DEVELOPMENT, DESIGN,AND EVALUATION OF A TREATMENT/RESOURCE MANUAL FOR FACILITATING TREATMENT GROUPS FOR SEXUALLY ABUSED BOYS

BY

MARK BERKOWITZ

A Practicum Report
Submitted to the Faculty of Graduate Studies
in Partial Fulfilment of the Requirements
For the Degree of

MASTER OF SOCIAL WORK

Faculty of Social Work
University of Manitoba
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DRAFT

GROUP TREATMENT FOR SEXUALLY ABUSED BOYS

A Treatment and Resource Manual

compiled by

Mark Berkowitz

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Mark Berkowitz

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INTRODUCTION

INTRODUCTION

As professionals working within Child Protective Services and related agencies, we have all had children on our caseloads who require therapy to assist in their healing from various traumatic situations. All too often, we are advised that funding for treatment is not available, or that waiting lists extend well into the new year.

The purpose of this treatment and resource manual is to enable the professional, or volunteer working within a Child Protection system, and possessing knowledge of basic theories of sexual abuse and knowledge and skills in small group dynamics, the ability to facilitate group treatment for sexually abused boys. The manual should also be helpful to other professionals who work in the field of sexual abuse treatment such as child care workers, nurses, psychologists, and guidance counsellors. The manual suggests a standardized method of intervening with sexually abused boys which should help in evaluation and further research of group treatment with this population

SECTION 1.1: ORGANIZATION OF THE MANUAL

The treatment and resource manual is divided into three components beyond the introduction. The first part, beginning with Section 2 describes the methodology and results of a study undertaken by the author under the auspicious of The Child and Family Services Research Group at the Faculty of Social Work, at the University of Manitoba. The study, entitled "A Description of Group Treatment With Sexually Abused Boys", established a framework for the treatment component of the manual, as well as identifying a listing of resources.

The second component of the manual, Section 3 describes sexual abuse and focuses on specific issues related to the sexual abuse of boys. The chapter concludes with a rationale for group therapy as a treatment modality of choice for sexually abused boys.

The final part, Sections 4 and 5 are the treatment and resource components of the manual. These sections includes issues such as: setting up a group, a session by session group model, managing behaviour, and potential practical problems.

SECTION 1.2: HOW TO USE THE MANUAL

The session by session description, and interventions listed in Section 4.11 of this manual have been developed for use with preadolescent and adolescent sexually abused boys in a group process. Unless indicated, group member activities described in section 4.11 are appropriate for all ages.

The intent of this manual is to provide the treatment group facilitators with a package that will cover all facets of the treatment group. Although the agenda is set up in a specific order, treatment issues arising in your group may necessitate changes being made. Go ahead and make them.

Facilitating a treatment group for sexually abused boys is a challenging, often frustrating, but rewarding experience. You are required to call upon your theoretical knowledge of sexual abuse and small group dynamics, be able to work with a co- facilitator, and be creative. The intent here is to help make the experience rewarding both for you, and the boys in your group.

Good Luck!

SECTION 3

THE SEXUAL ABUSE OF BOYS

SECTION 2.1: DEVELOPING A SAMPLING FRAME

The sampling frame was developed through a four step process utilizing a nonprobability sampling procedure known as snowball sampling (McCalland and Simmons, 1969). This procedure is most commonly used in qualitative research when members of a "special" population are difficult to locate. The procedure is implemented by collecting data on the members of the target population that one is able to locate, and then asking those individuals to provide the information needed to locate other members of that population whom they may happen to know (Babbie and Rubin, 1989).

Step one - Individual practitioners were identified through authorship of relevant journal articles and through the Social Work Abstracts, listing of Accredited Social Workers. The writer focused the search from the listing upon social workers whose biography indicated that they presently, or had in the past, worked in a sexual abuse treatment program. Utilizing this method, the writer identified and mailed out 29 questionnaires to respondents. Sixteen (55 %) completed questionnaires were returned, while three (10 %) respondents indicated that they were not involved in facilitating a treatment group for sexually abused boys.

Step two - This step involved two separate but related activities. Through the Child Welfare League of America's listing of member agencies, the writer selected agencies, geographically, to cover most regions of Canada and the United States. Generally, the intake worker at the member agency was contacted by phone and asked whether or not his/her agency provided group treatment to sexually

abused boys. If the agency did not provide treatment, but contracted out, or was aware of such treatment in their community, the name(s) of individual practitioners and/ or agencies was requested. Utilizing this method , the writer identified and mailed out questionnaires to N = 46 respondents. Twenty (43 %) completed questionnaires were returned and 9 (19.5 %) additional respondents indicated that they were not involved in facilitating a treatment group for sexually abused boys.

Step three - The third step implemented was to telephone provincial governmental directories and obtain the names of mandated Child Welfare agencies in larger cities in Canada. Similar to step two, the agency was contacted by telephone and asked if they facilitated group treatment for sexually abused boys, and if not, the names of individual practitioners and/or agencies to whom they referred sexually abused boys for group treatment were solicited. Utilizing this method, the writer identified and mailed out 14 questionnaires to respondents. Nine (64 %) completed questionnaires were returned and one (2.5 %) additional respondent indicated that his treatment population was adult males sexually abused as boys.

Step four - The final step utilized to develop the sampling frame involved the student contacting individuals in his own community who were presently or in the past had facilitated group treatment for sexually abused boys. These individuals were asked to participate in the study, as well as to provide the names of other individual practitioners and/or agencies facilitating similar work with sexually abused boys.

Utilizing this method, the writer identified and mailed out questionnaires to 15 respondents. Twelve (80 %) completed questionnaires were returned and one (6.6 %) additional respondent indicated that she felt unable to provide accurate information regarding the treatment group she facilitated nearly four years ago.

This four step procedure resulted in the writer developing a sampling frame of N = 104. The sampling frame was then reduced by 14 (13.5 %), which represents the number of respondents who indicated they were not presently involved in facilitating a treatment group. Therefore, The corrected sampling frame was N = 90, and the number of respondents was N = 57. The response rate was 63.3 %.

Difficulties with Developing the Sampling Frame

As described earlier, relatively few individual practitioners and agencies concentrate their efforts on providing group treatment for sexually abused boys. However, the writer felt that surveying nearly 60 such programs across North America provided sufficient data to develop a framework for the Clinical handbook/Resource manual.

The writer encountered two problems with the four step method. The first problem was as a result of how member agencies are listed with the Child Welfare League of America Directory of Member agencies. Generally, the telephone numbers provided were for Administrative offices of the agencies, resulting in the writer

often having to make additional telephone calls to determine who the appropriate person was to speak with at that agency.

The second problem resulted from the writer's work schedule which took him out of Winnipeg three times a week. These extended absences made leaving messages, and returning telephone calls difficult.

SECTION 2.2: THE USE OF SURVEY RESEARCH

There are several methods of conducting survey research. These methods include: face to face interviewing; telephone surveys; and mail questionnaires. Evidence (Dillman, 1978) has shown that face to face interviews are not as successful as first thought. According to Dillman (1978), this method of surveying people is expensive, and response rates are on the decline.

Initially, mail questionnaires were considered to have little value as the data collected was considered to be suspect (Dillman, 1978). Typically mail questionnaires had low response rates, and the questionnaires that were returned were of low quality, with many unanswered.

A review of the literature shows several methodological articles on mail surveys dealing with topics such as, response rates; layout; follow up; and methods of delivery (Dillman, 1978). Most studies focused on only one or two techniques at a time, and were not consistent in their findings.

The Total Design Method (TDM) of mail questionnaires (Dillman, 1978), looks at the various techniques described in the literature, and weaves them together to form an effective method of survey research. The TDM is a methodological "recipe book" which describes the process of sending a questionnaire to a prospective respondent, having the respondent complete the questionnaire fully, and return it promptly. Dillman defines this process as a "social exchange", which assumes that people engage in an activity because of the rewards they hope to reap. Dillman further states, that all activities people perform incur certain costs, and that people attempt to keep their costs below the rewards they expect to receive (p. 12).

In order for the research to be beneficial, a good response rate is necessary. Dillman states that there are three things that must be done to maximize survey response rates. These are:

1. Minimize the costs of responding.
2. Maximize the rewards for responding.
3. Establish trust that these rewards will be delivered.

SECTION 2.3: DEVELOPMENT OF THE MAIL QUESTIONNAIRE

The initial design was derived from a mail questionnaire developed by Crowder and Myers-Avis (1990), for a study they did regarding group treatment for sexually abused, adolescent girls. The writer read through the survey and made changes to reflect the different treatment population. The treatment population was defined as boys between the ages of four and eighteen who were

victims of incest or third party (extrafamilial) sexual abuse.

Pre-testing the Mail Questionnaire

Prior to sending out the mail questionnaire, the writer was granted permission from the Faculty of Social Work, Committee on the Use of Human Subjects in Research to proceed with the study.

Dillman states that the purpose of pre-testing is to identify the construction deficits in the questionnaire design. Pre-testing is viewed as an important part of the questionnaire design researchers often overlook. The pre-testing step is designed to evaluate or test a questionnaire as well as specific questions, and seeks general impressions. Dillman suggests seven questions that should be asked of respondents during the pre-test phase (pg. 156).

These questions are;

1. Is each of the questions measuring what it is intended to measure?
2. Are questions interpreted similarly by all respondents?
3. Does each close-ended question have an answer that applies to each respondent?
4. Are all words understood?
5. Does the questionnaire create a positive impression, one that motivates people to answer it?
6. Are questions answered correctly? Are some missed, and do some elicit uniterpretable answers)?
7. Does any aspect of the questionnaire suggest bias on the part of the researcher?

Dilman states that the questionnaire should be sent out to three groupings of people during the pre-test phase. These people include: other similarly trained professionals who understand the purpose of the study; potential users of the data; and a cross section of potential respondents.

As a result of the relatively small population of practitioners facilitating group work with sexually abused boys, with the exception of one individual, the entire pre-test population was comprised of individuals whose backgrounds focused upon group work with sexually abused girls. These individuals were:

1. Female, social worker, BSW, who works within the Child Welfare system, and co-facilitated a group for adolescent girls.
2. Female, social worker, BSW, who works within the Child Welfare system, and co-facilitated a group for pre adolescent girls.
3. Female, social worker. BSW, who works at a Child Mental Health facility, and co-facilitated a group for adolescent girls.
4. Female, psychologist, C. Psych, who has supervised several groups for sexually abused girls, and was involved in the Crowder and Myers-Avis study.
5. Male, social worker, MSW, who co-facilitated a treatment group for sexually abused boys, at a residential care facility.

The entire pre-test population practiced in Winnipeg.

Each respondent received a feedback response sheet with the mail questionnaire . A follow up phone call was completed with four of the respondents

There was confusion for the respondents who facilitated groups for female survivors of sexual abuse. This was due to the lack of clarity in the covering letter, and the questionnaire itself described as a survey for group treatment with sexually abused boys. The writer was able to resolve the confusion by speaking with these respondents over the telephone.

The writer received four completed surveys and feedback response sheets. The fifth respondent indicated that she would complete the survey and would leave it with her receptionist prior to leaving on holidays, but was unable to do so. As a result of a time constraint, the writer did not receive feedback from this respondent prior to mailing out the questionnaire to the sample population.

Generally, feedback in regards to readability, format, and clarity of questions was positive. Two of the respondents suggested additional questions, and alternative ways of asking some questions. Several questions were rephrased as a result of respondent feedback, but no questions were added.

Finally, one of the respondents indicated that completing the mail questionnaire helped her conceptualize her own group.

Once the feedback from the respondents was received and analyzed, the questionnaire was revised reflecting the feedback from the respondents, and incorporating Dillman's principles of the mail questionnaire format. Please refer to Appendix A for a copy of the mail questionnaire.

SECTION 2.4: MAILING OUT THE QUESTIONNAIRE

In complying with the steps of the Total Design Method, the questionnaire, accompanied by a covering letter was mailed out on a Tuesday. Dillman states that the reason for the Tuesday mailing is the importance of mailing the survey early enough in the week so that it is received the same week, at the same time avoiding the mail build up from the weekend. Utilizing the TDM method, the covering letter is supposed to be made up of four paragraphs, which fit onto a single piece of paper. Each paragraph has its own specific purpose. These purposes are;

Paragraph one - Explain what the study is about.

Paragraph two - Explain why the respondent's input is important to the project. Paragraph three - Ensure confidentiality.

Paragraph four - Explain the usefulness of the study, and outline the respondent's reward for participating.

The writer encountered some difficulties in following the TDM guidelines for the covering letter. Additional information in regards to the project such as a description of The Child and Family Services Research Group, and making the respondent aware of the project's approval by the Committee on the Use of Human Subjects in Research, necessitated using two pages for the covering letter. Also, it was felt that having the Dean of the Faculty of Social Work sign the covering letter would also help elevate response rates.

The initial grouping of questionnaires were mailed out on April 27, 1993 to points across Canada and the United States. Further questionnaires were mailed in May, June, and July.

The First Follow Up Postcard

Following the Total Design Method Model, a follow up postcard was mailed to respondents one week after the questionnaire was mailed out. Dillman states that the purposes of the follow up postcard are to "jog memories and rearrange priorities." The text of the follow up postcard ties into the covering letter, thanks respondents who have already completed the questionnaire, reminds the respondent of the importance of their input, and provides an invitation to receive a replacement questionnaire, if necessary .

The Second Follow Up Letter

The second follow up letter, which included a replacement copy of the questionnaire was mailed two weeks after the postcard was mailed out, to all respondents who did not return a completed questionnaire. However, respondents who did not receive their initial mailout until July, did not receive a second follow up letter until after the Labour Day weekend in September. The purpose of this delay was so that respondents who may have been returning from Summer holidays would not find a "pile" of mailings regarding the questionnaire.

The text of the second follow up letter attempted to tie into previous communication, recognize the importance of the respondent to the study, and explain the usefulness of the study.

The Third Follow Up Letter

The third follow up letter represents the fourth, and final attempt to elicit a response. Although the text of this letter was somewhat softer than the preceding follow up letter (Appendix G), the letter itself exhibited a greater overall intensity because it was a fourth request, and because it was sent certified mail.

The writer mailed out 24, third follow up letters from the initial mail out of April 23, 1993. As a result of this mail out, only one more completed questionnaire was returned.

As a result of the poor response rate from the initial certified mail out, and the high cost of such a mailing, the writer did not send a third follow up letter to the respondents who received a second follow up letter in September. Of the N = 29 respondents who received the second follow up letter in September, 17 (58.6%) responded, with N = 14 (48 %) returning completed questionnaires.

SECTION 2.5: THE INTERVIEW PROCESS

Question VI(B) of the survey asked respondents if they would consent to a follow up interview either in person or by telephone. The purpose of the follow up interview was two - fold; to seek clarification and/or elaboration of certain questions, and answers to questions that may have been omitted; to ask further questions that were not asked on the questionnaire, because of the additional time that would have been needed to respond to these questions. These questions focused on specific group formats, and specific exercises utilized by the respondents in their treatment groups.

Nearly 92 % (N= 54) of respondents agreed to be interviewed and were contacted by telephone between September 22 and December 16, 1993. During the telephone contact, the respondent or his/her secretary received an explanation regarding the purpose of the phone call and were asked when an appropriate time would be to conduct the follow up interview. After the initial contact was made, two more telephone contacts were made, if necessary. In total, 43 (79.6 %) follow up interviews were completed. The reasons for not completing follow up interviews with the remaining respondents (N = 11, 20.4 %) were; unable to make telephone contact due to conflicts with work schedules (N = 6, 11.1 %); maternity leave (N = 1, 1.9 %); no longer at the agency (N = 4, 7.4 %).

SECTION 2.6: DISCUSSION

In completing this research project, four steps were utilized to develop a sampling frame of N = 90, with a response rate over 63 %. The step which generated the largest number of respondents (N = 20, 35.1 %) was step two, which focused on contacting member agencies of the Child Welfare League of America. The step that generated the highest response rate (80 %) was step four. In that step the writer focused on contacting individuals within his own community. Both these results were expected. Through the Child Welfare League of America Directory of Member Agencies, the writer had access to agencies in all Canadian provinces and states in the United States which would be aware of treatment resources for sexually abused boys. The response rate of step four was high because the writer knew many of the respondents personally.

I believe that generally, a mail questionnaire followed by an interview is an effective means of gathering information from practitioners facilitating treatment groups with sexually abused boys. Data collected indicated many consistencies as well as unique features among the treatment groups. Feedback received regarding the questionnaire was favourable as was the response rate of practitioners who agreed to the follow up interview (94.7 %). However, this method did not provide a good response rate with individuals who have published extensively, and who have made presentations in the field of child sexual abuse. The principal investigator spoke with the secretary of one of these individuals and was told that the individual received a high volume of mail

questionnaires and was unable to complete each questionnaire.

As expected, the majority of respondents' (N = 44, 77.2 %) academic backgrounds were either Social Work or Psychology. The highest number of respondents (N = 23, 39 %) had two or less years of experience facilitating treatment groups for sexually abused boys. Less than 9 % of respondents indicated that they had more than eight years of experience. These two statistics highlight the need for a treatment/resource manual for facilitating group treatment with sexually abused boys, and may explain the paucity of articles in the field of group treatment with sexually abused boys. A discussion differentiating between the two main academic disciplines, and differences based on years of experience follows in the conclusion section.

Group treatment for sexually abused boys was seen as one component in an overall treatment plan for the boys and their families. This systemic approach to healing included individual therapy for the boys in over 71 % (N = 40) of the treatment groups, and support/psycho educational groups for caregivers associated with 23 (40.4) of the treatment groups.

Generally, contact between the group facilitators and the boys' caregivers and/or referral source was at regularly scheduled intervals. Verbal contact occurred more frequently and at shorter time intervals than written contact. Respondents indicated that difficulties arose in contacting caregivers, who often did not have a telephone, and with conflicting work schedules of referral sources. One section of the treatment/resource manual will focus

on difficulties such as this one, and suggest methods to alleviate the problems.

Respondents described many individuals, theories, and interventive strategies which aided them in developing their treatment groups. The interventive strategy described most often by respondents to the survey was cognitive behavioral therapy. Cognitive behavioral therapy is a relatively recent development based in part on the cognitive theories of Aaron Beck (1976), Albert Ellis (1962), and Donald Meichenbaum (1977). Examples of treatment objectives described by respondents, where a cognitive behavioral approach was used included self image enhancement, and facilitation of feelings awareness.

Nearly 97 % of respondents indicated that more than one approach was utilized in developing their treatment groups. The greatest influence described by respondents was individuals who had published in the field of Child Sexual Abuse. This information is important in light of the paucity of evaluative information on treatment groups with sexually abused boys as it demonstrates that many individuals who have limited experience facilitating such a group have modelled their treatment group after experienced practitioners.

Nearly 60 % (N = 34) of respondents described their treatment group as a closed group. A closed group was defined as a group that did not accept new members once the treatment group began. In one program, the group did not become closed until after the third session. Generally, those respondents facilitating open treatment

groups found more advantages than disadvantages to this format. The advantages included: more opportunities to review and clarify rules; the existing group members gained a sense of confidence; new members would obtain a perspective of group from peers (existing group members) rather than from the adult facilitators; adding new members to the group often changed the focus of the group which was helpful when the group became "stuck". The one potential disadvantage described by respondents was the possible negative effect caused by adding new group members to the existing cohesion of the group. The study did not yield information regarding the advantages and disadvantages of a closed group.

Generally, treatment groups met weekly, in 90 minute sessions, for an average of 18 sessions. The data further indicated that the younger boys (aged 5 - 12) met fewer times (18 or fewer sessions) while the older boys (aged 13 - 18) met for more than 18 sessions. This information could be helpful to the treatment group facilitator in the early stages of planning his/her group in terms of looking at scheduling group sessions and locating a setting for the group to meet.

Over 90 % (N = 52) of the respondents indicated that their treatment program was either wholly structured or semi structured. Generally, most groups followed a similar format regardless of the age of the boys, the length of the session , or the number of sessions. The group session would begin with a check in, often a review of the previous group, and an introduction to the present session. Group time would then focus on the topic(s) of the session

either through activity or discussion. The session would conclude with a closing/debriefing exercise.

Nearly 80 % of the respondents (N = 45) indicated that they used specific resources during group sessions. The resource used most often was videotape/film, but most treatment groups used a combination of multi media such as videotape/film, written materials, and arts and crafts supplies. Please see appendix K for an example of some resources suggested by respondents. A more complete listing of resources will be presented in the treatment/resource manual.

Over 98 % of the reporting treatment groups (N = 55) indicated that their treatment group was facilitated by at least two facilitators. The gender composition of the co therapist team, most often described was a male/female team. According to many of the respondents, the advantages of the male/female team clearly outweigh any disadvantages. The advantages described by respondents included; allowing the boys the opportunity of interacting with positive male and female role models; the co-facilitators are able to model healthy male-female communication and interaction; the boys receive a male and female perspective on many issues, including victimization and sexuality. The main concern expressed by respondents with regard to the male/female co-therapist team dealt with the comfort level of the boys in discussing sexual issues with a female facilitator in the room. These findings are consistent with the literature suggesting that mixed-gender dyadic teams are the best approach when treating

victimized males (Bruckner & Johnson, 1987, Schact, et al, 1990, Sgroi, 1992, and, Singer, 1989).

Respondents described seven means of having boys referred to their treatment groups. In 70 % (N = 40) of the situations, referring a boy for group was a two - step process initiated by either a telephone call or completion of an application form by the referral source, followed by an in person meeting with the referral source, and/or the caregiver and boy. In the treatment groups that had a one - step process, the completion of an application form or an in person meeting with the referral source was the means of referral 91 % of the time.

Most respondents indicated receiving referrals from multiple referral sources (N = 49, 86 %). The greatest single source of referrals was the Child Welfare System (N = 44, 77.2 %). This data was expected as it is a mandate of the Child Welfare System to provide services to sexually abused children. Given that the largest sample of respondents (N = 20, 35.1 %) came about through telephone calls and mail outs to Child Welfare League of America member agencies, the manual will be based on data useable with the child welfare population.

Respondents indicated that the boys they saw most often in treatment groups were: boys aged 12 to 13 years (N = 36, 65.5 %), boys younger than 9 years old (N = 35, 63.6 %), and boys between the ages of 10 and 11 (N = 35, 63.6 %). Only a few respondents (N = 3, 5.5 %) indicated that they had a boys in their treatment group older than 17 years. As boys become older they become less likely

to disclose victimization experiences (Reinhart, 1987). Often, these boys will first disclose sexual abuse when they are receiving counselling in a group for adolescent sex offenders. Respondents indicated that keeping the age range close together was important for group cohesion. However, respondents further indicated that the boys' developmental level was also an important consideration. Results of the study dictate that the treatment/resource manual should focus on a preadolescent, and early adolescent aged boys.

Nearly all treatment groups (N = 54, 94.7 %) reported that at least one group member was a victim of male perpetrated incest. While the prevalence of boys being victimized by male offenders was expected, on the surface, the high prevalence of incestuous situations is surprising as boys are generally offended against outside of their homes (Reinhart, 1987). However, because the Child Welfare system provided the largest number of referrals to the treatment groups, and they often do not get involved in third party sexual assaults, the number of referrals are skewed in favour of incestuous situations. I do not believe that this occurrence will limit the generalizeability of the research findings based on the high rates of other victimization experiences described by respondents. The high incidence of female offenders was not expected based on general prevalence rates of sexual abuse of boys (Mrazek, 1987). As is discussed in section three, retrospective studies of adult male populations reported by Finkelhor (1981), and Risin and Koss (1987), and the work of Henry Giaretto (1986) with adult sex offenders speak to the limited accuracy of prevalence

rates with regard to sexually abused boys.

Respondents further reported that in over 85 % (N = 48) of their treatment groups at least one group member had already displayed sexual offending behaviour. The implication of this data regarding young male victims who are displaying sexual offending behaviour is that treatment groups will have to have some focus on interrupting the victim turned offender cycle.

Eighty - six per cent of reporting treatment groups (N = 49) indicated that they screened applicants before placement within their treatment group. The treatment groups that did not screen applicants did not do so because the boy was already involved with the agency (i.e. a residential treatment centre). Generally, a boy who fell within the age range, was able to at least minimally discuss his victimization, and did not display behaviours which would place other group members at risk, was accepted into a treatment group. Although 23 respondents indicated that their treatment group would not accept any boys who displayed sexual offending behaviour, the majority (N = 48, 85.7 %) included boys who had displayed sexual offending behaviours. It appears that the screening process is not always effective in discovering sexual offending behaviours, or, each boy's situation is assessed individually, and exceptions may be made based on the type of offending behaviour.

Goals and objectives of the treatment groups were broken down into five categories: attempts to change behaviour; cognitive restructuring; understanding and education of sexuality and sexual

abuse; relationship building; and life skills training. Cognitive restructuring was a goal in 82.4 % (N =47) of the groups. 56 % (N = 32) of the groups listed improving the boys self image as a goal.

Although only one respondent specifically described the treatment issues that arose in their group as four traumatic dynamics (Finkelhor & Browne, 1986), most treatment issues (85.3 %) identified by respondents fell under the headings of the traumatic dynamics in the impact of child sexual abuse; traumatic sexualization, stigmatization, betrayal, and powerlessness. The remaining treatment issues dealt with matters that were group related i.e. scapegoating of group members, and confidentiality, and miscellaneous issues such as placement concerns, court education, and racism. The treatment issue that occurred the most for the boys were homophobic concerns, and feelings of betrayal.

The 68 treatment issues described by the respondents show the importance of knowing and understanding the Finkelhor and Browne framework for understanding the effects of child sexual abuse. These treatment issues will also help other facilitators in developing goals and objectives for their treatment groups. The Finkelhor and Browne framework could also be used as a conceptual guide in the development of an assessment instrument to assess the impact of child sexual abuse as well as the progress of a child in a group.

Respondents listed 41 practical difficulties they experienced as facilitators of treatment groups for sexually abused boys. These 41 difficulties were broken down into four categories based

on reoccurring themes; issues related to the boy's support network (i.e. transportation); issues that arose with the boys during session (i.e. group cohesion and behavioral issues); issues related to the co-therapists (i.e.lack of resources and training); and logistical issues (i.e. purchasing snack and scheduling sessions). The practical problem described most often (N = 30) was transportation. Respondents described several means to combat the transportation problem. These included; making transportation part of the admission criteria, the use of volunteer drivers, and renting a van. Respondents' concerns regarding a lack of adequate training and resources are further indicators of the need for a resource/treatment manual.

Generally, analysis of the data submitted by respondents indicated that most treatment groups were working on similar goals and objectives, and were facing similar treatment issues. However, 46.4 % (N = 26) of respondents indicated that there was a unique feature to their treatment group. Unique features described by respondents focused mainly on specific activities/ exercises developed by the respondent for his/her treatment group. These included the use of a programmable robot as a mascot, the use of a "dummy" in an exercise to confront offenders, and the use of a positive reinforcement program to control behaviour. This information is useful to other facilitators who may have difficulties with a specific goal of their treatment group and may seek a different approach or exercise. The treatment/resource manual will incorporate these unique features as well as others.

During the interview phase of the research study, respondents who agreed to the follow up interview were asked whether they would describe any of their group interventions as harmful. Less than five per cent (N = 2) of the respondents indicated that there was an exercise they used in group which the respondents felt was not beneficial. These exercises were in relation to the boys creating a safe "space" around themselves, and a trust developing exercise where the boys were expected to lead a blindfolded partner around the room.

Finally, nearly 68 % (N =38) of respondents indicated that they utilized various methods in an attempt to measure outcome of group treatment. Of the treatment groups that did attempt to evaluate their program, 63 % (N = 24) of respondents described their evaluation as having a formal component. A formal component was an evaluation that utilized standardized outcome measures. The most frequently used formal outcome measure was the Achenbach Behavioral Checklist (Achenbach, 1981). The most frequently used informal evaluative methods were consumer satisfaction surveys and interviews with caregivers.

Although 67 % of respondents indicated that they attempted to evaluate their treatment groups, only three treatment groups provided the results of their evaluations (Section three). Generally, respondents indicated that pre group measurements were taken, but that post group measurements were not taken. Reasons given for not completing post group measurements included; boys dropping out of group before completion, difficulty contacting caregivers, and facilitators not having sufficient time.

SECTION 2.7: CONCLUSIONS

The purpose of this research study was to solicit information from a sample of individuals who practice within the field of group treatment of sexually abused boys, in order to determine the need for a treatment and resource manual to help facilitate a treatment group with sexually abused boys, and to develop a framework and content for a treatment/resource manual. I believe that the study showed that there is a need for such a manual, and the study did provide necessary data to develop a framework and provide content for a manual. The need for the manual is most evident from the data indicating that the greatest percentage of group facilitators had two or less years of experience facilitating a treatment group for sexually abused boys (N = 23, 40.3 %), and further data suggesting a lack of resources, and training for facilitators.

Although the modal response to the question " How long have you been providing group treatment for young male victims of sexual abuse" was " 0 to 2 years", nearly 60 % of the respondents to the survey had more than three years of experience facilitating treatment groups for sexually abused boys. Further, over 26 % of respondents (N = 15) have published in the field. Analysis of the data through visual inspection did not appear to provide differing responses from practitioners with "0 to 2 years" of experience to those practitioners with three or more years of experience. The analysis focused on important considerations such as the theoretical basis of the group intervention, group format, and group goals. Similarly, no differences were found in responses

provided by respondents of the two main academic backgrounds, Social Work and Psychology. For example, with regard to the theoretical basis to the treatment group, the modal response in all categories was a cognitive-behavioral approach: "0 to 2 years (N = 5, 21.7%), three or more years (N = 10, 29.4%), Social Work (N = 8, 38.1%), and Psychology (N = 6, 27.3%). Further analysis of the four categories with regard to treatment objectives indicated a general agreement on the three most important objectives; education and understanding of sexuality and sexual abuse, self image enhancement, and facilitating awareness of feelings. The main difference
occurred with Social Work respondents, who ranked facilitating awareness of feelings as
more important than self image enhancement.

For "0 to 2 years experience:

Sexuality/Sexual Abuse (N = 22, 95.6%)
Self image enhancement (N = 19, 82.6%)
Feelings awareness (N = 18, 78.2%)

For three or more years: Sexuality/Sexual Abuse (N = 28, 82.3%)
Self image enhancement (N = 23, 67.6%)
Feelings awareness (N = 20, 58.8%)

For Social Work: Sexuality/Sexual Abuse (N = 17, 81.0%)
Feelings awareness (N = 16, 76.2%)
Self image enhancement (N = 15, 71.4%)

For Psychology: Sexuality/Sexual Abuse (N = 18, 81.8%)
Self image enhancement (N = 16, 72.7)
Feelings awareness (N = 12, 54.5%)

I therefore believe that the data collected which generally appears consistent across academic disciplines, and years of experience, is sufficient to develop a treatment/resource manual.

Although few rigorous evaluations of group treatment with sexually abused boys have been completed, the evaluations described at the end of section one, combined with the antidotal comments of respondents to the survey, speak positively to the probability of group treatment as an effective means of helping boys who have been sexually abused. The proposed treatment/resource manual will encourage a consistent intervention and evaluative component, which should enhance outcome research and provide empirical data regarding the effectiveness of group treatment with sexually abused boys.

Results of the survey indicated that the boys most often seen in group treatment were latency aged, and in early adolescence. Because managing behaviour is often a large component of each session with these boys, group facilitators must resolve this issue quickly. Group facilitators will benefit from reading Wayne Scott's article (1992) entitled " Group therapy With Sexually Abused Boys: Notes Toward Managing Behaviour".

I believe that this study was a good starting point into a thorough investigation and evaluation of group treatment with sexually abused boys. However, many questions remain unanswered and require further study; What are the effects of group treatment of sexually abused boys when some members of the groups have displayed sexual offending behaviours? What are the effects of group cohesion when group members have varying victimization experiences (i.e. intra familial vs extra familial)? What contextual factors of the work situation relate to successful group

treatment (i.e., the availability of clinical supervision, funding, time for planning, etc.)

The most important question that needs to be answered is: Are treatment groups for sexually abused boys an effective treatment modality? This question can only be answered once existing treatment groups are formally evaluated and results of these evaluations widely distributed. The development of a simple, standardized battery of outcome measure for treatment group effectiveness will help the group facilitator, who often has limited experience and understanding of program evaluation.

During the initial stage of this research project, while making many telephone calls to develop a sampling frame, it appeared that in most communities across North America, greater resources were available for adolescent sex offenders than for young male victims of sexual abuse. While treatment services to this population are vital, if a greater emphasis was placed on treating young, sexually abused boys, there may not be as great a need for these offender groups. Governments, mandated Child Protection agencies and related agencies **must** pay more attention to helping these boys. Empirical evidence describing the effectiveness of treatment groups for sexually abused boys should help this cause.

SECTION 3.1: INTRODUCTION

Although the awareness of the sexual victimization of children has been prominent since the 1970's the main focus of study and intervention has been with the female victim of sexual abuse (Reinhart, 1987). Many researchers and clinicians in the field

SECTION 3

THE SEXUAL ABUSE OF BOYS

suggest numerous explanations for this occurrence. Rogers and Terry (1984) discussed two principal reasons why society and professionals have failed to address the problems of young male victims. First, the origin of professional concern for the sexual victimization of children had its beginnings within two social service movements: child protective services and services to victims of rape. Mandated child protective services are primarily concerned with intrafamilial sexual abuse, while the majority of boys are victimized outside their homes. The rape crisis centre movement has historically been closely tied to the feminist movement and concerned with the rape of women regardless of age. Only recently have rape crisis centres begun to see sexual assaults on boys and adult males as areas of their concern. The second reason given by Rogers and Terry (1984) involves society's reluctance to identify the sexually abused boy as a victim. Rogers and Terry (1984) make the point that "our societal reaction is quite different for a case of a 12 year old girl seduced by a 35 year old man than for a case of a 12 year old boy seduced by a 35 year old woman" (pg. 92). Matthews (1993) comments, "not only is violence and sexual abuse directed towards males not taken seriously in North America, it is seen as material for comedy and entertainment" (pg. 2). Society as a whole, professionals included, look differently at cases involving young girls and adult males as opposed to young boys and adult females (Banning, 1989). As well, boys who are victimized by adolescents are generally seen not as victims, but participants in "inappropriate sex play"

(Rogers and Terry, 1984).

SECTION 3.2: THE PREVALENCE OF SEXUAL ABUSE OF BOYS

Estimates of the prevalence of sexual abuse tend to vary widely resulting from the definitions of sexual abuse being used, the types of questions asked about the victimization, and the particular populations that are studied (Watkins & Bentovim, 1992). During the past decade there have been a number of studies which discuss the prevalence of the sexual victimization of male children. Many of these studies provide findings on characteristics of the child and the offender as well as comparisons with similar aged female victims. Brenda J. Vander Mey (1988) summarized the findings of 23 such studies. In her review of the studies, Vander Mey indicated that victimization rates varied from 2% to 12%.

Reporting on a retrospective study, Michael Reinhart (1987) examined reports of 189 boys who had been sexually abused compared with an age-race-matched group of girl victims seen during the same time period. Boy victims made up 16.4% of all sexually abused children. Reinhart's findings indicated that boys were victimized outside of their home 62% of the time, and were offended by an adolescent 19% of the time. In comparison, girls were offended by an adolescent 8% of the time. The majority of boys (44%) who were offended by an adolescent were between the ages of 9 and 11. Reinhart reported that there were no girls offended by an adolescent in the 9 to 11 age range. The peak age range for

spontaneous disclosures, defined as a active, non prompted report by the victim was the 3 to 5 years of age range, and the mean age of the onset of the victimization experience was 5.9 years. Finally, 96% of the boys were offended by males alone, and 2% by females acting alone. In comparison, girls were offended by females acting alone less that 0.5% of the time.

The American Humane Association (1986) released a study that reviewed the officially reported sexual abuse cases of Child Protective Agencies in 31 American states. Of the 6,096 reported cases of sexual abuse, 803 or 13% were boy victims. Findings of this study indicated that boys were victimized only 23% of the time outside of their homes. This lower rate is reflective of the types of cases that come to the attention of Child Protective agencies, whose primary concern are reports of intrafamilial sexual abuse. Of the boys victimized at home, women acting alone were the perpetrators 14% of the time compared to 6% of the time with girls. Finally, the mean age at the onset of the abuse was 8.6 years of age.

SECTION 3.3: REASONS FOR UNDERREPORTING

According to Porter (1986) the incidence of sexual abuse of boys is grossly underreported. There are two principal indicators that boys are clearly reluctant to report their own victimization experience(s). The first is from retrospective studies of adult

populations. Finkelhor (1981) reported that for every two females who were sexually victimized in childhood, there is at least one male victim, and in the majority of cases the male victim did not report the incident. Risin and Koss (1987) reported in their study of childhood sexual victimization experiences of college men that 81% of the men who disclosed their sexual abuse at the time of the study had told no one previously. Finally, Johnson and Shrier's (1985) findings at an adolescent medical centre indicated that only 7.5% of the adolescents (aged 15 to 21) reported having revealed the sexual abuse to anyone prior to being asked during their visit to the clinic. A second indicator that there is under reporting by young male victims comes out of the work of sexual offender treatment programs. For example, Henry Giaretto, (1986) indicated that 80% of the incest fathers in his program admitted that they had been sexually abused as children, but few had reported the occurrence.

Clinicians and researchers have identified a number of reasons that could explain boys' reluctance to report any sexual victimization experience.

CULTURAL CONCERNS. In our society boys grow up not to be dependent, vulnerable, or helpless, or at least to keep such feelings to themselves. A male ethic that promotes self reliance and competitiveness may make it more difficult for boys to seek help when they are hurt, offended, or frightened (Finkelhor, 1984).

A boy may fear being considered a sissy or unmanly (James and Jasjleti, 1983). Boys are seldom given permission to express their true feelings especially those of vulnerability, powerlessness, fear, and pain (Grygo, 1989). It would appear that the young male victim learns to be silent about his troubling experiences. Obviously, what is not talked about, is not disclosed.

LOSS OF FREEDOM. It may be that boys perceive that they have more to lose than girls if they report their victimization (Finkelhor, 1984). Reports indicate boys are usually allowed more independence and unsupervised activity than girls of the same age. A predictable consequence of notifying parents of a molest would be a severe limitation of unsupervised activities. According to Finkelhor (1984) boys will remain silent rather than risk losing their freedom.

HOMOPHOBIC CONCERNS. The literature indicates that the majority of boys abused by males fears becoming homosexual or being labelled homosexual (Finkelhor, 1984, Reinhart, 1987, Seboid, 1987). The sexual abuse experience creates qualms about their own sexual identity. Homosexuality is one of the most feared stigmas among male peer groups. The boy fears being negatively labelled if peers find out about the sexual abuse experience. Parents are also fearful of the label their son may receive and thus may not report the abuse to authorities.

BLAMING THE VICTIM. Boys generally fear being blamed for the sexual abuse, especially in situations where they did not resist the assault, and if they were sexually aroused (Blanchard, 1987).

Additional fears of being blamed occur if the boy has defied a parental directive such as attending a home not allowed by his parents. Blaming the victim is not unique to boy victims of abuse, as it also occurs to young female victims as well as adult victims of sexual assaults. There is a tendency to blame victims of sexual abuse in general and to blame boys in particular (Rogers and Terry, 1984).

SECTION 3.4: FEMALE PERPETRATORS

It would appear that people in general are resistant to the notion that women may sexually abuse boys (Banning, 1989). Current data supports the claim that the majority of offenders of boys are males. Until recently, mother-son incest was considered to be virtually non existent. However recent studies indicate that although the numbers are low in comparison to father-daughter incest, mother-son incest is occurring. The Dallas Incest Program (McArthy, 1986) identified an incidence rate of 4% of mothers in their offender population. A United States study of 365 men molested as children (Kendall - Tacket & Simon, 1987) gave an incidence rate of 3%. A study in The United Kingdom, based on questionnaires seeking the frequency of child sexual abuse which were sent to doctors and other relevant health professionals, reported an incidence of 2% sexual abuse by natural mothers (Mrazek, 1987). Finally, a study entitled The National Incidence Study of Child Abuse and Neglect (1981), analyzed by Finkelhor and Russell (1984) and correcting the figures for complicity on the

part of the females, gave an incidence of female perpetrators of boys of 24%. The National Incidence Study of Child Abuse and Neglect reported on all cases of abuse and neglect, accounting for the relatively high percentage of female perpetrators.

SECTION 3.5: DIFFICULTIES IN DEFINING SEXUAL ABUSE OF BOYS

The low incidence rate of female perpetrators of boys may be indicative of a problem in recognition (Banning, 1989). Banning discussed an actual case of a mother who would kiss her 4 year old son's penis, play a game where she would chase her naked son around the house and bite him on his bare bottom when she caught him, and allowed her son to fondle her breasts and to give her "tongue" kisses. This boy was seen as a result of playing sexual exploratory games which involved inserting his fingers and other objects into the vaginas of little girls. He called this game "check-a-bum." At a diagnostic interview this boy attacked wooden dolls by thrusting a bayonet between their legs. In addition, he drew a squiggle, said it was a vagina, and called it a "pong because it smells." This case was reported to the Child Protective agency, but was not registered as a case of sexual abuse. Banning then reversed the sexes of the parent and child and described a similar situation. She then asked the reader to consider if this situation would be seen as an example of sexual abuse.

Banning (1989) suggested that boundaries of acceptable behaviour may be different for men and women. In many instances of child sexual abuse the intent of the perpetrator is the central

issue, the perpetrator misusing the child for his or her own sexual gratification. The perpetrator often claims that he or she was just showing affection. It is more likely that a women's behaviour will be seen as affectionate, possibly as a result of sex role differences. Culturally, women are allowed a much freer range of sexual contact than are men. Mothers are generally perceived as asexual to their children. At worst, a mother's behaviour is seen as seductive and not harmful.

From the previous discussion regarding males victimized by females and the problem of recognizing the abuse as abuse it appears obvious that male sexual victimization is clearly misunderstood. Numerous references indicate that sexual abuse is harmful to children (Browne and Finkelhor, 1986, MacFarlane, et al, 1986).

Pierce and Pierce (1983) found that girls were five times as likely to be brought into the care of a protective agency than boys were. They also reported that on average, boys spent less time in treatment. Pierce and Pierce concluded that protective workers do not view the continued vulnerability of boy victims to further sexual abuse as seriously as with female victims. The authors felt that treatment plans may have been too threatening to families of sexually abused boys.

Hauguaad and Reppucci (1988) reported a study that looked at the beliefs of four groups of professionals involved in cases of sexual abuse as well as parents outside of these professions. A total of 255 participants rated on a five point scale (from

definitely not sexual abuse to definitely sexual abuse) 48 vignettes that varied according to the child's age, sex of the parent/child combination (mother/son, father/daughter), and the act involved. There are eight situations: 1) the parent hugs the child; 2) the parent kisses the child on the lips as he or she goes to work in the morning; 3) the parent sleeps in the same bed as the child; 4) parent enters bathroom without knocking while the child is bathing; 5) the parent is nude in front of the child; 6) the parent photographs the child nude; 7) the parent touches the child's genitals, and the parent has sexual intercourse with the child. Hauguaad and Reppucci found that all five groups rated the acts involving the fathers and daughters to be more abusive than the same acts involving the mothers and their sons. These results provide further evidence that the following two myths are stull adhered to: that boys are less seriously affected by sexual abuse (Pierce and Pierce, 1983), and that the seduction of a male child by a female is not very traumatic (James and Nasjleti, 1983).

SECTION 3.6: THE EFFECTS OF SEXUAL ABUSE ON BOYS

While there has been research demonstrating the negative effects of sexual abuse on girls (e.g. Grayston, De Luca & Boyes, 1992) there are very few comparison studies that determine empirically the relative impact of sexual trauma on the young male

child.

One such study is that of Friedrich, Beilke, and Urquiza (1988) who investigated a sample of 31 boys between the ages of 3 and 8 who have been sexually abused within 18 months prior to the study. Utilizing the Achenbach Behaviour Checklist (CBCL) the symptoms and problems presented by the sexually abused boys were compared with symptoms and problems experienced by 33 boys of the same age with diagnosis of conduct disorder (N = 12) or oppositional disorder (N = 21). Their results based on the parent completed behaviour checklist were that sexually abused boys were significantly less externalizing and aggressive, and significantly more sexualized and socially competent regarding both peer relations and the number of activities in which the child was involved. The variable that contributed the most to this description was Sex Problems. The sexually abused boys were considerably more sexualized as a group and their parents rated these boys as masturbating too much, having a preoccupation with sex, looking at pornographic material, and reenacting their abuse with siblings. However, overall, both groups were not significantly different in terms of overall behavioral distress as measured by the total number of behavioral problems on the CBCL.

Conte and Schuerman (1987) comparing 369 sexually abused children with 318 children recruited from the community, using a 38 item parent completed behaviour checklist, found there were seven factors that differentiated significantly between the sexually abused and comparison groups: low self esteem, aggression,

fearfulness, lacking confidence, withdrawn, acting out, and anxious to please.

A review of the literature regarding the effects of sexual abuse revealed numerous effects of sexual abuse that are similar for boys and girls (Browne and Finkelhor, 1986, Sgroi, 1982, Summit, 1983). These effects included: guilt, shame, withdrawal, overly compliant behaviour, anger, an inability to concentrate, and a lack of trust.

Rogers and Terry (1984) identified three types of reactions typical to young male victims. These were: confusion over sexual identity, inappropriate attempts to reassert masculinity, and recapitulation of the victimization experience.

CONFUSION OVER SEXUAL IDENTITY. In spite of increasing speculation and some evidence that women have been involved in the sexual abuse of boys to a greater extent then previously thought, the majority of studies point to boys most often being abused outside of the home, by men. Whether the offender is male or female the young male victim feel sexual confusion. The victim's greatest fears are homophobic, and that he has been turned into a homosexual (Finkelhor, 1984).

Bischoff, cited in Porter (1986), stated that the victim's perception of the male abuser may reinforce his feelings that he must be homosexual, which may result in alienating him from other males. Many men who abuse boys are married, and sexually involved with women. Young victims look at these men involved with women

and assume that the men are not homosexual so the child feels he must be homosexual. The boy distances himself from male role models internalizing the feeling "if I am close to my father I am going to make him act that way" (Porter, 1986).

According to Rogers and Terry (1984), the experience of a homosexual act contradicts a child's understanding of normal sexual relationships. The child, seeking an explanation as to why it happened to him may internalize the incident and blame himself. He may feel that the assault occurred because of his physical appearance (slight build, lack of muscles), speech (soft), personality, and even the clothing he may wear. These so called "feminine attributes" are perceived as contributing greatly to the assault. These feelings of self blame are especially true for characteristics that cannot be changed. The boy may identify with the notion that he is effeminate, or that he is perceived in that way by others. The concern that he is homosexual is reinforced in two ways. First, failure to resist may be internalized as indicating that he is not a real man. Secondly, he may have been sexually aroused by the incident and thus found the experience enjoyable.

When a boy is sexually abused by a women there are the issues of society's minimization of the experience as well as the issue of sexual confusion (Groth, 1982). Often the sexual abuse of males by female perpetrators is not seen as pathological, but rather as beneficial, an early introduction to display his manhood. Coao,

cited in Porter (1986) reported that adolescent and preadolescent boys who had been sexually abused by women, were concerned that a lack of a positive response to the assault was proof of their homosexuality.

Homophobic concerns are also evident in interactions with peers in which the adolescent and preadolescent male becomes involved in physical and verbal altercations that revolve around the issue of the sexually abused boy's sexual preference or that of his peer (Sebold, 1987). Frequently, the male victim tends to spend a lot of time attempting to convince peers that he is not gay.

INAPPROPRIATE ATTEMPTS TO REASSERT MASCULINITY. According to Rogers and Terry (1984) the emergence of inappropriate attempts to reassert masculinity through aggressive behaviour is the most common behavioral reaction of boy victims. The young male victim will attempt to resolve his confusion or anxiety about his sexual identity through over identification with the masculine stereotype. The victimized boy may feel that previous passive behaviours lead to his victimization. New aggressive behaviours are a means of convincing the young male victim as well as others that he is masculine. The aggressive behaviour may serve as a protective function for the boy who feels that the portrayal of a tough guy image will prevent further victimization. To this end, the sexually abused boy may initiate fights, even if he has no chance of winning. Destruction of property, confrontive and obtrusive behaviours with teachers and parents, and chronic disobedience also

may be common occurrences.

RECAPITULATION OF THE VICTIMIZATION EXPERIENCE. Not all young males who are sexually abused deal with their victimization by being sexually abusive towards others. However, some treatment programs report up to 100% of their offenders experiencing some type of early sexual victimization (Porter, 1986). Male victims who are sexually abused and feel a loss of control may repeat that experience even at an early age. The literature describes children as young as four years old who have been inappropriately sexual or sexually abusive with those more vulnerable than themselves (Banning, 1989).

Control is a central theme to many male victims (Rogers and Terry, 1984). Sexually abused boys often act out the same offenses that were perpetrated against them in an attempt to gain some control over what happened to them. These boys did not have any control over their victimization but have control in their offending. The ability to intimidate and over power others may give the young male a temporary sense of power and control.

In an effort to define significant indicators/effects of male sexual abuse Sebold (1987) interviewed 22 therapists who evaluated or treated numerous young male sexual abuse victims, and reported nine effects which were most prevalent. The first two effects, **homophobic concerns,** and **aggressive and controlling behaviours** were previously discussed. The remaining effects described by Sebold (1987) included:

Infantile Behaviour. Older adolescents pursued relationships with

young children and interacted with age appropriate peers only when directed to do so. Interactions with peers were marked by increased avoidance and anxiety behaviours. Infantile speech and play patterns were also reported.

Paranoid/Phobic Behaviour. Concerns were reported connected to homosexual concerns and specifically involved worries related to the abuse being discovered or reoccurring. The young male victim became hypersensitive to environmental cues that he perceived as an indication that a threat was present. Paranoid/phobic behaviours were often manifested in many day to day interactions. Fear and paranoia often occurred after the boy was caught misbehaving - strongly denying the behaviour while expecting the worst consequence.

Sexual Language and Behaviours. Young male victims displayed a preoccupation with sexual behaviours and thoughts. Male children who have experienced sexual abuse may masturbate publicly, report excessive preoccupation with masturbation or use sexually charged language.

Dreams. Themes of being chased, punished, and isolated. The larger theme indicated was that of being controlled by a more powerful person. Younger boys dreams were more concrete and fixated on particular objects or events such as snakes or bees going in and out of holes.

Body and Image Changes. The boys became either compulsively neat and clean or showed little or no concern with their appearance. In younger boys, enuresis and encopresis were reported.

Family and Social Indicators. The therapists reported that families with recent and multigenerational histories of sexual abuse were significant indicators that a young male also have been victimized. The inability to develop trust or intimacy were also described as effects of sexual abuse.

Setting Fires. Fire setting occurred predominantly in situations when the boy was sexually abused by a woman. The therapists felt that setting fires may be a dramatic way of seeking help without stating the problem.

Adult males who have been sexually abused as children have been found to be at an increased risk for offending behaviour and the development of psychopathology (Vander Mey, 1988), sexual and marital dysfunction (Finkelhor, Hotaling, Lewis & Smith, 1989), and drug dependence/abuse (Stein, Golding, Siegel, Burnam, & Sorenson, 1988).

SECTION 3.7: RATIONALE FOR TREATMENT

There are a number of factors crucial to understanding why group treatment is a useful modality in the treatment of child sexual abuse. Sexually abused children and adolescents are

generally abused by someone who has been in a powerful, authoritative position (Crowder and Myers Avis, 1990). Adolescents and older, school aged children are drawn to their peers, and are generally more involved with peers than with their parents (adults).

"Most children believe that their conflicts regarding the sexual molestation could never be fully understood by others. They believe that no one else has ever had similar feelings..."(Knittle and Tuana, 1980, p.237). The group process intrinsically provides a milieu to break down the isolation created by the abuse experience (Peake, 1987). The treatment group can be a safe and confidential environment in which the experience of sexual abuse can be talked about with others (Crowder and Myers Avis, 1990).

As described earlier, the abuse experience often destroys a child's trust in adult and authority figures. Meeting with a group of peers can increase the child's sense of safety, and decreases the fear of being intruded upon by the authority figures in the group, the adult group leaders.

Feelings about the sexual abuse can be discussed without "the threat of immediate self-disclosure" (Hazzard, King and Webb, 1986). No individual group member is constantly the focus of attention, and thus each child can make his/her therapeutic gains at his/her own pace (Knittle and Tuana, 1980). Because the group members tend to see the group as a social experience as well as a therapeutic one, loyalties develop to the group, and resistance to attending is lowered (Carozza and Heirsteiner, 1983).

The presence of peers in the group presents an opportunity to develop new interactive skills in a low-risk setting and to develop a social support network that can be drawn on outside of the group setting (Peake, 1987).

According to Porter (1986), family and group therapy are the two most important modalities for treatment of young male victims of sexual abuse. He believes that individual therapy for a young male victim with a male therapist may be threatening to the boy ..." because there are powerful elements of reliving the molestation inherent in the one - to - one therapeutic relationship" (p.21). These elements include the following:

1. In both situations, the child is alone with a man who discusses sexual matters and who keeps the conversations secret/confidential.
2. Often the child who has been deprived of nurturing contact with male adults other than his offender, is fearful that the therapist will also expect sexual favours, even when the purpose of the session has been explained.

Porter believes that these negative issues are countered by the dynamics of the group setting.

Group treatment offers advantages for the therapists as well. This treatment modality is cost and time effective, enabling a greater number of children to be seen at any one time.

"At the present time there are few published research studies which systematically evaluate the treatment of sexually abused boys" (Watkins & Bentovim, 1992, pg. 233). Watkins and Bentovim's findings were substantiated earlier by Keller, Cicchinelli, and

Gardner (1989) who in their review of treatment programs for child sexual abuse found that only 27 % conducted a follow up evaluation. In the two treatment groups for sexually abused boys, designed and co-facilitated by the principal investigator, effectiveness of group treatment was measured, informally, by group attendance, feedback from group members, and feedback from parents, caretakers, and social workers involved with the children. Pre group measurements of the boys were completed utilizing the Child Behaviour Checklist - Revised (Achenbach, 1981), but post group measurements were not completed.

Examples of effective group approaches for girls that may be effective for boys can be found in the literature (Berliner and MacQuivey, 1982; Hazzard and Webb, 1986; Kitchur and Bell, 1989).

Campbell, et al, (1992) reported their findings with regard to the impact of an 18 month sequential approach to individual and group therapy with sexually abused adolescent boys. "Overall, the psychometric tests, the empirical case studies, and the clinical observations indicate that the treatment project was not successful in meeting the needs of these youths" (pg. 174).

Grayston (1993) reported on a study involving 12 sexually abused boys ranging in age from seven to ten. Six of the boys attended a 12 week group treatment program while the remaining six children were assigned to a wait list comparison group. Grayston indicated that a lengthy time to obtain referrals, combined with the ethical difficulties of withholding treatment for children ..."necessitated adherence to a less rigorous research design in

which children were assigned to groups on the basis of when they were referred to the program (i.e., the first group of children were composed of the initial six suitable referrals)" (pg. 17). Acts of sexual abuse ranged from fondling to anal sex. The boys' offenders included: Father/step father, a male peer, and a step mother. The treatment group was co-facilitated by a male/female team, with both facilitators' academic backgrounds being in Psychology. Several standardized and non standardized assessment measures were utilized to evaluate the effects of sexual abuse on the boys, and to monitor the course of these symptoms during the treatment group. These instruments included: The Self-Esteem Inventory (Coopersmith, 1984), The Children's Depression Inventory (Kovacs, 1985), and the Child Behaviour Checklist (Achenbach, 1981). Measurements were taken during the intake interview, to determine a baseline of behaviours from which to assess the effects of the treatment group, and within four weeks of group termination. Grayston's findings were that the children in group therapy did experience improvements over the course of the intervention and that the effects of the program tended to vary from child to child. Grayston reported that two boys derived significant benefits from the treatment group, two boys experienced generally smaller changes, and two boys experienced very small change. The changes made by group participants were statistically comparable to those for boys assigned to the wait list comparison group. Grayston suggested that the absence of statistically significant findings on most measures may be due, in large part, to the small sample size.

She commented that the "use of more sensitive and comprehensive assessment procedures and identification of the variables most commonly associated with treatment success in this particular population are clearly required if therapists are to effectively screen potential group referrals and accurately predict which children will and will not improve following group interventions" (pg. 75).

Hack, Osachuk, & De Luca (1994) described a study conducted to evaluate the effectiveness of a semi-structured, 12 week treatment group for six pre-adolescent sexually abused boys (aged 8 - 11 years). The boys' offenders included: a father, brother, neighbourhood boys, and an uncle. Acts of sexual abuse ranged from genital fondling to penile penetration. The treatment group was facilitated by two male clinical psychology graduate students, both at the doctoral level of training, and a third-year male undergraduate honours psychology student served as group assistant. Measurements were administered at three different time periods: during intake interviews held three weeks prior to group commencement, one week after group termination, and at a follow up meeting seven months after group termination. The measures used were: Child Behaviour Checklist - Revised (Achenbach, 1981), The Children's Depression Inventory (Kovacs, 1985), and the Self-Esteem Inventory (Coppersmith, 1984). Their findings were that the boys experienced decreased anxiety, decreased depression, increased self esteem, and decreased internalizing and externalizing behaviours; and that these benefits were generally maintained seven months

after the program had ended. No comparison group was used in this study.

Based on the results of these three studies there is little empirical evidence to support the effectiveness of a group treatment program for sexually abused boys. However the work of Hack, Osachuk, and De Luca (1994) and that of Grayston (1993) is encouraging. Although the research designs and method of evaluation differed between the two studies, the theoretical basis of their treatment groups, the group format, and many of the exercises utilized were similar. Both the Grayston (1993) and the Hack, Osachuk, and De Luca (1994) studies indicated that the boys experienced improvement in behaviour over the course of the treatment group program. This evidence combined with the antidotal comments of many contributors to the research project suggest that a treatment group program may be an effective and integral component of an overall treatment program to help sexually abused boys.

SECTION 4.1: GROUP FACILITATORS

SECTION 4

GROUP WORK WITH SEXUALLY ABUSED BOYS

WANTED: An individual is required to co-facilitate a treatment group for sexually abused boys. The successful applicant should possess a post secondary degree in Social Work, Psychology or a related discipline. Previous experience at co - facilitating a treatment group for sexually abused boys is not required, however basic knowledge of sexual abuse, the effects of sexual abuse on young male victims, and knowledge of small group dynamics are required.

The position offers the successful applicant the opportunity to work in a relatively new and untested work experience. Co-facilitating a treatment group for sexually abuse boys is a challenging experience requiring a creative and flexible individual who will still set limits. The successful applicant must have confidence in his/her own skills, and perseverance (Karen Goslin, Ontario, a respondent to the mail questionnaire).

Applicants should apply to the Child Welfare Office, or Child Sexual Abuse Treatment Centre in their community.

Our research indicated that nearly all treatment groups for sexually abused boys were facilitated by at least two facilitators, and that the co facilitation team of choice in the majority of groups was a mixed gender dyadic team. These results are consistent with findings in the literature (Bricner and Johnson, 1987, Schact, et al, 1990, Sgroi, 1992, and Singer, 1989).

There are several concerns with one individual facilitating a treatment group for sexually abused boys. If the facilitator is male, one runs the risk of replicating the abuse scenario as described by Porter (1986). Other concerns deal with difficulties managing behaviour during group time, being unable to spend time individually with a boy if it became necessary, and being solely responsible for all facets of the treatment group.

There are several advantages of the male/female co-facilitating team. These advantages include:

1. Mixed gender co-facilitators are able to model healthy male - female communication and interactions.
2. Mixed gender co-facilitators allow the boys the opportunity of interacting with a positive male role model and a positive female role model.
3. The boys within the treatment group receive a male and female perspective on many issues including sexuality, and victimization.
4. Having an adult, female facilitator in the room may provide the boys with a feeling of safety, if they were offended by an adult male.

The primary concern expressed by respondents to the research project with regard to the mixed gender dyadic team focused on the comfort level of the boys in discussing sexual issues with a female facilitator. The female facilitator must be sensitive to this concern by acknowledging it with the boys and seeking their input on resolving the concern.

While facilitating a treatment group with another individual has many advantages, difficulties can arise. One problem that may occur is locating a co-facilitator. A logical starting place would be your own agency. However, if you have exhausted that avenue, looking at other agencies/resources in your community can help. Finding someone who has the same educational background as yourself is not necessary. Individuals with diverse backgrounds such as public health, education or law would bring differing perspectives to the treatment group. Finding an individual with whom you can develop or already have in place, mutual respect (personally and professionally), peer support, and an equal sharing of responsibilities but also allowing for each individual's interests and strengths to come to the forefront is important.

Once you have found someone to co-facilitate the treatment group it is important to organize responsibilities related to the group. You will need to come up with a regular time to design group sessions. This occurs easiest if you and your co-facilitator work at the same agency and have regular contact. If you and your co-facilitator are at different agencies then more planning may be required. A good idea is to plan several sessions at a time and to

use the time prior to the session beginning for updating and housekeeping issues. A short period of time should be taken after group to debrief, but this is not a good time to do group planning.

As indicated earlier it is important to share the workload. One way of achieving this is to alternate responsibilities on a weekly basis. For example, the facilitator whose turn it is to write feedback in the boys journals should also complete the weekly group log. During that week, the other facilitator could then be responsible for purchasing snack (buy bulk as it is more cost and time effective) and making necessary contacts with referral sources and/or caregivers.

Finally, two related difficulties which may occur could be locating clinical supervision, and adequate training. Finding an individual with many years of experience providing clinical supervision to treatment groups for sexually abused boys can be extremely difficult. Locating an individual who can provide clinical supervision with regard to child sexual abuse issues and group treatment should not be too difficult, and should provide the facilitator the supervision he/she will require to facilitate the group. The component which may be missing, issues related directly to the boys, can be accommodated by a review of the literature (a good start would be the articles referenced in this manual) and through attendance at relevant workshops. However, at the present time workshops which focus on group treatment with sexually abused are scarce. Therefore, it is recommended that facilitators of treatment groups for sexually abused boys should become part of, or

develop a peer support network with other individuals in your community facilitating treatment groups with sexually abused boys.

SECTION 4.2: THE GROUP SETTING

Finding an appropriate setting to facilitate your treatment group is an important step in the overall smooth running of a treatment group. Many agencies have meeting rooms designated for a variety of group meetings or boardrooms that can be used as a group meeting room. While this type of arrangement may work well in some situations I do not recommend facilitating your treatment group in a Child Welfare office. Some boys may associate a Child Welfare office as a place of safety, still others may feel threatened as a result of being removed from their family or even at the possibility of removal from their homes. This heightened anxiety could interfere with the ability of some boys to function during treatment group sessions. Similarly, there may be parents who feel threatened having their son attend a treatment group at a Child Welfare office.

Searching your community for a setting to facilitate your treatment group may become a necessary step. An ideal choice, and one we used successfully with the Preadolescent Sexual abuse Treatment (P.A.S.T.) group in Winnipeg, was to approach a school in the area. Schools will have the majority of supplies you will need to facilitate your group (arts and crafts materials, audio visual equipment, etc.) as well as access to a gymnasium and/or a multi purpose room. Generally, there is no cost, or a minimal cost

involved. If you choose to facilitate your treatment group at a school, it is best to stay away from using a room too close to the principal's office, and if possible to use a room that least resembles a classroom.

Other potential group settings would include YMCAs and area community canters.

SECTION 4.3: TREATMENT GROUP OBJECTIVES

Based on the research findings, treatment group facilitators identified five general categories of objectives of their treatment groups. These objectives were:

1. Cognitive restructuring (i.e., an enhanced self image).
2. Attempts to change behaviour (i.e., anger management).
3. Education and understanding of sexuality and sexual abuse (i.e., homophobia and remolest prevention).
4. Life skills training (i.e., problem solving).
5. Relationship building (i.e., improved family relationships).

A full listing of all 41 treatment group objectives identified by respondents to the research study is presented, in alphabetical order, at the end of this section. The objectives most frequently described were: an improved self image, facilitating awareness of feelings, anger management, sex education, and remolest prevention.

A treatment group need not have all of these objectives as part of its program. Treatment group objectives will be dependent

on the composition of group members (ages, victimization experience) and the number of sessions your treatment group will run. Here are two examples of treatment group objectives from my own experience, and from the literature:

A 24 session treatment group for sexually abused adolescent boys facilitated through Macdonald Youth Services, a placement and treatment agency in Winnipeg had the following objectives:

1. To help the boy identify and work through feelings derived from being sexually victimized.
2. To help the boy examine and understand the dynamics of his sexual abuse.
3. To enhance the boy's self concept.
4. To help the boy develop more constructive, socially appropriate coping behaviours.
5 To provide the boy with information and responses to prevent further abuse.
6. To use group process to develop more appropriate peer relating skills.

Mrazek's (1981) treatment group which consisted of 1 1/2 - hour sessions over a period of six months had the following foci:

1. Provide a safe setting to facilitate the discussion of feelings regarding individual and family problems, including their sexual experiences.
2. Providing male and female adult role models.
3. Allowing the girls* to relate to peers who had similar

sexual experiences.

4. Enhancing the girl's overall social skills.*

* Although Mrazek's treatment group was for sexually abused girls the focus would be equally as appropriate for a treatment group with sexually abused boys.

Kerry Todd (Bellevue, Washington) who co - facilitates treatment groups for sexually abused boys provided the following goals:

A. Peer support.

B. Decrease anxiety of talking about the sexual abuse experience.

C. Increase assertiveness/social skills.

D. Appropriate placement of blame - decrease guilt.

E. Decrease aggressive behaviour/anger.

F. Learn appropriate expression of feelings.

G. Education.

H. Springboard for further work.

I. Increase self esteem.

J. Empowerment.

K. Confrontation of offender.

L. Break victim cycle.

M. Prevent development of offending patterns.

SECTION 4.4: TREATMENT ISSUES

TOP 10 TREATMENT ISSUES ENCOUNTERED WHILE FACILITATING A TREATMENT GROUP

1. Homophobic concerns/role confusion.
2. Guilt.
3. Anger.
4. Betrayal.
5. Shame.
6. Trust.
7. Empowerment/powerlessness.
8. Anxiety.
9. Fear of revictimization.
10. Aggression.

Based on their treatment group experiences with sexually abused boys, respondents to the survey identified 41 treatment issues which arose during their treatment groups. The majority of the treatment issues were categorized based upon Finkelhor and Browne's (1985) Traumagenic Dynamics in the Impact of Child Sexual Abuse. These dynamics are: Traumatic sexualization, stigmatization, betrayal, and powerlessness. A more indepth description of this framework is found in appendix B. The remaining treatment issues described by respondents to the survey were categorized as "group related" and "miscellaneous":

TRAUMATIC SEXUALIZATION

HOMOPHOBIC CONCERNS/ROLE CONFUSION

SEXUALIZED BEHAVIOUR

BLURRED BOUNDARIES

SEXUALITY

SEXUAL EDUCATION

AIDS/STD

SEXUAL IDENTITY

BODY IMAGE

AIDS/STD

GENDER ISSUES

PORNOGRAPHY

TRAUMATIC RESPONSES (hallucinations, flashbacks, dissociation)

STIGMATIZATION

GUILT

ANGER

SHAME

MINIMIZATION/DENIAL OF ABUSE

PEER INTERACTIONS

SELF ESTEEM

SUICIDE

DAMAGED GOODS SYNDROME

SELF BLAME

WHAT IT MEANS TO BE MALE

STIGMATIZATION

SELF DEFEATING BEHAVIOURS

DRUGS AND ALCOHOL

ISOLATION

SECRECY

ANTI SOCIAL BEHAVIOUR

EMBARRASSMENT

BETRAYAL

BETRAYAL

TRUST

DEPRESSION

FAMILY ISSUES

LOSS

PARENTAL REACTION TO THE ABUSE

PARENTAL NON PROTECTION

AMBIVALENT FEELINGS TOWARDS THE OFFENDER

DYSFUNCTIONAL ADULT RELATIONSHIPS

RAGE

BREAKING THE SILENCE

ABANDONMENT

HURT

CONTACT WITH THE OFFENDER

EMOTIONAL AVOIDANCE

POWERLESSNESS

EMPOWERMENT/POWERLESSNESS

ANXIETY

FEAR

AGGRESSION

FEAR OF REVICTIMIZATION

POOR SOCIAL SKILLS

OUT OF CONTROL BEHAVIOURS

LOYALTY ISSUES

VIOLENCE

POWER/CONTROL ISSUES

LACK OF ASSERTIVENESS

RUNNING

SAFETY

DEPRIVATION

PREOCCUPATION WITH RETRIBUTION

SCHOOL DIFFICULTIES

FEAR OF DISCOVERY

SOMATIZATION

FEAR OF PHYSICAL ASSAULT

PANIC

NIGHTMARES

FEAR OF BEING ALONE

GROUP RELATED

LISTENING AND ATTENDING BEHAVIOURS

SCAPEGOATING OF GROUP MEMBERS

LACK OF EMPATHY FOR PEERS

CONFIDENTIALITY

GROUP MEMBERS BULLYING EACH OTHER

HYPERACTIVITY

TRANSFERENCE ISSUES

MISCELLANEOUS

COURT EDUCATION

FOSTERCARE ISSUES

RACISM

Being aware of the potential treatment issues which may arise in your group should help with group planning, and make the treatment issues easier to work through with the boys when they occur.

SECTION 4.5: GROUP FORMAT

1. CHECK IN

1a. (GROUP MASCOT OPENING REMARKS)

2. LAST WEEK REVISITED

3. THERAPEUTIC ACTIVITY/DISCUSSION

4. SNACK TIME

5. SELF IMAGE BUILDING/GROUP COHESION EXERCISE

6. JOURNAL TIME/QUESTION BOX

7. GYM TIME/ PLAY TIME/ FREE TIME

The group format presented is based on a 90 minute session.

CHECK IN

The check in activity is a way of gauging how the boys are feeling as group begins as well as determining what kind of week they have had. There are at least two ways of completing the check in. The first way is more appropriate for the younger boys and is done in the following manner: At the beginning of the group session each boy is handed an envelope with his name on it. The envelope contains six feelings faces glued onto popsicle sticks (one feelings face on each side of the popsicle stick). Suggested feelings faces could include: happy, sad, angry, confused, confident, and undecided. In turn, each boy is asked to raise the popsicle stick indicative of his present feeling(s) which he could describe to the group if he wanted to, and for which he could

explain why he was feeling that particular way. This kind of feelings check in may be less threatening to the boys who need only wave a feelings face as opposed to verbalize how they feel. The feelings check in should last between five to ten minutes.

A second way of checking in is for each boy to a describe a good thing and a bad thing that occurred during the past week. This exercise may be more appropriate for the older boys and will take longer to complete than the feelings check in. For example, in a treatment group I once co-facilitated for sexually abused girls the check in took between ten and fifteen minutes, and at times lasted over half an hour. If the boys are bringing up important issues that occurred for them during the past week, and there is discussion amongst the boys, the facilitators should not set a specific time limit.

With either check in both facilitators should be active participants.

GROUP MASCOT OPENING REMARKS

Although not necessary, a group mascot may be helpful in a treatment group for younger boys (ie., twelve and under). The possibilities of group mascots are limited only by creativity of the facilitators. The .P.A.S.T group in Winnipeg utilized the Radio Shack Robie Sr. programmable robot as their group mascot. The robot would open each session with a recorded message reviewing the previous session and outlining the agenda for that day's session. Aside from the opening remarks, the robot had several

other functions.

These functions included:

1. Answered questions that were left in the Question Box from the previous week.

2. Allowed the opportunity for each boy to feel special by referring to him individually by name and describing something about him. (ie., " Hello Billy! Aren't you the boy who loves to play floor hockey and had a birthday just last week?").

3. Enhanced group cohesion through exercises revolving around the robot such as brainstorming naming sessions (the best name was "Abuse Buster"), and completing puzzles of the robot.

4. Helped the boys identify and express feelings by taking on a personality and describing his own feelings. For example, the robot described feeling anxious during the first session and during a later session, feelings of powerlessness as a result of a broken arm and not knowing when the facilitators would have the arm replaced.

5. Allowed the boys to feel powerful and in control by manipulating the robot through the remote control.

6. Allowed the boys a "safe" way of telling their story, again utilizing the remote control.

Although not specifically set up as a group mascot, Karen Goslin of the SAFE-T Program at the Thistletown Regional Centre in Rexdale, Ontario, described a unique feature of her treatment group. "Bill" was introduced to the group as a boy who could not attend group due to distance. "Bill" would write letters to the

group and ask questions regarding issues such as court, school, and peers. Group members developed empathy and problem solving skills as they wrote letters and developed video replies to "Bill's" letters. Other examples of group mascots included stuffed animals, and puppets.

LAST WEEK REVISITED

If a group mascot is not utilized then the group facilitators need to spend time after the check in to go over any issues outstanding from the previous session as well as to introduce the agenda for that day's session. This could be the time when questions from the Question Box are answered or journals returned. This component of group time should not last longer than ten minutes.

THERAPEUTIC ACTIVITY/DISCUSSION

The therapeutic activity/discussion section of the treatment group is the time that group members deal with issues such as, feelings, offenders and developing anger management skills. An approximately thirty minute time period should be allocated for the therapeutic activity/discussion, with more time available after snack, if necessary.

SNACK TIME

Food may be used as a positive reinforcer for completing earlier group tasks. The boys should decide during the first session what types of snacks they would like and the facilitators

take turns purchasing the snack (buy bulk!). Appropriate snacks could include: granola bars, fruit, juice, and "treats" around specific holidays. A birthday cake if a group member has a birthday during the week of group would be a nice touch. Snack time should be informal, unstructured, and last about ten minutes.

If the boys are attending the treatment group immediately after school and have no time to eat before group starts, then snack time should occur when the group begins.

GROUP COHESION/SELF IMAGE BUILDING EXERCISE

If the therapeutic activity/discussion was completed in the allotted time group members could engage in group cohesion or self image building exercises. Group cohesion building exercises may be important early in group and not as necessary as sessions continue. Enhancing self image was the most frequently cited treatment group objective by respondents to the research study and therefore should be given great importance during group time. The group cohesion/self image building exercise component of the group should last approximately 15 minutes. If there is not sufficient time to complete the therapeutic activity, that activity can be completed during the group cohesion/self image building time.

JOURNAL TIME/QUESTION BOX

Group members are often too shy or embarrassed to ask a question in front of the other boys. The use of a journal or question box is a way for the boys to share information or to seek information in a non stressful manner.

There are several ways journals can be used. One way is to have the boys write or draw in their journal any way they feel. This could include issues related to their victimization, other facets of their lives, or just asking a question. Alternatively, the co-facilitators could pose a question to the boys such as:"Describe three things about you that are not related to being sexually abused", or,"How has today's discussion changed your feelings about your victimization"? Both facilitators should take turns writing personalized feedback to the boys in their journals. Journal time can be a winding down time with the boys playing some of their favourite music in the background, while working on their journals. As an alternative to journals, the facilitators can create a question box. A question box is simply a decorated shoe box with an opening cut out of the top large enough to fit a small piece of paper. Each boy is given the piece of paper and told that they can use the paper to ask any questions or make any they comments they wish. The boys should be told that even if they have nothing to write, they can draw a picture or scribble on the paper. The boys need not put their name on the paper but could do so if they wanted to. All papers must be placed in the question box so as not to single out a specific boy who has a question or comment.

The facilitators can take a boy aside and answer his question, answer it during the next group session, or do both. In my experience with the PAST group in Winnipeg the boys used the question box to ask questions regarding the co-facilitators, about other group members, and about specific group topics. One boy indicated through the question box that he still blamed himself for his victimization. Based on the question box comments of two group members, their caseworkers had to be notified and an investigation into the possibility of further abuse, initiated.

Generally, journals may be more appropriate for the adolescent boys and the question box more appropriate for the younger boys. Journal/Question Box time should take approximately five minutes.

GYM TIME /PLAY TIME/RELAXATION TIME

The remaining group time should be less structured, and have nothing at all to do with sexual abuse. The most ideal setting to facilitate a treatment group would allow group members access to a gymnasium. Spending time in the gym can benefit the boys in several ways:

1. A time to burn off energy and tension which may have built up earlier in group.
2. To help the boys realize that their bodies can be used in positive ways.
3. There are indications that sports has proven beneficial to the sexually abused boy in terms of helping re-establish his masculine

self concept (James and Nasjleti, 1983).

The .P.A.S.T. group included a gym time within the group time. Based on that experience two further benefits were realized. During gym time PAST group members usually chose to play floor hockey. The first time they played floor hockey there were seven boys running in seven directions. However as group members were together longer they played as a team and would cheer on each others' accomplishments. Gym time became a good gauge of group cohesiveness. Another benefit realized during gym time had to do with allowing certain boys the opportunity to feel "special". In every group there will be boys who excel verbally or through art work and because of these skills may feel special. In the PAST group there were boys who were able to feel special because of their athletic abilities, which they were able to display during gym time.

If your group does not have access to a gymnasium, then the last part of the group can be spent playing board games, cards, listening to music, and or participating in relaxation exercises. The gym time/play time/relaxation time component of group time can last from fifteen to thirty minutes.

It was indicated earlier that the group format presented was based on a ninety minute session. However, if one were to add up all the approximate times given for each component of the group session, your treatment group would last over two hours! Each treatment group should work at a pace that is comfortable for the group members and the facilitators. It is important for the

facilitators to go into each group session with an agenda. Depending on what is happening in the group during a particular session, it may not be necessary to complete that agenda.

SECTION 4.6: REFERRALS

Following sections 4.1 through 4.5 should get you to the most important component of a treatment group for sexually abused boys, the group members. Wonderful planning could go for not if careful consideration is not taken to recruit potential group members, and screen them for suitability for group treatment. This section will discuss how to go about obtaining referrals.

I believe that priority should be given to children presently involved with your own agency. Agency staff should be notified of your intentions to facilitate a treatment group for sexually abused boys, followed by a request on your part to speak at appropriate unit meetings. During the second year we ran the P.A.S.T group in Winnipeg, it became obvious that more than circulating a memo was required. Two boys were referred to our group from an agency in our community that facilitated treatment groups for adolescent boys who had been sexually abused. Ironically, these boys were referred to the other agency for group treatment from our own agency.

Once you have exhausted all potential referrals from your agency, your next step should be publicizing your program within your community. The easiest method of completing this task would be presenting at an inter-agency child abuse meeting if they occur in your community. Finally, based on our research, the most likely

sources of referrals are: Child Welfare agencies, schools - guidance counsellors, physicians, and the legal system. Letters should go out to the appropriate individuals at these agencies/facilities describing your treatment group, and offering to speak in person.

Once the referrals begin to arrive you will need a method of obtaining basic information from the referral source. An application form should be developed and sent to all referral sources. The application form should not be lengthy and should solicit information regarding the boy's living arrangement, his victimization experience, and the extent of his support network. A sample treatment group referral application follows at the end of this section. Finally, upon receipt of a completed application form a meeting should be arranged with the boy and his caregiver.

SEXUAL SURVIVORS GROUP - REFERRAL FORM

Date:

Worker:

Team:

Child Referred:

Age: Birthdate: Status:

Address: Telephone #:

Caregivers Name:

School: Grade:

General Performance:

Relationship of Offender to Child:

Court Pending: If Yes Date:

Who is available to child after each session:

Name:

Phone #:

Family History:

Details of Abuse (including length of time over which the abuse occurred):

Degree of child's ability to discuss the abuse:

Define child's support network, (or non-supportive) in terms of significant relationships:

Child's ability to connect with peers (especially in a group setting):

Child and Family previous or current therapeutic involvement:

Consent of Guardian _____ Date _____

SECTION 4.7: SCREENING OF POTENTIAL GROUP MEMBERS

TOP 10 REASONS A BOY COULD BE CONSIDERED FOR GROUP TREATMENT

1. The boy falls within the age range of the treatment group.
2. The boy is willing to attend group treatment.
3. The boy is able (in some manner) to discuss his victimization.
4. The boy acknowledges that he has been sexually abused.
5. The boy has a supportive person.
6. The boy is able to interact positively with other group members.
7. The boy has/is presently receiving individual therapy.
8. Placement within the treatment group is voluntary.
9. The boy is emotionally ready to attend a treatment group.
10. The boy is able to maintain self control.

TOP 10 REASONS THAT MAY EXCLUDE A BOY FROM GROUP TREATMENT

1. The boy has displayed sexually offending behaviours.
2. The boy is diagnosed as psychotic.
3. The boy is intellectually limited.
4. The boy displays behaviours which would interfere with group functioning.
5. The boy has a chemical dependency problem.
6. The boy displays behaviours which may threaten the safety of other group members.
7. The boy does not fall within the age range of the treatment group.
8. The boy denies that he was sexually abused.

9. The boy does not have a supportive caregiver involved.

10. The boy is emotionally too fragile to attend a treatment group.

With the exception of treatment group facilitators who are already familiar with potential group members through another program (i.e. a residential treatment centre), it is important for treatment group facilitators to screen potential group members. The purposes of the screening process are;

i) To assess whether group treatment is the appropriate therapeutic modality for the boy.

ii) To determine whether or not a boy is ready for group.

iii) To help develop as cohesive a group as possible.

Based on the results of the research project, criteria for selecting or excluding a boy from group treatment fell under three categories;

i) Issues related to the boy's victimization experience (does the boy acknowledge his victimization, can the boy talk about his victimization).

ii) Issues related to the boy's readiness/suitability for group (willingness to attend, absence of violent behaviour).

iii) Issues related to the boy's support network (availability of a support person, transportation to and from the treatment group).

The above description of criteria for inclusion and exclusion from a treatment group is a generalized listing and is meant as a

guide that may be followed when screening potential group members. Each boy should be considered individually, as well as how he would interact with other group members.

SECTION 4.8: POTENTIAL PRACTICAL PROBLEMS

TOP 10 PROBLEMS YOU MAY RUN INTO FACILITATING A TREATMENT GROUP

1. Transportation of the Boys to and From Group.
2. Ensuring Regular Attendance.
3. Planning Time For Co-Therapists.
4. Receiving Enough Referrals at the Same Time.
5. Scheduling Group Sessions.
6. Behavioral Issues With Children.
7. Finances/Funding Difficulties.
8. Ensuring a Coordinated Treatment Approach.
9. Resistance From Caregivers.
10. Booking/Locating a Meeting Room.

A complete listing of practical problems described by respondents to the research project please see is presented at the end of section 4.8

TOP 10 SOLUTIONS ...(and more) TO THE TOP 10 POTENTIAL PRACTICAL PROBLEMS

1. **TRANSPORTATION** of the boys to and from the treatment group was by far the biggest logistical problem associated with facilitating a treatment group for sexually abused boys. Here are several suggestions that you may use to eliminate this potential problem:

    a) Make available transportation a component of the selection criteria.

    b) Ensure that the referral source is aware that they are responsible for arranging transportation.

    c) Make use of volunteer drivers - ensure that police checks are completed and that the boys and their caregivers are comfortable with this arrangement.

    d) If funding is available then it may be possible to hire a driver and rent a van or, use taxi cabs. Similar to suggestion "c" a police check must be done on any individual hired to transport the boys, and the boys and their caregivers must be comfortable (feel safe) with the transportation options.

2. **ENSURING REGULAR ATTENDANCE** is a problem that may or may not be associated with problem 1. If you believe poor attendance to be as a result of difficulties with transportation, then you should read the solutions listed above. An additional solution would be reminder phone calls made to the boys and/or their caregivers.
3. **PLANNING TIME FOR CO-THERAPISTS** is often difficult to schedule because of other workload pressures. Please refer to section 4.2, Group Facilitators for some helpful suggestions.
4. **RECEIVING ENOUGH REFERRALS AT THE SAME TIME** can be a frustrating experience for the individual who has spent countless hours developing a treatment group, but cannot start the group due to a lack of group members. Please refer to section 4.6 (Referrals) for some helpful suggestions.
5. **SCHEDULING GROUP SESSIONS** should be considered in the early stages of developing your treatment group. The first step is to find a location. Section 4.2 describes potential group settings and problems that may be encountered with those settings. The second step involves selecting a day of the week to facilitate your group. This step will be influenced by your schedule and that of your co-facilitator, and the availability of the setting for your treatment group. If possible try and avoid Monday and Friday groups as Monday groups do not allow much time for last minute planning, and by the time Friday after school rolls around, who is really interested in attending or facilitating a treatment group. The

best days would be either a Tuesday or Wednesday.

6. **BEHAVIORAL ISSUES WITH CHILDREN.** Many individuals have avoided facilitating group treatment with sexually abused boys, fearful that the majority of group time will be a futile attempt to manage behaviour. To say that behaviour management will not be a problem would be a lie! However Wayne Scott provides the reader with a framework for understanding the origin of the boys behaviours during group time, and practical methods to manage their behaviours. Please see section 4.9.
7. **FINANCES/FUNDING DIFFICULTIES** as a result of shrinking agency budgets and often, a minimal allocation of existing finances towards sexually abused boys may be another hurdle treatment group facilitators may have to jump over. However, the costs of facilitating a treatment are not very high. Items such as snack (remember, buy bulk), arts and crafts, copying, and facility usage may be the only costs. Many of these items are available at your own agency or at the location where your treatment group will meet at no cost. If funds are required, determine how much you will need and submit a proposal. A proposal should include a rationale as to why the item is necessary for your treatment group. Finally, donations may be sought from businesses and/or service clubs in your community.
8. **ENSURING A COORDINATED TREATMENT APPROACH.** Generally, a treatment group for sexually abused boys is seen as one component of an overall treatment program to help the sexually abused boy and his family. With the possibility of many

individuals and agencies involved it is important that regular contact be maintained between all those involved with the boy and his family. While the responsibility of coordinating collateral resources falls with the referring caseworker, group facilitators should make themselves readily available to provide necessary updates and consultations to others involved with the boy and his family. Consideration with regard to confidentiality must be maintained. Co-facilitators should design a schedule of who, and how contact with be coordinated with other individuals and agencies.

9. **RESISTANCE FROM CAREGIVERS** may be the most damaging problem facing a boy as he attempts to heal from sexual abuse. Resistance may take a subtle form such as creating difficulties with transporting the boy to group, or may be as overt as specific negative comments made to the boy regarding his victimization and/or the treatment the boy is receiving. I believe that most caregiver resistance results from a lack of understanding of what has happened to their son/foster son, a lack of understanding about group treatment, and the possibility that what has occurred to their son/foster son has brought up unresolved issues for the caregiver. Two methods which could work to alleviate this problem are to meet individually with caregivers prior to the treatment group beginning, as well as having an evening where all caregivers can get together before group begins (please see page 100). The purposes of this meeting are to help the caregivers understand

what group treatment is about and how they can support their boy in treatment, allow caregivers the opportunity to develop their own, informal support network, and to refer caregivers to other resources in the community which may be of benefit to them.

10. **BOOKING/LOCATING A MEETING ROOM.** Please refer to section 4.2.

SECTION 4.9: MANAGING BEHAVIOUR

The management of young male victims in group therapy demands interventions geared to addressing problematic behaviours specific to this population. Without those interventions, the group process degenerates into chaos and confusion, impending the group's structure and goals, making participants feel unsafe, and creating a panic in participants that further escalates and maintains the chaos.

The interventions used in group therapy with sexually abused boys can be conceptualized broadly in three interrelated categories: creating safety, boundary-making, and interrupting victim-offender patterns. These categories of interventions recognize that, while the group activity or topic may change for each meeting,the need to control problematic behaviours is a vital part of the group's process and learning while continuously connecting these behaviours to the traumatic effects of the sexual abuse.

CREATING SAFETY

GROUP NORMS. Creating a safe environment is a challenge for the group therapist working with sexually abused boys. While safety in the group room is the priority for all therapists working with abuse survivors, boys externalize and act out their pain and anxiety, creating exceptionally unsafe environments. The beginning of group therapy, in particular, can be characterized by constant provocativeness, threats, and aggression (both verbal and physical), hyperactivity, and a pervasive fear of revictimization.

Freidrich and Schacht's experience in group therapy with sexually abused boys confirms the impression that, however chaotic and unmanageable this behaviour appears to the therapist, it is a normal, predictable response of boys to being in a room with other young male victims and a male therapist (Friedrich et.al.,1988;Schacht et al.,1990). With that in mind, the therapist can adjust his expectations about what the group achieves initially, work to modulate his own anxiety during sessions, and concentrate on the QUID PRO NON of work with this difficult population: the basic tasks of creating safety.

GROUP RULES. These basic tasks involve creating and adhering to group rules and continually reminding boys about safe behaviour. Boys are asked to create rules to govern group behaviour and to insure safety, as in any other children's group therapy (Porter, 1986;Seipker and Kandaras, 1985). The difference in group therapy with sexually abused boys is the amount of repetition they need to enforce these rules and maintain safety. During the first few

months of group, the group therapist constantly emphasizes the need for safety, repeating "this doesn't feel safe to me" until participants begin to repeat it to each other. For many participants, the imperative distinction between safe and unsafe behaviour is a foreign concept that eludes their understanding.

For the group therapist, it is important to realize that the task of the group during initial sessions may be simply to tolerate being in the same room with each other, at a reasonable level of safety. In the beginning, group may end earlier than the time allotted, if participants' anxiety reaches an unmanageable intensity. The snack may be introduced before the end of group, producing a soothing effect on participants, often enabling the therapist to address behaviour problems while participants' hands and mouths are full.

POINT SYSTEM. In order to create an environment where participants constantly monitor their level of safety, the group therapist can introduce a point system to reward positive adherence to group rules and the expectation for safety. The point system exists throughout the life of the group. A chart is posted with each participants' name at the head of a column. Generally, points-in the form of rubber stamps-are awarded to the participants not involved in unsafe behaviour, but no one is penalized and points once granted cannot be removed. Once the group reaches a collective number of points, the group as a whole receives a special snack (e.g. pizza).

The point system positively utilizes the intense competitiveness that exists between boys, at the same time it encourages teamwork toward a collective end. Boys become acutely conscious of their performance in relation to the others. At the same time, boys whose total of points lags behind the others receive feedback from the group for "free-loading". A tendency to give out points liberally not only provides incentives to maintain safety, but recognizes basic behaviours like listening and sitting, which, in the beginning of group therapy, are milestones on the road to a productive group.

TELLING THEIR STORIES. While all of the boys are told of the common nature of their abuse-through intake interviews and the first group session-they are assured in the first session that there will be no pressure for them to discuss what happened to them. "You are all here because someone touched you in your private parts in a way that made you feel bad and uncomfortable. But we are not going to talk about that for a long time". In fact, in the first sessions, they are not allowed to discuss the abuse and the group therapist stops those boys who begin to tell their stories. This assurance enables participants to perceive the group experience as different from the often brusque encounters with police, doctors, and caseworkers they encountered when they initially told their stories. This caveat also prevents participants from feeling exposed before they have developed a closer, more trusting relationship with their peers. Some boys, for example, will be anxious to blurt out their stories and "keep

a stiff upper lip": in the process. Waiting to tell their stories allows the group to build up enough trust for participants to explore with each other their feelings and reactions to the abuse.

BOUNDARY-MAKING. In order to address the pervasive intrusiveness and receptivity to stimuli that characterizes young male victims, the following intervention was devised. Using large cardboard boxes, scissors and tape, participants were instructed to construct boundaries around themselves. "Make a boundary between yourself and the rest of the group, so that we know what you need to feel safe." The boys were encouraged to be creative and to decorate their boundaries, because they would be expected to talk about them to the group. Generally, the more disturbed children strive to create impenetrably seamless fortresses, while less traumatized children make more open constructions, with windows and doors to the outside world. Children have made replicas of their homes, castles, fences, and one even constructed a "therapist" to live inside.

After the boundaries were built, participants were asked to describe how their boundaries make them feel safe. They were then asked to study their boundaries and to make a picture of then inside their minds. Although the physical boundaries needed to be removed eventually, they were told, participants were encouraged to devise ways of preserving the safety they insured, by later remembering the boundaries or pretending the boundaries had reappeared. They were encouraged to discuss the behaviours that enabled them to maintain their boundaries.

Subsequent sessions began by the distribution of masking tape, which participants used to mark out the space occupied by their boundaries. This activity underlined the importance of boundaries in making a safe group space. It enabled participants to remind themselves to shut out stimuli as well as to contain their own feelings and to verbalize them unobtrusively. At later points in the group, when behaviour began to disintegrate, tape would be redistributed for boundary-making as a reminder.

Boundary-making can be encouraged in other ways as well. Boys can keep their coats with them during sessions and hide under them if they feel the need. Blankets can be supplied. A number of successful groups were conducted with all boys lying on their stomachs under their chairs, peeking out between the legs of the chair (literally, "grounded"). During an exercise where boys constructed clay replicas of the abuser to introduce to the group, they were told to work on their models within the confines of a shoe box. Later, when allowed to "strike back" with plastic utensils at their abusers, they were informed that they could do anything they wished to the abuser as long as it remained within the confines of the box. This provided the safety and structure to allow the full intensity of rage to emerge, without feeling like it could become hurtful to others or overwhelming to themselves.

In addition to providing concrete, metaphoric reminders of interpersonal boundaries, the group therapist connects the physical process of boundary-making to interpersonal skills that allow participants to maintain a sense of their own boundaries. These

include confronting intrusive behaviours, ignoring provocativeness and other stimuli, and utilizing the group therapist as a control over the other children's unsafe behaviour. The last option needs to be used judiciously, however, as young male victims tend to resort to being tattle-tales at first, maintaining their own sense of powerlessness in situations they can realistically confront themselves. Assertiveness training presents a particular obstacle to participants, because frequently the distinction between assertive and abusive confrontation eludes them. Here the group therapist's capacity for patient confrontation and limit-setting serves as an important role model.

It is also useful to incorporate these skills-confronting, ignoring, asking for help-into the point system that recognizes positive, safe behaviour in the group setting.

SEPARATE SPACE. With younger males (the 6-8 years old group) a game called "Separate Space" was used to illustrate some of the same ideas as boundary-making. When participant's behaviour became overly intrusive with each other, the group leader prescribes the group to act out in disorderly, intrusive ways for thirty seconds (or less. depending on the group). "OK, I want everyone to act out and get into each other's space!" and participants have to the count of three to arrange themselves on the floor, with enough room between them for the group therapist to walk slowly in circles around everyone, praising their ability to make separate space, keep boundaries and recognize the difference between separate space and intrusive behaviour.

FATHER MAY I? Similarly, with latency aged boys, the traditional game "Father May I?" provides rich opportunities for mastery over the concept of boundary making and makes a fun ending for sessions. One person, the "father," stands at the end of the room opposite the other boys. Boys ask for permission to advance towards him a certain number of steps (usually using another creature as an analogue, e.g. "four baby steps,""three frog leaps,""one rabbit hop"). The father has the leverage to say yes or no, but ultimately, within a time limit, he must allow someone to tap his shoulder and become the next father. While the boys play and inevitable experience fears and conflicts around closeness, limit-setting and being in control, the group leader can initiate discussion about ways to make the game a tolerable and fun experience for everyone.

INTERRUPTING VICTIM-OFFENDER PATTERNS

Interrupting victim/offender patterns in group therapy demands tremendous patience and repetition, lasting, to some degree, for the duration of the group. Often, simple limit-setting on unsafe behaviour and reminders to follow the rules (creating safety) fail to produce any lasting capacity for self-regulation and control. The challenge facing the group therapist becomes helping young male victims to understand how the victim/offender patterns requires some sophistication, the following model does provide the vocabulary for boys to discuss and monitor the pattern as it emerges.

The Internalized Parts Model of Intervention is a useful tool

for enabling clients to examine different characteristics of themselves without feeling reduced to a single category of behaviour. In this model, clients isolate and name behaviours and characteristics ("parts") contributing to their whole personality, e.g., "my critic part," "my offender part." or "my child part." This process enables clients to view themselves as possessing many parts and characteristics that help or harm them in life situations. It also suggests to clients their capacity to choose which parts help them best. The Internalized Parts Model is particularly useful in working with sexually abusive families, enabling family members to examine their "bad parts" without feeling reduced and categorized by them, thereby enabling them to maintain a sense of self-esteem (Schwartz, 1987;Trepper and Barrett, 1989).

The Internalized Parts Model, then, becomes an effective tool for helping boys to understand the victim/offender patterns that interfere with group safety. The group therapist observes, "We are all made up of different parts. Each of us has an offender part, a victim part, and an assertive part.' The assertive part corresponds to the "centered self: that Schwartz describes in his model (Schwartz, 1987). The group leader elicits characteristics of these different parts form participants as well as describing his own perception of the parts. He them describes different situations typical for children in this age group and asks participants to guess how the different parts handle those situations. An example follows:

George is the new kid in town. He wants to play football with a group of rough guys on the playground, but he is a little smaller than most of them. When George approaches the rough guys, they tell him to leave and they threaten to hurt him if he stays. Discuss how the different parts of George might handle this situation.

Typically, participants provide a good understanding of how the offender and victim parts of George handle this encounter. The offender part gets angry and react to the rough boys by threatening, teasing, lashing out to them, or attempting to disrupt their game (externalized, intrusive behaviour). The victim part keeps testing the situation, whines and cries about his exclusion,and waits to get beaten up. He complains to others and tattles to his teacher. He may return to the same group over the course of several days and set himself up for more rejection and beatings (passive, helpless behaviour).

Boys tend to hesitate in describing how George's assertive part handles this encounter. This hesitation, again, springs form a confusion about the difference between abusive and assertive behaviour, rooted in the hypermasculine norms of the group. The group leader can provide information about the assertive part. The assertive part of George takes a moment to examine the situation. He is able to stand up for himself without hurting any of the other boys. He assets his needs in a non-threatening way and, if the rough guys still respond with hostility, he withdraws, chooses to ignore them and finds a different set of friends. If he really

wants to be with the rough guys, he may seek out one or two of them individually and attempt to get to know them away from the group, in the hope that the new friends can provide an entry for him into the group.

In presenting these "parts" to participants, the group therapist needs to recognize several caveats. First, the offender part is a functional defense mechanism for boys growing up in inner city communities and in dysfunctional, abusive families. This mode of conceptualizing victim/offender patterns does not seek to eliminate the offender part as much as it attempts to help participants recognize a range of alternatives in their response to life situations. The exercise underscores the difference between, for example, a school playground with inadequate adult supervision and the small, protected environment of the group therapy setting. The offender part has no use in the latter setting. Examining the offender part is also a useful way to confront the denial many boys exhibit that they will never behave like the person who abused them, without leading them to think that this is an inevitable outcome of the abuse.

Second, it is vitally important, in talking about the victim part, not to invalidate or deny the feelings of helplessness and vulnerability that boys have about the sexual abuse. Talking about the victim part does, however, help alleviate the pervasive feeling of being victimized and powerless in response to all life stresses. Again, it enables participants to recognize the difference between the experience of abuse and the group therapy setting, where

assertive behaviour is supported and nurtured.

CONCLUSION

This article provides concrete interventions to manage the acting out behaviour of sexually abused boys in group therapy. Because of the particular intensity of the young male victims' anxiety and the chaos it can create in group therapy, their acting out demands specific attention and management. By themselves, traditional forms of behavioral management (limit-setting,time-outs, etc.) failed to produce a reasonable level of safety and order, nor any capacity for self-regulation. Using the interventions labelled creating safety, boundary-making, and interrupting victim/offender patterns, the management of acting out behaviour is tailored specifically to address the gender-specific defense mechanisms of young male victims of sexual abuse.

The success of a children's group therapy is often measured anecdotally (Seipker and Kandaras, 1985). The interventions described here do, patiently applied over time, produce a safe group setting. They enable participants to discuss the sexual abuse and to explore a range of angry, vulnerable and sad feelings in response to perpetrators, non-offending parents, and other authorities they encountered. These interventions also, importantly, enable the group therapist to understand the boys' anxiety and to address the specific meanings of their behaviour, without feeling overwhelmed, helpless or out of control himself. Many of the participants remain in individual or family therapy at

the agency after their group ends. Some of these boys, it has been observed, continue to use the language they learned trough creating safety, boundary-making and interrupting victim/offender patterns, applying it to other areas of conflict in their lives. Still another set of boys, starting again in group therapy at a different agency, requested some of the interventions used here or described to the new therapist how to organize them.

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SECTION 4.10: SESSION BY SESSION

If facilitating a treatment group for sexually abused boys was like baking a cake, then sections 4.1 through 4.9 are the ingredients and section 4.10 the recipe. The purpose of this section is to provide group facilitators with a step by step approach for each treatment group session.

The format follows that of section 4.5 but has been modified so that each session resembles a lesson plan. The model used to developed the group format was developed by Clayton R. Wright (1987). Exercises and discussions described in this section originate from many sources including: respondents to the research project, relevant journal articles, treatment manuals for sexually abused girls, and my own treatment group experiences with the Preadolescent Sexual Abuse Treatment Program in Winnipeg (P.A.S.T. group). Generally, the name of the individual(s) who provided the group exercise is given after a description of the exercise.

The section is divided up by topics, with several of the topics requiring two sessions. The total number of sessions is 18.

Although not included as part of the session by session description, if the treatment group runs through the holiday seasons (ie., Christmas and/or Easter) group time should include a party. Treatment groups should break during school breaks.

Each session includes several exercises around a specific theme. All these exercises can be modified if need be to make them more suitable to individual treatment groups. Some activities require preparation on the part of the facilitators ie., booking

films or charts. Therefore, it is important to read through all sessions and note where preparation is needed. One way of keeping track could be using the checklist at the end of each session.

Sessions are described assuming that a group mascot is not being used. If a group mascot is being used, and I strongly encourage a mascot with the younger boys, the group mascot opening remarks should include a follow up from the previous session and an introduction to the present session. If a group mascot is not being used group facilitators should introduce the present group at the end of the "last week revisited" session.

Although all the children are in your treatment group because they have been sexually abused, having been sexually abused is only a **small** part of their lives. Bringing the boys to a treatment group and talking about sexual abuse for over four months may give the impression that their sexual abuse is more significant. While several sessions focus specifically on sexual abuse issues, the majority of sessions focus on issues which are less, directly related to the sexual abuse. Examples of these sessions include; anger management, assertiveness training, and relationships.

Members of the P.A.S.T. group described their treatment group as a "club". Creating a "club - like " atmosphere in your treatment group should result in a high attendance rate, good group cohesion, and effective healing from the trauma of sexual abuse.

SESSION # PREGROUP

TITLE: Parents/caregivers night

OVERVIEW:

This meeting will allow facilitators the opportunity to explain to the parents/caregivers what the group treatment program is about and alleviate any concerns parents/caregivers may have.

TOPICS TO BE COVERED:

Introduction of facilitators and parents/caregivers.
A description of the treatment group purposes,format, and agenda.
How to help your boy while he is in the treatment group.
Identify practical problems that may arise such as; confidentiality, contact, and transportation.
Discussion and completion of pre test measurements.

OBJECTIVES:

To alleviate potential parental/caregiver fears by providing factual information regarding the group treatment program.

To alleviate practical problems that may arise by discussing these issues before they become problems.

To give parents/caregivers the opportunity to develop an informal support network by meeting with people with similar circumstances.

To determine a baseline of behaviours for the boys through a parent/caregiver completed behaviour checklist.

ACTIVITIES:

The agenda should be written out on flip chart paper and be visible for the entire meeting.

1. INTRODUCTION OF GROUP FACILITATORS - Group facilitators should introduce themselves and provide the parents/caregivers with their educational background and experience working with sexually abused boys. Name tags should be made available and the facilitators should introduce themselves prior to asking the parents/caregivers to introduce themselves.

2. INTRODUCTION OF PARENTS/CAREGIVERS - Parents/caregivers are asked to give their name, the age of their son, and a brief description of their son's victimization experience. Describing their son's victimization experience should be presented as an option.

3. EXPLANATION OF THE GROUP OBJECTIVES - Group facilitators should refer to section 4.3 for a description of the treatment objectives. Place objectives on a flip chart to make it easier for parents/caregivers who may want to write them down.

4. DESCRIPTION OF THE GROUP FORMAT - Group facilitators should refer to section 4.5 for a description of the group format. Similar to agenda item 3., the group format should be written down on a flip chart.

5. HOW TO HELP YOUR BOY WHILE HE IS IN A TREATMENT GROUP - Group facilitators should explain to the parents/caregivers the significant role they play in their boys' healing from sexual abuse and how parents/caregivers can help with the group process. Parents/caregivers should be open to talking about the abuse when their boy wants to talk about what occurred, as well as respect his wish not to talk. Parents should be advised of the confidentiality rule (session # 1) and not ask their boy information about a specific boy in the group. At this point the facilitators should hand out a copy of the treatment group agenda (handout PG1) and briefly go over each session. A copy of the treatment group agenda may help parents/caregivers predict the emotional state of their boy when they return home from the treatment group.

6. PRACTICAL ISSUES - There are three main issues that should be discussed with parents/caregivers during this meeting. These are: Confidentiality - it must be maintained; Contact - arrangements need to be made for the facilitators to contact parents/caregivers and vice versa; Transportation - **MUST** be arranged prior to the boy attending the treatment group.

7. QUESTION PERIOD - Although parents/caregivers should be given permission at the beginning of the meeting to ask questions at any time, a specific time period near the end of the meeting should be left to answer questions.

8. PRE-TEST MEASUREMENTS - Parents/caregivers should understand that the purpose of completing a pretest measurement is to establish baseline behaviours for the boys which will be used later in evaluating the effectiveness of the group treatment program. Parents/caregivers should be advised that they will need to complete another measurement tool immediately after the treatment group is completed,and possibly at a predetermined follow up period. Group facilitators should offer help to parents/caregivers who are having difficulty completing the measurement tool.

RESOURCE MATERIALS:
name tags
pens and paper
flip chart and markers
coffee and doughnuts

Handout PG1

TREATMENT GROUP AGENDA

DATE	SESSION #	TITLE
	Pregroup	Parent Caregivers Night I
	1	Welcome to Group
	2	Getting to Know You
	3	Offenders
	4	Offenders
	5	No More Secrets
	6	No More Secrets
	7	Am I Normal
	8	Am I Normal
	9	Friendships
	10	Family
	11	Assertiveness Training
	12	Angry Feelings
	13	Powerlessness And Control
	14	A Feelings Wrap-up
	15	A Feelings Wrap-up
	16	Decision Making
	17	Prevention
	18	Awards Ceremony and Wind up Party
	19	Parent/Caregivers Night II
	20	Post Group
	21	Special Topic

SESSION # 1

TITLE: Welcome to Group

OVERVIEW:

Since this is the first session the boys and (probably the facilitators) will be somewhat anxious. This session will outline to the boys how their treatment group will run and establish group rules.

TOPICS TO BE COVERED:

Who we are?
Why are we here?
What group is all about.
Who are our offenders?
Definition of terms.
Establish group rules.

OBJECTIVES:

For the boys to have understanding of why they are in a treatment group, and how the group will run.

For the boys to begin to realize similarities between themselves as well as differences.

To establish group rules to promote a safe group environment.

ACTIVITIES:

1. Discussion - Why are we here and what will we do while we are here?

2. Show and Tell - One of the objectives of the first session was to help the boys realize things they have in common and things that are unique to each individual boy. One way of showing uniqueness is to give each boy (leaders participate as well) a piece of play doh and ask him to make something about himself. After the boys have finished their " sculptures" they should have the opportunity to describe what they made, and if they feel comfortable, describe how what they made tells about them. The facilitators could introduce this exercise as a way for group members to get to know each other as well as a way to alleviate feelings of nervousness by keeping their hands busy.

3. What Do You Call... - It is important that all group members have the same definition of terms to be used throughout the treatment group. Thus, during the first session group members must come up with terms that are understand and comfortable. The following is a list of terms that all group members should

know as group begins: **Sexual abuse, molest, victim, offender, perpetrator.** Dependent on the victimization experiences of group members, other definitions with regards to issues such sexual acts, and the legal system may be necessary. It is also important that group members are aware of what terms will be used to identify **" private parts"**. This task can be completed by brainstorming various names and attempting to establish a consensus as to which names will be used.

4. Starting to Tell - The most anxiety provoking experience for most boys during the treatment group will be telling their story in front of the other boys. Therefore, it is important to delay this activity until the boys have gained insight into their experiences, and a feeling of safety with their peers and group facilitators. One means of allowing the boys to begin talking about their experiences is to ask general questions about the boys' victimization experiences. The questions that are asked come out of the completed application forms and the pre screening interviews and presented in a manner such as handout 1.1. The boys are asked to give some sort of signal when a question asked applies to their own situation. It should be interesting for the facilitators to watch as the boys look at each other while signalling responses, to see how their experience compares with the experiences of their peers.

5. SNACK

6. Alone on a Raft - is an exercise (handout 1.2) is used to further display the themes of commonalities and uniqueness as well as a lead into a discussion regarding rules.
In this exercise the boys are asked to imagine that they are alone on a raft in the middle of the Pacific Ocean. The raft is riding low in the water and the boys have to choose which two of nine objects they will keep, with the other seven objects being tossed overboard. This exercise should result in good discussion, but no consensus on which two objects to keep. The facilitators can then lead into a discussion about rules by acknowledging that there are some things that we will not always agree with, but there are some things as a group we must agree upon: **RULES.**

7. Group Rules - The facilitators should put up a chart with the rules that they came up with, and ask the boys to brainstorm further rules. The rules suggested by the facilitators should include:

CONFIDENTIALITY
RESPECT
THE RIGHT NOT TO SPEAK

The group leaders should facilitate a brainstorming session around rules and copy **all** rules suggested by the boys onto a flip chart. A consensus should be reached on approximately seven to ten rules.

Journal Time/Question Box

Possible journal question: How did it feel coming to group today?

RESOURCE MATERIALS:

play doh
snack
hand outs 1.1 and 1.2
flip chart paper and markers

WEEKLY GROUP CHECKLIST

SESSION # 1 DATE: _____

THOSE PRESENT: _____

CHECK IN ISSUES: _____

RESULTS OF GROUP EXERCISES: _____

PARTICIPATION BY EACH MEMBER: _____

FOLLOW UP FOR THE NEXT SESSION: 1. Bring copies of the group rules.

Handout 1.1: Victimization experiences

How many here were abused by their dad or step-father?

How many were abused by an uncle?

How many here were abused by another relative such as Grandpa?

How many here were abused by their mother's boyfriend?

How many here were abused by their cousin etc.?

Was anyone here sexually abused by a woman?

How many were abused by a babysitter?

How many were abused by a stranger?

Was anyone abused by someone else? Someone we haven't mentioned?

How many were abused by more than one person?

How old were you when it started?

How long did it continue? (in months or years, or in number of incidents)

Who did you first tell?

How many were believed right away?

How many had to tell someone else?

How many of you have already gone to court? (Re: charges against the offender).

How many have court coming up?

How many know that things are better since they told?

How are things better?

How many feel that things are worse since they told?

How are things worse?

SESSION # 2

TITLE: Getting to know you

OVERVIEW:

As session # 1 focused primarily on sexual abuse, and how the group would run, this session allows group members the opportunity to learn more about each other.

TOPICS TO BE COVERED:

A review of rules from the previous session.
Learning more about each other.
Communication skills.

OBJECTIVES:

To develop good communication skills by participating in activities and making a presentation to the group.

To help the boys realize that although they may have things in common, there are special features to each group member.

To begin practicing the group rules established in session # 1

ACTIVITIES

The format described in section 4.5 begins with this session.

1. Feelings Check - In

2. Last Week Revisited

i) Unresolved issues from the previous session.

It is important that the emphasis placed on rules during the first session be followed up in the second session. Group facilitators should make a chart of all the group rules and present it at this time. Clarification of some rules may be necessary, and the chart should be hung in a prominent place in the room. The boys should be given their own copies of the group rules if folders or journals are being used.

During one P.A.S.T. group session the boys' behaviour was especially difficult to manage. While talking to the boys about their behaviour I commented that I felt that they broke all of our group rules (we had eleven). To that, one boy calmly raised his hand an in a sincere voice indicated that I was wrong, "...because we didn't swear"!

ii) Return journals/answer question box questions.

iii) Introduction - Last week was spent talking about why we are here, what we will do, and the group rules we need. The focus today will be on learning more about each other.

3. Therapeutic Activity/Discussion

i) You are One in a Million - (handout (2.1) is an activity that allows the boys to be creative and display uniqueness to their names. Some boys may require assistance in writing out their name. Once all the boys have completed their name tags all the name tags should be displayed and the boys given the opportunity to describe their creations.

ii) Dyad Interviews - The purpose of this exercise is to assist the boys in learning more about each other. The group leaders break the boys into pairs with each boy asking his partner a set of questions. Later, each boy introduces his partner to the rest of the group members. The boys should be given paper and a pencil to record responses. This exercise also promotes communication and listening skills. Suggested interview questions could be:

Do you have a nickname? If so...
Favorite sport to play.
Favorite musical band.
Do you have any brothers or sisters?
Favorite food.
Favorite television show.

Only three questions should be used with all dyads using the same questions.

4. Snack

5. Self Image Building Exercise

Who Am I Collage - For this exercise the boys are given a large sheet of newsprint and upon which their body outline is traced by another group member or one of the facilitators. The boys are then given glue sticks, scissors, and several catalogues and asked to cut out pictures representative of several aspects of their lives. The boys should also be encouraged to make drawings if they choose. There are several ways to complete this exercise. One way is to complete during session # 2 and have the boys report back to the group regarding their collage.

Another means of accomplishing this exercise is to complete it over the span of several sessions. Using this method the collage exercise would be completed during the self image building component of the session. The group facilitators

can leave it up to the boys to decide what to put on the collage, or may provide topics from the following list:

IN MY SPARE TIME I LIKE TO...

A SPECIAL MEMORY...

SOMETHING I WOULD LIKE TO DO THAT I HAVE NEVER DONE BEFORE...

MY FAVOURITE FOODS...

FEARS...

THINGS I ENJOY DOING WITH MY FRIENDS...

THINGS I DISLIKE...

A SPECIAL WISH OR DREAM...

6. Journal Time/Question Box

Possible journal question: Describe three things about yourself **not** related to being sexually abused?

7. Gym time/Play time/Free time

RESOURCE MATERIALS:

pencils, pencil crayons, markers, paper
handout 2.1
newsprint, glue sticks, scissors
catalogues and magazines
snack

WEEKLY GROUP CHECKLIST

SESSION # 2 DATE: _____

THOSE PRESENT: _____

_____

CHECK IN ISSUES: _____

_____

_____

_____

_____

RESULTS OF GROUP EXERCISES: _____

_____

_____

_____

_____

PARTICIPATION BY EACH MEMBER: _____

_____

_____

_____

_____

_____

_____

_____

FOLLOW UP FOR THE NEXT SESSION: _____

_____

_____

_____

SESSION # 3 and 4

TITLE: Offenders

OVERVIEW:

The purpose of these sessions is to help the boys understand what motivates an offender to offend, and help the boys work through issues/feelings related to their offenders.

TOPICS TO BE COVERED:

Why offenders offend?
Feelings regarding our offenders.
Questions to an offender.

OBJECTIVES:

To help the boys understand what motivates an offender to offend. to alleviate self blame.

To help the boys label their feelings (positive and negative towards their offenders.

ACTIVITIES

1. Feelings Check - In

2. Last Week Revisited

i) Unresolved issues from previous session.

ii) Return journals/answer question box questions.

iii) Introduction - Last week we learned alot about each other. During the next two weeks we are going to learn more about offenders and the different feelings we have towards them.

3. Therapeutic Activity/Discussion

i) Draw Your Offender - The boys are given paper and pencils/pencil crayons and asked to draw a picture of their offender. Once the pictures are all completed they are all hung up on the wall and the boys given the opportunity to describe their drawing.

ii) Discussion/Lecture: (preadolescent boys) .

All of you are here because, you like being here but also because you were sexually assaulted. Sexual assault and molestation is when an adult or an older child does something that can be interpreted as being a sexual touch with a child; like touching the child's private parts or making the child touch him. The older person may touch the private parts of his body to the child or make the child lick or suck his private parts. He may make the child undress or make the child look at him/her with no clothes on. Maybe one of these things has happened to you.

It is wrong for an adult or an older child to do these things to a child. It is against the law, like stealing or shooting somebody. People who sexually assault a child are called offenders.

Sexual assault happens to a lot of kids, both boys and girls. Usually the offender is someone you know, a babysitter, a parent, a neighbour. Sometimes it's a stranger. The offender has serious problems. Why they offend is because they either have what we call a sexual problem or a thinking problem. Having a sexual problem means that they have sexual feelings for children and want to do sexual things with children. This is not acceptable, most adults do not have these feelings. Having a thinking problem is when an offender thinks about the sexual abuse in such a way that allows him to do it. They tell themselves it's okay.

Offenders not only tell themselves it's okay to sexually assault a child, they also tell themselves and the child that;

1. "this is to show that I love you"
2. "this is sexual education-I'm teaching him about sex"
3. "this won't hurt him"
4. "I couldn't help it I was drunk"
5. "he wanted me to do this"

Can you think of any other excuses?

A lot of times the offenders will tell you it's a secret and they threaten you not to tell. This is wrong. Sexually assaulting a child is not a good secret, they yell you this to keep the secret. Why you are here is this group is to break that secret.

What you should remember and is the most important lesson of all is that it's not your fault. The offender is responsible for his behaviour.S/he is at fault.

Discussion/Lecture: (adolescent boys)

Nicolas Groth (1982) states that sexual offenders against children can be divided up into 2 basic types with regard to their primary sexual orientation and level of sociosexual development: **Fixated offenders** - whose primary sexual orientation is to children and their pedophilic interests begin during their adolescence. Male victims are their primary targets and they have little or no sexual contact with peers. **Regressed offenders** - whose primary sexual orientation is to peers and their pedophilic interests begin in adulthood usually when there is a deterioration of a meaningful or gratifying adult relationships.

David Finkelhor (1986) describes four preconditions necessary to overcome for sexual abuse to occur:

1. Motivation to sexually abuse - three components:
a. emotional congruence - relating to a child sexually must satisfy an important emotional need.
b. sexual arousal - the child becomes a potential source of sexual gratification.
c. blockage - alternative sources of sexual gratification are unavailable or less satisfying.

2. The ability to overcome internal inhibitions acting on the motivation - examples which facilitate this ability could include: alcohol, psychosis, or weak criminal sanctions against offenders.

3. The ability to overcome external inhibitions acting on the motivation - examples of this could include an absent or weak spouse or poor supervision of the children.

4. The ability to overcome the child's resistance - examples of how this may be done include using coercion or "trust" relationships or if the child is emotionally insecure.

There may be sections of the preadolescent discussion applicable for the older boys.

iii) Questions to an Offender - During this exercise the boys brainstorm questions that they would like answered by a sex offender who is presently in a treatment group. The purpose of this exercise is for the boys to gain further understanding of offending behaviour and ultimately nullify feelings of guilt or self blame regarding their own victimization experience(s). Having a question answered by an offender may give the boy who asked the question a feeling of power. Questions should be brainstormed during the first offender session and answered during the second session. All answers should be

screened before being read to the boys.
Please see handout 3.1 for a listing of questions asked by group members in groups co-facilitated by Ms. Kerry Todd, Bellevue, Washington.

iv) Confronting an Offender - This is another exercise described by Kerry Todd and if utilized, will require resourcefulness and creativity on the part of the facilitators. In this exercise group members confront a "life size, clothed dummy" in any way they choose and then are asked to put any actions directed to the dummy/offender, into words. The boy can tell the dummy/offender what the offender did to him, and how the boy felt about what happened. This exercise should result in reduced feelings of anger in the boys and an increased feeling of empowerment.

v) A Letter to my Offender - In this exercise the boys have the opportunity to write a letter to their offender and express their feelings. The letters do not get mailed (handout 3.2). Once the letters are completed the boys should be given the opportunity to read or have a facilitator read the letter to the group members. Some boys may require assistance in writing their letters.

4. Snack

5. Self Image/Group Building Exercise

i) How are we Doing - This exercise attempts to build group cohesiveness. Each group member should be given a few puzzle pieces, and with the facilitators timing, group members must work as a team to put the puzzle together. Once completed have them repeat the exercise and compare times.

ii) What's Special About my Name? - In this exercise the boys are given a sheet of paper and asked to write the letters of their name vertically down the paper. They are then asked to come up with words that describe themselves incorporating the letters of their name:

Magnificent
Athletic
Right on
bac**K** troubles

6. Journal Time/Question Box

Possible journal questions: How did it feel today to talk about offenders?

Has your opinion of your offender changed since the abuse took place? If so, how?

7. Gym time/Play time/Free time

RESOURCE MATERIALS:

pencils, pencil crayons, paper
handouts 3.1 and 3.2
life size dummy
snack

WEEKLY GROUP CHECKLIST

SESSION # 3 DATE: _____

THOSE PRESENT: _____

CHECK IN ISSUES: _____

RESULTS OF GROUP EXERCISES: _____

PARTICIPATION BY EACH MEMBER: _____

FOLLOW UP FOR THE NEXT SESSION: _____

WEEKLY GROUP CHECKLIST

SESSION # 4 DATE: _____

THOSE PRESENT: _____

_____

CHECK IN ISSUES: _____

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RESULTS OF GROUP EXERCISES: _____

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PARTICIPATION BY EACH MEMBER: _____

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FOLLOW UP FOR THE NEXT SESSION: _____

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_____

QUESTIONS TO AN OFFENDER

1. How does it feel to be an offender?
2. What have you learned from counselling?
3. Why do you do the things you do?
4. Why do you touch?
5. Did you ever get touched?
6. Do you like doing those things to other people?
7. Were you drunk when you did this touching?
8. Why did you do that bad thing to that person?
9. Why did you have a sex problem?
10. What were you thinking when you hurt somebody when you touched their private parts?
11. What were you thinking after you did the touching of the person?
12. How do you think they felt after you did the touching?
13. Will you ever do it again?
14. Why do you go to counselling?
15 What have you learned from counselling?
16. Do you still think about hurting children?
17. What happened to you when you were a kid?
18. What has happened to the kids you touched?
19. How many kids have you touched?

A LETTER TO MY OFFENDER

Dear _____

I don't know how to write all my feelings down but I'm going to try.

When you abused me I felt _____

_____**. I wanted to** _____

_____ **but instead I** _____

_____**. When I think**

about whose fault it is that this happened, I think _____

_____**. What I've learned about sexual**

abuse is _____

_____**. I think you should** _____ **because**

_____**. I do/do not want to see you again**

because _____**. I wish you will** _____

_____ .

From _____

SESSION # 5 and 6

TITLE: **No More Secrets**

OVERVIEW:

Through group discussion and listening to the disclosures of other same aged children, group members will be prepared to share their stories with other members in the group.

TOPICS TO BE COVERED:

Reasons why children don't disclose sexual abuse.
Listening to disclosures made by peers.
Group member disclosures.

OBJECTIVES:

To alleviate feelings of guilt at not disclosing, by understanding the various methods used by offenders to keep children from disclosing.

To remove feelings of isolation by listening to stories and disclosures of peers.

For group members to tell their stories with a lessened feeling of anxiety.

For group members to begin to develop empathic skills through listening to and supporting each other during disclosures.

ACTIVITIES:

1. Feelings Check - In

2. Last Week Revisited

i) Unresolved issues from the previous session.

ii) Return journals/ answer question box questions.

iii) Introduction - During the previous two sessions the focus has been on offenders. During the next two session group members will talk about how difficult it is to disclose sexual abuse, and have the opportunity to tell their stories.

3. Therapeutic Activity/Discussion

i) Why Children don't tell about sexual abuse - The group facilitators should begin this discussion by acknowledging how hard it is to talk about something such as sexual abuse. Group members should then be asked to brainstorm reasons they feel make it difficult to disclose. Handout 5.1 provides a listing of many reasons children do not disclose sexual abuse. If group members are having a difficult time brainstorming reasons for not disclosing, a large copy of the listing should be put up to help initiate discussion. Handout 5.1 is not meant to be an exhaustive listing so feel free to add additional reasons based on your work with sexually abused children.

ii) Am I the Only One - One of the best things attending a treatment group will do for sexually abused boys is alleviate feelings of isolation. Hearing disclosures made by peers in other communities should further alleviate feelings of isolation. Am I the Only One (Foon and Knight, 1985) is a collection of stories written by children who have been sexually abused. To make it easier than going to the library and tracking down this book, the publisher has given permission to copy the three stories relevant to treatment groups for sexually abused boys (handout 5.2). Choose the story/stories most suited for your group members. If your group has a mascot then the mascot could read the stories.

iii) No more secrets - During this exercise the boys have the opportunity to share with other group members their victimization experience/s. Group facilitators and group members must come up with a few rules to make this exercise easier to complete; no laughing, no interrupting, etc. Group members should be encouraged to volunteer, and if that does not work, choose the group member you feel is most ready. If a boy is struggling to disclose prompt him with questions such as: Who was your offender? when/where did it happen? what did he do? where is your offender now? If a boy still does not feel safe enough to disclose, ask his permission to tell his story with him helping you out.

Group members should be allowed to ask questions of the group member making the disclosure, after he is done. As usual, the boy who has told his story has the right not to answer a question. Once all the disclosures have been made a discussion should take place focusing on how it felt making and listening to the disclosures. It goes without saying that the group facilitators should provide a tremendous amount of **ENCOURAGEMENT** throughout this exercise.

4. Snack

5. Self Image/Group Building Exercise

During these two sessions I believe self image building exercises are important. However, it is even more important that each boy have the opportunity to tell his story. If you can balance the two, here are a couple exercises group members can try:

i) My Coat of Arms - Using handout 5.3, group members should write and/or draw in each section from the following questions:

1) Your name.
2) What is your favourite colour?
3) What do you do best?
4) If you could be anywhere right now, where would it be?
5) What is something your friends like about you?
6) If you were an animal, what kind of animal would you be?

ii) Drawing Fun - In this activity group members are asked to draw a picture of themselves having fun.

6. Journal Time/Question Box

Possible journal questions: In what way/s did your offender try and keep you from disclosing?

How did you feel disclosing and/or listening to the disclosures of other group members?

7. Gym time/Play time/Free time

RESOURCE MATERIALS:

snack
handouts 5.1 and 5.2.

WEEKLY GROUP CHECKLIST

SESSION # 5 DATE: _____

THOSE PRESENT: _____

CHECK IN ISSUES: _____

RESULTS OF GROUP EXERCISES: _____

PARTICIPATION BY EACH MEMBER: _____

FOLLOW UP FOR THE NEXT SESSION: _____

WEEKLY GROUP CHECKLIST

SESSION # 6 DATE: _____

THOSE PRESENT: _____

CHECK IN ISSUES: _____

RESULTS OF GROUP EXERCISES: _____

PARTICIPATION BY EACH MEMBER: _____

FOLLOW UP FOR THE NEXT SESSION: _____

Handout 5.1

WHY CHILDREN DON'T TELL ABOUT SEXUAL ABUSE

Afraid they will get into trouble.

Afraid they will not be believed.

Afraid that their offender will get into trouble and may go to jail.

Told by their offender that their mother will be mad at them.

Threats made by offender to hurt mother, brother, sister, or pet.

Given money or treats not to tell.

Offender often only person who provides nurturing.

Tricked into believing that the sexual abuse is not wrong.

Feelings of guilt because of a physical reaction to the sexual abuse.

Handout 5.2

DANNY

I think I was sexually abused. What happened to me was abuse 'cause the people who did it were so much older than me. I was doing stuff that I didn't understand.

I was twelve and my next-door neighbour, Alan, was sixteen. He'd invite me over to his house when his parents were out and he would teach me about sex, what guys are supposed to do with girls. WE'd touch each other and he'd explain it all to me. WE were like practising for girls. It was secret. Real secret.

At first I was really interested and curious about going over there but then later I felt nervous and guilty. I knew what my parents and brothers would think if they found out. So it was a big secret.

I wanted to stop doing it but I knew it was really important to Alan. I was afraid he would stop liking me. I didn't want to be left all alone. There'd be nothing left for me to do. He was my friend, my only good one.

There was no one I could talk to about what was happening. My parents were not going to talk to me about sex and my brothers were a lot older than me. They had lots of girlfriends and got to do all kinds of stuff with them. I wanted them to think I was good, too. So I was practising with Alan so I could learn to be as good as my brothers. I was getting ready to make it with girls. That's what I was doing. Getting ready.

But I felt there was something wrong with what we were doing. Somehow it was bad or weird or wicked. And it was like a dream. It always felt like a dream to me. It never felt like it was real. Like hypnotism or magic or something.

Alan was like a magician to me. I felt like I was sharing in something but I felt very weak. Because I couldn't do what he could. Alan would say, "You're not old enough yet///but you will be soon and then you'll be able to make it with girls." But he was old enough. So I started thinking something was wrong with my body.

Then later that year I went to camp for the summer. I was hanging around our cabin during free time one day. I was supposed to be swimming with everybody else but I hated it cause the water was so cold.

My counsellor, Rick, was in the cabin and he asked me if I liked looking at dirty magazines. I said, "Sure." Then he asked me if I knew about girls and I told him what I knew and what I did with Alan. He wasn't shocked or anything. He said if I did that with him he'd let me off swimming and let me look at his magazines.

Sometimes Rick would warn me not to tell anybody, but he didn't have to. I'd never tell. I wanted Rick to like me and think I was okay. Cause he was really popular, really. Rick, knew how to dress and everything. And he was like grown up, probably seventeen-as old as my brothers. So I felt really special to be around him and have a secret, to have that time with him.

But it also felt really weird. I did all this stuff with Alan And Rick cause I wanted to learn about girls. But the stuff I was doing was with guys. So for a long time I was really upset and not telling anybody. Cause I figured I must be a fag.

Finally, I guess, I kind of acted crazy. I started doing badly in school and did some pretty stupid things. I could have killed myself by accident about fifty times. My parents got worried and sent me to a doctor, a shrink.

I didn't tell him anything. I was afraid he'd say I was a fag or homosexual or something. I just told him about how stupid I thought school was and how my parents bugged me. But I never told him anything important what was really driving me crazy.

What he did do was give me somebody else's mane he thought I could talk to . after a while I did, I went and talked to this other shrink. And I told him.

So I found out I wasn't a fag-and even if I was there is nothing wrong with being homosexual. I was just mixed up because those guys were abusing me. A lot of grownup men have been sexually abused like me and didn't turn out to be gay. Abuse doesn't have anything to do with being gay or not. So it turned out I didn't have to worry after all. But I did for a long, long time.

SIMON

I am nine years old. I live with my mom and brother. My mom and dad are not living together. I am in grade four.

My Uncle Bob used to babysit me. He was a friend of my mom's. When I first knew Uncle Bob he was nice. He took me to McDonald's all the time. He took me to the fair. And he bought me a new fire engine. Then he stopped being nice.

He touched me where he is not supposed to. He did it hard. I felt real bad. I felt mad. He said don't tell or he'd throw me out the window. He was bigger than me. He used to hit my brother. After he touched me where he's not supposed to I told my dad. Then my dad told mommy. Then she told my uncle to move. And he moved.

Just before I told my dad I felt sad. I wasn't scared to tell my dad because I knew he would believe me. Then I had to tell the judge. In the courtroom where the judge was, there was a place where somebody sits and a whole bunch of chairs and a little fence thing and a big spot where the judge sits and a lady that writes in funny writing you can't read. The judge had long hair. When I went to court I was with my aunt and my mom and dad.

The judge asked, "What did your uncle do to you?" And I told him. My uncle was not in the courtroom. He was outside. I saw him. He looked at me like he was thinking...Gee, I should have thrown him out the window. I was mad. I was not scared because my dad was there. Then when I finished telling the judge, I went home and had lunch.

If I saw my uncle on the street again I would turn around and go the other way. He would be more scared now because he knows that I am not afraid to tell.

It is important for kids to tell so that the other person who did that to them won't keep on doing that. If the person they tell doesn't believe them they should try to make them believe them. then tell another person. And if they don't, then tell another person.

If anyone ever touched me again I would tell my mom and dad. I would tell the person to STOP! You bugger! Get lost! I don't like you!

JASON

I am a boy age nine. When I was five my stepfather did things to me and I felt bad - very, very bad because he was doing these things to me. He did them because he wanted to . I thought he would kill me.

It took quite a while for me to tell somebody. I didn't want to tell anybody because I thought he would come and get me. He said if I told he would kill my mom. I had seen him be violent before and I thought he would come and get me. I was afraid to tell anybody because I knew he would kill my mother or come and get me and take me somewhere. I was also afraid that nobody would believe me.

He started to abuse me and my sister and brother and he would hit us and throw us across the room and hit us with stuff like books and he would do all sorts of other things. He also sexually abused me.

I felt very, very bad. For a while I thought it was my fault. I learned it wasn't my fault after I got help. Well, I felt kind of frightened at first about getting help and then I did it. I need help because I have to get it out of my mind. I can't carry it around all over me. It feels bad.

I want people to know it is really bad. It really happens. It happens to all kinds of kids.

I want kids to know if something happens to them they should tell their parents, their mom. They should tell police officers. The police will believe them.

SESSION # 7 and 8

TITLE: Am I Normal

OVERVIEW:

The purpose of these sessions are to provide factual information regarding sex education,and remove myths and fears about homophobia.

TOPICS TO BE COVERED:

male and female anatomy
reproduction
autonomic body responses
homophobia

OBJECTIVES:

To inform group members with regard to sex education.

To alleviate possible feeling of guilt associated with the sexual abuse through an understanding of normal body reactions.

ACTIVITIES

1. Feelings Check- In

2. Last Week Revisited

i) Unresolved issues from the previous session.

ii) Return Journals/answer questions from the question box

iii) Introduction - During the last two sessions group members were involved in a discussion about why disclosing sexual abuse is hard to do. They listened to stories from other boys who had been sexually abused and told their own stories. The next two sessions may feel somewhat like school as the focus will be on sex education.

3. Therapeutic Activity/Discussion

The following is a presentation done by Todd Smith of Winnipeg, for a treatment group for preadolescent sexually abused boys.

MALE

Explain on the chart (Planned Parenthood) the positions of various parts of anatomy so that the boys understand the view of the body on the chart; stomach, bum, etc. Begin explaining the reproductive system showing the scrotum where the testicles are. The functions

of the testicles are producing sperm, and producing hormones for voice change, hair growth and body weight. Next is the epididymis which stores the sperm. The sperm is carried through the vas deferens. Sperm are alive individually and need protein and sugar to live and swim. Sugar for energy is added in the seminal vesicle while protein for food is added in the prostrate. This fluid is called semen and is released by the penis.

FEMALE

Explain the front and side view of the body and internal organs such as the bladder. The ovaries are where the egg is produced as well as hormones for growth, hair development and breast development. The egg travels down the fallopian tube and plants itself in the uterus where it receives nourishment. The vagina is the passage way from the uterus to outside the body.

REPRODUCTION

To have a baby the male and female reproductive systems must come together.

The sperm is stored in the epididymis.

The penis becomes erect when the spongy tissue fills with blood. This occurs when the penis becomes aroused.

The sperm travels through the vas deferens to the seminal vesicle where sugar is picked up and to the prostrate where it picks up protein. Recall that this fluid is called semen.

Between 200 - 400 million sperm pass out of the penis into the vagina. The sperm travel up through the uterus to the fallopian tube where it meets the egg from the ovary. The fertilized egg comes back down and implants itself in the uterus where the baby grows.

Second session

(review of organs, sexuality)

-need penis to be erect

-what does that mean. another word

-how? it fills with blood, sponge

-why? gets aroused or excited

-how? -you can see something like a pretty girl or a picture of a pretty girl

-you can think about a pretty girl
-if someone touches your body, especially your penis

When that (the above situations) happens your brain tells your body to send blood to the penis. This happens automatically just like blinking, tickling.

Question: is sex the same as sexual abuse?

sex happens when two people agree on the sexual contact.

sexual abuse occurs when an adult or older more powerful person touches your private parts or makes you touch theirs.

what happens if a man sexually abuses a boy, is the boy gay or a fag now?

no, they were sexually abused, a boy does not become gay or homosexual because they were sexually abused.

how about if the boy got an erection or if it felt good, is he gay or a fag now?
no, remember the body reacts like blinking, tickling.

what if you were abused by a women and didn't like it, does that mean something is wrong with them, maybe gay or a fag?
no, even if it was a woman, you were still sexually abused and nothing is wrong with you. your body is not ready for sex especially from an abuser.

The preceding discussion is an example of what can be done. If you have a more suitable program for this topic or would like to bring in speakers (with the boys' permission, of course) go ahead!

4. Snack

5. Self Image/Group Building Exercise

i) Which Person in the Group... - (Handout 7.1). This exercise may be completed in two smaller groups or as a large group. Allow ten minutes to complete the exercise then discuss how it made group members feel to come to a consensus and how individual group members felt being listed for a certain quality. Handout 7.1 is only an example of the questions that can be asked. Group facilitators should develop questions for their group so that each group member will be listed.

ii) Things That Make Me Special - (Handout 7.2). Group members should be given the following instructions:

1. In the house put something that your family does for fun.
2. In the star put something that you are proud of.
3. In the heart put something that makes you feel good.
4. In the award document put something you want to accomplish when you are older.

6. Journal Time/Question Box

Possible journal questions: What are the three best things and three worst things about your school?

Now that group time is nearly half over in what ways has the group been helpful for you?

7. Gym time/Play time/Free time

RESOURCE MATERIALS:

snack
charts of reproductive systems (Planned Parenthood)
handouts 7.1 and 7.2

WEEKLY GROUP CHECKLIST

SESSION # 7 DATE: _____

THOSE PRESENT: _____

_____

CHECK IN ISSUES: _____

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RESULTS OF GROUP EXERCISES: _____

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PARTICIPATION BY EACH MEMBER: _____

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FOLLOW UP FOR THE NEXT SESSION: _____

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WEEKLY GROUP CHECKLIST

SESSION # 8 DATE: _____

THOSE PRESENT: _____

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CHECK IN ISSUES: _____

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RESULTS OF GROUP EXERCISES: _____

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PARTICIPATION BY EACH MEMBER: _____

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FOLLOW UP FOR THE NEXT SESSION: _____

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_____

T PERSON IN THIS GROUP....

Handout 7.1

_____ HAS THE DARKEST EYES?

_____ HAS THE LONGEST LAST NAME?

_____ COULD HIDE IN THE SMALLEST PLACE?

_____ HAS THE BIGGEST HANDS?

_____ HAS THE OLDEST BROTHER OR SISTER?

_____ CAN GIVE THE BIGGEST SMILE?

_____ IS THE TALLEST?

_____ HAS THE MOST BROTHERS AND SISTERS?

_____ HAS THE LIGHTEST HAIR?

_____ HAS THE MOST FRECKLES?

_____ IS WEARING THE MOST COLORS?

_____ HAS THE LONGEST HAIR?

_____ HAS BEEN TALKING THE QUIETEST?

SESSION # 9

TITLE: Friendships

OVERVIEW:

During this session the boys will have the opportunity to explore their relationships with peers. An emphasis will be placed on defining the qualities we look for in our friendships.

TOPICS TO BE COVERED:

Qualities valued in a friendship.
Quality activities with friendships.
Qualities we offer our friends.
Friendship issues: feeling special
staying friends during tough times

OBJECTIVES:

To explore relationships with peers for the purpose of enhancing existing relationships and creating new, positive relationships.

ACTIVITIES:

1. Feelings Check - In

2. Last Week Revisited

i) Unresolved issues from the previous session.

ii) Return journals/answer question box questions.

iii) Introduction - During the last two sessions group time was spent discussing sex education and related topics. During the next two sessions we will look at two important relationships, this week with friends and next week with family.

3. Therapeutic Activity/Discussion:

i) Qualities in a Friend - In this exercise group members are asked to go through twenty qualities a friend could possess and rank five most important qualities. This exercise can be done either individually, in smaller groups or as a large group (handout 9.1).

ii) Discussion - Below is list of possible questions to help group members further explore relationships with their peers:

a) What activities are more fun to do with a friend?
b) How does a friend make you feel special?

c) How do you and your friend decide on what you are going to do?
d) How do you and your friend resolve conflicts?
e) How do you show/tell your friend that you appreciate him/her?

iii) Creating an Ad - In this exercise group members will use the information gathered in this session to write an ad for their ideal friend (handout 9.2).

4. Snack

5. Group Building Exercise

Group Picture - In this exercise group members are given a large piece of newsprint and are asked to make a picture together. They must decide on a theme and assign each other roles for completing the activity (Mandell and Damon, 1989). This exercise will probably need to be carried over to another session.

6. Journal Time/Question Box

Possible journal question: Which qualities do you have that make you a good friend?

7. Gym time/Play time/Free time

RESOURCE MATERIALS:

snack
handouts 9.1 and 9.2
newsprint
markers

WEEKLY GROUP CHECKLIST

SESSION # 9 DATE: _____

THOSE PRESENT: _____

_____

CHECK IN ISSUES: _____

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RESULTS OF GROUP EXERCISES: _____

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PARTICIPATION BY EACH MEMBER: _____

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FOLLOW UP FOR THE NEXT SESSION: _____

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Handout 9.1

QUALITIES IN A FRIEND

creative	humorous	brave
adventurous	dependable	quiet
caring	reliable	talkative
honest	athletic	flexible
trusting	generous	loyal
understanding	popular	intelligent
strong	spontaneous	

Choose the five qualities you believe are the most important, then rank them in order of importance.

_____

_____

_____

_____

_____

RANKING

1. _____
2. _____
3. _____
4. _____
5. _____

WANTED

Handout 9.2

SESSION # 10

TITLE: Families

OVERVIEW:

During this session group members will explore the various families that exist. The boys will participate in discussions focusing on families, parents, and responsibilities within a family.

TOPICS TO BE COVERED:

Types of families
The ideal mother/father
Family rules
Responsibilities within a family

OBJECTIVES:

To explore relationships with family members for the purpose of understanding and enhancing.

ACTIVITIES:

1. Feelings Check - in

2. Last Week Revisited:

i) Unresolved issues from the previous session.

ii) Return journals/answer question box questions.

iii) Introduction - During the last session we talked about relationships with friends. Group members felt that ... were the most important qualities in a friendship. Today's session will focus on another relationship, families.

3. Therapeutic Activity/Discussion:

i) Discussion - Group members should brainstorm the various types of families, ie, step, blended, foster, single parent mother/father, two parent, etc. It may be helpful for the boys if they can identify family types from television and the movies: Free Willy - foster family, Full House - single parent father.

All family types should be listed on a large sheet of paper with the boy's names going next to their family type. Boys who are in a temporary living situation should be encouraged to see themselves as belonging to two families. The families

to which the boys belong can be a focal point for further discussion about commonalities and differences between the boys.

ii) The Ideal Mother and Father - Television and the movies portray very good parents such as Brandon and Brenda's parents on Beverly Hills 90210 and very bad parents like Al and Peggy Bundy. In this exercise group members brainstorm the qualities that make the ideal parents. A discussion that follows can focus on how far real parents may be from ideal parents, and why that discrepancy may be there.

iii) Family Rules - Why have family rules? What are some of the rules in your homes?. Once these questions have been answered group members should develop what they feel are appropriate family rules.

4. Snack

5. Self Image Building Exercise

Count on one another (Handout 10.1)

6. Journal Time/Question Box

Possible journal question: If you can change one family rule which one would you change, and how would you change it?

7. Gym time/Play time/Free time

RESOURCE MATERIALS

snack
large paper and markers
handout 10.1

WEEKLY GROUP CHECKLIST

SESSION # 10 DATE: _____

THOSE PRESENT: _____

CHECK IN ISSUES: _____

RESULTS OF GROUP EXERCISES: _____

PARTICIPATION BY EACH MEMBER: _____

FOLLOW UP FOR THE NEXT SESSION: _____

Handout 10.1

COUNTING ON ONE ANOTHER

- Write the name of the family member who best fits the description below.

I can count on _____ to make me laugh.
I can count on _____ to play with me.
I can count on _____ to help me with my schoolwork.
I can count on _____ to answer my questions.
I can count on _____ to help with the housework.
I can count on _____ to plan a party.
I can count on _____ to repair something broken.
I can count on _____ for a tasty meal.
I can count on _____ to listen to my problems.
I can count on _____ to keep a secret.
I can count on _____ to _____

- My family can count on me to:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

SESSION # 11

TITLE: Assertiveness Training

OVERVIEW:

The focus of this session is to help the boys respond assertively in any given situation. This will be accomplished by defining assertiveness and practicing assertive responses.

TOPICS TO BE COVERED:

Definitions of assertiveness, passive, and aggressive.
Describing assertive responses.
Practicing assertive skills (verbally/non verbally)

OBJECTIVES:

For the boys to understand differences between assertive, aggressive and passive responses.

For group members to begin to develop skills in responding to a situation in an assertive way.

ACTIVITIES

1. Feelings Check - In

2. Last Week Revisited

i) Unresolved issues from the previous session.

ii) Return journals/answer question box questions.

iii) Introduction -

3. Therapeutic Activity/Discussion

i) Discussion/Lecture - The following descriptions of **assertiveness, aggressive,** and **passive** behaviours are presented as guidelines to initiate discussion. Prior to beginning the discussion group facilitators should ask group members if they have heard of any of these words and knew their meanings:

Assertive - Involves direct expression of ones feelings, needs, or opinion in a way that is neither threatening or punishing towards the other person. Being assertive means standing up for your own rights without violating the rights of others. When you are assertive you respect yourself and you respect others.

I message: I'm O.K.....You're O.K.

Group facilitators should give or role play examples of assertive behaviour.

Aggressive - Involves a person expressing his feelings in a threatening,punishing or demanding way. Aggressive behaviours show no respect for the rights or feelings of the other person. Aggressive responses may be a way of achieving goals only in the short run.

I message: I'm O.K.....You're not O.K.

Passive - Involves a person not expressing his feelings, needs, or ideas. A passive person ignores his own rights and lets others take advantage of him. Someone who is passive allows others to choose for him and often feels anxious and disappointed when he doesn't express himself,and angry and resentful later on.

I message: I'm not O.K.....You're O.K.

Once all three behaviours have been described the group facilitators should ask the boys to rate their behaviour as either aggressive, assertive or passive.

ii) An Assertive Response - In this exercise (handout 11.1) group members are asked to read each situation and put a check mark next to the assertive response. If a group mascot is being used have the mascot give the assertive response to each question. If not group facilitators can ask for volunteers to provide the assertive response.

iii) Bill of Rights - The group facilitators should introduce the bill of rights and go over each right with the boys. Each boy should be given a copy of the bill of rights to keep for himself (handout 11.2).

4. SNACK

5. SELF IMAGE BUILDING EXERCISE

Keeping my space, safe - This is an assertiveness training exercise which may help enhance self image by giving the boys a sense of power and control as they determine a safe space around themselves. Prior to beginning this exercise the group facilitators should explain to the boys non verbal components of assertive responses. These components include: Facial expressions, eye contact, hand gestures, and body movements. Voice level/tone would be another component of an assertive response.Group facilitators should provide examples of all these components.

The group facilitators should model this exercise then have the boys break into pairs and attempt the exercise. The group facilitators should position themselves approximately fifteen feet directly across from each other. One facilitator should begin to walk towards the other facilitator. When the facilitator who is stationary feels that the space around him/her is about to be violated, he/she says "stop". This exercise is continued with the facilitators modelling non verbal ways of communicating "stop". Once the boys have had the opportunity to practice this exercise, the entire group should debrief.

6. Journal Time/Question Box

Possible journal question: Describe a situation that you were in that ended up in a conflict. How did you respond? What would have been an assertive response to that situation?

6. Gym time/Play time/Free time

RESOURCE MATERIALS:

snack
handouts 11.1 and 11.2

WEEKLY GROUP CHECKLIST

SESSION # 11 DATE: _____

THOSE PRESENT: _____

CHECK IN ISSUES: _____

RESULTS OF GROUP EXERCISES: _____

PARTICIPATION BY EACH MEMBER: _____

FOLLOW UP FOR THE NEXT SESSION: _____

Handout 11.1

PLEASE PUT A * NEXT TO THE ASSERTIVE RESPONSE

1. Your sister is in the next room listening to her new RAP album, full blast. You are in the next room trying to watch Wrestling and can't hear a thing. You go into your sister's room and say,

____Your stereo is loud and is bothering me, would you please turn it down.

____If you don't turn your stereo down I'm going to come in and break it.

____You don't go into your sister's room and just watch Wrestling without listening to it.

2. A friend asks to borrow your favorite Saga Genesis game. You say,

____Are you crazy. I don't lend my games to anybody.

____Of course you can borrow it, but please return it to me at tomorrow at school.

____Well....I guess that would be okay even if I was going to use it myself tonight.

3. You are in line at 7-11 buying a Slurpee. Another boy cuts in front of you and then asks if it is okay. You say,

____You don't say anything.

____I realize that you don't want to wait in line, but I was here first and really would like to get out of here.

____Forget it buddy? Wait your turn like the rest of us.

4. Your sister wants to watch a Soap Opera on T.V. There is something else that you would really like to watch. You say,

____Well, oh, go ahead and watch the show. I guess I could do some homework instead.

____Did you know that your Soap Opera is on again in a hour but my show is only on now. I would really appreciate it if you let me watch my show now.

____Soap Operas are stupid and you are stupid for wanting to watch one.

5. You and a friend are supposed to be working on a classroom project together yet you are doing all the work. You say,

____We are supposed to be doing this together yet I'm doing all the work. I'd like to talk about changing this.

____You say nothing.

____If you don't help more I'm going to tell the teacher that I'm doing all the work and get you into trouble.

handout 11.2 **EVERY PERSON'S BILL OF RIGHTS**

THE RIGHT TO BE TREATED WITH RESPECT

THE RIGHT TO HAVE AND EXPRESS YOUR OWN FEELINGS AND OPINIONS

THE RIGHT TO SET YOUR OWN PRIORITIES

THE RIGHT TO SAY NO WITHOUT FEELING GUILTY OR HAVING TO COME UP WITH A GOOD REASON

THE RIGHT TO ASK FOR WHAT YOU WANT KNOWING THAT OTHERS HAVE THE RIGHT TO REFUSE

THE RIGHT TO GET WHAT YOU PAY FOR

THE RIGHT TO ASK FOR INFORMATION FROM PROFESSIONALS

THE RIGHT TO MAKE MISTAKES

THE RIGHT NOT TO ASSERT YOURSELF

THE RIGHT TO CHANGE YOUR MIND

THE RIGHT TO SAY "I DON'T KNOW THE ANSWER"

THE RIGHT TO SAY "I NEED SOME TIME TO THINK THAT OVER"

SESSION # 12

TITLE: Angry Feelings

OVERVIEW:

The focus of this session will be on understanding and managing angry feelings.

SPECIFIC TOPICS TO BE COVERED:

Clues to our anger
Anger situations
Anger management

OBJECTIVES:

To understand that angry feelings are acceptable.

To understand that it is not acceptable to hurt yourself or some one else when you are angry.

To learn the warning signs of anger.

To develop appropriate anger management skills.

ACTIVITIES:

1. **Feelings Check - In**

2. **Last Week Revisited**

i) Unresolved issues from previous session.

ii) Return journals/answer question box questions.

iii) Introduction - During the next four sessions group focus will be on feelings. The first feeling we will look at is anger.

THERAPEUTIC ACTIVITY/DISCUSSION:

i) Brainstorming Angry Words and Phrases - In this exercise the boys are asked to list words which describe anger. Words may include: **mad, furious, pissed off, etc,.** The list of words will then be used in the next exercise.

ii) Angry Situation Ranking - In this exercise the boys are asked to rank their anger to possible situations using the list generated in the previous exercise. Each child should be given a copy of handout 12.1 to work on independently. When all the boys have completed their handout group members will

go through them together. Please note that the situations described in handout 12.1 may not be appropriate for the boys in your treatment group and therefore you may need to develop alternative anger situations.

iii) Clues to Our Anger - The group facilitators should lead a discussion with the boys with regards to signals our bodies give us as we are getting angry. These signals may include: **face turning red, sweating, heart beating faster, etc,.** The discussion should then focus on physical reactions to anger which may include; **raising your voice, clenching your fists, etc,.** The group facilitators should help the boys understand that all of these signals and reactions are clues that a person is getting angry and a necessary time to intervene.

iv) Brainstorming Positive Alternatives in Angry Situations - In this exercise group facilitators and members make a list of positive ways to handle anger (ie. go for a walk, practice assertiveness training, etc.). The discussion should address difficulties in carrying out these positive alternatives.

4. Snack:

5. Self Image Building/Group Exercise

Because only one session is being spent on anger management there probably will not be time for the self image building/group exercise. Instead, here are two further exercises with regard to angry feelings:

i) Angry Johnny - Is a story about a boy having a really bad day (handout 12.2). One of the facilitators should read the story and then group members can discuss what Alvin could have done differently during the day.

ii) Risk Cards - In this exercise open ended sentences are put on cards and distributed to the boys. This exercise may be done in groups of three or four boys with each boy having the opportunity to answer all risk cards given to his group (Handout 12.3).

6. Journal Time/Question Box:

Possible journal question: Who gets you the angriest and what is it that they do that angers you?

7. Gym Time/Play Time/Free Time:

RESOURCE MATERIALS:

snack
flip charts
handouts 12.1, 12.2, and 12.3.
markers
cards for handout 12.3

WEEKLY GROUP CHECKLIST

SESSION # 12 DATE: _____

THOSE PRESENT: _____

_____

CHECK IN ISSUES: _____

_____

_____

_____

_____

RESULTS OF GROUP EXERCISES: _____

_____

_____

_____

_____

PARTICIPATION BY EACH MEMBER: _____

_____

_____

_____

_____

_____

_____

_____

FOLLOW UP FOR THE NEXT SESSION: _____

_____

_____

_____

Handout 12.1

ANGRY SITUATION RANKING

My brother or sister hit me. _____

My parents were arguing. _____

My bicycle was stolen. _____

I couldn't stay up late to watch a tv show. _____

My friends didn't include me in what they were doing._____

There were no charges laid against my offender. _____

My friend broke my favorite Sega game. _____

My teacher wouldn't let me go outside for recess. _____

I dropped my favorite CD in a puddle of water._____

My sister stuck gum on my Walkman. _____

Handout 12.2

ANGRY JOHNNY

Angry Johnny is a story of a boy who has never learned how to handle his anger. He stores up his anger, sort of like stuffing it in a big bag. This is a story of one day in the life of Johnny.

Angry Johnny gets up and starts to get ready for school. He goes to his closet to find his favorite pair of Nike air runners, but they aren't there. he looks all over but can't find them. His sister walks in to his room and he looks down and sees that she is wearing his runners. This makes Johnny angry inside but he doesn't do anything, he just stuffs his anger further down.

Just as Johnny runs out the door to catch the bus to school, the bus pulls away. He calls for the bus to stop but the driver doesn't hear him so he has to walk to school.

As Johnny arrives at school, he sees two of his friends and yells to them to wait for him but they ignore him and walk away. Johnny doesn't say anything but just stuffs his anger further down.

During Johnny's first class the teacher asks him a question; he doesn't know the answer and the kids laugh at him.

Finally it's recess and he goes out to play with his friends. A bigger boy in his class comes up to him, pushes his and calls Johnny a dummy. Johnny doesn't do anything, just stores up some more anger.

Johnny manages to survive the rest of his day and is looking forward to going home and watching The Music Channel. As he walks into the living room he sees his little brother watching cartoons. Johnny attempts to change the channel, his little brother cries. Johnny's mother tells him to leave his brother alone and sends Johnny to his room. By this tome Johnny has stuffed so much anger that his is full - so he explodes. He yells at his mother, hits his little brother and walks out of the house.

What happened to Johnny? What could he have done differently during the day?

(Project CHarlie)

Handout 12.3

RISK CARDS

I get angry whenever I...

I get angry whenever somebody...

You can tell I am angry when I ...

Whenever I am angry and don't want anybody to know it, I...

I get angry every time...

The last time I was angry was...

I get angry when my family...

The best thing for me to do when I get angry is...

Someone in my family who really gets me angry is...

When I tell someone I'm angry at them I feel...

When I get angry my face...

To tell someone I'm angry at him/her is...

When I keep my anger inside I...

Some ways to get out anger without hurting anybody are...

A safe place to get angry is...

When I let my angry feelings out I...

When my sister or brother get me mad I...

When I get angry at my friend, I feel like...

SESSION # 13

TITLE: Powerlessness and Control

OVERVIEW:

Many boys who have been sexually abused experience a feeling of powerlessness. The purpose of this session is to help group members gain control in areas where they should have control, and cope with situations where they do not have control.

TOPICS TO BE COVERED:

Definition of control.
A comparison of situations where we have and do not have control.
Definition of power.
A comparison of powerful and powerless people.

OBJECTIVES:

To understand the things that make someone feel powerful.

To determine the situations in their lives where they have control and gain control in situations where they have lost control.

To help the boys cope with situations where they do not have control.

ACTIVITIES:

1. Feelings Check - In

2. Last Week Revisited

i) Unresolved issues from previous session.

ii) Return journals/answer question box.

iii) Introduction - Last week the group focused on angry feelings. Today the focus will be on feelings of powerlessness and control.

3. Therapeutic Activity/Discussion:

i) Discussion - What makes people feel powerful?
What makes people feel powerless?
Who are powerful people?
How can someone who feels powerless begin to feel powerful?
Describe situations in your lives that you have

control over?
Describe situations in your lives where you do not have control?
What are some positive ways of coping with situations where you have not got control?

ii) The Powerless Jar - This activity is a demonstration of a situation where one has no control and may feel powerless. The powerless jar is made by finding a glass jar with a lid and adding water, food colouring, and a small amount of cooking oil. **Make sure that the lid is sealed extremely tight**. Because the oil is lighter than water there will always be two separate layers in the jar. Give each group member an opportunity to shake the jar as hard as he can and when each group member has had a turn, the group facilitators should take a turn. The discussion after this activity should focus on how it felt not being able to mix the two layers in the jar.

4. Snack

5. Self Image Building Exercise

The Great Invention - Imagine yourself as an inventor whose entire life has been spent trying to create an invention that would make your life easier. Draw a picture of what that invention would look like.

6. Journal Time/Question Box

Possible journal question: Think of a situation in your life that you would like changed. Do you have control over that situation? If yes, how can you make the necessary changes? If no, what would make it easier to cope with the situation.

7. Gym time/Play time/Free time

RESOURCE MATERIALS:

snack
materials for the powerless jar (see activity 3 ii).

WEEKLY GROUP CHECKLIST

SESSION # 13 DATE: _____

THOSE PRESENT: _____

CHECK IN ISSUES: _____

RESULTS OF GROUP EXERCISES: _____

PARTICIPATION BY EACH MEMBER: _____

FOLLOW UP FOR THE NEXT SESSION: _____

SESSION # 14 and 15

TITLE: A feelings wrap up

OVERVIEW:

During these two sessions group members will have the opportunity to discuss feelings they encounter everyday while also focusing on the feelings that arose from their sexual abuse.

TOPICS TO BE COVERED:

What are feelings?

OBJECTIVES:

For group members to understand what feelings are.

For group members to identify feelings they have had in specific situations, and describe why they felt the way they did.

ACTIVITIES

1. Feelings Check - In

2. Last Week Revisited

i) Unresolved issues from the previous session.

ii) Return journals/answer question box questions.

iii) Introduction - In the last few weeks we have looked at several feelings generally felt by boys who have been sexually abused. These included anger, guilt, and powerlessness. There are many more feelings inside all of us, some good, some bad which we have yet to discuss. During the next two sessions we will look at feelings which may come up at home, at school, and with our friends.

3. Therapeutic Activity/Discussion

i) Discussion and Brainstorming of Feelings - Prior to beginning an exercises dealing with feelings it is important for group members to define what feelings are. Once this is accomplished group members should brainstorm as many feelings as they can think of. Group facilitators should write down all the feelings on large pieces of newsprint under the headings: good feelings, bad feelings, good or bad feelings. Group members should be assigning the feelings to the headings. Once group members have exhausted their list of

feelings the group facilitators can list further feelings such as those presented in handout 14.1. Group facilitators should ask the boys if they understand the feeling and what it means.

ii) Feelings Cube - This activity will take some preparation on your part but is generally an activity enjoyed by the boys. To begin with you will need a small box (like the ones mugs come in). Cover all sides with paper and on each side write a different feeling such as happy, sad, surprised, scared, excited, and angry. The activity begins with one group member rolling the cube and seeing which feeling lands up. The group member then describes a time he experienced that feeling and passes the cube onto the next boy, and so on. You may have to stop the activity after several rounds because the boys may want to roll the cube until they have rolled all six feelings (Project CHarlie).

iii) Feelings Bag - This is an activity that Mark Barnes of Mandala Therapeutic Services uses in several treatment groups for children. Group members are given a bag which is filled with papers each having a feeling written on it. Without looking into the bag, in turn, a group member pulls out one piece of paper and answers the following questions:

Define the feeling.
When was the last time you felt that way?
What did you do when you felt that way?
What did you need when you felt that way?

iv) Feelings Charades - In this activity group members and facilitators take turns acting out various feelings. To make things easier for your self, use the Feelings bag for this activity as well (Karen Goslin, Ontario).

v) The Colours of my World - In this exercise group members are asked to describe on paper the amounts of various feelings that they have. The exercise will work best if the group facilitators suggest the feelings to be drawn and the group members, by consensus decide on the colours to represent those feelings. Handout 15.2 shows what the paper could look like.

While I have not attempted this exercise in a treatment group I have seen it used successfully in individual therapy, in particular with an eleven year old boy on an Indian Reserve north of Winnipeg. During the first three months of therapy Bruce (not real name) presented in a happy, carefree manner and continually indicated that nothing bothered him. However after completing this exercise Bruce looked at what he drew and began crying. He stated that he hadn't realized how sad he was and that his sadness resulted from witnessing his sister being sexually assaulted. Bruce was able to work

through his "sadness" and his sister also came into therapy.

This activity may be taken one step further by having the boys draw another representation, of their feelings, but this time their ideal feelings. Once this is completed a group discussion can take place on what needs to happen to move from real to ideal feelings.

4. Snack

5. Self Image Building Exercise

This may be a good time to complete the group picture from session # 9

6. Journal Time/Question Box

Possible journal questions: What is the hardest feeling for you to show and why?

Open topic: Write about anything!

7. Gym time/Play time/Free time

RESOURCE MATERIALS:

snack
crayons/pencil crayons.
paper, newsprint.
handout 14.1 and 14.2.
supplies for feelings cube (see group activity 3 ii).

WEEKLY GROUP CHECKLIST

SESSION # 14 DATE: _____

THOSE PRESENT: _____

CHECK IN ISSUES: _____

RESULTS OF GROUP EXERCISES: _____

PARTICIPATION BY EACH MEMBER: _____

FOLLOW UP FOR THE NEXT SESSION: _____

WEEKLY GROUP CHECKLIST

SESSION # 15 DATE: _____

THOSE PRESENT: _____

CHECK IN ISSUES: _____

RESULTS OF GROUP EXERCISES: _____

PARTICIPATION BY EACH MEMBER: _____

FOLLOW UP FOR THE NEXT SESSION: _____

Handout 14.1

LIST OF FEELINGS THAT PERSONS HAVE BUT OFTEN FAIL TO IDENTIFY

Positive	Negative		Miscellaneous
excited	hate	panicky	confused
hopeful	resentments	resigned	frustrated
loving	futility	guilty	concerned
accepted	terror	uncomfortable	ambivalent
satisfied	fear	dread	vulnerable
relieved	regret	disturbed	appalled
pleased	despair	exasperated	apathetic
proud	fright	trapped	
thrilled	meaningless	dismayed	
comfortable	lonely	burned up	
good	hurt	furious	
happy	aggravated	used	
relieved	hopeless	worried	
relaxed	worthless	devastated	
confident	useless	self-conscious	
worthy	helpless	apprehensive	
great	hostile	ashamed	
turned on	angry	scared	
glad	anxious	upset	
	insecure	uptight	

Negative	
unsure	bored
troubled	humiliated
lost	bitter
depressed	insulted
rejected	embarrassed
disapproval	alienated
disgusted	timid
out of place	inferior
unwanted	horrified
overwhelmed	disgruntled
irritated	dejected
miserable	worn out
fed-up	wrung out
teed-off	bothered
turned off	perplexed
apprehensive	disconcerting
inadequate	
discouraged	
frantic	
provoked	
degraded	
pressured	
threatened	
alarmed	
uneasy	

"I CAN DO IT!" or "I DID IT!"

adequate
beautiful
blissful
bold
bursting
capable
cheerful
clever
competent
delighted
eager
ecstatic
excited
fantastic
free
good
gratified
great
helpful
high
happy
honoured
groovy
kind
loose
loving
nice
peaceful
pleasant
pleased
pretty
proud
refreshed
relaxed
relieved
rewarded
satisfied
settled
sure
turned on
wonderful
acceptable
ok
comfortable

SURE CAN

brave
competitive
determined
energetic
strong
tough
down

OR CAN I?

apathetic
ambivalent
bored
divided
dubious
doubtful
lazy
sceptical
worried

NOT LIKE ME!

conspicuous
different
odd
queer

ONE VERY HELPFUL WORD: "Wow"

"JUST DON'T THINK I CAN CUT IT."

a "downer"
annoyed
anxious
bugged
burdened
defeated
diminished
discontented
distracted
distraught
disturbed
dominated
empty
exasperated
exhausted
fearful
flustered
frantic
frightened
frustrated
helpless
imposed upon
inadequate
imitated
low
nervous
out of it
overloaded
overwhelmed
panicked
persecuted
pooped
pressured
queasy
restless
scared
tense
terrified
threatened
trapped
troubled
uneasy
unhappy
upset
unsettled
untogether
vulnerable

KICKED, PICKED ON AND LICKED

abandoned
betrayed
cheated
condemned
confused
crushed
damned
despair
homesick
ignored
isolated
hurt
left out
miserable
petrified
sad
sorrowful
suffering
tried

I REALLY FEEL THIS WAY

awful
bad
cruel
deceitful
destructive
envious
evil
funky
grief
groove
horrible
jealous
jive
juvey (juvenile)
mean
naughty
obsessed
obnoxious
rotten
screwed up
sneaky
spiteful
tempted
terrible
violent
ugly

Handout 14.2

LONELY

HAPPY

ANGRY

SAD

SCARED

OPTIMISTIC

SESSION # 16

TITLE: Decision Making and Problem Solving

OVERVIEW:

During this session group members will discuss decisions and the influences that impact on their decision making. Group members will participate in activities related to decision making and learn a decision making model.

TOPICS TO BE COVERED:

What is a decision?
What influences a decision?
Consequences of decisions.
A decision making model.

OBJECTIVES:

Practice decision making skills.
Examine alternative solutions for conflict situations.

ACTIVITIES:

1. Feelings Check-In

2. Last Week Revisited

i) Unresolved issues from the past session.

ii) Return journals/ answer question box questions

iii) Introduction - During the past month group members have been involved in activities and discussions designed to help them identify feelings, label feelings and respond to feelings in a positive way. One issue not discussed was how feelings influence our decisions.

3. Therapeutic Activity/ Discussion

i) Discussion - What is a decision? Group facilitators should ask group members for an answer to this question. A good answer would be; a decision is when you have to make a choice between two or more things.

ii) In This Corner - This is an activity where group members must choose between two items. Group facilitators designate two corners of the room to represent two different items. The

facilitators then call out the two items and the boys are asked to walk to the corner which represents their preferred choice.

Once all group members have made a decision, a discussion can take place focussing on who or what influences decisions. Possible influences may include, family, friends, other individuals, likes and dislikes, beliefs and/or feelings. Some examples worth trying as choices could be:

McDonalds vs Burger King
Rap Music vs Country Music
Bike Riding vs Playing Football/Baseball/Soccer
Renting a Movie vs Playing Sega Genesis

iii) Decision Dial - This activity will require some preparation by the group facilitators, so... if you were not prepared and have not made the dial, it is too late now! Just go to the next exercise. If you are prepared, read on...
Cut out a 12 inch circle and an arrow (This will be the spinner) measuring about 5 inches from stiff poster board or card board. Using a metal fastener, attach the spinner directly in the middle of the circle. Print several different decision questions as suggested in handout 16.1 on the circle.

Allow each group member to spin the dial and answer the question he spins.

iv) A Decision Making Model - Group facilitators should present the following model for decision making which was taken out of the Seven Oaks School Division (Winnipeg) Family Life Curriculum, and use it as a guide for completing exercise v.

1. Define the Problem - State exactly what the problem is or the situation around which a decision needs to be made.

2. Consider all Alternatives - List all possible ways to resolve the problem or possible decisions that could be made. Information may need to be gathered so all alternatives can be considered.

3. Consider the consequences of Each Alternative - List all the possible outcomes - both negative and positive - for each alternative.

4. Consider Personal and Family Values - Values include beliefs on how we should act or behave. Values come from our families, friends and society. Consider whether each alternative is consistent with your values.

5. Choose one Alternative

6. Implement the Decision - Do what is necessary to have the decision carried out the way you want it to be.

7. Evaluate the Decision -

Would I make the same decision if I had to do it over again?
Was there any consequences of my decision that I had not considered?
What have I learned from my decision?

v) What Could You Do If... - This activity also requires preparation but if necessary can be done by one facilitator while the other one describes the activity to the group members. Make a copy of handout 16.2 and cut out each situation along the dotted line. If you did not complete this before the session began then rip out handout 16.2 and cut or tear quickly. Put the slips of paper in a bag and have the boys take turns responding to the situation using decision making model.

4. Snack

5. Self Image/Group Building Exercise

Pre-empted this week by activity v.

6. Journal Time/Question Box

Possible journal question: Who or what has had the greatest influence on the decisions you make?

7. Gym time/Play time/Free time

RESOURCE MATERIALS:

snack.
materials for activity 3 iii.
large paper and markers.

WEEKLY GROUP CHECKLIST

SESSION # 16 DATE: _____

THOSE PRESENT: _____

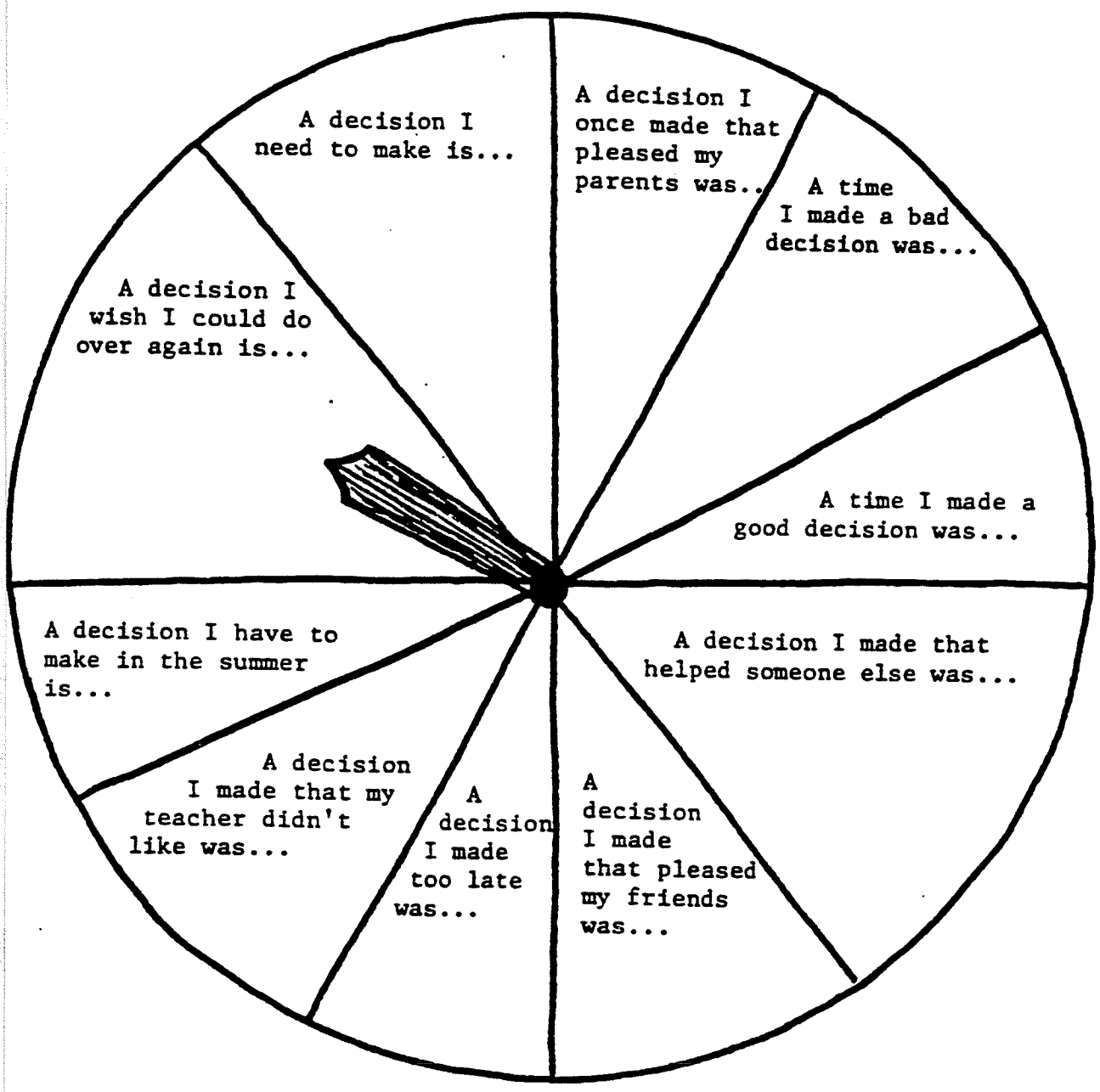
CHECK IN ISSUES: _____

RESULTS OF GROUP EXERCISES: _____

PARTICIPATION BY EACH MEMBER: _____

FOLLOW UP FOR THE NEXT SESSION: _____

Handout 16.1



Project Charlie

Handout 16.2 What Could You Do?

(Cut apart and put strips into bag.)

You have a big project to do for school. You worked hard on it and it is due today. When you arrive at school, you realize you forgot to bring it and it is still at home. You call home, buy nobody is there. What could you do?

You invite your friend to go swimming with you. Your friend agrees to go, and then invites his cousin to go along without asking you if it is all right. What feelings would you have? What could you do?

There is a large tree in your yard, and your friends dare you to climb it. Your parents have told you never to try to climb it, as it is dangerous. But your friends say you are "chicken" and afraid to try. What could you do?

You are playing with your best friend at recess when you see a group of your classmates playing soccer. You love soccer, so you ask them if you and your best friend can play. They say that you can, but your friend cannot. What would you do?

You have planned to go to the zoo with your friend on Friday afternoon, but the day before, you receive an invitation to a baseball game that most of your other friends will be going to. Your friend has not been invited. You would really like to go to the baseball game, but you know that your friend has been looking forward to going to the zoo with you. What could you do?

You are playing with your friends in the park near your house and a man you don't know is watching you. He asks you and your friend to come with him. He says he will buy everyone ice cream. What could you do?

You invite your friend over after school to watch TV. You want to watch your favourite show on one channel and your friend wants to watch another show on another channel. What could you do?

You usually ride your bike to school. One day after school you go out to the playground and you find that your bike is missing. What could you do?

Your class is on a field trip. Some boys in your class are picking on you. They make fun of your haircut and your clothes. What could you do?

There is one person in your class that picks on everyone. That person always puts people down, fights and scares people. While you are in the lunch line he pushes you and cuts into line ahead of you. What could you do?

SESSION # 17

TITLE: Prevention

OVERVIEW:

During this session group members will participate in activities and exercise focusing on preventing further abuse from occurring.

TOPICS TO BE COVERED:

Remolest prevention plans.
Identifying a support network.

OBJECTIVES:

Develop/practice skills to prevent in an attempt to prevent further abuse.

ACTIVITIES:

1. Feelings Check - In

2. Last Week Revisited

i) Unresolved issues from the previous session.

ii) Return journals/answer question box questions

iii) Introduction - During the last session time was spent talking about decisions and influences on decisions. Decision making is very important to what we will be doing today, preventing further abuse from occurring.

3. Therapeutic Activity/Discussion

i) Movie Night - Two films are shown to the boys with a discussion taking place at the end of each film. The first film "Who Do You Tell?" provides a basis for a discussion of support systems. "Better Safe Than Sorry II" focuses on protection skills (A brief descriptions of both films can be found in the resource section).

ii) What If... - This exercise provides group members with situations related to sexual abuse and require group members to decide on the most appropriate response (Handout 17.1). This exercise can be done individually, in small groups or as a large group.

4. Snack

5. Self Image Building Exercise

Remolest Prevention Plans - The intent of this exercise is for group members to collectively come up with the necessary components of a remolest prevention plan, and then with the help of the group facilitators come up with individualized remolest prevention plans.

6. Journal Time/Question Box

Possible journal question: Who are two adults you can get ahold during a crisis?

7. Gym time/Play time/Free time

RESOURCES

snack
handout 17.1
flip chart paper and marker
film projector and the films for activity 3 i.

WEEKLY GROUP CHECKLIST

SESSION # 17 DATE: _____

THOSE PRESENT: _____

_____

CHECK IN ISSUES: _____

_____

_____

_____

_____

RESULTS OF GROUP EXERCISES: _____

_____

_____

_____

_____

PARTICIPATION BY EACH MEMBER: _____

_____

_____

_____

_____

_____

_____

_____

FOLLOW UP FOR THE NEXT SESSION: _____

_____

_____

Handout 17.1

What if. . .

1. Your family expects you to visit with the offender and you do not want to?

2. After being in care you return home and there's a lot of conflict in your family. What can you do?

3. Your little sister tells you she's been sexually abused by your uncle, the one you've always wondered about?

4. You were asked what information is needed by children to prevent sexual abuse. What would you say?

5. Your family is back together again and your dad tries sexually abusing you again?

6. You tell a friend about your sexual abuse and they say it must have been your fault. What would you say?

7. Some of your friends seem to know about the sexual abuse but you haven't told them. What would you do?

8. You were afraid of or are being physically or sexually abused again. What would you do?

SESSION # 18

TITLE: Awards Ceremony and Wind up Party

OVERVIEW:

During this session group members will review their accomplishments and celebrate the end of group and a new beginning.

TOPICS TO BE COVERED:

Summary of group activities.
Completion of post test measurements.
A legacy to the next group.
Presentation of certificates.

OBJECTIVES:

For group members to feel proud about their accomplishments during group.

For group members to feel powerful by leaving a lasting legacy to boys who will come into group at a later time.

For group members to be rewarded for their work during the group sessions.

ACTIVITIES:

1. Feelings Check - in

2. Last Week Revisited:

i) Unresolved issues from the previous session.
ii) Return journals/answer question box questions.
iii) Introduction - During the last session we talked about preventing further abuse from occurring..

3. Therapeutic Activity/Discussion:

i) The Group That Was - Group facilitators should review with the boys the many issues that were covered during group time. Emphasis should be placed on how hard they worked and how cohesive a group they became.

ii) Group Member Evaluations - Group facilitators should explain the reasoning for the evaluation as a time for group members to indicate what they liked and disliked about group, and what they found to be useful. Group facilitators should also explain that the evaluations will help the group facilitators the next time they run a group (Handout 18.1).

iii) Post Test Measurements - Group facilitators should remind the boys of the tests they completed before group started and that they had to complete them again. Similar to activity ii, group facilitators should explain the benefits of completing the measurement tools.

4. Snack

Snack time will be delayed for this session until the wind up party.

5. Self Image Building Exercise

i) A Lasting Legacy - This is another exercise suggested by Mark Barnes of Mandala Therapeutic Services. The purpose of this exercise is to give group members a sense of power by leaving something for the next group of boys attending the treatment group. Barnes suggested that group members write letters describing what the new group members can expect from group and what ever else the existing group members chose to write about. Alternatively, drawings of group activities may be done.

ii) The Awards Ceremony - The final treatment component of group occurs when the group facilitators call up each group member individually and handout certificates of completion (Handout 18.2).

6. Journal Time/Question Box

There is no journal or question box time as this is the last group.

7. Gym time/Play time/Free time

There is no gym/play/free time this session because of the wind up party.

THE WIND UP PARTY

The wind up party was decided upon by all group members earlier on. If possible (ie., financially and practically) the wind up party may be bowling, mini golf, or roller skating. Clearly session # 18 will require more than the usual 90 minute session. Make sure you notify the individuals who pick up the boys from group about the extended time for this session!

RESOURCE MATERIALS

paper, pens, pencils.
handouts 18.1 and 18.2.
what ever is necessary for the wind up party.

WEEKLY GROUP CHECKLIST

SESSION # 18 DATE: _____

THOSE PRESENT: _____

CHECK IN ISSUES: _____

RESULTS OF GROUP EXERCISES: _____

PARTICIPATION BY EACH MEMBER: _____

FOLLOW UP FOR THE NEXT SESSION: _____

SECTION 4.11: EVALUATION

Evaluation of your treatment group program is important at two levels. First, it can help determine the progress made by individual group members and indicate areas requiring further intervention. Secondly, data on each boy can be looked at collectively to determine what changes may be necessary in the treatment program. Data collected on many treatment groups can empirically show the overall effectiveness of group treatment as a therapy for sexually abused boys. The following four tests are recommended: The **Child Behaviour Checklist - Revised** (Achenbach, 1981), the **Children's Depression Inventory** (Kovacs, 1985), the **Self Esteem Inventory** (Coopersmith, 1984), and the **Child Sexual Behaviour Inventory** (Friedrich, 1991).

An evening similar to the parents/caregiver night (pg. 100) should be set up to discuss the entire group process with the parents/caregivers, and to complete the post test measurements. Similar to Hack, Osachuk, & De Luca (1994), a follow up at seven months could provide further data on the effectiveness of the treatment program.

Aside from the formal evaluation using standardized measures it is useful for the group facilitators to complete individualized evaluations of each group member. These evaluations should be shared with the boy, the caregiver(s) and if there was one, a referring worker. Although completing evaluation forms after facilitating a lengthy treatment group is probably one of the last things you will want to do, they can sure be helpful for further planning for the child and his family. Here are two examples of evaluation forms for treatment groups:

EVALUATION FOR TEEN VICTIMS GROUP

OBJECTIVE:

Teen victims Group is composed of teen age victims of sexual abuse. The purpose of the Teen Victims Group is to help group members clearly establish that the offender was responsible for their sexual abuse; and that it was the responsibility of the non-offending parents to protect them. Teen Victims Group is also designed to help group members recognize the family dynamics surrounding their sexual abuse.

NAME _____ DATE _____

COUNSELLOR _____ PHONE # _____

FACILITATOR _____ PHONE # _____

FACILITATOR _____ PHONE # _____

DATE ENTERED _____ WEEKS ATTENDED ____ OUT OF ____

NO	YES	AWARENESS AND KNOWLEDGE OF SEXUAL ABUSE
0 1 2 3 4 5 6 7 8 9 10		1. Child is able to describe specific nature of the molestation.
0 1 2 3 4 5 6 7 8 9 10		2. Child is able to identify methods of coercion used, whether physical and/or psychological.
0 1 2 3 4 5 6 7 8 9 10		3. Child is able to express feelings about the molestation whether positive or negative, including pleasure.
0 1 2 3 4 5 6 7 8 9 10		4. Child is able to recognize how the molestation situation was maintained, e.g., fear of perpetrator, withdrawal of affection or privileges, protection of siblings or mother, etc.
1 2 3 4 5 6 7 8 9 10		5. Child is able to identify the ways in which their sexual abuse has affected them, e.g., trust of others, self image, fear of relationships, etc.

0 1 2 3 4 5 6 7 8 9 10	6. Child is aware of earlier confusion between sex and affection.
0 1 2 3 4 5 6 7 8 9 10	7. Child is aware of earlier confusion between sex and affection.
0 1 2 3 4 5 6 7 8 9 10	8. Child has demonstrated in group ways to protect self from exploitation by strangers as well as family members.
0 1 2 3 4 5 6 7 8 9 10	9. Child can see self as a separate person from parents and siblings.

NO	YES	GROUP PARTICIPATION
0 1 2 3 4 5 6 7 8 9 10		1. Child assists in creating a safe and productive group atmosphere.
0 1 2 3 4 5 6 7 8 9 10		2. Child is beginning to trust and respect other group members.
0 1 2 3 4 5 6 7 8 9 10		3. Child is beginning to ask other members for what he/she wants.
0 1 2 3 4 5 6 7 8 9 10		4. Child appears open to positive influence by group members.
0 1 2 3 4 5 6 7 8 9 10		5. Other members appear to trust the child.
0 1 2 3 4 5 6 7 8 9 10		6. Child appears willing to help peers by sharing feelings in group.
0 1 2 3 4 5 6 7 8 9 10		7. Child is willing to actively contribute to the group process. (i.e. feedback, non-verbal skills).

NO	YES	APPLICATION
0 1 2 3 4 5 6 7 8 9 10		1. Child appears to be practicing skills learned in group by applying to own personal like. Child is able to participate in recreational and hobby activities outside groups (includes involvements in enrichment activities).
0 1 2 3 4 5 6 7 8 9 10		2. Child is able to recognize and talk about deceptive secondary gains from molestation (chosen child, offender's lover, special privileges, revenge, etc.).
0 1 2 3 4 5 6 7 8 9 10		3. Child is able to identify common patterns of the molestation and how he/she may have unconsciously cooperated in setting up the scene.
0 1 2 3 4 5 6 7 8 9 10		4. Child is learning to own and take responsibility for his or her own body.
0 1 2 3 4 5 6 7 8 9 10		5. Child is learning to protect self.
0 1 2 3 4 5 6 7 8 9 10		6. Child is able to talk about effect of the molestation relationship with others.
0 1 2 3 4 5 6 7 8 9 10		7. Child is able to identify role reversals within the family; e.g., taking over parental role.
0 1 2 3 4 5 6 7 8 9 10		8. Child acknowledged negative feelings toward parent's inability to protect the child; e.g., parent not knowing, supporting, hearing, recognizing or believing.
0 1 2 3 4 5 6 7 8 9 10		9. Child is starting to develop a healthy perception of men and women.
0 1 2 3 4 5 6 7 8 9 10		10. Child is able to maintain a positive self image of themselves while working through their sexual

abuse issues.

0 1 2 3 4 5 6 7 8 9 10 11. Child has demonstrated an interest and commitment to work on their sexual abuse issues.

NO YES PERSONAL GOALS

---

0 1 2 3 4 5 6 7 8 9 10 1. _____

0 1 2 3 4 5 6 7 8 9 10 2. _____

0 1 2 3 4 5 6 7 8 9 10 3. _____

0 1 2 3 4 5 6 7 8 9 10 4. _____

0 1 2 3 4 5 6 7 8 9 10 5. _____

Counselor's Comments: _____

Client's Signature: _____

Facilitator: _____
Sexual Abuse Treatment Program

Facilitator: _____
Sexual Abuse Treatment Program

GROUP PROGRAM FOR CHILD SEXUAL ABUSE

Individual Review

Review designed by the Metropolitan Chairman's Special Committee on Child Abuse adapted by the Children's Aid Society of Hamilton-Wentworth.

To be used for review purposes. It could be used for review at midway point and at termination. Form should be discussed with individual group member and with the referring worker. The referring worker should be given a copy to be recorded.

Goal of Review

1. To enable group member to be more aware of the extent that the group is being utilized to meet personal objectives.

2. To provide a mechanism to give information to referring worker. Form is designed to reflect member confidentiality.

3. To develop future individual goals and directions.

MEMBER_____ Telephone_____

REFERRING WORKER_____ Telephone_____

WORKER'S ADDRESS_____

DATE PROGRESS REVIEW COMPLETED_____

DATE OF COMMENCEMENT OF GROUP_____

DATE OF COMPLETION OF GROUP_____

WEEKS ATTENDED_____ OUT OF_____

1. Attendance - Number of sessions attended to date.
   _____
   Always attended _____
   Almost always attended _____
   Sometimes attended _____

2. _____ has participated in our group
   A lot _____
   Sometimes _____
   Rarely _____
   Never _____

3. When _____ speaks in group she/he mainly
   Shares her/his experience _____
   Shares her/his feelings _____
   Helps others to share feelings _____
   Has difficulty speaking in group _____

4. _____ follows our group rules
   Usually _____
   Sometimes _____
   Has difficulty with group rules _____

5. _____ seems to have liked the group meetings
   A lot _____
   A little bit _____
   Not really _____

6. _____ seems to know how to protect herself/himself
   Quite well _____
   Somewhat _____
   Not really _____

7. _____ is beginning to feel better about herself/himself
   Quite a bit better _____
   Somewhat better _____
   Not really better _____

8. _____ is beginning to make friends with group members
   Quite a few _____
   Some _____
   Not yet _____

9. _____ shows understanding about how the abuse happened to her/him
   Quite a lot _____
   Some _____
   Not yet _____

10. Has understanding of sexuality and birth control
    - Good understanding _____
    - Adequate _____
    - Very little _____

11. Has support systems outside of the group
    - None _____
    - Minimal _____
    - Adequate _____

12. Overall _____ has made good use of the group
    - Quite good use _____
    - Some use _____
    - Not yet _____

POSSIBLE DIRECTIONS
(circle as appropriate)

1. Individual treatment.
2. Further group treatment.
3. Supportive counselling.
4. Involvement in self-help support group.
5. Other (specify) _____.

COMMENTS

Signed:_____ _____
Group Leader Group Leader

I have participated in and read this review and discussed any questions I had with the group leaders. I am aware that a copy will be forwarded to my child welfare worker.

_____ _____
Signature of Member Date

SECTION 5

RESOURCES

SECTION 5.1: AUDIO - VISUAL

WHO DO YOU TELL?

11 min.; 16mm

Production: J. Gary Mitchell Film Company, 1979
Distributor: National Film Board of Canada (rental); Magic Lantern Communications Ltd.

Live action, animation and straight forward commentary tell children about abuse and who to contact if they are a victim or know someone who is. Beginning with familiar situations, such as a fire in the home, the film gradually introduces the less-talked-about problems of child battering and molesting. The narrator explains how children can obtain help from family members and professionals trained in handling child abuse. Intended for children ages 7 to 12. This film deals with a sensitive subject. It is strongly recommended that it be previewed before it is shown to an audience. Children may need reassurance and additional information about the subject; it is advisable that a young audience be given an opportunity to discuss the film in the presence of an educator or a responsible, knowledgeable adult.

STRONG KIDS, SAFE KIDS

42 min; VIDEO

Production: Paramount; Fair Dinkum, 1984
Distributor: Institute for the Prevention of Child Abuse; Local Retailers

Henry Winkler, along with the Smurfs and The Flinstones, teaches parents and children the skills that are necessary to prevent sexual abuse.

Men Who Molest: Children Who Survive

52 min.; video, 16mm

Production: Rachel Lyon, 1985
Distributor: Institute for the Prevention of Child Abuse; Filmakers Library; Kidsrights

A portrait of men who are sexually addicted to children, this film explores the issue of treatment versus punishment and looks at four child molesters and the effects they have on the lives of the children and other family members.

To a Safer Place

58 min, 20 sec; video, 16mm

Production: National Film Board of Canada, 1987
Distributor: National Film Board of Canada

This inspiring film is the story of how one woman has come to terms with her life as a survivor of incest. Sexually abused by her father from infancy to early adolescence, Shirley Turcotte is now in her thirties and has succeeded in building a rich and full life. To a Safer Place, Shirley takes a further step to reconcile her past and present. The film accompanies her as she returns to the people and places of her childhood. Her mother, brothers, and sister,a ll of whom were also caught up int eh cycle of family violence, openly share their thoughts. Their frank disclosures will encourage survivors of incest to break through he silence and betrayal to recover and develop a sense of self-worth and dignity. (Awards: Walnut Creek; Columbus; New York; Oakland; Parma; Houston)

Also available in a French-language version under the title L'Enfant dans le mur, and in an Inuktitut version.

Why God Why Me?

27 min.; video

Production: Varied Directions, 1988
Distributor: Filmakers Library

This multi-award winning program about childhood sexual abuse dramatizes the life story of victims who grew up never feeling safe in their own homes. While this program is emotionally compelling, it is delicately told, with no graphic, sexual or violent scenes. It presents several women recalling their childhood sexual encounters with adults. The major portion is a gripping narrative by one survivor who suffered abuse from several relatives, beginning in early childhood. She shares with us her pain at discovering that the man she married turned out to be a child abuser as well. The program ends on a positive note, knowing that the nightmare realities of childhood can be set aside and survivors can establish new, loving relationships. An important awareness film for psychology, sociology, nursing, criminal justice, counselling, and general audiences. (Awards)

A Time To Tell: Teen Sexual Abuse

20 min. video, 16mm

Production: Walt Disney Productions, 1986
Distributor: Magic Lantern communications Ltd.

A sensitive film designed to encourage students to talk about their feelings and fears regarding their own sexuality and personal values. Int his drama, adolescents in a peer support group share their experiences of being sexually molested - one, a near-victim of "date rape," the other an incest victim. The teenagers int he film learn to protect themselves as they come to understand the importance of sharing troubling secrets with those who can help them. The film can promote discussion on topics of urgent concern to teenagers: self-esteem; pressure form peers, parents, and the media; learning to set limits and to say NO to uncomfortable situations.

It's Not Like Scrapping Your Knee

26 min.; video, 16mm

Production: 1985
Distributors: Institute for the Prevention of Child Abuse

Four women's personal stories of childhood sexual abuse, victims who anguish over and hide what happened. The women in this film wanted to be interviewed in hopes of preventing sexual abuse of children.

No More Secrets (1982)

13 min.; 16mm

Production: O.D.N. Productions Inc., 1982
Distributor: National Film Board of Canada (rental); Mobius International

In this convincing short drama about intra-family sexual abuse, four 11-year old friends confide in one another about family members who watch or touch them. The abuse, and ways of handling it, are illustrated explicitly, but not alarmingly by animation. The dialogue stresses the importance of disclosing sexual abuse and shows children how to say no to intrusion. Intended for children aged 7 and older. Children may need reassurance and additional information about the subject; it is advisable that a young audience be given an opportunity to discuss the film in the presence of an educator or a responsible, knowledgeable adult.

Better Safe Than Sorry II

15 min.; 16mm

Production: FilmFair Communications, 1983
Distributors: National Film Board of Canada (rental); Marlin Motion Pictures Ltd.

Intended for children in the primary and elementary grades, Better Sate Than Sorry II teaches in a positive, straightforward way, about sexual assault, and what to do if a stranger, a neighbour or someone living in the same house makes a request or demand that "doesn't feel right." Through role-playing three different situations, the children in the film learn valuable self protection skills while practising a set of easy to remember actions; say no; get away; tell someone.

Also available in a Spanish captioned version.

There is Hope

28 min.; video

Production: The Independent Order of Foresters, 1986
Distributor: The Independent Order of Foresters

This focuses on incest treatment and what happens to families after incest is reported. It is designed for use with families in treatment, as well as for general audiences, It encourages people who have suffered sexual abuse or perpetrated abuse that, with treatment, there is hope.

(Reprinted with the permission of the National Film Board of Canada)

SECTION 5.2: BOOKS

Many of the books and journal articles listed in the reference section are valuable resources for your treatment group. Because they are listed in the reference section, in this section, only the names of the authors will be given. Please refer to the reference section beginning on page 207 for more detail.

Berliner, L.
Campbell, L.
Carozza, P.
Crowder, A.
Friedrich, W. (1990)
Grayston, A. (1992 and 1993)
Hack, T.
Hindman, J.
Kitchur, M.
Porter, E.
Rogers, C.
Schact, A.
Scott, W.
Watkins, B.

SECTION 5.3: GAMES

Ungame - A non competitive board game useful for discussing many topics and for role plays.

The Mad Sad Glad Game - This game helps children match feelings with appropriate situations.

One Dozen Feelings Games - This game helps children interact, identify, and accept feelings.

The Self Esteem Game - This game focuses on areas that effect self esteem.

The above games are all available through **KIDSRIGHTS.**

A free catalogue is available by calling, toll free 1-800-892-5437.

SECTION 5.4: CONTRIBUTORS TO THE RESEARCH PROJECT

CANADIAN CONTRIBUTORS

*** All respondents listed below have given their permission to have their names printed.**

ALBERTA

DR. JOHN PEARCE
Child Abuse Program
Alberta Children's Hospital
1820 Richmond Rd. S.W.
Calgary T2T 5C7

(403) 229-7886

MANITOBA

MR. KEN ATNIKOV
Winnipeg Child and Family Services
199-897 Corydon Ave.
Winnipeg R2M 0W4

(204) 944-4538

MS. ALANA GRAYSTON
Psychological Services Centre
University of Manitoba
Winnipeg R3T 2N2

(204) 474-9222

MR. THOMAS HACK
Psychological Services Centre
University of Manitoba
Winnipeg R3T 2N2

MR. RON KANE
Macdonald Youth Services
175 Mayfair Ave.
Winnipeg R3L 0AL

(204) 477-1722

MR. TIM OSACHUK
Psychological Services Centre
University of Manitoba
Winnipeg R3T 2N2

(204) 474-9222

MR. DAVID SULLIVAN
Macdonald Youth Services
175 Maifair Ave.
Winnipeg R3L 0A1

(204) 477-1722

MS. GLORIA VAUGHAN-JONES
Jordan and Henderson Psychology Associates
82 Balmoral St.
Winnipeg

(204) 772-7484

MR. HAL WOLBRIDGE
Ryan & Associates
304 - 915 Grovesnor Ave.
Winnipeg R3M 0M5

(204) 985-5063

ONTARIO

MR. DAVID BIRTWISTLE
Hospital for Sick Children
S.C.A.N. Program
555 University Ave.
Toronto, Ontario M5G 1X8

(416) 813-6797

MS. KAREN GOSLIN
Thistletown Regional Centre - SAFE-T Program
51 Panorama Court
Rexdale M9V 4L8

(416) 326 - 0647

MS. ADRIANE GRAVENOR
Etobicoke Sexual Abuse Treatment Program
c/o 70 Chartwell Road
Toronto, Ontario M8Z 4G6

(416) 924-4646

MS. COLLEEN KAMPS
Talk Project
Suite 400
4211 Yonge St.
North York, Ontario M2P 2A9

(416) 444-3984

DR.FRED MATTHEWS
Central Toronto Youth Services
65 Wellesley St. E., Suite 300
Toronto, Ontario M4Y 1G7
(416) 924 2100

MS. BETSY PRAGER
Institute for the Prevention of Child Abuse
25 Spadina
Toronto, Ontario M5R 2S9

(416) 921 3151

MS. LORI PSENICKA
Peel Children's Centre
101 Queensway W. Suite 500
Misssissauga L5B 2P7

(416) 878 0904

MS. DARLENE TESLIA
Childrens Aid Society of London - Middlesex
P.O. Box 848 Station B
London N6A 4Z5

(519) 434 - 8461

MR. LORNE TREVORS
Childrens Aid Society - Durhan Region
200 John St. W.
Oshawa, L1K 2B4

(416) 433-1551

UNITED STATES CONTRIBUTORS

ALABAMA

MS. SHARON BULLION
Three Springs of Courtland
P.O. Box 370
Courtland 35618

(205) 637-2199

MS. SHARON LANEY
Three Springs
P.O. Box 20
Trenton 35774

(205) 776-2503

ARIZONA

MR. PATRICK BARRASSO
Arizona Children's Home
2700 S. 8th Ave
Box 7277
Tuscon 85725 - 7277

(602) 622-7611

MS. SAGE BERGSTROM
Desert Hills Center for Youth
5245 Canuno de Oeste
Tuscon 85745
(602) 622-5437

DR. ANITA SCHACHT
Special Child Sexual Abuse Project
Hopi Tribe - Hopi Guidance Center
Box 68
Second Mesa 86043

(602) 737-2655

MR. DONALD MIRETSKY
Arizona Children's Home
2700 S. 8th Ave.
Box 7277
Tuscon 85725 7277

(602) 622-7611

CALIFORNIA

MR. GUY BALICE
San Fernando Valley Child Guidance Clinic
9650 Zelzah Ave.
Northridge 91325

(881) 993-9311

DR. SANDRA BALLESTER
Children's Institute International
711 S. New Hampshire Ave.
Los Angeles 90230

MS. JOAN CLARK
Giaretto Institute
232 East Gish Road
San Jose 95112

(408) 453-7616

MS. TANIA GILLICK
Daughters and Sons United
County of San Diego Dept. of Social Services
6950 Levant
San Diego 92111

(619) 694-5289

DR. ANTHONY URQUIZA
University of California Davis Medical Center - Pediatrics
2516 Stockton Blvd.
Sacramento 95817

(916) 734-7614

DISTRICT OF COLUMBIA

MR. WAYNE SCOTT
4607 Conneticut Ave N.W.
Apt. 20
Washington 20008

(202) 966-1518

ILLINOIS

MS. LAUREL WIENS
Childserv
9415 So. Western
Suite 105
Chicago 60621

(312) 233-5100

INDIANA

MS. STELLA CHOWDHURY
Family and Children's Services
912 E. Lasalle St.
South Bend 46545

(219) 287-2671

IOWA

MS. STACEY NORTON
Family Services
2601 Douglas
Sioux City 51104
(712) 277-4031

MICHIGAN

DR. KATHLEEN COULBORN FALLER
Family Assessment Clinic
University of Michigan
1015 E. Huron
Ann Arbor 48104 - 1689

(313) 763-3785

MINNESOTA

DR. BILL FRIEDRICH
Mayo Clinic
W - 1113
Rochester 55905

(507) 284-1043

MS. JANET KENNEDY
West Central Community Center
Sexual Assault Program
1125 S.E. 6th Street
Willmar 56201

MS. BECKY MANLOVE
Sexual Assault Program
505-12th Ave. W.
Virginia

(218) 749-4725

NEW MEXICO

MS. NANCY FUTRAN
University of New Mexico
Children's Psychiatric Hospital
1001 Yale Blvd., N.E.
Albuquerque 87131

(505) 843-2878

MS. JANICE HAVLENA
University of New Mexico
Children's Psychiatric Hospital
1001 Yale Blvd., N.E.
Albuquerque 87131

(505) 843-2878

DR. DANIEL KERLINSKY
University of New Mexico
Children's Psychiatric Hospital
1001 Yale Blvd., N.E.
Albuquerque 87131

(505) 843-2878

MS. JEAN LISIAK
University of New Mexico
Children's Psychiatric Hospital
1001 Yale Blvd., N.E.
Albuquerque 87131

(505) 843-2878

PENNSYLVANIA

DR. JAMES HEPBURN
Family Resources
Suite 412
429 Forbes Ave.
Pittsburgh 15219

(412) 562-9440

MR. JOHN LEONETTE
Mars Home for Youth
Box 867
Mars 16046

(412) 625-3141

MS. PAULA RENDULIC
Lutheran Youth and Family Services
Box 70 Beaver Road
Zelienople 16063

(412) 452-4453

TEXAS

MS. DEBRA JACKSON
CPC Cypress Point Hospital
11297 Fallbrook Dr.
Houston 77065

(713) 955-6550

DR. ROBERT McLAUGHLIN
3355 West Alabama
Suite 585
Houston 77098-178

(713) 961-0651

MR. LARRY MISIAK
Depelchin Children's Center
100 Sandman
Houston 77099
(713) 802-7770

UTAH

MS. JULIE BRADSHAW
Primary Childrens Medical Center
100 North Medical Drive
Salt Lake City 84113

(801) 588-3650

WASHINGTON

MR.MARK MEYER
Luthern Social Services
Spokane Sexual Assault Center
S. 7 Howard, Suite 200
Spokane 99204

(509) 747-8224

MR. DAVID SLAGLE
Seattle Mental Health Institute
1600 E. Olive St.
Seattle 98133

(206) 324-9142

MS. KERRY TODD
Eastside Sexual Assault Center
for Children
925 - 116th Ave. N.E. Suite 211
Bellevue 98004

(206) 462-5130

MR. MICHAEL WINTER
Luthern Social Services
Spokane Sexual Assault Center
S. 7 Howard, Suite 200
Spokane 99204

(509) 747-8224

WISCONSIN

DR. MARK WRUBLE
University of Wisconsin - Platteville
1165 Westhill Ave.
Platteville 53818

(608) 342-1723

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APPENDIX A

YOUNG MALE SURVIVORS OF SEXUAL ABUSE: MAIL QUESTIONNAIRE FOR GROUP FACILITATORS

Any reference to group treatment in this questionnaire refers to the provision of group treatment for sexually abused pre-adolescent, and adolescent boys. Please answer all questions by putting a circle around the number to the most appropriate response, or by writing your answer on the space provided. Please use the margins or the back of the paper if you require additional space.

Thank you for your help.

Section I: ***DEMOGRAPHIC INFORMATION***

*Name*_____

*Position*_____

*Employer*_____

*Mailing Address*_____

*Telephone*_____

A. How long have you been providing group treatment for young male victims of sexual abuse? (Circle number of your answer)

1 0 TO 2 YEARS
2 3 TO 5 YEARS
3 6 TO 8 YEARS
4 MORE THAN 8 YEARS

Section II: ***TREATMENT CONTEXT***

A Is the group treatment you provide offered in conjunction with some other form of treatment for group members?

1 NO (IF NO, SKIP TO B)
2 YES

(If yes) Please indicate other forms of treatment group members are receiving: (please circle)

1 INDIVIDUAL SESSIONS
2 PLAY THERAPY SESSIONS
3 DYADIC SESSIONS (eg. VICTIM/NON OFFENDING PARENT)
4 FAMILY SESSIONS
5 OTHER (PLEASE SPECIFY) _____

B Is the group treatment you provide offered in conjunction with a support or treatment group for the boy's family or caregivers? (please circle)

1 NO (IF NO, SKIP TO C ON THE NEXT PAGE)
2 YES

(If yes) Please describe the groups for the families or caregivers, on the next page:

C *Does your group provide ongoing contact with caregivers and/or referral agents? (circle number)*

1 NO (IF NO, SKIP TO D)
2 YES

(If yes), is the contact: (please circle)

1 VERBAL
2 WRITTEN

What is the frequency of contact? (please circle)

1 WEEKLY
2 BIWEEKLY
3 MONTHLY
4 AT TERMINATION
*5 OTHER (PLEASE SPECIFY)*_____

D *Please describe the model(s) and/or theory(s) on which your treatment program is based:*

Section III: ***GROUP STRUCTURE & FORMAT***

A Is your group: (please circle)

1 OPEN
2 CLOSED

B How frequently does your group meet? (please circle)

1 TWICE A WEEK
2 WEEKLY
3 BIWEEKLY
4 OTHER (PLEASE SPECIFY) _____

C How long is each group meeting? (please circle)

1 45 MINUTES
2 60 MINUTES
3 90 MINUTES
4 2 HOURS
5 OTHER (PLEASE SPECIFY) _____

D How many times does your group meet per session? _____

E Are your group meetings: (circle number)

1 STRUCTURED
2 UNSTRUCTURED
3 OTHER (PLEASE SPECIFY) _____

_____

_____

_____

_____

F Please list any films, audio visual or other resources that you have used with your group(s).

_____

_____

_____

_____

_____

G Do you work with a co-therapist(s)?

1 NO (IF NO, SKIP TO SECTION IV)
2 YES

(if yes) What is the gender of your co-therapist(s)?

1 MALE
2 FEMALE

---

*Section IV: **THE SCREENING PROCESS***

A How are clients referred to your group?

1 LETTER
2 COMPLETION OF AN APPLICATION FORM
3 IN PERSON MEETING WITH REFERRAL SOURCE
4 OTHER (PLEASE SPECIFY) _____

_____

_____

_____

B Who refers clients to your group? (indicate more than one answer if required)

1 OWN AGENCY
2 CHILD WELFARE SYSTEM
3 SCHOOL SYSTEM
4 HOSPITAL, CHILD'S PEDIATRICIAN, ETC.
5 OTHER (PLEASE SPECIFY) _____

_____

C What is the age range of the boys in your treatment group? (indicate more than one answer if required)

1 YOUNGER THAN 9 YEARS OLD
2 10 TO 11 YEARS OLD
3 12 TO 13 YEARS OLD
4 14 TO 15 YEARS OLD
5 16 TO 17 YEARS OLD
6 OLDER THAN 17 YEARS OLD

D *What is the range of victimization experiences of the boys in your treatment group? (indicate more than one answer if required)*

1 *INCEST SURVIVOR (MALE PERPETRATED)*
2 *INCEST SURVIVOR (FEMALE PERPETRATED)*
3 *3RD PARTY SEXUAL ASSAULT (MALE PERPETRATED)*
4 *3RD PARTY SEXUAL ASSAULT (FEMALE PERPETRATED)*
5 *ADOLESCENT PERPETRATED ABUSE (MALE PERPETRATED)*
6 *ADOLESCENT PERPETRATED ABUSE (FEMALE PERPETRATED)*
7 *OTHER (PLEASE SPECIFY)* _____

_____

_____

E *Have any of the boys in your group displayed sexual offending behaviours?*

1 *NO*
2 *YES*

F *Do you screen prospective clients for your group?*

1 *NO (IF NO, SKIP TO SECTION V)*
2 *YES*

(if yes) Please identify the criteria that:

(a) qualify a prospective client for membership

_____

_____

_____

_____

(b) disqualify a prospective client for membership

_____

_____

_____

_____

Section V: ***TREATMENT GOALS & OBJECTIVES***

A Please list the treatment goals/objectives of your group treatment program (eg. improved self esteem, anger management, etc.)

_____

_____

_____

_____

B Please indicate the treatment issues that commonly arise in your group (eg. guilt, betrayal, homophobic concerns, etc.)

_____

_____

_____

_____

_____

C Please indicate the practical issues that commonly arise in your group (eg. planning, transportation for clients, etc.)

_____

_____

_____

_____

_____

_____

_____

D *If your treatment group has unique features that have not been addressed in the foregoing questions, please discuss them in the space provided below:*

_____

_____

_____

_____

E *Do use any methods to evaluate the outcome of group treatment (i.e. formal testing, or informal evaluations)?*

1 NO (IF NO, SKIP TO SECTION VI)
2 YES

(if yes) Please identify the outcome measures you use:

_____

_____

_____

_____

Section VI: ***RESPONDENT FOLLOW UP***

A *Please include my name in a listing of individuals and agencies facilitating group work with sexually abused boys.*

1 NO (IF NO, SKIP TO B)
2 YES

(if yes) Please sign and date the questionnaire

_____ _____
signature *date*

B *Please indicate if you would consent to a further interview, either in person or by phone.*

1 NO (IF NO, PLEASE SKIP TO THE BACK COVER)
2 YES

(if yes) Please sign and date the questionnaire

_____ _____
signature *date*

If there are any further comments you would like to make, please use this space for that purpose.

Thank you for taking the time to fill out this questionnaire. Please return it in the stamped, enclosed self-addressed envelope at your earliest convenience.

Appendix B

In their article "THE TRAUMATIC IMPACT OF CHILD SEXUAL ABUSE: A Conceptualization", Finklehor & Browne (1985) developed a framework for a systematic understanding of the effect of sexual abuse. Their model postulated that the experience of sexual abuse can be analyzed in terms of four trauma-causing factors (traumagenic dynamics). While these are generalized dynamics, not necessarily unique to sexual abuse ... the conjunction of these four dynamics in one set of circumstances is what makes the trauma of sexual abuse unique (p 530).

These four traumagenic dynamics, with their psychological impacts and behavioral manifestations are summarized below.

TRAUMATIC DYNAMICS IN THE IMPACT OF CHILD SEXUAL ABUSE

David Finkelhor and Angela Browne

I. TRAUMATIC SEXUALIZATION

<u>Dynamics</u>

Child rewarded for sexual behaviour inappropriate to developmental level

Offender exchanges attention and affection for sex
Sexual parts of child fetishized
Offender transmits misconceptions about sexual behaviour and sexual morality

Conditioning of sexual activity with negative emotions and memories

<u>Psychological Impact</u>

Increased salience of sexual issues
Confusion about sexual identity
Confusion about sexual norms
Confusion of sex with love and care-getting/care-giving
Negative association to sexual activities and arousal sensation
Aversion to sex-intimacy

Behavioral Manifestation

Sexual preoccupations and compulsive sexual behaviours
Precocious sexual activity
Aggressive sexual behaviours
Promiscuity
Prostitution
Sexual dysfunction; flashbacks, difficult in arousal, orgasm
Avoidance of or phobic reactions to sexual intimacy
Inappropriate sexualization of parenting

II. STIGMATIZATION

Dynamics

Offender blames, denigrates victim
Offender and others pressure child for secrecy
Child infers attitudes of shame about activities
Others have shocked reaction to disclosure
Others blame child for events
Victim is stereotyped as damaged goods

Psychological Impact

Guilt, shame
Lowered self-esteem
Sense of differentness from others

Behavioral Manifestations

Isolation
Drug or alcohol abuse
Criminal involvement
Self-mutilation
Suicide

III. BETRAYAL

Dynamics

Trust and vulnerability manipulated
Violation of expectation that others will provide care and protection

Child's well-being disregarded
Lack of support and protection from parent(s)

Psychological Impact

Grief, depression
Extreme dependency
Impaired ability to judge trustworthiness of others
Mistrust; particularly of men
Anger, hostility

Behavioral manifestations

Clinging
Vulnerability to subsequent abuse and exploitation
Allowing own children to be victimized
Isolation
Discomfort in intimate relationships
Marital problems
Aggressive behaviour
Delinquency

IV. POWERLESSNESS

Dynamics

Body territory invaded against the child's wishes
Vulnerability to invasion continues over time
Offender uses force or trickery to involve child
Child feels unable to protect self and halt abuse
Repeated experience of fear
Child is unable to make others believe

Psychological Impact

Anxiety, fear
Lowered sense of efficacy
Perception of self as victim
Need to control
Identification with the aggressor

Behavioral Manifestations

Nightmares
Phobias
Somatic complaints; eating and sleeping disorders
Depression
Running away
School problems, truancy
Employment problems
Vulnerability to subsequent victimization
Aggressive behaviour, bullying
Delinquency
Becoming an abuser

APPENDIX C

The Learning Works

Mark Berkowitz (204) 338-3878

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