-as-a-whole, of human sexuality and their individual sexuality. The group bond would be based on the common goal to increase the members' knowledge and understanding of sexuality. Group members would be of the same developmental level, have similar academic and behaviour difficulties, and would have similar levels of previous sexuality education. This would describe the composition of the group. The predominant communication pattern would be from leader to members, with some opportunity for member to leader communication (for example, questions being asked). Self-disclosure would occur infrequently as the purpose of the group would be educational in nature.

The Toseland & Rivas' theoretical framework as applied to a population-groupings of emotionally disturbed adolescent boys, is described above. This practical application was carried through at Knowles Centre and will be reported on in the following pages.

CHAPTER 4.2 SEXUALITY EDUCATION FOR EMOTIONALLY
DISTURBED ADOLESCENT BOYS

4.2.1 SETTING

This group was conducted at Knowles Center, a residential and day treatment program for eleven to sixteen year old adolescents, both male and female. All have been labelled as emotionally and/or behaviourally disturbed. The goal of Knowles Center is to provide intensive, individualized, therapeutic intervention to enable the adolescents to return to the community. The agency, an independent, non-profit agency, offers the following aspects to their overall program: an individualized educational program, recreation, outdoor education, and residential and day treatment (which could include family, individual, and group therapy).

4.2.2 CLIENT GROUP

The practicum group consisted of five early adolescent boys, ages 12 to 14. Criteria for membership in the group were: 1) being at the developmental level of early adolescence; and 2) having received no previous sexuality education at Knowles Center. Selection of membership was made in conjunction with each

4.2.2 (con't)

adolescent's case manager. Four of the five boys were native and in residential care; the other member, non-native, was in the day treatment program. Academically, no member functioned at his age-appropriate grade level.

4.2.3 DURATION

Preparation for this group began in August of 1984. Although nine sessions were planned and scheduled, seven were conducted weekly between November of 1984 and January of 1985, with a 3-week Christmas break between Session 6 and 7. Sessions were 60 minutes in length.

4.2.4 LOCATION

All seven sessions were conducted in the Family Therapy room at Knowles Center. The room is very spacious and contains numerous chairs, ottomans, end tables and extraneous pieces of furniture. The room had an attached video-taping/equipment room with a one-way mirror between the two rooms.

4.2.5 CO-LEADER

The co-leader of this group was Judith Hale (M. Ed. Psychology), a member of the treatment staff of the agency. She was the case manager of one group member, had no formal contact with the other group members, and was unfamiliar to them.

Leadership roles were discussed prior to the group's start, with the agendas, topics, activities and primary leadership being the responsibility of the student and the co-leader providing support and suggestions.

4.2.6 RECORDING/EVALUATION

Relevant information was recorded throughout the group. Both co-leaders completed the Session Evaluation Form (see Appendix A) after each weekly session. No group sessions were video-taped since the equipment was rarely in working condition, nor was it accessible prior to any session.

A written evaluation form, to be completed by group members, was designed as an overall evaluation tool (see Appendix B). Due to the low reading level and short attention span of the group, this evaluation

4.2.6 (con't)

was conducted verbally, in a group discussion.

A record of attendance of group members was maintained. The rationale for this was based on the assumption that the more regular the attendance, the greater the likelihood of participation and increase in knowledge and awareness of sexuality.

To assess the effectiveness of the intervention, the utilization of a quasi-experimental design (Reid & Smith, 1981) was planned. Two specific instruments were chosen to do this. Firstly a Sexual Knowledge Questionnaire was designed (see Appendix C) and utilized as pre- and post-test measures. No reliability and validity measurement standards had been set for this tool. Knowles Center staff involved in sex education approved the questionnaire and its validity.

The second measure chosen was the Piers-Harris Self-Concept Scale for Emotionally Disturbed Children. This standardized measure is administered to all Knowles Center students at regular intervals, three times per year. It is administered by Knowles Center staff for the purpose of their evaluation of the treatment program. A copy of the scale was not made available to the student. The autumn scores will provide

4.2.6 (con't)

the pre-test measurement; January results were to provide post-test scores, and April scores were to provide the follow-up scores. Only September and March scores were actually available.

A "pure", no treatment control group was not available, since all other early adolescent males at Knowles Center had received sex education prior to this intervention. However, the student's plan was to analyze the scores of this treatment group in comparison to the scores of the Knowles Center not in this treatment group (see Table 1, page 52).

CHAPTER 5 PRACTICUM EXPERIENCE: THE EMOTIONALLY
 DISTURBED BOYS GROUP

5.1 OBJECTIVES

The objectives of this group were to:

- a) provide information on human sexuality;
- b) increase the adolescent's understanding of human sexuality and their own sexuality (ie., anatomy, values, beliefs, sex role expectations, etc);
- c) to provide a positive peer-group experience;
- d) to increase the students knowledge of skills in sex education.

5.2 GROUP DEVELOPMENT

5.2.1 THE PLANNING PHASE

Certain elements of the planning phase have previously been briefly described (Ch. 4) as the establishment of the group's purpose(s), assessment of membership, "recruiting" of members, and composition of the group.

The orientation of members to the group took place the week prior to the start of group sessions. The purpose of the group was explained to them individually, as was the fact that this was a required portion of their curriculum. Group procedures were outlined to them (ie., group rules, rules and consequences for behaviour, session outlines, etc.). A general

5.2.1 (con't)

outline of the agenda for sessions was presented to them (see Appendix I). Contracting for group procedures also took place at this time. Contracts were verbally agreed upon, and followed the written contract as illustrated in Appendix D.

Through questioning, it was found that only one adolescent remembered having received any sex education prior to attending Knowles. Each member was given the opportunity to ask questions; none had any which related to the group. A majority of the adolescents announced that they would not be attending, even though they knew their membership was not optional. This was an early indicator of the resistance to participate which continued throughout group sessions.

Behaviours exhibited during these pre-group interviews included: high levels of distractability, short attention span, interrupting, fidgeting, asking non-related questions (example, "Can I have this pencil?"). It was difficult to maintain a focused discussion, even in this one-to-one setting.

5.2.2 THE BEGINNING PHASE

The specific goals of the first session were to:

- a) introduce members and leaders to each other;
- b) have members understand the purpose of the group, roles of the leaders, rules for behaviour, etc.;
- c) explain this student's role and purpose within the agency and in the group;
- d) allow members the opportunity for input;
- e) allow group members to begin to experience a group identity.

Right from the start of the meeting it became apparent that many adjustments needed to be made due to members' disruptive behaviour. Their expectations of the group and its purpose greatly differed from the students' plans, expectations and purpose. The major goal of the members was to receive "sex" education rather than "sexuality" education.

Members perceived "sex" education to include: anatomy, reproduction, intercourse, fetal development and pubertal changes. They were not interested in self-awareness, values, sex roles and gender identity, relationships, etc., even when presented in various ways, through various activities.

Tasks and activities had been planned to introduce individuals in the group, increase group cohesiveness, and improve self-esteem. These planned

5.2.2 (con't)

activities included: members interviewing each other, playing a Name Game, and a brief discussion of future goals. The behaviour of the members were so disruptive, and attention spans so short, that only one portion of the exercise designed to have members interview each other was completed during this session.

The disruptive behaviours were indications of the lack of trust male members felt toward female leaders. This was largely due to the fact that very little contact and rapport had been established with these adolescents who were slow to trust adults. Also, with the exception of the co-leader and one member, no significant relationships had been established to allow the members to feel "safe" enough to trust two female leaders. As well, the disruptive behaviour indicated the great unease of members in discussing an issue to which they were very sensitive. Their valued "tough", "knowledgeable", "sexually experienced" self-images, whether based on knowledge and/or experience, fact or not, were at risk if they were to seek answers to their questions.

5.2.3 THE MIDDLE PHASE

The middle phase consisted of sessions two (partially) through six with Christmas holidays coinciding with the end of this phase. It was during this phase that it was decided to reduce the number of sessions to seven rather than the original nine due to the continued high degree of activity and unwillingness to participate displayed by members. Attendance at sessions varied from three to five members due to members being "on the run" or absent from school. The coleader was also absent two sessions which affected the groups' behaviour and anxiety level by increasing it; this increased the disruptiveness of their behaviour.

Objectives for this middle phase included:

- a) increasing members' knowledge of sexual information (ie., reproduction, birth, anatomy, vocabulary, etc.);
- b) increase members' self-awareness (ie., beliefs, values, sex role expectations);
- c) reduce fears (ie., re: homosexuality, normalcy of developmental differences);
- d) improve self-esteem, self-awareness;
- e) increase the level of trust of members for leaders.

As in the beginning phase, many changes were made. Changes were made throughout the middle phase to meet the needs of the group. Session agendas and goals were re-defined and activities were re-designed. The

5.2.3 (con't)

group continually displayed discomfort with the topic, although the level of discomfort varied within and between sessions. Their pre-set notion that sex education concerned only concrete sexual issues remained firm. They were unwilling to participate in any discussion or activity not within their definition of sex education. Their discomfort and unwillingness was evident by such behaviours as: self-stimulatory activity, verbal and physical aggression, distracting others, name-calling, defiance of authority, etc.

Testing of the leadership roles also continued throughout sessions. Personal questions regarding the daily sexual activities of the leaders arose. The student was accused of lying when group members expected to see a film. Both leaders were accused of not answering members questions on sexual information, even though the information may have been repeated on more than one occasion, through films and discussions.

Group cohesiveness was not entirely absent. Low levels of group cohesiveness and trust did occasionally become evident through such behaviours as: self-disclosing comments, expression of fears held in common with other group members (ie., re: homosexuality, being sexually attacked), listening to others'

5.2.3 (con't)

questions, and focusing on the presented topic for longer periods of time.

Group cohesiveness was made more difficult to achieve by inconsistencies which occurred across group sessions. Examples of this include: the absence of the co-leader on two occasions; inconsistent attendance of members; inability to gain access to the meeting room prior to the scheduled start of meetings, resulting in rearranging of furniture, etc., during group time; and conflict in schedules of the Knowles Center staff and facilities.

Due to the members' inability to attend to, and participate in, discussions for extended periods of time (ie., frequently less than five to ten minutes), and their unwillingness to participate in activities, extensive use of audio-visual resources were made. These resources were helpful in: focusing on a topic for discussion, presenting information in an interesting and impersonal manner, and providing information in a visual as well as verbal manner.

Group leaders were scheduled to meet prior to and following each session to clarify goals, agendas, tasks, strategies, etc., and to review and evaluate the

5.2.3 (con't)

preceeding session. These meetings were of great value in preparing for group sessions and allowed co-leaders to encourage each other as well. They were not consistently held which would have contributed to a more cohesive leadership unit as well as an improvement in the flow of individual sessions.

There was some movement towards the achievement of group goals. Members' use of correct vocabulary of sexual terms, the ability to attend to specific topics for longer periods of time, relatively non-disruptive behaviour during a fifteen minute wait for the film projector to work, and self-disclosing statements were all examples of the movement toward the achievement of the goals of increasing knowledge and vocabulary, of sexual anatomy and physiology.

The goal of increasing members' self-awareness of their own sexuality was achieved only minimally in that they indirectly expressed their fears related to homosexuality and sexual abuse. Values, beliefs, and other areas of self-awareness were strongly, negatively responded to by group members, through disruptive behaviour and verbalization (ie., "We don't want to know that!"). This resulted in this student's

5.2.3 (con't)

changing agendas such that this goal was never formally addressed in a structured, scheduled manner. This aspect was so strongly rejected by group members, and the group appeared to have reached a "saturation plateau", in receiving sexual information, adding weight to the decision by the co-leaders to reduce the total number of sessions to seven.

The author feels that the goal of providing a positive peer group experience was not achieved. This was evident in the low level of cohesion, inconsistent attendance, individual members' continued physical and verbal aggression toward other members, and members' basic inability to function behaviourally in a group, as a group at that plateau in their development.

The peer group experience, therefore, became one in which the "norm" was for members to verbally insult and physically threaten each other. Willingness to participate was hampered, in turn hampering the potential for learning and the building of trust between all group participants.

5.2.4 THE ENDING PHASE

Although the decision to reduce the number of sessions was mutually agreed upon by the co-leaders, termination was relatively unplanned. Due to miscommunication, group members and Knowles Center staff were unaware that a final session (number seven) would be held. The termination session was attended by all five members, the student, and a child-care worker of the agency well known to a majority of the group, who was replacing the co-leader for the session.

The objectives for this termination session were the following:

- a) review pubertal changes with the use of the film "Am I Normal?";
- b) evaluation of group sessions; and,
- c) say "good-bye".

The first objective of the session was accomplished. The film was a very useful tool in consolidating information already learned.

The objective of evaluating group sessions was achieved to a small extent. The Sexual Knowledge Questionnaire (Appendix C) was completed to some extent by all group members individually, without the aide of someone reading the questionnaire to them. The film projector did not function correctly for the first

5.2.4 (con't)

fifteen to twenty minutes of the session. This used up time required to read the questionnaire as well as view the film "Am I Normal?". Because of the low level of reading ability, the student decided against the use of the written evaluation form (Appendix B) and opted for a verbal evaluation which followed the form shown in Appendix E. Little feedback was provided by group members and some criticisms/suggestions were inconsistent with previous criticisms made throughout the other phases of the group.

Testing of the leadership was, for the most part, not apparent in this session. Although typically characteristic of the ending phase, an alternative explanation could be that the child-care worker present was in an accepted position of authority over the member (as perceived by the members) resulting in less testing behaviour.

5.3 EVALUATION OF THE INTERVENTION

5.3.1 SEXUAL KNOWLEDGE QUESTIONNAIRE

An accurate evaluation could not be assessed over time with the use of this measure because of the poor "test-taking" behaviour of each group member at the point of termination. Despite this, certain evaluative comments, more subjective in nature, were made. Some improvement was notable, evidenced by:

- a) member A - refused to even look at the questionnaire during the pre-test; during post-test he did look at it, but warned everyone he wasn't going to answer it;
- b) member B - scores improved over the sections of the questionnaire which were read to him (Part A, pre-test = 1/10, post-test = 4/5);
- c) member C - all pre-test responses were "Don't know". He half-heartedly attempted 25/30 items and scored 7/30.

The most concrete evidence for an increase in sexual knowledge of the group members was a minimal retention and use of sexual knowledge and vocabulary displayed during sessions six and seven.

5.3.2 PIERS-HARRIS SELF-CONCEPT SCALE

The intent of utilizing members' scores on the Piers-Harris Self-Concept Scale for Emotionally

5.3.2 (con't)

Disturbed children, was to investigate the possibility of a change in members' scores, over time, in relation to the intervention.

A two-tailed test was utilized to analyze the results. Table 1 (page 52) shows the change in scores from September (just prior to the first session) to March (two months after the final session). Results were not significant at the .05 level. That is to say that the members' scores on the self-concept scale did not significantly change in relation to the sexuality group intervention.

Various explanations could account for this finding. Firstly, as a small portion of the total treatment program for group members, this intervention was limited in its overall effect on group members' self-concept. Secondly, it could be that the treatment program, in general, was not meeting members' needs which would result in an improvement of their scores. Thirdly, the severity of the emotional disturbances of the population could require a longer time frame before changes in scores would be detected. A fourth explanation would be that the size of the population was not large enough for results to reach significance.

TABLE 1

Members Scores on the
Piers-Harris Self-Concept Scale

<u>Member</u>	<u>Scores</u>		<u>Change</u>
	Sept., 1984	March, 1985	
A	20	58	+ 38
B	65	72	+ 7
C	40	38	- 2
D	55	65	+ 10
E	55	56	+ 1

5.3.3 OVERALL SESSION EVALUATION FORM

As was stated earlier, this evaluation was conducted in discussion-style, as a group, rather than in written form by individual members. This was due to a change in session topics and the low level of reading comprehension.

Results of this discussion, which followed the outline in Appendix D, indicated that:

- a) the favourite films were "Am I Normal?" and "Miracle of Life";
- b) group members wanted more information on the female body;
- c) the Magnetic Anatomy Board was helpful during the discussion of conception, fetal development, and birth.

5.4 STUDENT OBSERVATIONS AND RECOMMENDATIONS

Observations and recommendations will be divided into three areas of focus:

- a) pre-group preparations;
- b) group environment;
- c) group structure and agenda.

5.4.1 PRE-GROUP PREPARATIONS

The most significant observation to be made, based on the general lack of success of this group, was

5.4.1 (con't)

the importance of pre-group preparation. A wide variety of specific aspects of pre-group preparation effected the success of the group, its goals, and the leaders' role and ability to facilitate the achievement of group goals. The specific aspects which appeared to influence the outcome of this group will briefly be mentioned, with its recommendations for improvement.

Firstly, the criteria for group membership was based on the lack of previous sex education received at this agency. Although this was a logical basis for inclusion, negative effects resulted. The group was "overly homogeneous" in terms of:

- a) aggressive, acting-out behaviour;
- b) unwillingness to participate; and,
- c) inability to function co-operatively in such an educational group setting.

Added to this dysfunctional degree of homogeneity was the students' underestimation of the severity of the disruptiveness of members' behaviours.

Recommendations for improvement upon these observations include:

- a) criteria for membership to include an assessment of potential members' abilities to function within a group and as a group;
- b) a level of heterogeneity in term of displayed behaviours of members (examples include passive, as well as, active members, interested

5.4.1 (con't)

- and non-interested members; and members with varying abilities to participate and function within the group);
- c) provide the practicum student with an orientation to the agency and staff, including the agency treatment philosophy, strategies for behaviour management, etc.; and,
- d) allow the practicum student access to members' files to increase the student's awareness of the members' histories, their emotional and behavioural difficulties, as well as agency goals for them.

Toseland & Rivas have made the statement that groups are "contraindicated for people whose behaviour is so alien to others that it results in negative rather than positive interactions" (p.9). This statement should also be taken into consideration when planning a group for severely behaviourly disordered children. The consideration for inclusion of members should also take into account the willingness of members to participate in the group. Members may require time and encouragement to "buy into" the group. If they do not do so, their resistance will not recede.

During the first session, it became apparent that the pre-group contact had not been comprehensive enough to: alleviate fears of attending, portray accurately the purpose of the group, and outline the expectations for group behaviour. To improve upon this, it is recommended that:

5.4.1 (con't)

- a) the name of the group be changed such that "sex" not be in it since this invoked fears, uncertainties, and incorrect expectations for session topics, and restricted the types of activities in which members were willing to participate. Examples of alternative names are: "Growing Up", "The Growing Body", "Teen Awareness", etc.;
- b) ensuring that, whatever the name used for the sexuality education, the members feel at least a minimal level of comfort and assurance to enable them to focus on a subject to which this population is very sensitive;
- c) time and effort be spent in developing relationships between each member and leader, prior to the onset of the group. This would reduce the lack of trust members feel toward leaders, reduce the level of testing of authority, increase rapport, and so on, greatly reducing the need to initiate during this group.

In focusing on the specific topic or purpose of the group it must be remembered that individual members need to be prepared for the specific topic. That is, pre-group preparation would also need to focus on the readiness level of members to participate on the topic such that members would feel comfortable in staying on topic and participating in discussions or activities.

The sex of the co-leaders - both female - may also have contributed to the apprehensiveness of group members. This is based upon members statements to this effect. A co-ed leadership team, or two males might reduce this.

5.4.1 (con't)

The relationship between the co-leaders can have a great impact on the level of group functioning at Knowles Center, the co-leader was assigned to the student, creating some initial interpersonal barriers. Recommendations to improve upon this type of occurrence would have to incorporate the co-leaders taking the time and effort to establish a level of trust and understanding of each other. This process would need to continue throughout the group, to increase the effectiveness of each individual leader and the leadership unit.

5.4.2 GROUP ENVIRONMENT

Physical aspects of the setting for the group contributed to the difficulty of providing structure and consistency during meetings. The size of the room was overly large for seven people; members liked to move from chair to chair and moved furniture continuously. Since no alternative room was available, this situation might have been improved: with partitions, reducing the size of the meeting area, and by reducing the amount of furniture in the room. Removal of

5.4.2 (con't)

non-functioning video-taping equipment would also have reduced the anxiety members experienced in that setting. Access to the meeting room prior to sessions would have allowed the student to rearrange furniture, eliminate distractions (eg., video equipment, markers, plastersine, etc.) and to set up audio visual equipment to utilize for the purpose of supervision. This access to the room was not possible since another group was being held in that room just prior to this group.

5.4.3 GROUP AGENDA AND STRUCTURE

Due to group members' low level of reading ability, short attention span, and ease of distractibility, changes to the details of conducting and evaluating another group such as this would need to be made. A written assessment or evaluative tools would require a one-to-one situation with members receiving individual attention for the completion of such tools. Shorter sessions (example, 45 minutes rather than 1 hour) would be more fitting. Alternative agendas are necessary for each session to meet the needs of the members, needs which can vary greatly from day to day

5.4.3 (con't)

(example, adolescent may have consumed alcohol the night before, may just have met prospective foster parents, etc.). Each session requires a high level of structure and a variety of topics and/or activities to maintain members' interest and participation. Repetition of information presented through a variety of activities and media (eg., films, overheads, etc.) contribute to the members' comprehension of presented information. Emotionally disturbed group members respond positively to consistency; it is therefore recommended that great efforts be made to provide structure and consistency. For example: leadership roles remaining constant, the order of events remaining consistent from week to week, attendance of co-leaders be consistent, with familiar, trusted staff replacing the absent leader, and rules and consequences for behaviour being consistently enforced.

CHAPTER 6 SOCIAL GROUP APPLIED - SEXUALLY ABUSED
 ADOLESCENT FEMALES

Utilizing social group work with sexually abused adolescent females has many advantages. These advantages provide a rationale for the use of social group work with that population (Berliner & MacQuivey, 1982; Blick & Porter, 1982; Berliner & Ernst, 1982; Knittle & Tuana, 1980).

Adolescent victims of sexual abuse experience isolation and alienation from peers. Victims of intra-familial abuse also experience isolation from members of their families, especially if they, not the offender, have been removed from the home or are blamed for the family disruption. A group for adolescent victims provides adolescents the opportunity to ease that sense of isolation and to build new relationships. Very importantly, each adolescent would be able to see that others have also experienced sexual abuse and similar feelings. They are not alone in the experience of the abuse, in the after effects of disclosure of the abuse, in attending court, in their feelings toward their father and mother, and so on.

Adolescent victims often distrust adults. Fathers, uncles, brothers or other caretakers have

6 (con't)

used them, betrayed their trust, and may have threatened harm instead of providing them with protection, guidance, and appropriate intimacy. Mothers may also have failed to protect them by not stopping the abuse or not believing that it was occurring. Other authority figures (such as school counsellors, doctors, teachers, parents of friends, etc.) may have ignored or mishandled their efforts of disclosure or seeking help. With the use of co-leaders in a group setting, appropriate interaction, support, and trust can be modelled. This modelling includes adult to adult interactions and adult to adolescent interactions. Furthermore, because of the presence of a number of peers, the perceived threat or power of adults as authority figures can be minimized; there is security in numbers.

The advantage of feedback in group treatment for sexual abuse victims can be related to various specific aspects of group sessions. For example, valuable feedback can be provided in role plays of the court scene, especially if some members have already appeared in court. Age-appropriate behaviours can be practiced with "age-mates" helping to define appropriate

6 (con't)

behaviour and guidelines for behaviour. Social skills can also be practiced, as can verbal skills. The task of providing and receiving feedback can, in and of itself, be a tool in the learning of social skills. Learning social skills, realizing one's opinion is valued, and receiving positive feedback and social validation can, in turn, help to improve the victim's self esteem.

In providing feedback to each other, sexual abuse victims have the opportunity to help each other and support each other. They can encourage each other, provide information on resources or alternative solutions to problems, model behaviours (for example, assertiveness, the willingness to cry, etc.), and establish relationships (for example, friendships) with each other.

The typology of treatment groups, as presented by Toseland & Rivas (1984), could have, as its general, primary purposes, education and growth when applied to sexual abuse victims' groups. The specific purposes of the educational aspect of these groups would be to provide information on legal procedures (for example, outlining the order of events, court

6 (con't)

proceedings, rules for behaviour in court, lawyer's questions, the presence of the offender, the physical setting of the courtroom, etc.), and to provide information on human sexuality (for example, anatomy, sex roles, relationships, etc.). The growth aspect of the typology, which stresses "members coming together to develop their potential and increase their socio-emotional health" would focus on: improvement of self-esteem, increasing or developing insight and awareness of sexual abuse, themselves as victims in the abuse, their feelings about the abuse and disclosure, etc.

The role of the leader(s) of this group would be to teach, provide structure, facilitate discussion and mutual support, provide role modelling, and act as resource person.

The focus of the treatment group would be on individual members' learning of human sexuality and court proceedings. The focus on the group-as-a-whole would center around the issues of growth in relating to others, belonging to a group, and peer support. Individuals would grow through their individual experiences in the group and the group experience. Examples of such experiences could be: role plays; group

6 (con't)

discussions; others sharing their pain, questions, guilt, growth, etc.

Members would have in common, an interest in preparing for the court proceedings and the experience of being sexually abused. This would provide the group bond. It would be a bond typically found in educational groups, rather than in growth groups.

The composition of the group would be based on similar needs - to prepare for court and adjust to (that is, survive positively) the abuse - and the similar developmental level of adolescence.

The characteristics of communication patterns during group sessions would be expected to vary, depending upon the structure and purpose of a specific task, activity, or topic. For example, the initial communication of information on the court proceedings would primarily be from leader(s) to members and would require little member to member discussion and little self-disclosure. On the other hand, a discussion of the guilt experienced in the sexual abuse could result in a high level of self-disclosure, with member to member interaction being more predominant.

CHAPTER 7 PRACTICUM EXPERIENCE II: BETRAYAL OF
TRUST BY FATHER-FIGURE

7.1 OBJECTIVES

The objectives in conducting this group were to:

- a) prepare these adolescent victims for court proceedings;
- b) increase individuals' knowledge and understanding of sexual abuse, sexuality, and themselves as victims, not responsible for the abuse;
- c) reduce members' feelings of isolation;
- d) increase the students' skill in conducting groups and knowledge of sexual abuse.

The emphasis on court preparation was a necessary emphasis in fulfillment of Diane's job requirement to prepare victims for court.

7.2 GROUP DEVELOPMENT

7.2.1 THE PLANNING PHASE

The purpose of this closed-membership group, as outlined in the above objectives, was based on the co-leaders':

- a) perception of the need for adolescent sexual abuse victims to interact with other abuse victims in a comfortable setting; and,
- b) assessment of the positive potential for more

7.2.1 (con't)

effectively preparing victims for court.

The co-leader (Diane Hyrshko, Victim Services worker in the Child Abuse Unit of the Winnipeg Police Department) and the student recruited and oriented members in the following manner:

- a) compiling a list of potential members, the offenders of which were being or had been charged for the sexual abuse and related to the child in a paternal role (eg., common-law father, step-father, etc.);
- b) approaching each potential member individually to outline the group and offer membership to them; and,
- c) visiting potential members in their home to introduce both leaders and to seek a commitment for participation.

The recruiting and orientating of group members included an explanation of the purpose of the group, group rules, topic ideas, and contracting for attendance.

Two important group rules outlined for every adolescent concerned the issue of confidentiality.

They were:

- a) "What gets said in the group stays in the group";
- b) the exception to the rule - the co-leaders would break the rules if protection of a member became necessary (eg., if the offender was breaking bail conditions by attempting to have contact with the victim, or if the victim was re-victimized.

7.2.1 (con't)

A third rule was:

members would not be forced to speak or participate in activities and discussions if they chose not to do so.

Contracting with adolescents occurred verbally. Adolescents committed themselves to being on time, attending the first four sessions before they could withdraw their membership, and notifying leaders of a potential absence. Basically, leaders committed themselves to starting and ending sessions punctually, covering transportation costs for the return home, providing refreshments, and allowing members' input on planning topics and activities.

The twelve weekly group sessions were conducted from 1:30 to 3:30 on a weekday. The school principal of each member was notified that the member would be absent due to her participation in a "treatment group". Principals were not notified by the leaders as to the specific population type of the group (ie., sexual abuse victims). Permission for attendance from a parent or guardian was also obtained.

Sessions generally followed the agenda illustrated in Appendix J. They were conducted at Children's Aid Society of Winnipeg in a comfortably

7.2.1 (con't)

sized room with couches, chairs and coffee tables. Video equipment and a one-way mirror were not available for this first sexual abuse victims' group.

Membership consisted of girls 11 to 15 years of age. The one 11 year old was at a pre-adolescent stage of development, while the one 15 year old was a very mature and "street-wise" adolescent. The other members, ages 12 to 14, were within this range, resulting in a very diverse group in terms of development and understanding.

7.2.2 THE BEGINNING PHASE

The specific goals for the beginning of the group were to:

- a) welcome members to the group;
- b) review the purpose of the group, rules, topics, and activity-ideas;
- c) learn more about each other;
- d) allow members to begin understanding that they were not alone in this experience; and,
- e) introduce the topic of sexual abuse.

First session characteristics were evident: members were cautious and tentative. This was evident by such behaviour as: arriving late, little self-disclosure, little verbal interaction, and the portrayal

7.2.2 (con't)

of a "tough" image by one member.

The group began November 28, 1984. Although eight members had been recruited for membership and six were expected (a loss of two due to conflicts in scheduling), only five attended. This was to foreshadow future low attendance.

With the introduction of the topic of sexual abuse, members became uncomfortable and silent. The topic was likely too "real" and "personal" for each member, although it was generally introduced. Also, it may have been too personal a topic to be discussed in a group of relative strangers. With the brief outline of the future topic of court preparation, members appeared to "liven up" and participated more fully.

7.2.3 THE MIDDLE PHASE

During the middle phase of group development, sessions two through ten, attendance decreased and remained at a low level. One member ran away from her placement after the first week and was not found prior to termination; another member moved to eastern Manitoba after the fourth session. A core group of

7.2.3 (con't)

four remained throughout the middle phase, although occasionally only two would attend a session.

This middle phase spanned the Christmas school break, during which no sessions were conducted, and continued through to the middle of February.

Objectives for this middle phase included:

- a) preparing victims to testify in court;
- b) providing basic sex education;
- c) discuss various aspects of sexual abuse (eg., the offender, mothers' perceptions, etc.);
- d) increase members self-esteem and abilities to cope; and,
- e) increase group cohesiveness and support.

Due to the inconsistent attendance, structuring sessions and planning session, activities became difficult. Although portions of most sessions included an unplanned time for general "concern-sharing", this enabled the group members to view the group as a supportive experience. Members felt that the group was a "safe" place to come, stating that it was a place they could come to every week to talk about the abuse and its after-effects. This allowed them to concentrate on other things (eg., school) throughout the week.

A high level of cohesiveness was difficult to establish due to inconsistent attendance and the great variation in developmental age. Cohesiveness was

7.2.3 (con't)

evident, to a degree. Members' common experience of sexual abuse was an early and major unifying factor; other common experiences also served to strengthen the cohesiveness. Alcohol was an important factor in each of their lives (eg., one's mother was an alcoholic, others were forced to drink alcohol prior to an abuse, etc.). It became important to emphasize to these members that they were not responsible for the adults' behaviour. Having experienced or witnessed physical abuse was also common to all. Such commonalities overcame the great diversity in members. An example of the diversity was: one member was in a foster placement in Winnipeg from northern Manitoba, another was placed in custody temporarily while halfway through group sessions, another was in and out of a group home, and yet another's family moved periodically for fear of being located by the offender.

Generally, all the objectives of the middle phase were met. Victims were prepared for court: two of the four regular attenders were credible witnesses during the trials. (The offender pleaded guilty in another case, and the result of the fourth case is unknown as it was still under investigation by the RCMP

7.2.3 (con't)

at termination.) Basic sexuality education was provided and discussions of various aspects of sexual abuse and its after-effects were discussed. Three of the four core members displayed an improved self-esteem and ability to cope by becoming more assertive in expressing themselves (their emotions, their thoughts, their goals, etc.).

Typical events in the development of the group seemingly did not take place. Conflict between members or between members and leaders remained absent. Roles of the members remained undefined - no group leader developed; no one was scapegoated. Again, inconsistent attendance could explain this. As well, with the low level of attendance, each core member received a lot of attention and "air time", possibly reducing the need for scapegoating and leadership.

7.2.4 THE ENDING PHASE

Termination was mentioned throughout the last few middle-phase sessions. Sessions eleven and twelve were primarily devoted to termination. The goals of this ending phase were to:

7.2.4 (con't)

- a) have members feel hopeful and positive toward the future; and,
- b) say good-bye to each other and to the group.

The ending phase of this group could have been subtitled "Looking Toward the Future". A guest speaker, a former incest victim, now a married woman with two children, was invited to speak on her experiences and her efforts to cope. This was very useful to the group, as they were able to see a former victim, now an adult, cope with her past experiences. Prior to this, members had expressed their fears of continuing without the group and feeling all alone. These last sessions provided them with encouragement and concrete, practical suggestions to help them cope in the future.

A discussion of the feelings about ending, about the group, and of future goals and events provided members with a review of their progress since joining the group. They were able to see that they had lived through the abuse and could continue to function. Members were also able to objectively state improvements leaders could make in future groups, displaying their willingness to be independent of a future group.

A "pizza party" was planned as a celebration

7.2.4 (con't)

of the ending of the group. Only two core members attended, one having returned to northern Manitoba and the other being on the run. The discussion during the celebration consisted of: reviewing memories and feelings experienced throughout the group; discussing current life events (example, movies seen, school activities, etc.) and goals for the future.

7.3 EVALUATION OF THE INTERVENTION

The student conducted this group, originally as a volunteer, learning experience, and to help the Victim's Worker conduct a group, not expecting it to become a practicum experience. Therefore, no objective evaluative measures were designed or implemented.

Subjectively, the entire group experience was deemed relatively successful. Indicators of this "relative" success were:

- i) Member A - attending more regularly as the group sessions progressed;
 - increase in her school attendance from one or two afternoons a week to four to five days a week;
 - becoming involved with other support systems (church);
 - being a "successful witness" at the trial (eg., credible, clear spoken, firm);

7.3 (con't)

- ii) Member B - being a "successful witness"; and,
- iii) Member C - increasing in assertiveness with her mother;
 - becoming involved with other supports
 - doing volunteer work for the Red Cross.

The increase in the student's knowledge of: sexual abuse, adolescent victims of sexual abuse, the "systems" response (eg., legal, medical, and social service professionals), and group work with sexual abuse victims, was also one aspect of the success of conducting this group.

Members' comments and actions contributed to an evaluation of the relative success of this group. All stated they would have liked the group to continue and that coming to group sessions was a high point of their week. Also, members were able to view the progress they had made since the first session. They could laugh about their early apprehensions and stated that other members' openness in sharing information and feelings encouraged them to do so.

7.4 STUDENT OBSERVATIONS AND RECOMMENDATIONS

As with comments on Group 1, observations and recommendations of Group 2 will focus on the three

7.4 (con't)

areas of:

- a) pre-group preparation;
- b) group environment; and,
- c) group structure and agenda.

7.4.1 PRE-GROUP PREPARATIONS

In conducting future groups of sexual abuse victims, the pre-group phase could be improved by increasing the support enlisted from fellow service providers (eg., Children's Aid Society workers, school guidance counsellors) involved with the adolescent and/or her family. In regard to pre-group interviews with potential members, improvements could be made by: both leaders meeting all potential members and preparing them more effectively for group sessions by outlining topics, activities, and goals, making additional contacts with them and outlining the group and its goals to parents or guardians, enlisting their support, if possible.

7.4.2 GROUP ENVIRONMENT

A potential deterrent to some members may

7.4.2 (con't)

have been the location of group meetings. Children's Aid Society of Winnipeg was difficult to find for many members, even with a map drawn for them. Also, the negative associations a few of the members had had with the agency may have deterred them from coming.

7.4.3 GROUP AGENDA AND STRUCTURE

As with Group 1, one aspect of homogeneity of the group played an important role in the effectiveness of the group. All members were from severely dysfunctional families. The individuals' and families' ability to cope and/or focus on the sexual abuse as a separate or priority issue may have contributed to non-attendance and inattentiveness during sessions. One recommendation would therefore be to provide additional supports to these adolescents and their families to increase the benefits of the group experience. Examples of additional supports could be: family treatment, counselling for the primary caretaker and for siblings, school supports and individual counselling. Furthermore, additional training of the leaders, especially in regard to the various roles or impact of alcohol in

7.4.3 (con't)

abuse and family functioning may have increased the benefits provided to members.

The heterogeneity of the group, as per the developmental age range of members, influenced group activities, topics, and discussions. For example, more basic, elementary sexual education was required for the eleven year old than for the fifteen year old who required birth control information and clarification of values and sex role expectations.

The focus of some discussions became lost occasionally. A more specific focus or a progressive focus from one topic to another could reduce this. Increasing the basic structure of sessions, while remaining flexible within that structure, would be the recommendation.

Specific activities to improve self-esteem and assertiveness training were activities which, had they been more systematically planned and implemented, would very likely have improved the effectiveness of the group. Also, group members stated that visiting a court room would have been beneficial. Not having seen one was their only criticism of the group.

7.4.3 (con't)

A final recommendation would be to include evaluative measures to objectively examine the effectiveness of the group work intervention.

CHAPTER 8 PRACTICUM EXPERIENCE III: BETRAYAL OF TRUST

The general title of "Betrayal of Trust" was chosen as the title for this chapter to distinguish it from Group 2. This was due to the difference in the type of offenders involved with this population group. Whereas in the previous group, all offenders were father-figures, in this group offenders varied in their positions of authority over their victims. Offenders included: four father-figures, as well as an older brother, an adult babysitter, an uncle, and a grandfather. Whatever the relationship to the adolescent, all offenders "betrayed" their authoritative position of trust over their victims.

8.1 OBJECTIVES

The objectives for this group were similar to those of the previous group. That is, to:

- a) prepare adolescent victims of sexual abuse for court proceedings;
- b) increase individuals' knowledge and understanding of sexual abuse, sexuality, and their roles as victims, not responsible for the abuse;
- c) reduce members' feelings of isolation;
- d) improve members' self-esteem; and,
- e) further increase the student's knowledge, and skills in conducting groups.

The general goal in conducting this second

8.1 (con't)

group was to utilize newly learned knowledge and skills to improve the benefits of group treatment to members of the same population.

8.2 GROUP DEVELOPMENT

8.2.1 THE PLANNING PHASE

Once again, the co-leader was Diane Hryshko.

Group members were recruited in a manner similar to that of the first group, with a few alterations. Firstly, a more homogeneous developmental age group was chosen. Secondly, the majority of group members were given an outline of the group, session topics and activities, rules, etc., twice; often initially in a telephone conversation, followed by a home or school visit. Thirdly, this orientation of the group was more comprehensive, portraying to potential members a more accurate perception of what they could expect. Members were also asked to complete a court questionnaire (see Appendix F) and a network questionnaire (see Appendix G).

The group rules remained the same, as did the

8.2.1 (con't)

verbal contract between the members and leaders.

Ten weekly sessions were planned. The group met for two hours on a weekly basis, every Tuesday morning, with an "optional" session being offered during the school Spring Break.

Once again, school principles and pertinent teachers were notified that members would be absent from school on the given morning, due to their participation in a "treatment group". As well, parents' or guardians' permission for attendance was obtained.

Sessions were once again conducted at Children's Aid Society of Winnipeg, in a large room with a one-way mirror and video-taping equipment available in the adjacent room.

Membership consisted of 8 girls, 2 Native sisters, 5 Caucasian, and 1 other. Two 12 year olds, two 13 year olds, one 14 year old, and three 15 year olds comprised the group.

8.2.2 THE BEGINNING PHASE

The specific goals for the beginning phase of this group were to:

8.2.2 (con't)

- a) welcome and introduce members and leaders to the group and each other;
- b) review the purpose of the group, rules, topic and activity ideas;
- c) learn more about each other to begin building a group identity and cohesiveness;
- d) allow members to begin to understand that they are not alone in their experience of sexual abuse;
- e) prepare members for future video-taping; and,
- f) introduce the topic of sexual abuse.

All of the above goals were successfully met during the first session which took place on March 1, 1985. Indicators that members were interested in participating and developing a cohesiveness were: punctual attendance by all group members, disclosure of personal emotions, interest and information, and requests for topics for the following week.

The topic of video-taping future sessions was introduced by explaining the purpose of it: to help the leaders learn and improve their skills. It was explained that the only people to view any portion of any tape would be the co-leaders, the students' supervisor, and the members themselves, if they chose. Agreement to video-tape was given, with the following rights of members acknowledged as being conditions for taping; members being notified prior to any taping, and that taping be halted at any members' request.

8.2.2 (con't)

At the start of the second session, a new member was introduced to the group. Members briefly outlined for her the previous weeks' session. One member recognized her, as they live across the street from each other. This all contributed to a "smooth" introduction, as did this new members' willingness to participate immediately.

The beginning phase concluded with an agreement between leaders and members to move into a discussion of court issues next session.

8.2.3 THE MIDDLE PHASE

The middle phase of group development spanned a portion of the second session through to session nine. Objectives for the middle phase included:

- a) preparing victims for the legal proceedings, including testifying during the trial;
- b) providing basic sexuality education;
- c) increasing members' understanding of sexual abuse, as it pertains to them individually;
- d) increasing members' self-esteem and abilities to cope; and,
- e) increasing group cohesiveness and support.

Generally, it can be said that each objective was met with quite a bit of success. Each objective

8.2.3 (con't)

will now be individually addressed.

Evidence that the objective of court preparation was met early in group sessions. One member testified within four weeks of the start of group sessions and presented as a credible witness. A further indicator that this goal was met was that, following the one member's court appearance, the group was "satiated", asking few court related questions and changing their focus of interest.

The sexuality education session provided basic information to all members. Even though some had more sexual knowledge than others, all listened attentively, especially to the topic of birth control.

Members gained in their understanding of sexual abuse, as it pertained to them. The most significant indicator of this was that by the end of this phase, each member was able to state that they now knew, at least in part, that they were not responsible for the abuse, and could give a personal explanation for this.

Improvement in self-esteem was evident through various behaviours. One member joined a baseball team; another went on a diet, lost weight, started

8.2.3 (con't)

wearing make-up and "revealed" her face by getting her hair cut so that it could no longer cover her face. Two others reported assertiveness with friends. Also, most members were increasingly able to state opinions which differed from the others, without sounding critical of the others.

Group cohesiveness and support was very evident by the way members treated each other. No one was ridiculed or ignored. Absences were quickly noted. Crying was allowed - members would contribute Kleenex, wait until that member could continue speaking and gave feedback to the effect that this allowed them to more openly show their emotions. Cohesiveness also increased as members discussed personal experiences, experiences which others also shared (eg., failing an exam, arguing with a parent, feeling no one understood how they felt, fear of meeting up with the offender, etc.). The topic of termination was broached during session six. The pending separation also helped to "unite" the group. A further contributor to the cohesiveness was the consistently high level of attendance.

8.2.4 THE ENDING PHASE

The topic of termination was first mentioned during session six and was a topic for at least a portion of each of the final sessions. The objectives in this ending phase were for members to:

- a) evaluate their progress since the first session; and,
- b) say good-bye to each other and the group in a positive manner.

It is felt that these objectives were successfully met. A temporary halt was put to the accomplishment of a successful termination during the seventh session, when the co-leaders began the session with a discussion of an activity to celebrate the end of the group. The discussion was then turned to the topic of individual self-esteem and views of self, requiring quite a high level of participation and disclosure. Members had become resistant to focussing on the future and displayed this through a lack of participation on the subsequent topic. Thereafter, the topic of termination was less abruptly introduced.

By the tenth session, members were able to evaluate their own growth and the growth of the group as a whole. The group reminisced about fears, uncertainties, and feelings of isolation at the start of the

8.2.4 (con't)

group. Members were able to discuss what they had since learned and were spontaneously able to state how important the group and members had become. Also, member to member interaction became very emotional and supportive, with members and leaders telling every other member what was special and appreciated about them. Tears were quite prominent and very accepted. Members would give each other Kleenex; one stated that she admired another for being brave enough to cry, which allowed this first member to cry; others identified with this, as well.

A second activity, which allowed members to view saying good-bye positively, required members to discuss a time when they had not been able to say good-bye and what they would have wanted to say. Thusly, members perceived the value of saying good-bye, and were able to do so, even though they found it difficult or embarrassing to verbalize their thoughts and feelings.

The "ending activity", a roller skating party, was a more relaxed occasion, with topics being lighter, such as: current movies, favourite TV shows, embarrassing moments, etc. Hugging and exchanging of phone numbers completed the occasion.

8.3 EVALUATION OF THE INTERVENTION

Members were asked to complete weekly evaluation forms at the end of each session. Members rated the session and leaders as very helpful, to somewhat helpful after each session. They also frequently stated suggestions for future sessions. Many of these suggestions were related to getting along with their peers (both male and female), siblings, and mothers.

The two objective evaluative measures (Court Questionnaire and Network Questionnaire in Appendix F and G) were administered at the start of group sessions and upon termination.

Table 2 shows the scores on the Court Questionnaire. Only Member H markedly increased her score. Only three other members completed the questionnaire at pre- and post-test times. Reasons for the lack of change in these others' scores could be due to:

- a) court disposition information indicating that the group members did not need to appear in court (Members C and D); and,
- b) a lapse of seven weeks between testifying in court and completing the post-test (Member G).

Also, members may have forgotten quite a bit of the information (especially if a court appearance was no longer necessary) because of the seven-week time lapse

TABLE 2

Results of Court Questionnaire

<u>Member</u>	<u>Scores (17 items)</u>	
	Pre	Post
A	-	11
B	-	-
C	11	12
D	12	12
E	10	-
F	-	14
G	14	8
H	8	13

8.3 (con't)

between sessions focussing on court preparation and the post-test.

Table 3 presents the basic results of the Network Questionnaire (Appendix G). Once again, not all members completed both pre- and post-test forms - only four of the original eight. Of these, only two members reported an increase in the size of their network. Member G's increase included the addition of friends and the two co-leaders. She was the only one to report any group member as important to her.

It had become evident that members found this questionnaire cumbersome, difficult to understand and complete. Resulting information is, therefore, limited. The questionnaire would likely be more useful with an adult population.

The general lack of increase in network size and overall satisfaction of relationships should come as no surprise for various reasons. Firstly, many sexually abused adolescents have low self-esteem, lack trust in others, and have poor social skills and these are likely to change slowly. Secondly, the long-term impact of the sexual abuse and disclosure occurs over a span of, at least, months. For example:

TABLE 3

Results of Network Questionnaire

<u>Member</u>	<u>Size</u>		<u>Overall Satisfaction (1-7)</u>	
	Pre	Post	Pre	Post
A	16	14	5	4
B	19	-	7	-
C	-	13	-	7
D	25	17	4	-
E	10	-	5	-
F	-	2	-	-
G	4	10	-	-
H	7	9	5	6

8.3 (con't)

- a) mothers may have become more and more angry and unsupportive of their daughter because their husband has had to leave the home;
- b) the child being placed in an entirely new setting (foster home, group home);
- c) victims may experience rejection from peers, relatives, etc., as the "news" spreads; and,
- d) new supports/relationships take time to develop. That is, members were still faced with the after-effects of the disclosure, they were not yet able to fully attend to the building of close relationships.

Interestingly, although members did not indicate increases in their networks on the Network Questionnaire, comments on the group evaluation form clearly indicated that they considered other members as important to them. Also, the suggestions for future topics on the weekly evaluation forms referred to getting along with others in their support systems - peers and family members. This indicated that members perceived a potential for an increase in the number and quality of relationships and were interested in accomplishing this.

A final evaluative discussion was also conducted with group members. Members were asked for suggestions for improvement. Their strongest suggestion was that the group visit an actual courtroom. This had not been done since courtrooms were unavailable. Other suggestions were: to meet for longer sessions, have

8.3 (con't)

more sessions, and meet again in a few months' time.

Furthermore, a written evaluation form (see Appendix H, "Group Evaluation") was completed by each of the final six members. One member had moved to B.C. and a second had decided to discontinue since she could not follow group discussions due to limited cognitive abilities. Only one member found one activity "not very helpful", and that was "Court information and information and different words to use in Court". This was also the only member who had expected the group to be better. Importantly, this member had the longest history of sexual abuse, the record of most significant traumatic events in her life (eg., mother dying of a long-term terminal illness, suicide of father, etc.), displayed the most severe and withdrawn behavioural problems, and made the most marked improvement as the group progressed (for example, losing weight, communicating/sharing emotions and ideas in the group, moving from no eye contact to establishing and maintaining group relationships).

Additional information provided on this evaluation form was that:

- a) five members made comments to the effect that

8.3 (con't)

- they would miss the group and their new "friends";
- b) four members wanted more time together; and,
- c) one stated that "I feel better about myself."

In response to the question "What did you like best about the group?" all members reported that they felt understood (less isolated), that they liked everyone in the group, or both.

8.4 STUDENT OBSERVATIONS AND RECOMMENDATIONS

Overall, this was a much more successful group in terms of its effectiveness. Several factors contributed to this.

8.4.1 GROUP PREPARATION

The pre-group preparation was more comprehensive in that more contacts with members were made and the leaders' presentation of the group structure and agenda was more thorough. A second factor contributing to the higher level of success was that attendance was much more consistent. Also, members were more homogeneous in terms of their developmental age, living accommodations and family backgrounds. In the majority

8.4.1 (con't)

of cases, the families were less severely dysfunctional (eg., less physically abusive), living with fewer stressors (such as, financially more secure, more social supports, and mothers believing victims).

8.4.2 GROUP ENVIRONMENT

Support of social service workers involved with the adolescents (for example: Children's Aid Society and group home staff) were also more supportive. They often provided transportation and maintained contact with the group leaders. More consistent and direct supervision, aided with the use of videotapes, also contributed. This served to further increase the effectiveness of plans and leadership.

8.4.3 GROUP AGENDA AND STRUCTURE

More immediate legal intervention and court dates served to increase the effectiveness by forcing members to focus on topics of court preparation. A completed police investigation and a set date increased the levels of commonality between members.

8.4.3 (con't)

Room for further improvements was still evident. Taking members into a courtroom would be one suggestion. Another would be to include more self-esteem-building exercises into the structure and agenda. Thirdly, allowing members to more actively enlist each other's support and, in turn, provide each other with support, would be a strong recommendation. Specific activities could be designed to do this (eg., sub-group activities, short debates, assigning homework activities such as calling a fellow member, etc.). Activities designed to increase the level of trust, as well as increasing the number of sessions, could also promote member-to-member support.

Improving the evaluative component of the intervention would also be a strong recommendation. Methods to do so could include:

- a) utilizing standardized self-esteem questionnaires on a regular basis throughout sessions;
- b) ensuring a higher percentage of completion in any given instrument; and,
- c) measuring supportive member-to-member interactions, through the use of videotaped sessions.

CHAPTER 9 COMMONALITIES BETWEEN GROUPS

This chapter will focus on similarities or commonalities between all three groups and how these effected the groups.

CHAPTER 9.1 CO-THERAPISTS

The advantages of co-therapy, as described in the literature (Henry, 1981; Toseland and Rivas, 1984), became evident. Specifically related to these groups, the following advantages were apparent:

- a) therapists role-modelling interpersonal skills and group behaviour (eg., disclosure, showing concern, etc.);
- b) therapists teaching and learning group work skills from each other;
- c) greater ability to respond to individual and group dynamics; and,
- d) mutual support.

The disadvantages which became apparent included:

- a) the difficulty of scheduling time for preparation, post-group discussions, etc.;
- b) a "preferred" worker relationships developed on separate occasions (eg., one was seen as more of an expert on a certain topic) or in the case when more regular contact was maintained by one worker; and,
- c) conducting a group when one worker was absent, which changed the dynamics of group interactions during that absence.

9.2 SEX OF CO-THERAPISTS

Co-leaders for all groups were female. This was a noticeable disadvantage for the all-male sexuality group in that these boys had a history of responding more negatively to female authority figures than male. Members also indicated that they found it difficult to feel comfortable with two female leaders.

The advantages of two female leaders was evident in both sexual abuse victims groups. Members discussed their lack of trust of males and the difficulty they experienced disclosing various aspects of the abuse to male doctors or policemen.

This is not to say that male group leaders would be ineffective in female abuse victims groups. Leadership qualities such as: empathy, skills (eg., rectifying problems/situations, responding to members' actions or perceptions, facilitating communication, etc.), insight, and so on, are necessary regardless of the leaders' gender. Also, a male leader has the opportunity to role model appropriate adult, male interactional behaviour (eg., appropriate expression of affection, male-female mutual respect, etc.).

The use of a male co-leader would have to

9.2 (con't)

take into consideration the members' ability and willingness to interact an adult male. If victims had expressed a preference for only female leaders, or if victims lacked the social/interactional skills to relate to males in a non-sexual manner, female co-leaders would be the most suitable in the intervention.

9.3 MISINFORMATION RE: SEXUALITY

Evidence of sexual misinformation, or misconceptions, occurred across the three groups. Not only was it evident that attitudes and sex role expectations were limited to the traditional views, but "biological" facts were also inaccurate, around topics such as: conception and sexual anatomy. Efforts to replace gaps with information were taken in all three groups; the male sexuality group members were more likely to act "macho" while members in the other two groups were likely to remain silent.

9.4 "NORMALIZING" FEARS

Members in all three groups required assurance or reassurance that their current fears were

9.4 (con't)

legitimate and were common to many others. For example, fears of being assaulted or a fear of strangers are quite rational fears when one has previously experienced abuse or perceives that others are not to be trusted.

The experience of abuse and questions about sexuality were common to group members. Meeting as a group, being with other victims and discussing these issues also served as evidence to members that they were not alone with their experiences and concerns.

CHAPTER 10 SUMMARY

10.1 GROUP COMPOSITION

As a result of the difficulty in conducting the group at Knowles, the value of accurately assessing the potential composition of the group was highlighted. Members were unable to attend to, and participate in the group. Their disruptive behaviours impeded cohesive group functioning.

The sexual abuse victims' groups, on the other hand, had common concerns, for example, anxieties related to the legal procedures, low level of trust in males, conflict with a "non-protective" mother, etc. They also had the experience of victimization in common with each other.

A basic recommendation re: group composition, based on this student's experience would, therefore, be to compose the group of members whose behaviours within the group would not interfere with the functioning and purpose of the group. Homogeneity of issues concerns was beneficial in promoting group cohesiveness. A heterogeneity of behaviours and skills would have been beneficial in promoting growth and development. Members able to behave and participate

10.1 (con't)

more appropriately in such a group would have been able to model this behaviour for the others. This would also have reduced the need for leaders to focus on behaviour management, rather than on teaching and facilitating.

10.2 PROCEDURES

Formal group procedures (eg., planned session activities, rules) were beneficial to the group process. They provided group meetings with a structure which members would come to predict or within which to feel safe. Flexibility was necessary for all three groups due to the various specific needs and capabilities of each group. The group leader must make predictions as to the effectiveness of specific interventive strategies, activities and topics, and plan accordingly. It is also necessary that she/he be flexible in the use of these should the group's needs, concerns, interests, or abilities be different than expected. Specific recommendations to "plan" this flexibility include:

- a) be open to the possibility that plans may

10.2 (con't)

- need to be changed;
- b) have alternative plans (eg., activities and topics) available;
- c) remember that the focus is on the "here and now" which may require "on-spot-creativity" or allowing the current activity, thoughts, emotions, etc. to continue; and,
- d) allowing group members the opportunity for input to plan (or change the plans) and decide upon the course of the group.

10.3 PHYSICAL SETTING

To avoid distractibility, it is necessary that rooms be suited to the size of the group. A smaller room, with approximately the same number of chairs as the group membership, is conducive to clearer concentration and focus, and fuller participation by all group members. Also, the removal of additional distractors (eg., unused materials), such as: toys, games, unnecessary equipment (eg., non-functioning video machines), paper, pens, books, can be helpful in reducing difficulties in behaviour management with emotionally disturbed, anxious, fearful, or non-consenting group members.

10.4 EVALUATION

Given the non-applicable evaluative tools planned for the first group and the overall lack of objective measures of improvement experienced during this practicum, it is recommended that evaluative tools be simple and valid. That is, they should readily measure improvement in treatment goals and should be easily administered or applied to the treatment population. Furthermore, the value of utilizing subjective evaluations became apparent in discussion with group members and through the use of the evaluation sheets. Therefore, it is recommended that both objective and subjective tools be utilized for a complete assessment of the effectiveness of the group treatment.

10.5 PRE-GROUP PREPARATION

The value of comprehensive pre-group preparation became more and more evident with each successive group. It became the most important predictor of the success of the group. That is, the more thorough the pre-group preparation of members, the more successful the interventions. As the number of qualitative pre-group contacts with each member increased across

10.5 (con't)

groups, along with a more accurate description of goals, expectations, rules, agenda, etc., a firmer relationship between group members and leaders was established, as was a stronger commitment to the group by its members.

The resulting recommendation is, therefore, to present to potential members a detailed description of the group, designed and presented to meet their perceptions, emotions (eg., apprehensions), and interests. This would reduce fears, misperceptions, and has the potential to capture members' interest and commitment prior to the first session. As well, in the act of preparing for such a pre-group meeting with members, the leader(s) prepares him/herself - clarifying the goals, rules, and expectations for him/herself in the process.

10.6 PERSONAL EVALUATION

My personal objective, as stated in the Purpose and Objectives, was to "develop and/or improve the student's social group work skills". This objective, was met over and over again throughout the practicum

10.6 (con't)

experience. I have increased in my awareness of group processes, and how they effect group interactions, individuals' growth, and group and individual goals and purposes.

Through a difficult experience at Knowles Center, I learned the value of insuring that individual members be prepared and able to interact and participate in a group setting. Social group work can be the most suitable treatment of choice for adolescents, if they are able and/or willing to display a level of verbal skills and non-disruptive behaviour. The importance of a unified leadership "team" also became evident throughout the experience. These difficulties at Knowles Center challenged me to be continually flexible and creative in planning and implementing group activities.

As a result of the exploration through the literature, I have greatly increased my theoretical knowledge of adolescents, adolescent sexuallity, sexual abuse, social group work with adolescents and its usefulness and effectiveness in the treatment of adolescents. Also, I have added to my "bag of tools" specific activities and strategies with which to pursue

10.6 (con't)

goals within group sessions.

I have gained a feeling of satisfaction in having reached the objectives, as stated at the beginning of this practicum experience. I have contributed to the continually growing body of literature, information on the practical application of social group work theory with selected adolescent groups. I have become convicted of the potential effectiveness and appropriateness of social group work as an interventive strategy in the treatment of adolescents.

The greatest value of this practicum experience is that the specified knowledge and skills which I have developed as a result of the challenges and rewards, of this experience, is applicable to other groups in other settings. That is most appropriate as one embarks upon one's social work career.

APPENDIX A

SESSION EVALUATION FORMS

SESSION EVALUATION FORMS

Date: _____

Topic: _____

Attendance: _____

Goal	Accomplished	Not Accomplished
1.	_____	
2.	_____	
3.	_____	
4.	_____	
5.	_____	

General Comments: _____

Comments on the Phases of Group Development: _____

APPENDIX B

STUDENT'S EVALUATION

STUDENT'S EVALUATION

I. Check the space which describes how valuable you found the activity or session to be.

[illegible]

II. Please answer the following questions.

1. Has this program helped you to understand yourself better? _____
2. Do you like yourself more? _____
3. Do you think you are better able to make your own decisions? _____
4. What did you like about this program? _____

5. What did you not like? _____
6. What topics would you have liked to have been in the program that weren't covered? _____

7. How could the program have been improved?
larger group _____ more sessions _____
smaller group _____ fewer sessions _____
more films _____ more activities _____
more discussions _____ more guest speakers _____
fewer discussions _____

III. What is your overall rating of the program?

Excellent	Good	Average	Poor	Very Poor
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APPENDIX C

SEXUAL KNOWLEDGE QUESTIONNAIRE

SEXUAL KNOWLEDGE QUESTIONNAIRE

Part A. Vocabulary

The following two sections require you to match the correct word with its definition or meaning. If you do not know the answer, mark DK (Don't Know) beside the definition.

I.

- | | | |
|----------|---|-----------------|
| 1. _____ | The womb; where the baby develops until birth. | A. testicles |
| 2. _____ | Male sex gland, where sperm is produced. | B. genitals |
| 3. _____ | A form of sexual release for males and females. | C. intercourse |
| 4. _____ | Sexual reproduction organs. | D. masturbation |
| 5. _____ | Placing the penis into the vagina. | E. uterus |

II.

- | | | |
|----------|---|-----------------|
| 1. _____ | Uniting of the egg and sperm, resulting in pregnancy. | A. penis |
| 2. _____ | Male sex organ. | B. menstruation |
| 3. _____ | Monthly discharge of unneeded blood and tissue from the womb. | C. puberty |
| 4. _____ | The penis becoming stiff and large. | D. conception |
| 5. _____ | State of development when sex and reproduction become possible. | E. erection |

Part B. True/False

Beside each statement, answer True or False. If you do not know the answer, check DK (Don't Know).

- | | True | False | Don't
Know | |
|-----|-------|-------|---------------|---|
| 1. | _____ | _____ | _____ | You can get VD from toilet seats and swimming pools. |
| 2. | _____ | _____ | _____ | Using a condom (rubber) can help prevent the spread of Sexually Transmittable Diseases. |
| 3. | _____ | _____ | _____ | If the symptoms of VD disappear by themselves, no treatment is needed. |
| 4. | _____ | _____ | _____ | Sexually Transmitted Disease (eg. herpes, syphilis, gonorrhea) can be dangerous to your health. |
| 5. | _____ | _____ | _____ | Withdrawal (pulling out) is a highly effective method of birth control. |
| 6. | _____ | _____ | _____ | Condoms can be bought in any drug store without a prescription. |
| 7. | _____ | _____ | _____ | The pill is the most effective method of birth control. |
| 8. | _____ | _____ | _____ | A girl can get pregnant the first time she has intercourse. |
| 9. | _____ | _____ | _____ | A male's penis must be totally inside the female's vagina for pregnancy to occur. |
| 10. | _____ | _____ | _____ | Intercourse is enjoyable only if you reach orgasm (come). |
| 11. | _____ | _____ | _____ | Most girls' bodies start to mature before boys'. |

APPENDIX D

CONTRACT FOR GROUP MEMBERS

CONTRACT FOR GROUP MEMBERS

As a group member, I agree to:

1. Attend all group sessions.
2. Follow group rules.
3. Participate as much as possible in discussions, activities, etc. This does not mean that I will answer each question, but I will not disturb others, when they choose to answer.

As the group leader, I agree to:

1. Be prepared for each group session.
2. Begin and end all group sessions on time.
3. Follow group rules.
4. Discuss the group only with staff at Knowles Center and my advisors at the University of Manitoba.

Group Member

Date

Group Leader

Date

APPENDIX E

FORMAT FOR MEMBERS' VERBAL EVALUATION

FORMAT FOR MEMBERS' VERBAL EVALUATION

1. Which film(s) did you find most helpful?
(Which were your favorite?)
 "Am I Normal?"
 "Then One Year"
 "Miracle of Life"
 "Boy to Man"
2. Was this group helpful to you? Were some of your questions answered?
3. What was the best part of the group (example, films, discussions, topics, etc.)?
4. What would have improved the group?
 example: more films?
 less discussion?
 shorter sessions?

APPENDIX F

COURT QUESTIONNAIRE

COURT QUESTIONNAIRE

Name: _____

Answer True or False to the following statements:

1. The victim of a crime has to get a lawyer. _____
2. The person charged with a crime (the offender) has to go on the stand and tell his/her side of the story. _____
3. The offender is in the courtroom throughout the entire trial. _____
4. There are no T.V. or News cameras allowed in the courtroom. _____
5. The results of the trial get printed in the newspaper. _____
6. Anyone is allowed in the courtroom during the trial. _____
7. The whole case depends on the victim's testimony. _____
8. The defense lawyer tries to make the victim look bad. _____
9. If the offender is found guilty at the trial, he goes to jail the same day. _____
10. It is the Judge who decides if the offender is guilty or innocent. _____
11. Victims only have to go to court once to testify. _____
12. Taking an oath on the Bible in court is a promise that everything you say is the truth. _____
13. People who lie in court get into trouble. _____
14. Victims are not supposed to be nervous when they testify in court. _____
15. The victim presses charges against the offender. _____

16. If the victim is not living at home, he/she can go home right after the court case. _____
17. Everyone finds out about what happened to the victim, including teachers and friends. _____
18. Once the court case is over, there is no place the victim can go for some help. _____
19. From the time the offender is arrested, till the time the victim goes to court, the offender has the right to talk to the victim. _____

APPENDIX G

NETWORK QUESTIONNAIRE

NETWORK QUESTIONNAIRE

Name: _____

- A. Please list below, by initials, all people who are personally important to you and those you regard as friends. For the purposes of this questionnaire, a friend is someone you like, someone with whom you enjoy doing things, and/or someone with whom you feel comfortable discussing personal matters. Also include relatives you feel close to, and who are important to you. You will also be asked to rate each of these people on the following:

Satisfaction - Please rate your satisfaction with the relationship you have with this person on a scale of 1 to 6 with:
1 being not at all satisfied
6 being completely satisfied

Directionality - Please rate the directionality on a scale of 1 to 5 with:
1 meaning that you initiate all or almost all contact with this person;
3 meaning that you initiate as much contact with this person as she/he does with you;
5 meaning that this person initiates all or almost all contact with you.

	<u>Initials</u>	<u>Satisfaction</u>	<u>Directionality</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____

In general, how satisfied do you feel with your set of relationships, as a whole?

not at all _____ completely
satisfied 1 2 3 4 5 6 7 satisfied

- B. Please list the six people on your list whom you consider to be the most important in your life, and state whether or not they live in Winnipeg?

<u>Initials</u>	<u>Live in Winnipeg?</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Filling in the initials of the six people on the above list, please complete the following chart:

Initials	List your 5 favourite activities with this person.	How often do you contact each other in a 2 week period?	How long have you known each other?
1. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	every day _____ 8-10 times _____ 4-7 times _____ 1-3 times _____ less than _____ once _____	_____
2. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	every day _____ 8-10 times _____ 4-7 times _____ 1-3 times _____ less than _____ once _____	_____
3. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	every day _____ 8-10 times _____ 4-7 times _____ 1-3 times _____ less than _____ once _____	_____

Initials	List your 5 favourite activities with this person.	How often do you contact each other in a 2 week period?	How long have you known each other?
4. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	every day _____ 8-10 times _____ 4-7 times _____ 1-3 times _____ less than _____ once _____	_____
5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	every day _____ 8-10 times _____ 4-7 times _____ 1-3 times _____ less than _____ once _____	_____
6. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	every day _____ 8-10 times _____ 4-7 times _____ 1-3 times _____ less than _____ once _____	_____

APPENDIX H
GROUP EVALUATION

GROUP EVALUATION

Name: _____

I. PLEASE RATE EACH SESSION:

ACTIVITY	VERY HELPFUL	SOMEWHAT HELPFUL	NOT VERY HELPFUL
1. Introduction to each other.			
2. Court information and different words to use in Court.			
3. Courtroom Role Plays.			
4. Sex Education & Birth Control.			
5. Role Playing, "How to Tell Somebody".			
6. Film, "Child Sexual Abuse" and "It's Not My Fault".			
7. Acquaintance Rape.			
8. Acquaintance Rape and how to say "No".			
9. Guest Speaker "Sandra" and giving each other compliments.			
10. Saying "No" and saying "Good-bye".			

II. What did you like best about the group?

What did you not like about the group?

III. What are some of the things that we could have done to make this group better? (example, more sessions, longer or shorter sessions, etc.).

IV. Did you expect the group to be:

(Check one)	BETTER	_____
	WORSE	_____
	DIFFERENT	_____
	SAME	_____
	DON'T KNOW	_____

V. Do you feel ready to end the group? (Check one)

Yes _____ No _____ Not Sure _____

Why or why not?

APPENDIX I

AGENDA FOR SEXUALITY EDUCATION

AGENDA FOR SEXUALITY EDUCATION

- I. Introduction
- II. Self-Awareness
- III. Values Clarification
- IV. Puberty - Visible Changes
- V. Puberty - Anatomy
Film: "Then One Year"
- VI. Sexual Reproduction
Film: "Boy to Man"
- VII. Conception and Fetal Development
Film: "Miracle of Life"
- VIII. Conception and Fetal Development
Discussion/review (Magnetic Anatomy Board)
- IV. Evaluation and Termination
Film: "Am I Normal?"

APPENDIX J

AGENDA FOR SEXUAL ABUSE VICTIMS GROUP

AGENDA FOR SEXUAL ABUSE VICTIMS GROUP

- Session I. Introduction
- II. Court Information
- III. Court Preparation - role plays
- IV. Sexuality Education
- V. "After Sexual Abuse" - role plays
(eg.) A) "Do you tell your boyfriend
you've been sexually abused?"
B) "If a friend is being
abused....."
C) "Mother blames you for dis-
ruptions"
- VI. Focus on Guilt
Film: "Child Sexual Abuse: The Un-
told Secret"
- VII. Acquaintance Rape Series (Planned Par-
enthood)
- VIII. Acquaintance Rape Series (con't)
- IX. Towards Termination
Guest Speaker - Former victim of
sexual abuse

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