

PRACTICUM

Developing and Implementing a Group
Therapeutic Approach for Teenaged Male Sexual Offenders

by

Aaron Klein

A Practicum

Presented to the Faculty of Graduate Studies
in Partial Fulfillment of the Requirement for the Degree
Master of Social Work

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Winnipeg, Manitoba



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THERAPEUTIC APPROACH FOR TEENAGED MALE SEXUAL OFFENDERS

BY

AARON KLEIN

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

MASTER OF SOCIAL WORK

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What we call the beginning is often the end
and to make an end is to make a beginning.
The end is where we start from.

- T.S. Eliot

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Working with people who are in great emotional confusion and pain is not easy, yet I knew that my family and friends were always there to give me strength, nurturance and validation.

Thank you to my family of origin for the unconditional faith they have always had in me. My parents are quiet people and believe in teaching by example. When I was very young they planted profound ideas and inspired me to have regard for others' feelings.

In particular, my Grandmother, Anna Steiestol, voiced and reinforced what my parents displayed to my four younger sisters and I. Although I only say her sporadically, I always cherished our intimate and deep discussions which would take place over the much desired Norwegian "rite of passage" coffee. At age eleven and reverently holding my first cup of coffee, I knew I was at last welcomed into the world and discussions of "grown-ups". For when Grandmother sat down with me and poured me a cup of coffee, I knew that quality time and attention would follow. Now I could participate in the meaningful discussions and solve some of

society's problems over the kitchen table! Over the years, I would wait for these events with anticipation.

Grandmother, in her beautiful Norwegian accent, would tell me of the importance of family and that "there was no such thing as a bad person." "If people treated each other with a little more kindness and showed they cared, then there would be less problems in the world ... it starts in the family."

In my childhood, adolescent, and young adult years, I had a hard time making the exact connection - but Grandmother, I remember what you said and now I truly understand. And so...

To all I have been a part of...

To all I am a part of ...

To all that accept and understand the humaneness in each individual

And believe there is hope for positive social change

And are willing to take risks

Thank you, because you have taught me and,

In many ways, I can go on to make a difference.

PART I - INTRODUCTION

INTRODUCTION

As a Social Worker on the front lines in Northern Alberta I was in constant contact with victims of sexual abuse. As I became more involved with the sexual abuse issue, I learned that many of the parents with whom I had professional contact also were victims of sexual abuse. I also had contact with older teenage males who had offended against the community and after many sessions disclosed their victimizations and sexual offenses.

Soon my focus was on the treatment and control of criminal behaviour. I realized the males who were victimized were scared to report, accept, or admit their victimizations. They viewed the occurrences as their fault because they were unable to protect themselves. Therefore, their satisfactory resolution to the trauma was to victimize someone weaker or smaller than themselves.

It became useful for me to look at both groups of individuals: the victims and the offenders. I began to view the emerging adolescent as in a transitional phase in these cycles of behaviour concerning sexual abuse. Sexual abuse of children and the sexual offenses of older adolescents and adults appeared to be an area where early adolescence is often the pivotal point in the victim/offender cycle. It became apparent that the child sexual abuse victim, the adolescent sex offender and the adult sex offender could be considered one group just stumbling from phase to phase without resolution.

I had to notice the end result before I was able to track back in time with my clients to recognize the probable links in their behaviour.

I realized I needed to learn more about the victimology cycle, adolescent sex offenders and how I could effectively intervene so my knowledge could make the difference. This practicum experience grew out of these needs.

This practicum focused on a specific area --- that of child sexual abuse, and one specific target population --- teenaged sexual offenders. Therefore, the major portion of my practicum commitment was directly involved with planning, developing and implementing a group therapeutic approach for teenaged male sexual offenders.

In order to develop further knowledge, familiarity and understanding of the general area of child sexual abuse, I committed my time to several activities in addition to the group. These were as follows:

1. Direct crisis intervention contact with child victims and their family members by attending the weekly SCAN-gynecology clinic (suspected child abuse and neglect) at the Children's Hospital where the medical examination of the child victim is conducted. The involvement commenced in early October 1984 and continued until April 1985. Ms. Brenda Gravenor, senior therapist, at the Child Protection Centre was available for consultation and direction while I attended the SCAN-gynecology clinic.
2. Attendance at the weekly Child Sexual Abuse Team meeting to gain understanding of how core teams of specially trained consultants and practitioners interact regarding the issue of child sexual abuse. The core team involves representatives from police and the crown prosecutor's office as well as medical,

child welfare and psychological personnel. The attendance commenced in late September 1984 and continued until early February 1985. The setting alternated monthly between the Children's Aid Society of Winnipeg and the Health Sciences Centre

3. Individual work with two juvenile sex offenders at the Psychological Service Centre at the University of Manitoba beginning January 1985 and finishing December 1985. This length and scope of involvement depended upon the individual and family functioning as determined by myself and my direct supervisor, Dr. Kathryn McCannell.
4. Family work with at least two families whose pattern of functioning has been disrupted by the discovery of a male child being a victim of child sexual abuse. The referrals originated from the Child Protection Centre, however, the families were seen at the Psychological Service Centre. This involvement commenced on January 1985 and ended in June 1985.

My educational objective was to become well informed about the impact of child sexual abuse on all the individuals concerned. Specifically regarding the juvenile sex offender, I wanted to learn what the priorities of intervention and treatment might be while further developing my skills and knowledge in group work. As Henry Giarretto (1982) states, "The hateful reactions of counsellors toward abusive parents must be replaced with productive interventions based on understanding the complex psychological dynamics that led to the acts" (p. 271). I also strongly believe that teenage offenders need to be equally understood so effective intervention strategies can be devised to assist their understanding and eventual change in behaviour, thus hopefully contributing to prevention

of future offenses.

The ultimate goal of the intervention described in this practicum is to further the knowledge and practice base regarding viable approaches in working with teenage sex offenders within the social services delivery system.

PART II - LITERATURE REVIEW

LITERATURE REVIEW

In this literature review I will present a brief historical overview of the problem of child sexual abuse. The extent of the problem and definitions of child sexual abuse will be outlined. Major causal frameworks regarding offenders will be presented. Finally, the rationale for group work intervention with juvenile sex offenders will be outlined.

CHAPTER I

Sexual Abuse

Historical Overview

Although many people think that sexual abuse is a phenomenon which emerged in the late 1970's, this is apparently far from the case. It has been a phenomenon which has been with us for centuries as pointed out by the women's movement. During the 1960's and 70's the women's movement gained in strength and autonomy and formulated its priority issues. Sexual abuse was one of those issues (Brownmiller, 1975). The movement has attempted to raise the consciousness of the general population by demonstrating the historical continuity of oppression of women and children. I will now attempt to demonstrate historical continuity regarding the use of children in a repressive sense to serve the needs of more powerful persons; those being the males in a patriarchal society.

DeYoung (1982) gives an excellent outline concerning the social origins of the sexual abuse of children in her book The Sexual Victimization of Children. She states that prior to 600 A.D. wives, slaves and children were considered possessions of their master, the male authority of the household. Apparently, "the obedience model of punishment" (p. 101) was characteristic of the families of Roman antiquity and persisted

throughout history as a predominant attitude toward childrearing. The concept of patraie potestas (meaning the power of the father) dominated Roman civil and criminal law for centuries. It gave the father of the household unlimited power and granted him the role of the punisher within the family.

The practice of infanticide in Ancient Rome reduced the number of girls, therefore boys were castrated in infancy to enhance their sex appeal as prostitutes (de Young, 1982). As Rush (1980) states, their softened testicles could be squeezed until they disappeared. Thus, abuse of children is not limited to the female sex but rather children of both sexes have experienced abuse due to their lack of power. The rate of incest within patriarchal families of early Rome has not been calculated (de Young, 1982) however, there is modern evidence to suggest that rigidly patriarchal families are more incest-prone (Herman, 1981).

The possession of children by their parents was also given sanction in the teachings of both the Talmud and the Bible as outlined by Rush (1980). The Talmud teaches that a girl aged three years and one day could be betrothed through an act of sexual intercourse if the child's father gave the interested party permission to do so. The Biblical female was considered to be a possession of her father which caused all heterosexual relationships to be defined in financial terms. At least the Bible clearly and vehemently condemned the practice of sacrificing children in religious ceremonies (de Young, 1982).

Apparently, the Middle Ages brought a new perception of children. Although little is documented about family life in the 8th through the 13th centuries, Rush (1980) contends that there was a comparative absence of interest in children possibly due to a high infant mortality rate. Later in the Middle Ages children apparently had some protection under the law as there were sentences regarding the rape of a child that would

net 2 years in prison. That sentence was only exceeded by those given to murderers and traitors. Throughout the Middle Ages, children were increasingly seen as human beings and abusive treatment towards them seemed to create enough anxiety so laws were created to offer the children some protection (Rush, 1980; de Young, 1982).

De Young (1980) further states there were advancements in medicine and nutrition during the 1800's in America which ensured more children would survive infancy. In Victorian America, the child-centred family had arrived as advancements in the behavioural sciences focused on the physical, social, and moral development of children. Victorians sought to preserve the notion that sex is for procreation not pleasure and they interpreted the developmental signs of adolescence (pimples, lethargy) as due to masturbation. Apparently there were popular magazines for boys that overemphasized Christian goodness, conservatism, self-restraint, and dependence that further reinforced the values being taught in the home. The Victorian attitude about sex was that adolescents were asexual, women were repulsed by sex, and men were restrained by the rules of etiquette. The family was still viewed as rigidly patriarchal (Rush, 1980).

Throughout history, the dominant view has been that children are the property of adults. Therefore, problems created for victims of child sexual abuse have been evident throughout the years. For example, Sigmund Freud changed his initial theory of women's experience of childhood sexual abuse to apparently protect the respectable family men (Herman, 1981). While Freud originally saw his clients as reporting childhood sexual abuse which lead to neuroses, he later wrote that women were having erotic fantasies about their fathers which created guilt (Rush, 1980). Eventually, the children who had been sexually abused were viewed as seductive and possibly asking for such attentions which resulted in a

"blaming the victim" method of analysis (Grace, 1984).

It appears that sexual victimization has taken a long time to surface as a public issue. Freud gave ambivalent attention to this social problem. He was in a position to unveil the issue; instead, he chose to distract from and derail the issue as stated by many contemporary commentators (Herman, 1981; Rush, 1980; Sgroi, 1982a; Masson, 1984). The distractions Freud's theories caused served to further assist in the silence of his peers and the child victims.

Sexual abuse is not an experience that is generally revealed by the victims themselves since retrospective studies have shown that only a minority of children tell their parents or other adults about their experiences (Finkelhor, 1979; Herman, 1981; Russell, 1984). There is the fear of being blamed, fear of retaliation, guilt feelings, and the embarrassment that all play a part in silencing the child victims. Changes in sexual attitudes brought on by the sexual revolution and the women's movement have allowed more people to talk openly about sexual issues which heightens our awareness of the extent of the problem of child sexual abuse.

Definitions of Child Sexual Abuse

There are many different factors involved in defining child sexual abuse. Both legal and social science definitions exist and will be discussed here. Some of the factors involved include the degree of coercion used by the offender, the sexual acts involved, and the relationship of the child to the offender (Berliner & Stevens, 1982).

In sexual abuse the offender is usually related or known to the victim. Coercion is used by virtue of the position of power and trust in order to perpetrate the sexual abuse. If the victim is available, the sexual abuse will likely be repeated. There are a range of acts,

as categorized by Finkelhor (1979) into six areas, from touching the genitals, progressing to oral and vaginal penetration. Sexual exploitation is described as the child or adolescent believing they are not a victim, however, the offender uses a wide age difference or greater sophistication to meet his own needs (Russell, 1984). Paid participation in pornography or prostitution rings is included in this category.

Finkelhor (1979) states that sexual abuse of children is not just another kind of rape, nor is it another kind of child abuse. It can be viewed as a social phenomenon at the juncture of the two concerns: rape and physical abuse. Child sexual abuse shares aspects of both of these problems but there are also unique features to the issue.

The aspects of sexual abuse that make it different from rape are: the victims are male as well as female (Russell, 1984 and Finkelhor, 1979); people who sexually abuse children are more often friends and family members of their victims (Herman, 1981); children's sexual abuse more often than rape consists of repeated incidents (DeFrancis, 1969); the sexual abuse of children involves less physical force and violence than rape (Russell, 1984; Rush, 1980); the sexual act that occurs in the sexual abuse of children is not necessarily intercourse, but often fondling of the genitals, masturbation and exhibition (Forward & Buck, 1979); children's sexual abuse implicates more people than does rape (Sgroi, 1982b); and children's sexual abuse engages a different set of agencies (Giaretto, 1977).

The aspects of sexual abuse that make it different from physical abuse are: sexual abuse and physical abuse of children do not tend to occur simultaneously (DeFrancis, 1969; Sgroi, 1982a); the trauma of children's sexual abuse is primarily psychological, not physical (Berliner & Stevens, 1982); the motivations behind the two kinds of abuse

are different: hostile, coercive, or sadistic vs. sexual gratification, sexual assertion, or unmet emotional needs (Gordon & O'Keefe, 1984; Sgroi, 1982a, Finkelhor, 1984); social attitudes toward the two kinds of abuse are different (Butler, 1978); and the children most vulnerable to sexual abuse are preadolescents whereas those most vulnerable to physical abuse are young children and small infants (DeFrances, 1969; Finkelhor, 1979; Herman, 1981). The peak vulnerability to sexual abuse occurs from ages eight to twelve (deYoung, 1982; Finkelhor, 1984; Russell, 1984).

Sexual abuse needs to be seen as a problem distinct from physical child abuse as it is characterized by a preponderance of male offenders. This suggests a need to search for the sources of the problem in male sexual socialization as opposed to parenting problems. In sexual abuse the offender does not have regard for the victim's feelings. The offender usually has his needs foremost (Carnes, 1984; Finkelhor, 1984).

The Child and Family Services Act of Manitoba (1985) defines abuse as acts of commission or omission on the part of the parent or person in whose charge the child is, which results in injury to the child, including sexual abuse. The Criminal Code of Canada (1983) states in Section 150 that incest between blood relations brings a maximum sentence of 14 years. Section 153 refers to sexual intercourse with a step daughter and only brings a maximum sentence of two years. The child's perception of the father has been neglected as the perception is seldom based on biological relationship. The person who functions in a father role is in a position of power and trust, regardless of a blood tie.

Further, according to the Criminal Code (1983), Sexual Assault of a person under 14 years brings a maximum sentence of ten years. Sexual Intercourse with a female under 14 years brings a maximum sentence of

life in prison. These sentences appear to discriminate against the male victims of child sexual abuse because the offender could not be charged with the more serious offence: intercourse with a female. Therefore, as Grace (1984) notes, according to Canadian Law, ongoing sexual abuse is not seen as serious a crime as a one-time rape, although the effects may be more harmful and longer lasting. Conte and Berliner (1981) report that sexual intercourse occurred in 25% of childhood sexual victimizations. In 83% of the cases involving family members, sexual abuse took place repeatedly, often over a number of years. Therefore, intercourse is not necessarily the issue in child sexual abuse but the length of the victimization is a critical factor.

The Committee of Sexual Offenses Against Children and Youth (1984) headed by Robin Badgley has recommended that the Criminal Code be ammended such that "everyone who is in a position of "trust" towards a young person and who commits a sexual touching with, on, or against such a young person is guilty of an indictable offense and is liable to imprisonment for 10 years." Therefore, the same crime committed by the natural father, the step-father, teacher, or child care provider towards a male or female would have the potential to be equally recognized in Canada.

In an extensive survey of a random sample of 930 San Francisco adults, Russell (1984) concisely defined extrafamilial sexual abuse as:

One or more unwanted sexual experiences with persons unrelated by blood or marriage, ranging from attempted petting (touching of breasts or genitals or attempts at such touching) to rape, before the victim turned 14 years, and completed or attempted forcible rape experiences from the ages of 14 to 17 (inclusive) (p. 180).

She used a broader definition of incestuous child sexual abuse as well:

Any kind of exploitive sexual contact or attempted sexual contact, that occurred between relatives, no matter how distant the relationship, before the victim turned 18 years old (p. 181).

For the purposes of this practicum, a child will refer to an individual who has not reached the age of majority, that being age 18 in the Province of Manitoba. Therefore, Russell's definitions will be utilized in this practicum with the extrafamilial sexual abuse definition slightly altered to also read "before the victim turned 18 years old." The degree of coercion used by the offender, the sexual acts involved, and the relationship of the child to the offender are issues that are considered in the above definitions.

Incidence of Child Sexual Abuse

Sexual abuse statistics are soaring and "sexual abuse is emerging as one of the major forms of child abuse," (Finklehor, 1984 p. 1) Finklehor(1979a; 1984) stated that one in four females and approximately one in ten males will be victimized sexually by the time they reach 18 years of age. Finklehor (1981) suggests that as few as one in twelve boys who are sexually abused come to the attention of a professional. He further states that males are less likely to report such experiences possibly due to the societal values regarding masculinity and homosexuality.

In Manitoba, reports of child sexual abuse are soaring. In 1977, The first year for which statistics on sexual abuse were even kept, there were eleven investigations (Winnipeg Free Press, 1984). During the first six months of 1984, Child Protection Centre of the Children's Hospital in Winnipeg reports more cases of sexual abuse than they received the entire preceeding year (112 reports in six months, compared to 101 reports in the preceeding year (Child Protection Centre, 1984). The following table is a breakdown of the referrals and diagnosis which the Child Protection Centre and the Children's Hospital in Winnipeg have directly managed. The total Winnipeg statistics would be actually

higher as other hospital statistics and the general practitioner statistics were not available.

Insert Table 1 About Here

"It is felt that increased community awareness, school prevention programmes and media attention has made it easier for children to disclose and to be believed" (Children's Hospital Child Protection Centre, 1984 p. 6).

Professionals are increasingly aware that boys as well as girls are sexually abused. Finklehor (1981) reviews available data for information about sexually victimized boys and states the most important findings regarding sexually abused boys are:

1. Perhaps 2.5-8% of men are sexually victimized as children.
A comparison with similar studies of girls suggest that 2 to 3 girls are victimized for every reported incident of male abuse;
2. Boys, like girls, are most commonly victimized by men;
3. Boys are more likely than girls to be victimized by someone outside of the family;
4. Boys are more likely than girls to be victimized in conjunction with other children;
5. Victimized boys are more likely than girls to come from impoverished and single parent families, and are also more likely to be victims of physical abuse; and
6. The abuse of boys is more likely to be reported to the police than to a hospital or child protection agency.

Further, Finklehor (1984) states that "resources are more limited when one attempts to estimate the true prevalence of sexual abuse of

TABLE 1Child Protection Centre (Winnipeg, Manitoba)Abuse Statistics (1984)

	Sept. 81 to Aug. 82	Sept. 82 to Aug. 83	Sept. 83 to Aug. 84
Total Number of Referrals	332	465	610
Referred as Physical Abuse	245	328	313
Referred as Sexual Abuse	87	137	297
Final Diagnosis:			
Physical Abuse	119	192	153
Sexual Abuse	71	101	233
Injury Due to Neglect	77	41	55
Accident	24	33	34
Unknown	40	60	87
Non-Case	n/a	31	40
Emotional Abuse	1	7	6
Prevention	n/a	n/a	2

(Reprinted with permission from the Child Protection Centre,
Children's Hospital, Health Sciences Centre.)

boys." (p. 153). Larger numbers of abused boys tend to show up in general surveys and in police-based studies than in clinical studies. This suggests strongly that "the sexual abuse of boys is not coming to public attention to the same extent as the sexual abuse of girls." (Finklehor, 1984 p. 156).

According to the Badgley Report (1984) which is a Canadian National Population Survey that has been recently completed, it was found that about one in two females and one in three males had been victims of sexual offenses. Children and youth constitute the majority of victims. About four in five of the victims were under age 21 when the offenses were first committed against them.

The following table depicts the Badgley Report (1984) of Canadian national surveys with respect to gender ratios of victims and refers only to sexually assaulted children who were under age 16. On the basis of this survey, it appears that about three in four victims are girls and that one in four is a boy, (p. 197).

Insert Table 2 About Here

According to the table, the overall findings indicate that in no part of the country can it be said that the problem does not exist.

The most significant finding concerning location of the sexual assaults committed against children is that well over half (55.4%) occurred in the homes of the victims or suspects (Badgley, 1984). Badgley further reports that about a third of the girls under age 16 who are medically examined had been raped or experienced some other type of vaginal penetration and further stated that a quarter of the boys under age 16 had been victims of oral-anal acts. Also, three in five sexually assaulted children under age 16 had either been threatened or physically coerced by assailants. Clearly, child sexual abuse is a problem which affects a tremendous number of children.

TABLE 2

Summary of Surveys Reported in the Badgley Report (1984)*

National Surveys

Sexually Assaulted Victims Under
Age 16

*N = 2008 Questionnaire Survey	Males Percent	Females Percent
-----------------------------------	------------------	--------------------

National Population Survey

1. touched	30.8	69.2
2. attempted assault/assault	23.8	76.2
3. average of (1) and (2)	28.2	71.8

Gender percentage reported to
and investigated by:

Police Force	22.3	77.7
Hospital	13.7	86.3
Child Protection	14.4	85.6

Region where victim lived in
1983/males & femalesVictims of First Sexual
Offenses

Newfoundland/Prince Edward Island	28.3	National Average 42.1
Nova Scotia/New Brunswick	42.0	
Quebec	40.2	
Ontario	48.2	
Manitoba/Saskatchewan	41.8	
Alberta/British Columbia	45.4	

* compiled from information presented in Badgley Report, pp. 176 to 198

Impact of Sexual Abuse and Interventive Implications

The vast majority of published material in the area of child sexual abuse indicates that sexual abuse produces injurious effects which often persist over long periods of time. Finklehor (1979), in his study of college women, found that 58% of those sexually abused in childhood experienced fear and 26% felt shock at the time of the incident(s). Clinical studies typically report that victims of sexual abuse experience depression, guilt, poor self-esteem, and feelings of inferiority in their later life (Herman, 1981; Sgroi, 1982a; Finklehor, 1984). These individuals may present with severe interpersonal difficulties, including isolation, alienation, and distrust (Sgroi, 1982a; Armstrong, 1978), fear of men (Herman, 1981); transient and/or negative relationships (Herman, 1981); and male victims are at risk to become offenders (Finklehor, 1984; Sgroi, 1982a). Women who were sexually abused as children are also reportedly more likely to become dependent on alcohol or drugs (Butler, 1978), to be more likely to engage in prostitution (Rush, 1980) and more likely to exhibit borderline symptomatology (Briere, 1984).

The above is very convincing for viewing sexual abuse as harmful. The crisis nature of the individuals's coping patterns would indicate there was a severe subjective trauma. Yet, as noted by Butler (1978), Herman (1981, and Rush (1908), mental health practitioners, social workers, doctors, school counsellors, and other related professionals are unlikely to routinely ask about sexual abuse and, when they are told of such a history, may discount or even disbelieve their client. As noted by Herman (1981) and Finklehor (1979a), most first instances of sexual abuse occur when the victim is 9 or 10 years old, with some

cases transpiring when the child is less than one year of age. Effective and efficient interventive techniques must be employed so as to lessen or circumvent the crisis nature of the experience rather than compound the trauma. Not believing the child, not protecting the child, or subjecting the child to intense embarrassing questioning may enhance the trauma for the child (Sgroi, 1982a & b).

Concerning a retrospective study of 796 college students in New Hampshire, Finkelhor (1979) found that 63% of females and 73% of males never told anyone about the sexual abuse they experienced when younger. In the same study he found that one in five females and one in ten/eleven males reported experiencing incidents in their youth. It becomes clear that many parents require information, support and adequate intervention regarding their feelings so they will be relatively well equipped to protect and support their child. The stress of sexual assault can reactivate previous anxieties, fears and behaviours. A parent may have been a victim of sexual abuse, therefore, this child's experience can trigger unresolved feelings which would add to the internal crisis.

In order to specifically appreciate the full impact of the crisis nature of the sexual abuse experience and the tasks involved when dealing with the issue, it seems appropriate to briefly identify the grounding assumptions and the theoretical or practical references which support them.

Protecting the child victim of sexual abuse is the first priority of responsible intervention and treatment. All complaints and disclosures must be taken seriously and acted upon promptly. To a child, an investigation and prosecution process that stretches out over many months and years is disproportionately prolonged. Children must be believed. They do not understand about being sexually abused. Because of the

pressures they are subject to upon disclosure, it is likely they will deny the truth and try to retract their statement. Therefore, retraction should not necessarily be grounds for withdrawal of a case. Investigation is still indicated and court action, especially protection action in court, need not be jeopardized.

Sexual abuse is traumatic, therefore, immediate response upon disclosure is mandatory. It is not true that, in cases where abuse ended some time before, there is no longer cause for decisive action. Appropriate crisis intervention and support may diminish long-term personal and social costs (Golan, 1978). Gordon and O'Keefe (1984) state that in the cases of family child sexual abuse they have seen, the abusive situation ended when the victim left the home, an outside authority discovered the abuse or, least frequently, another family member discovered the abuse. Victims may tell a friend who in turn tells an adult such as a parent, teacher, or school counsellor. No matter how the secret is told, this disclosure will precipitate a crisis. As Herman (1981) notes, disclosures of child sexual abuse initiates a profound crisis for the whole family. It is proposed that if the victim and family are seen while they are in an active crisis state, effective intervention can take place and that the majority of families will engage in and benefit from such treatment. The child is the victim and has the right to protection and advocacy on his/her behalf as the child's interests must not be subordinated to those of the offender or the family in general (Russell, 1984; Badgely, 1984).

Only a few years ago, most of the above statements would have been considered contentious. Reports by children of abuse were often assumed to be fantasy or malicious in intent. Based on the court procedure, corroborative evidence is still required. Most victims are children of tender years and therefore not viewed as reliable witnesses.

Throughout the relevant literature, I have not come across cases where offenders have actively come forward on their own accord requesting help because of offenses toward children. Finkelhor (1981) even states that in all his years of experience, he has not witnessed such an occurrence. It seems clear that the power differential and the knowledge gap has served to silence and alienate the child victims. How many times have we heard "he is such a nice guy; he is such a good student" or "he has never done anything wrong in his life", statements about the offender which lead most people to discount the child's disclosures of victimization?

Freud's revised theory which redirected the moral reproach intended for offenders in such situations and placed it on the victims has played a role in this regard. In some people's view, this ideology of denial and blaming the victim has been the biggest obstacle to the serious study and promotion of the problem of children's sexual victimization (Rush, 1980; Mason, 1984).

According to the Badgley Report (1984), the principal reason why most of the victimized persons had not sought assistance was the sense of uncertainty about what constitutes acceptable or unacceptable sexual activities. This issue is not meant to underscore the nature of their fears and the stigma associated with having been a victim of a sexual offense. The findings suggest that what the victims feared most was the disclosure of what had happened, particularly when this meant telling family members and close friends. They did not feel certain they would be believed.

At present, reporting sexual abuse to the appropriate authorities (Child and Family Service Agencies and Police) is legally required of all Manitoba citizens (Child and Family Services Act, 1985) as the sexual abuse of children is a crime and demands quick, decisive

intervention. As such, all Canadian citizens are obligated to regard the respective Child Services Acts in effect in their area. Where the non-offending parent (nearly always the mother) can offer adequate protection and support for the child, every effort should be made to remove the offender and not the abused child from the home in order to minimize the further victimization of the child and the pressure to retract the statement (Giarretto, 1982; Anderson & Mayes, 1982). Careful preparation of child witnesses can help make the justice system response a relatively positive experience for the child. Development of treatment programs for offenders in penal institutions and in the community is required (Groth, 1978; Groth et al., 1982; Sgroi, 1982a; Knopp, 1982 & 1985). The availability of suitable treatment programs has several benefits as the child is less likely to retract the statement when the offender is seen as requiring help and the offender is more likely to plead guilty when a positive alternative is presented. There is a chance that the child abuser can return to the community with a reformed outlook and new social skills after treatment intervention which can lessen the likelihood of recidivism (Russell, 1984; Badgley, 1984; Finklehor, 1984).

There seems to be consensus through the literature that the offender is overwhelmingly male, that he is often a family relative or friend of the victim or family, that actual incidents are grossly underreported, and that the offender's behaviour crosses all social, economic, and cultural lines. The reason he seeks out a child as a sexual partner will be reviewed in the following section.

CHAPTER IICausal Framework -- Offenders

Before we can treat the child sexual abuse offender we must try to understand why sexual abuse happens. Numerous theories have been advanced to account for the occurrence of sexual abuse focusing on psychological, social, and family variables. In this section several major causal theories will be examined.

Theories Regarding the Occurrence of Child Sexual Abuse

Finkelhor (1979) condensed many theories to describe the dynamics in families where sexual abuse has occurred: social isolation, role confusion, environment of abandonment, marital conflict, oversexualization, poor supervision, male supremacy, and social fragmentation. It would appear that a combination of the above would be a product of the family environment where child sexual abuse has occurred. Finkelhor's early theories were formulated to explain intrafamilial sexual abuse and not children's sexual victimization in general. His more recent theories, to be presented later, attempt to account for all forms of child sexual abuse and include greater emphasis on male socialization patterns than on family dynamics.

Nicholas Groth (1982) is a major contributor in the formulation of a recent viable theory utilizing the concepts of the "regressed offender" and the "fixated offender." The fixated offender can be technically described as a pedophile if he is sexually attracted to young teenage or adolescent children. The regressed offender experiences a progressive or sudden deterioration of emotionally meaningful or gratifying adult relationships. Thus, he is drawn towards the child to replace the adult relationship (Groth, 1982). Psychologically, the fixated offender becomes

like the child, whereas the regressed offender experiences the child as a pseudoadult. The following is a table summarizing Groth's typology of child molesters.

Insert Table 3 About Here

It has been Groth's (1982) further observation that fixated child offenders are more likely to target boys as their victims and regressed child offenders are more likely to select girl victims. What further observation may be of particular importance for this practicum is that the pedophilic interests of the fixated offender reportedly begins in adolescence.

Finkelhor (1984) further developed a causal model as he contends a duo-type framework as proposed by Groth (1982) concerning the fixated type and regressed type of offender is not adequate to account for a multi-causal phenomena. Finklehor's model suggests four preconditions that must be fulfilled for sexual abuse of children by an adult/teenager to occur:

1. The adult/teenager must have sexual feelings for a child, or for children in general. These may arise due to arrested emotional development, a need to feel powerful or controlling, to re-enact a childhood trauma, due to misattribution of arousal cues, inadequate social skills, or interest in child pornography.
2. The adult/teenager must overcome his or her internal inhibitions against acting out the sexual feelings. Related factors here may include alcohol use and rationalizations such as, "it was only sex education" or "she wanted me to do it," which protect the offender from acknowledging the consequences of his actions.

TABLE 3

Groth's (1982) Typology of Child Molesters *

<u>Fixated Type</u>	<u>Regressed Type</u>
1. Primary sexual orientation is to children.	1. Primary sexual orientation is to agemates.
2. Pedophilic interests begin at adolescence.	2. Pedophilic interests emerge in adulthood.
3. No precipitating stress.	3. Precipitating stress usually evident.
4. Persistent interest and compulsive behaviour.	4. Involvements more episodic and vary with stress.
5. Pre-meditated, pre-planned offenses.	5. Initial offense may be impulsive and not premeditated.
6. Identification: offender identifies closely with victim. May equalize his behaviour to the level of the child or may adopt a pseudo-parental role to the victim.	6. Substitution: Offender replaces conflicted adult relationships with involvement with a child.
7. Male victims are primary targets.	7. Female victims are primary targets.
8. Offender is usually single or in a marriage of convenience.	8. Offender is usually married or common-law. Several contacts with child co-exists with sexual contact with agemates.
9. Usually no history of alcohol related.	9. Offense is often alcohol related.
10. Characterological immaturity, poor sociosexual peer relationships.	10. More traditional lifestyle but under-developed peer relationships.
11. Offense = Maladaptive resolutions of life development and maturation issues.	11. Offense = Maladaptive attempt to cope with specific life stresses.

* Adapted

from: Groth, N. in Sgroi (ed.) (1982). Handbook of Clinical Intervention, pg. 217.

3. The adult/teenager must overcome the external obstacles to acting out the sexual feelings. Related factors here maybe a non-offending parent not available to protect the child, social isolation of family, or availability of isolation of the child.
4. The adult/teenager must overcome the resistance or attempts at avoidance by the child, if the first three conditions are met.

According to Finkelhor's theory, the presence of only one, two, or three conditions is not enough in itself to explain sexual abuse as he contends the explanation requires the presence of all four prior conditions. He also suggest that there is a logical sequence to these four preconditions.

Finkelhor's model is at a sufficiently general level "that all kinds of abuse can be integrated within it. It suggest that sexual abuse of children by those in a position of power and trust requires an explanation of how the sexual feelings toward the child arose, why there were no effective inhibitors and why a child's resistance was either absent, impossible, or insufficient" (Finkelhor, 1981, p. 9).

Addressing the Gender Gap: Why More Males Offend?

Most social science theories fail to explain why relatively few women seem to be torn by desires or weakened by stress to sexually offend against children. As emphasized by Russell (1984), women are much less likely than men to engage in any kind of sexual abuse and as noted by Finkelhor (1984), child pornography appears to be consumed almost entirely by men.

Finkelhor (1984) argues that differences between the socialization of males and females are primarily responsible for the sex differences

concerning a sexual interest in children. He outlines numerous aspects of male socialization which may contribute to a sexual interest in children:

1. Men are not as well socialized as women to distinguish between sexual and nonsexual forms of affection;
2. Men are socialized to become more easily aroused by sexual activities and sexual fantasies (to objectify sex);
3. The attraction gradient: the fact that men are socialized to be attracted to partners who are smaller, younger, and less powerful than themselves, whereas, the opposite is true for women.

Finkelhor (1981) does state that an intense erotic childhood experience can permanently imprint children on a person's sexual orientation. Why this happens with males so much more frequently than with females is rarely addressed, let alone explained. However, several factors listed by Russell (1984) and Finkelhor (1984) deserve consideration in the formulation of a satisfactory theory of why males so overwhelmingly account for occurrence of sexual abuse:

1. Women are socialized to prefer partners who are older, larger, and more powerful than themselves;
2. Heterosexual women do not generally act as initiators of the first sexual encounter in sexual relationships;
3. Men appear to be more socialized to have multiple sexual partners;
4. Men seem to be aroused more easily by sexual stimuli divorced from any relationship context, as occurs in pornography, for example;
5. Men appear to sexualize the expression of emotions more than women do;

6. Having available sexual opportunities seems more important to the maintenance of self-esteem in men;
7. The role for which women are socialized includes maternal responsibilities. Therefore, women may be more sensitive to the well being of the children and as Herman (1981) argues, more likely to develop empathy through the nurturing involved in mothering;
8. Since women are more often victims of sexual exploitation, they may have a greater capacity to empathize with the potential harm that may result;
9. Sexual contact with children may be more condoned by the male subculture than the female subculture as Rush (1982) has documented how sexual involvement by men with children has been accepted and encouraged throughout History.

Clinicians are seeing and noticing more cases of sexual abuse by females than ever before. As noted earlier, reports of all types of sexual abuse have increased dramatically. The most accurate estimate of the incidence of sexual abuse by females is that about 5% of abused female children and about 20% of abused male children are victimized by females, (Finkelhor, 1984; Russell, 1984). Given that contacts with female children occur at least twice or three times as frequently as do contacts with male children, the theory that perpetrators of sexual abuse are primarily men seems clearly supported (Finkelhor, 1979 & 1984; Russell, 1984).

All evidence cited supports the conclusion that the traditional view of child molestation as a primarily male deviation is essentially correct. Women rarely use children for their own direct sexual gratification (Russell, 1984).

An explanation of male preponderance should be a significant component of virtually every theory of child sexual abuse. Every theory of child molestation must explain not just why adults become sexually interested in children, but why that explanation applies primarily to males and not females.

It is mainly boy victims who grow up to be child molesters. Sexual victimization by both women and men is considered likely to contribute to a boy becoming a perpetrator (deYoung, 1982). It has been said that girl victims often grow up to be mothers of victims, battered wives, or prostitutes, possibly due to the socialization pattern of the average female to be passive, helpless, and not to express anger (Herman, 1981).

In order to "get caught" or "end up in treatment," a sex offender has likely behaved atypically, even for sex offenders, as he or she may have been unusually repetitive or conspicuous. In addition, because of racial or class prejudices, apprehended offenders are more likely to be lower class or members of minority groups, a conclusion supported by Russell's (1984) data on convictions.

Not only are apprehended offenders unrepresentative of perpetrators in general, but incarcerated or in-treatment sex offenders who were themselves sexually abused in their childhood are not representative of sexual abuse victims either. Available data do suggest that those with a history of victimization are at greater risk of becoming perpetrators than those who were never sexually abused in childhood. But not all victims become perpetrators. It is likely that those who do become perpetrators had victimization experiences that were different in some way from those who do not become perpetrators, be it more severe, more unusual, or more demanding. Thus, the victimization experiences of a group of incarcerated offenders, are most certainly atypical of the victimization experiences

of other people (Russell, 1984).

For example, in Russell's (1984) random sample survey of 930 women conducted in 1978 in the city of San Francisco, 646 cases of child sexual abuse were disclosed. Only 30 cases (5%) were reported to the police. Only 2% of the perpetrators of incestuous abuse and 6% of the perpetrators of extrafamilial abuse were ever reported. The percentage of all child sexual abuse cases that resulted in conviction was even smaller: 1 percent. As stated by Russell (1984), her study is the only one undertaken to date that was specifically designed to assess the prevalence of sexual abuse on the basis of a random sample, therefore, it is very reliable when attempting to describe incidence and prevalence. There is one limitation in that Russell's data on child sexual abuse predates the legislation that has made the reporting of such cases mandatory.

It follows then that incarcerated sex offenders would be extremely underrepresentative of the average population of actual offenders due to a history of low incidence of reporting and convictions as suggested by both Russell (1984) and Finkelhor (1981).

Groth (1982) concisely sums his reasoning of why a male victim may become an offender with the following:

Developmental traumas of all types need to be assessed in the life history of the sexual offender, especially sexual traumas. More so than nonoffenders, sexual offenders appear to have a higher incidence of having been sexually victimized when they themselves were children -- a very conservative estimate is one out of every three. Very little is yet known about the long-range after effects of sexual victimization on male children, but the clinician should be aware that one way of dealing with and combating the experience of being a helpless victim is to become the powerful victimizer; the offender's offense may be in part a replication of his own victimization of other sexual trauma (p. 226).

Theories regarding the adolescent offender

Little attention has been devoted to the sexually abusive adolescent

until quite recently (Knopp, 1982). New and compelling developments over the last few years make it difficult to ignore the reality of sexual offenses perpetrated by this age group. According to Groth (1979), such sexually abusive behaviour as having or trying to have sexual relations with someone against their will, pressuring or pushing someone to be more sexually involved than they want to, or physically hurting or threatening to hurt someone in order to get them to have sex has been dismissed as merely "sexual curiosity" or "experimentation" due to the normal aggressiveness of a sexually maturing adolescent. If these behaviour patterns have not become ingrained then the adolescent still may be accessible and responsive to treatment and intervention. The following summarizes some known characteristics of adult offenders.

The Badgely Report (1984) conducted a survey of 695 male and 8 female incarcerated sex offenders. For the male offenders, 545 had female victims, 129 had male victims, 21 had two or more victims. The victims of these convicted offenders were proportionately older with fewer being young children age 11 or younger. Also, 1 in 4 convicted child sexual offenders was serving time for a reoffense which means there was a 25% recidivism rate within the sample.

Combining the Badgely Report (1984) statistics with data from Russell (1984), Finkelhor (1979), Groth (1982) and Knopp (1982), we can see an alarming trend concerning the reporting, the conviction rate, and the apparent recidivism rate. Aspects of this trend are summarized as follows:

1. One in four males and three in four females report having experienced sexual abuse before age 16 (Badgely, 1984).
2. Only 2% of the perpetrators of incestuous abuse and 6% of extrafamilial abuse were ever reported (Russell, 1984).

3. There is a 1% conviction rate as determined by the San Francisco study (Russell, 1984).
4. Males are less likely to report victimizations (Groth, 1982).
5. Young children are not seen as adequate witnesses, therefore, it would follow that many offender(s) would not be incarcerated and would be free to keep offending.
6. Incarcerated offenders are an unrepresentative sample (Russell, 1984 and Finkelhor, 1981).
7. One in three males who have been victimized are estimated to become offenders (Groth, 1982).
8. The current known Canadian recidivism rate is 25% (Badgely, 1984).
9. 60% to 100% of adolescent sex offenders report some form of early victimization (Knopp, 1982).
10. 50% of the Canadian male incarcerated offenders had experienced victimization (Badgley, 1984).
11. By far the majority of offenders are males (Badgley, 1984 and Russell, 1984).

Clearly, it can be considered that sexual offenders are not born as such. It appears that the majority of adult offenders experienced assault and offended in their younger years. In an effort to combat sexual assault it is vital that the juvenile sexual offender be recognized and effective intervention provided. It appears that, on the average, we can not completely separate the offender from his victimology. Since young males are less likely to disclose assaults, their victimology may not be recognized until they have offended. However, we must remember that those persons who commit sexual offenses "cannot be distinguished from those who do not -- at least in regard to any major demographic characteristics. Such offenders do not differ significantly from the

rest of the population in regard to level of education, occupation, race, religion, intelligence, mental status, or the like. They are found within all socioeconomic classes. However, they do differ from nonoffenders obviously in that "...they have a sexual interest in children" (Sgroi, 1982a, pg. 215).

Groth (1982) describes a non-exhaustive list of offenders' apparent motivations as follows:

1. validating a sense of worth and bolstering self-esteem,
2. compensating for feeling abused or rejected by significant others,
3. serving to restore a sense of power and control,
4. gratifying a need for attention and recognition,
5. serving to meet a need for affiliation, and
6. temporarily strengthening the sense of identity.

In treating the offender then it will be important to identify the multiple and various motives underlying the offense in order to help him address these needs and issues in a more adaptive fashion. The prominent motives in the offense must be determined and available alternatives must be established so these needs are resolved.

According to Groth (1982) offenders do exhibit a number of pronounced traits of characteristics:

1. offender experiences self as a helpless victim of external forces and events rather than as a person in control of himself and in charge of himself (external vs. internal locus of control),
2. intrinsic feelings of isolation, separateness, and apartness from others (offender experiences himself psychologically as a loner, lacking any consistent sense of intimate attachment to others),

3. underlying mood state of emptiness, fearfulness, and depression which combines with a sense of low-esteem and poor self-confidence to make him oversensitive to what he interprets as criticisms, put-downs, exploitations, and rejections from a hostile and uncaring world, and
4. a lack of psychological comfort, security, and pleasure in life, and deficient empathetic skills which prompt him to regress from anxiety-producing adult relationships, to substitute fantasy for reality, and to replace adults with children who symbolize his own immaturity.

The above traits and characteristics relate to adult male offenders but can be effectively applied to juvenile sex offenders (Knopp, 1982). As outlined by Groth (1979), there appear to be three types of adolescent sexual offenders: those who assault significantly younger victims (pre-adolescent child at least five years younger than the assailant), those who assault peer aged victims, and those who assault significantly older victims (an adult at least 10 years older than the offender).

The adolescents who assaulted peers or older victims tended to be relatively more aggressive than those who assaulted younger children. They also tended to be more likely to use weapons, to target female strangers, and to achieve sexual penetration in their acts. The juvenile offenders who assaulted preadolescent children were a somewhat younger group. Their assaults were directed at a larger proportion of male victims and they were more likely to be at least casually acquainted with their victims.

Peer aged assaults showed a higher incidence of gang rape, familiarity between offender and victim, and assaults occurring outdoors as substantiated by Knopp (1982) who further states that generally the sexually assaultive

youth is committed to a delinquent peer group, appears to be estranged from conventional settings (home and school), and holds attitudes that facilitate engaging in physically violent behaviour.

The majority of boys interviewed by Groth (1979) had had previous sexual experiences which leads one to discredit the popular assumption that adolescent sexual assaults constitute merely sexual exploration or experimentation.

One of the most alarming and observable characteristics of the offenders studied has been their consistency over time in regard to their assaults (Groth, 1979; Longo and Groth, 1983). With adult offenders who had committed juvenile sexual assaults, there was a very close, essentially identical, correspondence between their juvenile sexual offenses and the ones they committed as adults. They selected similar victims, committed similar acts, and the offenses took place in the characteristic locales. Likewise, the previous offenses of the juvenile offenders were identical to their current offenses.

Groth (1979) contends that the psychosocial characteristics of the adolescent offenders are not unlike the many adult offenders he studied. They tended to be loners and underachievers. Their predominant mood state appeared to be one of dull depression. They were impulsive and quickly became irritable because of their low frustration tolerance. They were noted to be unable to persist in long-range, goal-oriented activities.

It is the current contention (Knopp, 1982) that the possibility of effective intervention appears more hopeful when one is dealing with a youngster who is still in the process of psychological growth and change than when one is dealing with an adult whose criminal sexual behaviour has been established for an extended period of time. Given that patterns of sexually aggressive behaviour frequently begin in adolescence, early

intervention is critical.

As outlined by Knopp (1982), when describing the relevant studies of retrospective accounts by convicted adult sex offenders, the sexually aggressive behaviour did begin in adolescence. The studies present data of the first sexual offense and the significant number of offenses for which they were not incarcerated. In Groth, Longo and McFadin's sample of 128 incarcerated adult rapists and child molesters in two institutions, the offenders admit to committing two to five times as many sexual offenses as those for which they were apprehended (as cited in Knopp, 1982, p. 16). The rapists apparently first offended when they were nine years of age and the child molesters started as early as eight years. Age 16 was the modal age for both groups of offenders.

Knopp (1982) further states that Groth reports approximately 20% of the incarcerated adult offenders with whom he worked in Massachusetts have a juvenile criminal record of sexual assault. Apparently, it is a trend that escalation in sexually assaultive behaviour by non-incarcerated adolescent offenders occurs (Knopp, 1982). One would be concerned about the potential for escalation among youthful sex offenders if appropriate intervention is not available. The acts a teenager engages in can be viewed as an addiction, therefore he may require a high risk factor to achieve his gratification (Knopp, 1982; Carnes, 1985). For example, the act of peeping may lose its power so he may begin to rub against girls or grab them and possibly escalate to more violent activities.

As described by Knopp (1982), two sexual assault centres catering to child victims report striking statistics for sexual victimization of boys and girls by adolescents. In 1979, more than 1000 child victims were seen at the Children's Hospital in Washington D.C. and at the Sexual Assault Centre in Seattle. 42% had been assaulted by an adolescent.

The professionals working at these centres believe in the estimate that probably half of the offenders who are sexually victimizing children are juveniles (Knopp, 1982).

We must acknowledge the offenders' problems and try to open a way for intervention and constructive responses. It does appear that adolescent sex offense behaviour is widespread and of serious proportions. Given that it has been demonstrated consistently that the problem is significantly underreported and more widespread than initially acknowledged, adequate intervention strategies are required. Allen Oliesky, Presiding Judge of the Juvenile Division District Court in the State of Minnesota summarizes the concern.

"Prior to becoming a juvenile court judge, I handled many adult sex offenders and learned early on that sex offenders do not start at age 18. I learned that their prior sex offenses started when they were adolescents or preadolescents. If we can get to them earlier we are going to prevent a lot of heartache.

In sentencing juvenile sex offenders, the primary issue is community safety. The secondary issue is to decide treatment and punishment issues. Pure punishment without treatment is a real mistake. In prison, sex offenders are the lowest of the social scale. If treatment happens to be available, it is usually optional. Since there is a great deal of victimization of prisoners by other prisoners, I can see sex offenders coming back to society a lot harder and a lot more bitter.

We have also learned that most of the offenders were themselves victims of sexual abuse and that their patterns are similar to those of alcoholics. Unless there is some treatment, they are going to go back to the behaviour as they would with any addiction, and they are likely to recidivate. Thus, the earlier the treatment the better.

Treatment starts with assessment." (Knopp, 1985, p. 4, emphasis added).

CHAPTER IIIIntervention

Having discussed the prevalence of child sexual abuse, presented a causal framework, and outlined the characteristics of offenders, I will now turn to a discussion of intervention strategies.

Need for Comprehensive Treatment

Knowledge of the nature and extent of the problem of child sexual abuse is critical in attempting to understand the causes of the crimes as well as in developing strategies to combat child sexual abuse. It is obvious that a large percentage of women are victimized by sexual abuse and a good portion of men experience victimization in their youth (Russell, 1984; Badgley, 1984). Treatment for all individuals affected by the offense is warranted (Giarretto, 1982), and the following will describe what may be required for the offender.

Treatment for the offender should be made readily available. Treatment is usually not considered unless there has been a formal complaint and the offender is identified. As mentioned earlier, the offender is most likely to continue to commit sexual crimes until discovered and reported (Russell, 1984; Groth, 1979; Finklehor, 1979 and Giarretto, 1982). Treatment methods to date note that it is important to have this external motivation as the literature does not reveal that an offender is likely to ask for help concerning his crimes.

A price is paid for nonintervention when specifically addressing the concerns regarding the juvenile sex offender. An average adolescent male sex offender may be expected to affect 380 victims during his lifetime, (Abel, 1983). If specialized therapeutic intervention is not available to young offenders, specific sexual patterns develop through observation and direct experiences. Data from adolescent treatment programs (Knopp,

1982) indicate that the majority of sex offenders, from 60 to 100 percent, report experiencing some form of early victimization. It appears that the most logical way to break this vicious cycle is to specifically focus on giving the juvenile offender effective and efficient treatment as part of the comprehensive intervention and prevention approach.

Offender Treatment Issues

Groth (1982) and other specialists emphasize the necessity to concentrate on the needs of sex offenders while they are young in order to detect the problem early and prevent or reduce later victimization (Knopp, 1982). According to Knopp (1982), from the offender's perspective, the advantages of early intervention are vividly underscored by a 17 year old who molested a 7 year old girl in his statement after completing a Sexual Therapy Program: "If I hadn't been in this program, I would have kept on doing what I was doing. It's like drugs. After you lose the effect of one drug, you go on to a different one. I'm pretty sure I would have gone up to rape" (Knopp, 1982 p. 26).

Knopp (1982) states there are two questions that need to be considered when approaching the issues of early effective intervention concerning sexually abusive adolescent offenses. First, what criteria are available for assessing whether or not intervention is appropriate. Second, if clinical intervention is desirable, what treatment setting offers the least risk to the community.

Knopp (1982) further outlines eight key issues in the evaluation of a sexually abusive adolescent. This list was first developed by Groth and Loredó (1981):

1. What is the age relationship between the persons involved?
2. What is the social relationship between the persons involved?

3. What type of sexual activity was being exhibited?
4. How did the sexual contact take place? (Forceful or not forceful)
5. How persistent is the sexual activity?
6. Is there any evidence of progression in regard to the nature or frequency of the sexual activity?
7. What is the nature of the fantasies that precede or accompany the adolescent's abusive behaviour?
8. Are there any distinguishing characteristics about the persons who are the targets of the adolescent's assaults (handicapped, etc.)?

The evaluation of the sexually abusive adolescent requires not only that the sex offense be assessed carefully but that his behaviour be examined in regard to the offender's personality development in the context of his current life, particularly his family situation. In considering these issues, Groth & Loreda (1981) suggest three general questions:

1. What critical developmental events or experiences may have combined to predispose the adolescent to act out his problem in a sexual fashion? (Is he retaliating for being victimized?)
2. What current life tensions or stresses, particularly family dynamics, are operating on him that serve to trigger the offense? (Nature of the relationship among the adolescent's family, primary role models, characteristic family attitudes or behaviour, attitude or reaction of his parents to his offense). These same questions need to be raised of the offender's peer group as well.
3. To what extent are the adolescent sex offender's problems compounded by other serious psychological disorders such as retardation, mental illness, drug or alcohol dependency, etc.

The above concerns and key issues are all addressed in conjunction with the developed intake/interview form to facilitate a thorough assessment and baseline data gathering (See Appendix A).

Any teenager who, "at the end of his evaluation period, is still denying his behaviour, has to be labeled a high risk" (Knopp, 1982, p. 31). An adolescent will stop his denying, most likely, if he is enrolled in an interventive program with other offenders due to peer pressure from the group of others who are sitting there and talking about their offenses (Knopp 1982). The potential for group process to break through the defense mechanisms is an important factor in the selection of this modality of treatment and will be further explained below.

Specifying the Objectives - Rationale for Group

The reasoning for a group approach with teenage offenders is based primarily on the fact that it is very hard for the teenager to persist in denying he has committed a crime. The group focus on the power differential between the offender and the victim, the informed consent issue, and the apparent knowledge gap between offender and victim may eliminate the justifications that offenders are notorious for giving which leads to their stubborn refusal to admit any wrong doing (Groth, 1982). The offender, in a group setting, may benefit from being exposed clearly to the issue involved: abuse of the position of power and trust. To be effective, treatment must overcome the strong defense mechanisms of denial, repression, minimization, and rationalization which have served to lower internal inhibitions against sexual abuse (Finklehor, 1984; Giarretto, 1982, emphasis added).

The abuser characteristics repeatedly reported are: low self-esteem, poor impulse control, lack of regard for others, and an inability to trust or experience intimacy in relationships (Zefran et al., 1982;

Groth, 1979; Burgess et al., 1978 Giarretto, 1982). These issues and behaviours can be addressed in a group setting because of their interpersonal nature.

From a clinical and developmental standpoint, a group is particularly appropriate as a treatment modality for teenagers (Toseland and Rivas, 1984). Normal adolescence involves a shift from reliance on family to self-reliance and increased peer orientation. Many tasks of adolescence are worked on in and about a peer group (McCandless, 1970). Since perpetrating sexual abuse is viewed as an abnormal event, it separates the adolescent offender from normal support systems and exacerbates the adolescent preoccupation with fear of rejection and the need for acceptance by the peer group. The group provides a forum in which to address the sexual abuse situation and normal adolescent concerns with peers thus promoting the reduction of feelings of isolation and guilt.

It must be recognized that the ability and willingness to abuse the position of power inherent in the adult/child relationship is a necessary antecedent condition for abuse to occur (Herman, 1981; and Burgess et al., 1978). Offenders must take responsibility for their own behaviour and the offenses they have committed (Giarretto, 1982).

Regardless of the victim's conduct, sexual assault is always wrong, criminal, and the complete responsibility of the offender. The group leader is in a position to provide a context for the adolescent to understand what has happened with him. Accepting responsibility for the assault is essential in removing the barriers of denial, minimization, repression, and rationalization (Giarretto, 1982; Dreiblatt, 1982). Education about normal sexual behaviour, clarification of appropriate roles, and explanation of normal adolescent problems and concerns are important ingredients of the basic response to the

juvenile sex offender (Knopp, 1982).

The stance of the interviewer and group leaders is critical in communicating effectively with teenagers. A nonjudgmental but straightforward response is indicated as adolescents are sensitive to patronizing attitudes (McCandless, 1970).

Groth (1982) states a very realistic caution. Once the offender does admit to his offense or comes to appreciate his wrong doing he may experience a sense of guilt and feelings of remorse for his behaviour which may lead to experiencing a major depression. This, in turn, could activate running behaviour, intoxicant abuse, destructive behaviour, or suicidal ideations and gestures. The clinician needs to recognize the indicators and be prepared to provide crisis intervention and support for the client by alerting the offender's primary therapist/social worker/counsellor who should also be involved with the family.

One question which arises when working with juvenile sex offenders is that of where the teenager learned the abusive behaviour, as attitudes and behaviour are adopted and formed from what one witnesses (Oskamp, 1977). This reinforces the notion that a comprehensive treatment strategy is warranted if the cycle of abuse is to be broken.

Since treatment starts with assessment, each adolescent sex offender needs a complete, individualized assessment and treatment plan. The population that commits sexual offenses is extremely heterogeneous (Drieblatt, 1982; Abel, 1983). Since there is no exact profile to describe the adolescent sex offender, initial and ongoing assessments are prerequisites for determining individual treatment needs.

Each sex offender needs to accept responsibility for the offenses and have an understanding of the sequence of thoughts, feelings, events,

circumstances, and arousal stimuli that make up his pattern that precedes his involvement in sexually aggressive behaviour. For the majority of younger offenders, this task is less complicated as they are more closely in touch with feelings and experiences and the fantasies are less ingrained (Groth & Lored, 1981; Finkelhor, 1984).

Each sex offender needs to learn how to intervene or break the offense pattern at the very first sign. The first step in breaking into the offense pattern is to recognize the earliest link in the chain of thoughts, feelings and events that lead to the offending (Drieblatt, 1982; Carnes, 1984).

Each sex offender needs to engage in a reeducation and resocialization process in order to reframe antisocial thoughts and behaviours, acquire a better self-concept and new attitudes and expectations of himself, and learn appropriate social and sexual skills to help cultivate satisfactory relationships with other (Knopp, 1982). The restructuring of the sex offender's perceptions may include:

1. changing stereotypical notions of roles men and women play in our society;
2. understanding the myths and misinformation about human sexuality;
3. dealing with the emotional, physical and sexual victimizations the offender has suffered;
4. learning assertiveness skills and how to express negative or positive feelings.
5. learning empathy, victim awareness and how to begin building satisfactory relationships with others;
6. improving self-esteem;
7. learning strategies on how to control alcohol and drug abuse.

As stated earlier, there is no succinct profile of an adolescent sex offender. Many young people with similar backgrounds to those of offenders do not sexually offend against others. Nevertheless, some striking commonalities deserve comment as outlined by Knopp (1982), as these point to important issues to address in treatment and prevention. First, among sex offenders, none has yet been reported to have a warm, close, nurturing and gentle relationship with father. Fathers seem to be abusive or absent (physically or emotionally). To emphasize nurturing relationships with men addresses a need that was never met in the adolescent sex offender's life.

Second, it is difficult to overlook the offender's great confusion about sexuality in general and positive sexuality in particular. In our culture, sex can be viewed as degrading and dirty. If sexuality is devalued then it can be used to humiliate another person. Therefore, sexuality becomes the means of expression of nonsexual needs. If the offender is expected to relinquish behaviours that bring him pleasure then he needs to be guided in finding more appropriate and pleasurable sexual behaviour.

In summary, the treatment objectives should follow the Four Pre-conditions Model that Finkelhor (1984) proposes which incorporates explanations at the psychological and sociological level. Should the sex offenders manage to understand what has happened with them within the context that is provided for them they will become aware of having physiological sexual responses towards those much younger and weaker than themselves; begin to develop internal inhibitions; promote and acknowledge external obstacles; and develop empathy toward the victim and acknowledge the victim's resistance.

The objectives of treatment have been specified in relation to Finkelhor's causal framework. The discussion will now turn to specifying the type of intervention.

Specifying the Intervention - Group Approach

"Social work practice uses the small group as both the context and means through which its members support and modify their attitudes, interpersonal relationships, and abilities to cope effectively with their environments" (Northern, 1969, p. 13). The development of the group must not be left to chance and the group facilitator requires a body of knowledge about small groups to implement effective practice.

The group that was planned for this practicum was established for a specific purpose and was a closed group with set criteria for inclusion of members as suggested by Groth (1979, 1982). The group was as homogenous as possible so there was relative social similarity. Some balance was necessary so no single member represented an extreme difference from other members, for this hinders integration into the group (Hartford, 1971). Since the focus was on the effect of the group experience on the participants, especially since they had a specific personal problem to be dealt with in the group, it was hoped that similarity in social factors might lead to more intimacy and sharing of personal problems.

The grounding assumptions for the group were that sexual abuse is a crime; the juvenile was not the only one who committed the offense; they are responsible for their behaviour; and it helps to talk about the offense.

The purpose of a treatment group as outlined by Toseland and Rivas (1984) may be education, growth, remediation, and/or socialization. Groups for alcoholics have all four of these primary purposes. Groth (1982), Knopp (1985) and Carnes (1984) have likened the sexual offender to an alcoholic as the offender is considered to be "at risk" for future offenses and must work at achieving control. Thus, all four primary purposes will be included in the group process agenda. Also, the adult

offenders interviewed by McCall (1984) stated they knew they were doing wrong but could not stop themselves. They acknowledged that they will need to work on their problem every day for the rest of their lives. As one interviewee stated, "There is a chance of offending again because I like it. I don't like hurting them (children), but I liked the sex" (McCall, 1984, p. 56).

The major focus was on remediation as the major purpose was to change the juvenile sex offender's behaviour via beginning to develop coping skills and problem solving abilities. The following table provides a brief outline of the remediation model as presented by Toseland and Rivas (1984).

Insert Table 4 About Here

The remedial model as described by Toseland and Rivas (1984) focuses on restoring or rehabilitating individuals by helping them to change their behaviour. This model uses a leader-centred approach to group work with the worker actively intervening in the group's process. The group leader acts as a change agent and intervenes in the group to achieve certain specific purposes determined by group members, the group worker, and society. The meetings are usually held in a formal agency setting. There are structured exercises and direct and indirect influence is used to help members change behaviour patterns.

According to Gottlieb and Dean (1981), the male-female co-therapy model used in group treatment of sexually abused adolescent girls can be an effective therapeutic agent. Knopp (1985) also promotes a cotherapist model for sex offenders as she believes it is a definite advantage for the young males to view a male and female interact as

TABLE 4Remediation (Purpose of Group)As Proposed by Toseland & Rivas (1984) *

Purpose	To change behaviour. Correction, rehabilitation, coping and problem solving through behaviour change interventions.
Leadership	Leader as expert, authority figure, or facilitator depending on approach.
Focus	Focus on individual members' problems, concerns, or goals.
Bond	Common purpose with separate member goals. Relationship of member with workers, group, or other members.
Composition	Can be diverse or can be composed of people with similar problems or concerns.
Communication	Leader to member or member to member depending on approach. Self-disclosure is moderate to high.

* Adapted from Toseland & Rivas (1984), pages 20-21.

supportive equals. In terms of power and control issues, this would be a reasonable social presentation method for their direct experimental role modelling and learning process.

Co-leadership provides a leader with a source of support, assistance, a source of feedback, and an opportunity for professional development (Toseland and Rivas, 1984) and the reliability of the observations can be checked. Toseland and Rivas (1984) further state the compatibility and the degree to which the leaders complement each other are critical issues to be explored and resolved before entering into a co-therapist relationship. Thus, in the practicum to be described, a joint leadership model was selected.

PART III - THE PRACTICUM

THE PRACTICUM: A GROUP APPROACH WITH
TEENAGED SEX OFFENDERS

Chapter I

Clients and Referral Process

The Group was offered at the Psychological Service Centre at the University of Manitoba. The Centre is an interdisciplinary training facility of the Faculty of Arts and has as a primary goal the training of Graduate Students in Clinical Psychology and Social Work. Services provided include psychological assessment, individual, marital and family therapy, consultation, community education, and special programs such as a sexual dysfunction clinic and an obesity treatment program.

The clients for the juvenile sex offenders group were referred and interviewed throughout January and February 1985. The Group was conducted over a sixteen week period from February 27, 1985 to June 11, 1985. March 22, 1986 was a follow-up group reunion session, eight months after the group officially terminated.

The clients/group members were juvenile male sex offenders from age 13 to 17 who had sexually abused younger children inside or outside of the family unit. This included situations where the teenager had been responsible for the care of the youngster (e.g. babysitting). It was expected that each teenager would have a case manager/child welfare worker/probation officer/primary therapist. All background information was to be shared with the group leaders. It was also expected that the teenagers would have demonstrated to their primary therapist that they were open to accepting responsibility for their crime.

The closed treatment group was to have eight selected members which would be small enough to allow continuous face-to-face contact over sufficient time (16 weeks, once per week for approximately two hours).

Referrals were received from the following community services during January 1985:

- a) A Psychologist from Children's Hospital, Winnipeg; 4 referrals
- b) Children's Home of Winnipeg in conjunction with the Department of Community Services and Corrections, Portage La Prairie; one referral
- c) Children's Home of Winnipeg in conjunction with Children's Aid of Eastern Manitoba; one referral.
- d) Children's Home of Winnipeg in conjunction with Children's Aid of Winnipeg; one referral.
- e) A Social Worker from Selkirk in conjunction with the Child Protection Centre at Children's Hospital; one referral.
- f) Two Social Workers from Children's Aid of Winnipeg (Abuse Unit); two referrals.
- g) A Therapist at the Psychological Service Centre; one referral.

In total there were eleven referrals. One family refused to send their son for group sessions, therefore, ten individual assessment interviews were conducted.

Chapter II

Interviewing Process and Selection Procedures

The interview procedures began with each adolescent accompanied by a parent or guardian. They were met at the Psychological Service Centre to discuss the treatment method, to volunteer relevant historical information, to sign consent forms, and complete certain questionnaires (these will be discussed in the data section later). All relevant historical information was requested from the referring psychologists, social workers, probation officers, and case managers prior to the interviews.

Each adolescent was requested to relate exactly why he believed there had been a referral for group therapy and was encouraged to relate exactly what happened that placed him in such a position. A commitment was requested from the adolescent and parent/guardian that should he be chosen to attend the group, he would attend every session and transportation would be ensured.

An Intake Interview Record Form was used by the interviewer (see Appendix A). This form was a modified version of a form developed in Portland, Oregon by the Morrison Centre for Youth & Family Services.

Several other paper and pencil measures were given at this time. These included the Locus of Control Questionnaire (Levenson, 1972) (see Appendix B), the Self-Esteem Scale (Rosenberg, 1965) (see Appendix C), the Loneliness Scale (Russell, Peplau and Cutrona, 1980) (see Appendix D).

The initial interviews between the group leaders and individual clients were utilized to assist in eliminating anxiety about attending the group sessions and to help orient the adolescent to the expectations. The collection of pre-group data was required in order to establish a measurable baseline to determine if the group experience would have an effect on self-esteem, loneliness, or the control issue.

Out of 10 referrals, it was determined that 8 would attend the group sessions. The other two adolescents were seen on an individual basis by myself. It was decided that one adolescent would disrupt the group process due to his exhibiting disjointed thought processes, not being willing to admit he had committed a crime, and focusing on his own victimology. The other adolescent was informed by a primary person in his life that he did not require group therapy so he refused to attend the group. He was afraid of too many people finding out about his behaviour.

Before the group sessions started, one of the eight selected members was transferred from his Group Home to a closed setting outside of Winnipeg, therefore, he was unable to commit his time to the group. This left seven members for the first session on February 27, 1985.

The following Table outlines the seven offenders' ages, offenses, court involvement, relationship to father, individual therapy or family therapy concurrently with group involvement, history of sexual victimization, knowledge of sex education, performance in school, and use of alcohol or drugs.

Insert Table 5 About Here

I am using different names for the offenders throughout this Practicum in order to protect their identity as it is a collective wish that all the material can be shared as long as the correct names are not used.

The common findings from the assessment process conducted prior to group involvement were that:

1. All the teenagers expressed "feeling alienated" from the family unit.
2. All fathers were reported to be physically and/or emotionally distant from the offender and the family in general.

TABLE 5 - Information From Intake Form

Age When Group Involvement Began	Court Involvement	Offense	Relationship to Father and Family Functioning	Individual or Family Therapy	History of Sexual Victimization/Other Victimization
1. Arnold 17 yrs	Yes	Attempted intercourse with 1½ yr old niece.	Native heritage. Father died when offender was 9 yrs old. Lives in a group home.	Offender had regular sessions with case manager.	Reported history of incest between older brothers. Victim of older sister when he was 4 or 5 yrs old.
2. Chris 17 yrs	Yes	Mutual fellatio with an 11 yr old next door neighbour.	Lives in group home. Reported chaotic family. Feels alienated. Emotionally distant from father.	Individual sessions with a psychologist. Very needy.	History of involvement with uncle & brother at age 5 & friend at age 13. Forced to perform fellatio on school bus repeatedly. Involved in prostitution. Runner.
3. Ralph 16 yrs	Yes	Attempted intercourse with 2 yr old girl while babysitting in household. Victim's 6 yr old brother also involved.	Emotionally distant from mother & father. Verbally abusive.	Some individual sessions with a psychologist, then quit going.	No sexual victimization reported. Feels victimized by rigid, strict parents. Middle child.
4. George 16 yrs	No Formal Charge	Fellatio & fondling while babysitting a 6 yr old next door neighbour. Happened over a lengthy period.	Feels unprotected by parents as older brother has physically victimized him. Father is emotionally distant.	None	No reported sexual victimization. Feels physically victimized by brother.
5. Frank 14 yrs	No Formal Charge	Fondled and attempted penetration with younger sister about 9 times during the night. She is 8 yrs old.	Parents living C/L for years. Reports emotional & physical distance from father due to his job.	None	Father sexually involved with older sister for 10 yrs. Mother recently talking of leaving father. Resents babysitting.
6. Wayne 13 yrs	No Charge	Attempted intercourse with 5 yr old sister while babysitting. He is the oldest of four children.	States he hates father. Divorce. Does not visit with father. Has taken father's position in the home.	None	No reported sexual victimization. Feels emotionally victimized by father.
7. Morris 13 yrs	Yes	Attempted intercourse with 5 yr old sister and sister's friend while baby sitting.	Native heritage. Adopted at age 4 with brother. States he feels alienated. Father physically absent due to job and emotionally distant. Family feeling overwhelmed.	None	None reported. Older brother has been charged for an extra-familial offense. Resents having to babysit.

TABLE 5 - Information From Intake Form, Cont'd

Member #	Knowledge of Sex Education or Prior Sexual Involvement	Scholastic Performance	Alcohol and Drug Use	Peer Group
1. Arnold	Stated he lacked "proper sex education." He had sexual relations with older women.	Very poor. 2 yrs behind.	Used to use both heavily but stopped one year ago as this is a condition of probation.	Older males & females in trouble with the law.
2. Chris	Stated he lacked proper sex education. Never had sexual relationship with a female.	Very poor. 4 yrs behind.	Uses both in order to have a good time.	Older men in gay bars.
3. Ralph	Stated he lacked proper sex education. No sexual experiences.	Average "C" student in appropriate grade.	None reported until just prior to group finishing.	Loner.
4. George	Knowledge of sex education is poor. No reported sexual involvement with peer aged friends.	Average. One grade behind and is a "B - C" student.	States he "moderately" drinks.	Involved in sports and community activities.
5. Frank	States he has had no sex education and no sexual experiences with peers.	Good performance in appropriate grade but marks deteriorating prior to group involvement.	States he only "some-times" drinks.	Loner - into watching TV and music.
6. Wayne	States his knowledge of sex education is very limited. Had intercourse at age 11 with 12 year old female.	Poor. Appropriate grade but skipping and is threatened with failure.	Regularly but states not heavily.	Socializes with 18+ yr olds. Involved with Rattlers. Rarely at home.
7. Morris	States he had had no sex education and has no sexual experiences with peers.	Very poor in appropriate grade but is threatened with failure.	Whenever he and his friends can.	"Delinquent" crowd with brother who is 2 yrs older.

3. All reported a lack of understandable or "adequate" sex education.
This was a topic not addressed or discussed within the family unit.
4. All reported feeling pressure from the school system.
5. None reported to have been involved in committing sexual offenses against other children.
6. All reported to "feel victimized" in some way (emotional, physical, or sexual).
7. None were actually attending the group "voluntarily." Even though some members were not motivated by a probation order, they were motivated by apparent pressure from their parent(s). They stated that their parents would feel better if they attended.

Chapter III

Group Process

In developing the outline for the content of each group session, several sources were drawn upon. Knopp's (1982) description of nine programs in the United States for remedial intervention for adolescent sex offenders and Wicki's (1984) practicum report of the development of a model of group intervention for physically abused adolescents were utilized. Also, a model for group work with teen victims developed by Saulnier and Grace (1984) was drawn upon. The issues addressed in the Intervention Section of the literature review were highlighted as suggested by Finkelhor (1984) and Groth, Hobson & Gary (1981) when working with sex offenders. Each session had a theme and an attempt was made to use exercises that were quiet and active and involved visual or auditory stimuli.

The process objectives were recorded weekly on a form specifically devised to list the group session theme and each member's participation (see Appendix G).

One of the large family interviewing rooms was used for all the session. The room had a one way mirror along one wall which was used on a few occasions for taping the sessions. Two couches were in the room and usually there were at least four chairs in the room around a coffee table.

All sixteen sessions were recorded on the Group Notes form and they are all in Appendix H. Wherever names appear, they have been blackened out for confidentiality purposes. Each group member's individual participation was recorded and placed on his file at the Psychological Services Centre.

Each session will be described at length so the reader can receive a relatively full impression of the group process and content.

Session One

The first session for this group was extremely important in beginning the process of joining the group members and the facilitators together. Each member had already met the facilitators when completing the intake process. After introductions, this session focused on establishing expectations, the commonalities among group members, outlining the reasons for the group, and establishing common and individual goals.

One expectation was that all members would take advantage of the journal writing time arranged at the end of each session. The members were also welcome to write in their logs at any time throughout the session. Another expectation was that one short break would occur after an hour had passed. During this break, the members would use the washroom and have a snack since food and drink was provided for each session. There would be no wandering the halls and any member could leave the room at any time should they feel the need, but they had to go to a designated area (the waiting room or a couch in the lower level hallway). Only one cigarette at a time was allowed during the session. Should any member choose to discuss these sessions with anyone outside of the group, they were expected to not relate the other members' names. All members agreed with these expectations, especially the one concerning confidentiality. They all agreed they would not use each others' names when talking to family members or therapists about what was happening for them in the group. They stated they "would not be talking to anybody else anyway," as most stated they were telling their friends they had to come to the University for special tutoring or they were leaving during class time for medical appointments.

It was also expected that no member would hurt another member physically. All agreed. It was expected they would not hurt each

other emotionally. One member expressed this expectation very succinctly; "no calling each other down." No matter what was said in the group, no one was to make fun of what was said. They all agreed to have regard for each other's feelings. This rule was emphasized by the leaders in order to have all the members understand this was a safe place for everyone.

All were expected to try the best they could to attend every session. (In a later session, it was decided that should two sessions in a row be missed then that member was not allowed to attend further sessions but that member had to come back and explain to the group why he chose to quit.)

The commonalities presented to the group members were that all of them had sexually offended against a person significantly younger than themselves and none had attended a group before.

Outlining the reasons for the group was presented in such a way so that the group leaders' attitudes and opinions regarding sexual abuse were made very clear. They were stated as grounding assumptions, as already stated in Specifying the Intervention - Group Approach: sexual abuse is a crime, they are not the only ones who have taken advantage of someone much younger and smaller than themselves, they are responsible for their behaviour, and it helps to talk about the offense and their feelings.

Group members were asked to list individual personal goals. In this first session, they all had difficulty stating what they wanted to get out of the group experience. In general, it was decided they all wanted to know why "it" happened, wanted to know how to prevent "it" from happening again, how to make friends, and how to keep friends.

All members had great difficulty referring to the sexual abuse and insisted on calling the term "it." All relaxed when the group leaders

restated this was an orientation session where we were to learn each other's names, establish rules and expectations and determine goals. No complete disclosures were expected, however, all were expected to completely disclose the incidents during the next session.

During this session, we established a format that would be followed throughout all the following sessions. At the beginning of each session, there would be a time where all could share what happened for them during the week as long as it was not a day by day extremely detailed account: "check-in." There would be the 10-15 minute break after an hour of work. During the break we would have popcorn (supplied by the group leaders) and soft drinks (all chipped in some money and George took responsibility to get a case of pic-a-pop) in the designated room. All would have to clean up after themselves. At the end of each session, there would be an "I feel..." time where all would have a turn to express how they felt about the session. Logs would be used and the group leaders would be reading them and responding. During the first session, most members were resistant to writing their feelings, concerns or personal goals in the logs. Having a 10 to 15 minute break with food helped to keep the extraneous speech that adolescents frequently emit in group settings to a minimum during the "work time." During the break, the members could discuss topics of their own choosing.

Session Two

This session was videotaped as Kathryn McCannell was away in Toronto at a Conference. A full disclosure from each member was expected.

All members were respectful of each other throughout the session. They were attentive, supportive, and asked clarification questions.

All had difficulty describing the exact sexual abuse incidents.

The disclosures were kept at a relatively safe level as some members insisted on referring to the sexual abuse as "it."

This session helped the members put "sexual abuse" in perspective. All stated they felt "relieved" now that they had "said what happened." "It was good to talk " and "it was good to hear what the others' did" because they did not "feel like the only bad one out there." Frank stated "it didn't feel like so much of a secret anymore" and the pressure was less now. He said he could not describe what he exactly meant. He just added to his comment by stating he felt "free in the group" and he was glad "nobody has to keep guessing what the other did." Chris added that "we all did different things to different kids and it was all wrong." Ralph and George both agreed that whatever the reasons were "it was wrong and they were sorry."

All the members were very talkative and interacted freely with each other during the "I feel..." portion of the session. All walked out of the session still talking and some requested rides from the members who drove automobiles.

Session Three

There was a very lengthy "check-in" as the members seemed freer in disclosing with each other about happenings in their personal lives. The members would comment briefly about school, siblings and friends. It appeared as if most members are looking for negatives to share as they would state they felt "picked on" by teachers, family and certain peer aged males.

The group facilitators covered some theory which gave a clear message to the members that they were responsible for their behaviour and they can make a choice to not offend again. Finklehor's four

stage theory and the concepts of control and responsibility were presented.

After the break, the members viewed a film entitled "Don't Get Stuck There." This fifteen minute film focused on teenagers who have been victimized emotionally, sexually and physically. During discussion, the theme of making choices and improving one's life for positive change in the future was presented. Most of the members appeared quite reflective. The discussion turned toward using physical violence to solve problems. Different opinions arose. The group was divided in the discussion as many would rather avoid a fight but if provoked will fight back. None would go out looking for fights alone. Some belonged to small "gangs" who would go out purposefully hunting down a "victim." All agreed that certain people "deserve to be beat up" so they can be "taught a lesson."

Session #4

After last session's discussion about "fights" and "teaching lessons," it was very timely to discuss how sexual abuse victim's feel.

The "check-in" again was lengthy as members wanted to discuss how to deal with "problems." It was decided amongst the five members present that hitting others when angry was acceptable.

During the break, we discussed the possibility of naming the group. There was no resolution.

The film, "Child Sexual Abuse: The Untold Secret" generated much discussion. The members did get the message that confusion, betrayal, and negative self-image results from being sexually abused. Based on the interviews with teenage females, the members understood that sexual abuse "hurts" the victim in many ways.

The two points from the film that the group leaders stressed

were: victims cope better if they are believed and the offender must take responsibility for the sexual abuse. The discussion turned towards who in the group had apologized to their victims. Some members believed children are too young to understand sexual abuse or understand apologizing.

The general group consensus was that the members did not think of how their victims would feel about the sexual contact. All believed the victims would be too young to be upset.

All members were requested to write in their logs how the victims in the film felt. A short list of their writings are as follows: insulted, lonely, afraid, terrified, alone, scared, confused, hurt, uneasy, unprotected, shy, quiet, unhappy, angry, like telling, what should I do, secret, powerless, guilt, blame themselves. Frank generated a list of 20 things a victim might feel.

During the "I feel..." portion at the end of the session, all members stated they felt guilty and awful because they never thought about the victim's feelings. The group leaders discussed the concept of "empathy." None had ever heard of this term before. They had never thought of "putting themselves in someone else's shoes" as Frank stated.

The group decided to state what they learned along with what they felt at the end of each session. Frank and Wayne stated they would now view people differently since the concept of empathy was understood.

It appears as if many of the group members were "ready" to learn about empathy. The concept of empathy would be discussed during each future session. All members want to know "why" they offended. It seemed that a link could be presented to them over the next few sessions: lack of empathy can contribute to hurting other people emotionally, physically, or sexually.

Sessions 5 & 6, combined

As the previous week's session was cancelled due to Spring Break, this was a longer session than usual.

Many important issues arose during the check-in: partying, drinking, stereotyping, sexism, racism. The idea of naming the group arose but again, there was no conclusion.

After the break, the CBC documentary, "The Family Secret" was viewed. The topic was incest and the film focused on the victim's feelings, non-offending parent's feelings and offender's feelings. The offender in the film stated he only thought of his own feelings.

The members were requested to write in their logs after our discussion. They were to state what they believed their underlying emotional need was that led them to offend. What they were like as brother, babysitters or friends. Do they feel guilty, and if so, why?

Those who wrote listed that they felt lonely, angry, empty, bored and that feelings/needs possibly led them to offend sexually. They all stated they believed others thought they were "alright people" but if people found out they were sexual offenders, then they would be labeled as "bad." All stated they felt guilty because the offense was their fault, it should not have happened, and they did not mean to "hurt" the victim.

The two members who refused to write in their logs as they "hated taking notes" verbally stated the above. Morris tended to not offer thoughts until someone else made comments. He seemed to have difficulty putting thoughts and feelings into words.

At the end of this session, the group leaders stated that it was noticed that the members were getting serious about doing some "hard work." The time had come where we would expect all the members to share, confront, support, and be honest. All group members stated they

never realized sexual abuse "was so wrong." Morris succinctly stated "it was wronger than I thought." Chris confronted by stating "from now on we will say sexual abuse, not "it"."

Session #7

All members were present for this audiotaped session. There was a very brief "check-in." Arnold was very undecided about continuing with the group sessions. He had missed the last two sessions and stated there was a conflict with his "work training."

We went over the "homework" from last session. The three questions were discussed and the group was very quiet. There was very little dialogue between the members.

The members were informed of the adult sex offender who would be attending the next session to give an account of his life experiences and answer any questions the members may have. We spent time generating a fairly comprehensive list of questions: why he sexually abused, why he thinks the sexual abuse happened, how did he feel before and after the sexual abuse, who was the victim, did he say he was sorry, how does he think the victim felt about the abuse, did he think it was his fault or anybody else's fault, does he ever think of abusing again, how did he feel when he got caught and reported, what was it like to be in jail, and what can he say that can help us.

After the break each member had the opportunity to share explicitly their sexual abuse incident. They were to answer the questions they generated for the adult sex offender. Two members disclosed explicitly: Chris and Frank. Both said they felt even better and were relieved to have shared further.

During the discussion of what was learned during this session, all

stated that offenders should be "dealt with." Chris was offended against when he was quite young and he felt like he was at fault because the offender was not "dealt with." It did not seem fair that when he had experienced abuse as a child, nothing had happened to the offender, yet now, when he abused, there were consequences.

Two new rules were generated during this session: no playing around with the video equipment during the break and should a member miss more than two sessions then that person may be asked to leave. The rationale was that when members miss a film or the shared information, they are not able to participate effectively so the group process is interrupted. All members agreed with the two rules.

Session #8

All group members attended this session. The session was video-taped. The session opened with introductions around the room: "My name is _____ and I'm here because I offended against (molested or sexually abused) _____." The adult offender said he was there to tell his story with the hope it would help them as he was also a juvenile offender who "hadn't been caught" and perhaps if he had been, he "wouldn't be in the mess he is in now."

The group members were all very attentive and respectful. The content of this session is described in the Group Notes in Session #8 in Appendix H. The adult offender's major point was that he must constantly work hard at having empathy for others and that he needs a focus or goal in life to feel better. When he just "drifts" he feels "down" and starts feeling sorry for himself, then finds it difficult to have regard to other peoples' feelings.

He left the members with a thought: "one of you in this room will re-offend." This statement created much discomfort and the members disappeared quickly from the room when the session ended.

Session #9

This session was videotaped. There was a long check-in. Two interesting issues arose: Can people actually have "parties" or a "good time" without drinking and what is a reasonable age spread between dating partners? It was resolved that it seems as if alcohol or drugs are used frequently to "help people have a good time at a party." About two years between dating partners is the maximum difference the members stated they would be comfortable with.

A new rule was generated. Should members come fairly early, then they were to spend time in the cafeteria rather than wander the halls.

The bulk of this session was used for discussing sex and related topics. Some members were particularly disruptive and could not discuss sex without joking around or bringing up other topics. We discussed the street names for male and female genitalia, functions of the sex organs, wet dreams, and masturbation. Members stated that sex was hard to talk about because "it was not socially acceptable," "not encouraged" and "people might think you were a sex fiend." Most learned what they already knew from friends, books or films at school.

Discussion regarding the last session arose. George stated he was really offended when the adult sex offender stated "at least one of you will re-offend." All the members agreed with George's statement because "after all, we are all here because we don't want to do it again."

Session #10

There was a short "check-in" which consisted of discussion about parties. All members seemed to believe that alcohol use by those under age is "alright as long as they don't get caught." There

appears to be an element of excitement concerning alcohol use by those under age.

This session was a continuation of the sex education component. The focus for the session was relationships. The group generated a list of desirable characteristics in female friends, which included personality, attitude, understanding, not snobby, around the same age, around the same height but not taller, sense of humour, same language, and physically attractive.

The films "Running My Way" and "When Jenny When" were borrowed from Planned Parenthood. These films generated discussion of having regard for other's feelings. The film depicted teenagers making choices about whether to have intercourse, and reflected the peer pressure often present in high school. One film showed a boy ridiculed because he had not "scored." The session deteriorated as most members were very disruptive. It was very hard to focus the members. They all stated that they learned that they must consider the other person's feelings in relationships. It was interesting to note that none of the members offered information about current relationships.

Session #11

There was a brief "check-in." The focus of this session was sex education concerning the male body and forms of birth control. The film "Am I Normal" from Planned Parenthood was used. The basic messages came across: It is "normal" if you masturbate or if you do not, size of penis has nothing to do with manliness or masculinity, experiencing erections "for no reason or due to thought" is normal. The members did not get personal or relate personal accounts regarding wet dreams or erections. The members were attentive throughout the discussion.

After the break, birth control was discussed. We had a kit from

Planned Parenthood so the members could actually see and handle the I.U.D., diaphragm, cervical cap, pills and condoms.

During the debriefing of this session the members stated they learned something about birth control but no clarifications were given. Excessive use of foul language emerged. The session ended with much joking and sarcasm. The members may have been comfortable enough to "act out" their discomfort with this topic area or they were "testing" the group leaders to see how far they could go with the foul language, sarcastic comments and topic diversion.

Session #12

All members were present for this session. Communication was the topic. There was a lengthy check-in and the topic arising was "picking on, or beating up another while being part of a gang." Morris was part of such an effort over the noon hour before leaving to attend the group. All members had been part of such an activity and stated "it made them feel good." All stated it was easy to pick on another person when there was the safety of the gang behind them.

We did a feelings exercise. Members were asked to generate a list of feelings. Some examples were: tired, nervous, happy, bored, shitty, lonely, horny, angry, frustrated and sad. These were written and each feeling was put into a bottle. The cap was tightened. "Now what would happen if the bottle was heated and agitated with the cap on tight?" "It would blow up." It was explained that this could happen to a person if he or she was not very clear in expressing feelings and kept them bottled up. Therefore, it is very important to express clearly what one is feeling.

We had charades where each team took turns acting out a feeling. The members seemed to enjoy this exercise.

Ralph made fudge for the group. It was runny but all enjoyed the treat during the break. He enjoyed the appreciative "ribbing" and very positive

attention.

Constructive and non-constructive ways of expressing feelings were discussed. All members participated actively in this discussion as all had very vivid examples to share. The account Morris shared at the beginning of the session was analyzed. All stated they hurt others physically and emotionally when they felt "down" so that they at least had the "satisfaction of knowing that someone else was feeling worse than they did for the moment." Morris did have a particularly bad morning at school and that is why he felt good about making someone else hurt at noon hour. The point made in the discussion was that one does not have to sexually offend against someone to hurt them ... there are many ways to hurt peoples' feelings. If you do not have regard for someone else's feelings, you are offending against them. If you hurt someone else or take advantage of someone else to make yourself feel better, you are offending.

Towards the end of the session a "group victim" emerged. Chris appeared to be the target for unkind remarks. He was encouraged by the group leaders to state how he felt to Morris, the instigator. Chris made his statement and the group became silent.

Next session's topic was introduced: Assertiveness. George and Wayne stated they realized that they had forgotten the concept of empathy and apologized.

The "homework" for next week was for each member to clearly express feelings just once to someone and notice what happens.

Session #13

There was a very long check-in for this session. The issues that arose were: should we consider making a film about Juvenile Sex Offenders as all members believed they had valuable information and opinions to share, colors men should wear, drinking and partying can

sometimes be dangerous as one member's friend was stabbed at an outdoor party over the weekend, and what should we do for our final session.

After the break the members were familiarized with the video equipment. Each would take turns video taping members while they enacted social situations. The tapes were played back and critiqued for body language, speech and language.

The logs were handed back. The group leaders had written lengthy comments about their participation, strengths and other constructive feedback.

Session #14

There was a very long check-in for this session. All members were fairly relaxed and minimum foul language was used. Business issues were covered: the time, date and content of the final session was finalized.

After a short break the leaders gave the members examples of passive, aggressive and assertive communications. The members took turns acting out the prescribed scenarios devised for their age group (see Appendix H, p. 162). All members enjoyed the exercise and lost track of time. Some members seemed to be "natural assertive communicators" and were encouraged to practice assertive communication throughout the week. The point strongly made was that assertive communication is stating what one feels while taking other's feelings into account.

Session #15

There was a brief check-in. Kathryn was absent due to attending a Conference in Vancouver.

Various business items were attended to: a letter was signed and sent to the adult offender and the forms/questionnaires were completed.

The Communication exercise was continued from last session.

After the break the "Alligator River" exercise was discussed. This was a values clarification exercise. The members broke off into two groups and video taped their collective responses.

Session #16

All members but one attended. We had a two hour session at the University before going to nearby King's Park for a bar-be-que.

Each member stated what he learned from the sessions and how he would make sure sexual offenses do not occur again.

There was a "pay day" exercise where each member had to pay himself a certain amount out of \$100 based on participation and what he learned. All paid themselves \$70 or more. This was a good sign as the members did feel that their attendance was beneficial and that they learned about empathy, assertive communication and sex education. The Group Evaluation form was completed by each member (see Appendix H).

I gave each member a 90 minute audio tape of various songs. This celebration gift was one of positive, happy, non-sexist songs. A tape was mailed to the member who was missed.

At the park, all but one member were physically active and foul mouthed. The "group victim" was mildly harassed and, at times, appeared to invite this type of attention.

All were agreeable for follow-up contact to occur. The termination interview forms were completed (see Appendix I) during this session.

Follow-Up

Letters with short questionnaires were mailed to the members, parents/guardians, and social workers/therapists/probation officers (see Appendix J), on February 17, 1986. Out of 26 requests, 23 were

returned.

All seven members stated they had been doing "fine," "alright" and "better" since the group ended. Some requested a "reunion."

Table 6 is a summary of the information from the members on follow-up forms.

Insert Table 6 About Here

A discussion of the follow-up session and the collective responses on the forms will be addressed in the Follow-up chapter.

TABLE 6 - Summary of the Follow-up Questionnaires

Member #	What Has Been Happening Since Group Ended	Grade	Probation	Seeing Therapist	Things Remembered About Group
1. Arnold	Doing alright. On welfare.	Not in school	No sex reoffense. Theft under \$200 Probation until July/88 for the sex offense.	No	Movies
2. Chris	Working. Semi-independent living. "Decided I am gay."	Completing Grade XII	No sex reoffense. 1½ yr more on probation.	Yes	Sex abuse is wrong.
3. Ralph	Grandfather died. Found out a female friend of his was a victim of sexual abuse.	Completing Grade XII	No sex reoffense. Probation ends in April/86	No	Communication exercises
4. George	Worked all summer and part-time during school.	Grade X and doing well.	No sex reoffense. No probation.	No	Learned how to cope with my problem and how to control myself.
5. Frank	Passed Grade 9. Has a new guitar and has a girlfriend.	Grade X and doing fine.	No sex reoffense. No probation.	No	The offense was my fault. It was wrong and it will never happen again.
6. Wayne	Passed Grade 8. Stays at home and sleeps or goes out and parties.	Grade 9 Correspondence Hates school.	No sex reoffense. Break & enter - Charges pending	No	Sex abuse is wrong.
7. Morris	"Nothing much. Just hung around."	Grade 9 Doing poorly	No sex reoffense. No probation.	No	Can't remember.

TABLE 6 - Summary of the Follow-up Questionnaires, Cont'd

Member #	Future Plans	Activities	Dating	Comments/Questions	Family
1. Arnold	Move out of Winnipeg.	Heavy drinker and takes drugs.	Living with a woman.	Will there be further groups?	No Contact
2. Chris	To become a cook.	Party	Yes	I am gay.	Very minimal contact.
3. Ralph	Take a year off, then go to University or College.	Student council, Social Committee, jazz choir, other school activities.	No	Thanks for everything.	Less yelling as brother moved out.
4. George	Get out of school and go to college and get into Business.	Hockey, volleyball, other scholastic indoor sports.	Yes	Wonders how the other members are doing. Thanks for the help.	Less turmoil as brother has moved out.
5. Frank	Buy a car. Be an auto-body mechanic.	Drinks a little at parties. Belongs to a weightlifting club Hangs out with people his own age.	Yes	Will we have a reunion.	Nothing much has changed. Older sister moved out.
6. Wayne	Has none, other than moving to Vancouver. Maybe get Grade XII.	None, other than parties. Takes drugs.	No	None	Nothing has changed. Still minimal contact with father. Mother still receives welfare.
7. Morris	None	Same friendship groups which are a concern to parents.	No	None	Same family strains.

PART IV - EVALUATION

EVALUATION

All seven members completed the group program and also completed the pre and post group treatment forms and the group evaluation forms. The variables selected for evaluation will be reviewed and the respective strengths and limitations of each measure will be outlined.

Locus of Control

This measure (see Appendix B) was chosen to aid the group leaders in determining to what extent the members believed they could exercise control over their lives (internally controlled) or to what degree they felt their destinies were beyond their own control (externally controlled). Groth (1982) contends that offenders see themselves as helpless victims of external forces. Levenson (1972) has developed a locus of control measure which seeks to differentiate between two classes of externals--to measure belief in chance expectancies as separate from a powerful others orientation. The rationale behind this tripartite differentiation came from the reasoning that people who believe the world is unordered (chance) behave and think differently from people who believe the world is ordered but that powerful others are in control. Thus, it appears these orientations are tapping quite different beliefs and therefore should not be grouped together under the rubric of external control.

It was expected that members who made attributions to chance would experience feelings similar to helplessness, initially as they would believe they could not change or control what happened to themselves. Members who had been on probation for awhile, or who had been subjected to past disciplinary measures, would be more likely to have a "powerful others" orientation on a locus of control measure.

It was our hope that after experiencing the group process, the members would see their behaviour as being amenable to change because it can be internally controlled, and chance or powerful others has nothing to do with sexually offending against those smaller or weaker than themselves.

The multidimensional measure developed by Levenson (1972) includes three scales: Internal, Powerful Others, and Chance. It was administered to each member at the initial interview before the group treatment process began and during the termination interview.

Levenson found that the Internal, Powerful Others, and Chance scales had high internal consistency and were not correlated with a measure of social desirability. Each of the scales consists of a unified attitude scale of 8 items in a Likert format. Scores are obtained on each of the three scales with a possible range of 0 - 48 for each scale.

Self Esteem

The Self-esteem Scale (Appendix C) was chosen to assist the group leaders in measuring the relative degree of change in self-esteem after the group experience had ended, as Groth (1982) states the adolescent sex offender experiences a sense of low self-esteem.

This questionnaire was given during the initial and termination interviews and used as a comparison to the other self report measures gathered during the group process. The Self-Esteem Scale that was used (Rosenberg, 1965) seemed to be an appropriate choice since it was designed for and administered to junior and senior high school students. It is a self-report measure of the self-acceptance aspect of self-esteem. Sample items include "I take a positive attitude towards myself" and "I certainly feel useless at times." Test-retest reliability over a two week period is reported as $r = .85$, and mean concurrent validity

with other self-esteem measures approximates .60. On the scale, high scores reflect a positive self image. The range is 10-40.

Depression

Often depressed people express a sense of worthlessness and self-dislike (Beck, 1967). The relationship between self-esteem and depression has not been examined for this client group: Juvenile Sex Offenders.

In this practicum, the Beck Depression Inventory was chosen as a self report.

The Beck Depression Inventory (Appendix E) developed by Aaron Beck (1967) consists of 21 symptom categories describing behavioural manifestations of depression (e.g. sadness, fatigability, social withdrawal). It consists of a graded series of four self-evaluative statements, ranked in order of severity of expression of the symptom. Each member was asked to choose the statement which was closest to his present state. The Beck Depression Inventory utilized is as presented in Burns (1980, p. 20-22). The internal consistency of this measure is demonstrated by significant relationships between each item and the Beck Depression Inventory total scores. This scale is described as the best of presently available self-report measures of general depression severity (Burns, 1980). Standard scoring was utilized in computing depression scores with the range of the scale going from 0 to 63. A persistent score of 17 or above indicates an individual may need professional treatment (Burns, 1980). This questionnaire was administered during the termination interview. It was our hope that the members would experience a low intrinsic feeling of depression at the termination of the group process. One behavioural manifestation of depression measured is social withdrawal or loneliness.

This leads to discussion of the next and final score.

Loneliness

The form-item, short form of the U.C.L.A. Loneliness Scale (Russell, Peplau and Cutrona, 1980) was used for exploratory purposes (see Appendix F). An individual can have a score ranging from 4 to 16. The mean score in a sample of 2000 adults was 8.2, and 16 represents an extremely lonely person. This scale assisted the group leaders in determining, to a relative degree, the intrinsic feeling of isolation and separateness from others, as Groth (1982) states the offender experiences himself psychologically as a loner.

Evaluation Methods

These questionnaires were given so the group leaders could gather measurable baseline figures to supplement the direct clinical observations, interviews, historical information, reports from parents, school reports, primary therapist or probation officer reports, and other self-reports. The questionnaires were relatively brief, short and easy to score, thus they were time and cost efficient. Care was taken not to allow the group members access to the proper names of the questionnaires (eg. Depression Inventory), so as to minimize socially desirable responses.

The variables specifically selected and measured by the questionnaires resulted in a specific individual baseline measurement for each member. A standard Initial Interview Form (Appendix A) and a standard Termination Interview Form (Appendix I) was utilized. A Client Feedback Form (Appendix F) was also utilized. Finally there were Follow-up Forms that were sent to members, parents, and social

workers (Appendix J) eight months after the group treatment ended. All these forms allowed for individual subjective measurements that were important to consider in addition to the standard questionnaire scores.

The evaluation methods and time design are summarized as follows in Table 7.

Insert Table 7 About Here

The Group Evaluation Form (see Appendix F) proved interesting as each individual appeared to have their differing agendas met. Member #1 was very angry that no one ever talked to him about the offense. It seems that this is what he needed to do. Member #2 was really searching for meaning about "who he was." He required a lot of individual attention as he was very negative about himself. Member #3 needed to hear that he was not the only one. He needed to know that he would not always offend against young children if he chose not to. Group member #4 needed to know why he would sexually offend against a young boy and he came to a conclusion that had meaning for him. Members #3 and 4 did not appreciate it when the adult sex offender stated that someone in the room would possibly reoffend again. Member #5 came from a family unit where there was a history of sexual abuse. Member #6 stated many times he wished he had someone to talk to. He appeared to need someone to listen to him and understand the anger he had towards his father. Member #7 has a brother two years older who sexually offended extra-familially. He never expressed much knowledge about his brother's probation and the parents did consider it a "totally

TABLE 7Summary of Methods of Evaluation

Method of Evaluation	Time 1 Pre-group	Time 2 Group Sessions	Time 3 Group End	Time 4 Follow-up
Verbal self-report	X	X	X	X
Written self-report			X	X
Verbal parental report	X	X	X	
Written parental report				X not all
Parental/Guardian interview	X			
Verbal report from Professionals	X			
Written report from Professionals	X not all			X not all
Clinical Questionnaires	X		X	
Client Logs		X		
Observation by Group Leaders	X	X	X	X
Group Evaluation Form			X	
Termination Interview Form			X	

unrelated incident." He managed to understand his behaviour was "wrong."

Certain levels of resistance can be recognized when viewing the summary of the Group Evaluation form.

Insert Table 8 About Here

Different needs were met. The apparent common need was being able to talk about the offense and still feel accepted. All stated they felt guilty so they appreciated getting on with learning about empathy skills, sex education, feelings and anger management rather than talking about "it" all the time. "It" referred to the sexual abuse incident.

The termination interview form was equally as interesting, and the data gathered is summarized in Table 9. All but one member reported and the parents confirmed that the school attendance was acceptable and marks had improved. One member was not attending school at the end of the group.

Insert Table 9 About Here

Many members stated they wished there had been a group to attend shortly after the offense occurred. Only the two youngest members of the group had offended within the three months prior to the group beginning; the others had offended as long ago as two years.

Based on the information gathered, recommendations for each adolescent were developed and sent to the referring source. As can be seen in Table 9, it was my assessment that all group members required some form of additional therapeutic intervention.

TABLE 8 - Summary of Group Evaluation Form

Member #	Age	Did the Group Help You	What Did You Enjoy Most	What Activities Did You Like Least	What Did You Like Most About The Gp Leaders	Things to Do Better
1. Arnold	17	Yes, in a way. It <u>helped me talk about what I did.</u>	The <u>role playing</u>	None	The Gp Leaders were <u>open in talking about the offense.</u>	Wear proper clothes. Female group leader could wear clothes with less volume.
2. Chris	17	It made me feel like being a better person to myself (possibly means not to feel so guilty & depressed.)	Films	None	They could understand when <u>I was feeling down.</u>	Nothing
3. Ralph	16	To learn that I wasn't the <u>only one</u> & to help me not to do it again.	The <u>pissing around.</u> The <u>role playing.</u>	One member in particular eating popcorn. #7 <u>Talking about offense.</u>	<u>Supportive</u> Listened to each of us intensely.	Have more control over group. (Was quite testy over last 8 sessions.) Could wear normal clothes.
4. George	16	It helped me understand <u>what I have done</u> & how to cope with it.	The last few sessions when we did different <u>skits on feelings.</u>	When the adult <u>offender came in.</u>	They were nice and could take jokes & set up some fun activities.	Nothing
5. Frank	14	<u>Helped me realize the offense I committed was the wrong thing</u> & I will never do it again.	I enjoyed the friends I made, the <u>companionship of the other guys.</u>	Grapefruit game & check-in.	Liked the friendliness about the group leaders most.	Let us express our feelings more freely, ie. Let us swear.
6. Wayne	13	Yes, because I <u>had someone I could talk to.</u>	<u>Check-in, because I get somebody I can tell what happened.</u>	Nothing	<u>I had somebody to talk to.</u>	Nothing
7. Morris	13	I learned that <u>having sex with a young kid was wrong</u> er than I thought.	<u>The food.</u>	Check-in and Check-out.	That they were nice.	Nothing

TABLE 9 - Summary of Termination Interview

Member #	Age	Understands He Has Committed a Crime	Offense Committed	Said Sorry to Victim	Reason for Offense	How Does He Feel About Self	Future Plans
1. Arnold	17	Yes	Fall/83	No, victim died in a fire after group started. 1½ yr old niece.	Doesn't know	<u>Wishes he could change his face.</u> Goes by a different name.	Get a job.
2. Chris	17	Yes. States it is hard to stop.	82/83	Yes. Neighbour boy aged 10.	It was done to him and it felt good.	<u>Believes he is gay.</u> Confused. States he needs more support and direction.	Finish school Be able to take care of himself.
3. Ralph	16	Yes	June/84	Yes. Neighbour girl age 2 and apparently her brother, age 6.	Doesn't know	Initial overwhelming shame. Feels better "because he <u>knows he is not the only one.</u>	Finish school. Parents want him to attend University
4. George	16	Yes	Dec/82	Yes. Next door neighbour boy, age 6.	Needed love. Took anger out on victim.	Terrible for what he has done but <u>says he cannot dwell on it.</u> Really wants to forget it.	Finish High School Police Force
5. Frank	14	Yes	Nov/83	Yes. Sister, age 8	No reason. Just said he felt like doing it.	<u>Feels better about himself to know he is not the only one</u> and has control.	Finish school.
6. Wayne	13	Yes	early Jan/85	Yes. Sister, age 5	Wanted to be loved & was teased by friends for not having sex that often. It is important to note that the divorce was finalized early Jan/85 & sister is labeled as father's "favourite."	<u>States he feels much better after having talked about the offense.</u>	Complete Grade 10 Mechanic
7. Morris	13	Yes (was the last to state that what he did was wrong)	Nov/84	Yes. Sister, age 5	Doesn't know. Feels quite guilty for starting it.	Doesn't know. <u>Mostly bored</u> with everything.	Doesn't know

TABLE 9 - Summary of Termination Interview, Cont'd

Member #	Age	Peer Group Change	School Performance Change	Changes at Home	Recommendations
1. Arnold	17	No. Still an older age group	Does not attend school at end of group. Work experience going well.	Group home to semi-independent living.	- Individual therapy - Requires adult positive role model
2. Chris	17	Yes. Age appropriate school mates.	Marks improved in school.	Group home. Began acting out some confusion. Running.	- Intense individual therapy
3. Ralph	16	New friends in school.	Marks have increased.	None, other than started experimenting with alcohol.	- Family work - Self-esteem building
4. George	16	Same peer group. Parents report this is favourable.	Marks have improved.	No. Brother may move out soon.	- Family Therapy as siblings are kept from the "secret" and nobody at home mention the offense. "Pisses him off."
5. Frank	14	Change in peer group. Some friends who like to listen to music.	States school is boring but interested in getting his education now.	No. Parents still talking of separation.	- Needs a counsellor, someone to talk to. - Needs someone to challenge him intellectually.
6. Wayne	13	Same - much older age group.	Attending regularly. Not skipping.	No, but reports he tends to stay around home more often.	- Counselling/therapy around the divorce issue.
7. Morris	13	Changed. Less favourable according to parents.	Yes. More respectful and attentive. Will pass grade.	Father away on business mid-May to mid-July.	- Needs help in structuring free time. - Should not be babysitting - Family work. - Further individual work.

Individual Data

The Summary of Questionnaire Scores do not appear to signify a strong significant trend across the group as depicted in Table 10. Based on the averages for the group, a collective interpretation of the results would be that the members report feeling slightly less lonely, feeling less controlled by powerful others and chance, feeling slightly more accepting of themselves, and not feeling depressed.

Insert Table 10 About Here

Individual trends deserve recognition and discussion when interpreting the scores while taking into consideration the subjective report forms, disclosures in the group sessions, and clinical observations. The following is a discussion of individual data for the seven members.

Arnold:

Reports feeling less lonely, a fairly moderate internal locus of control, a slight decrease in a moderate self-acceptance measure, and a score indicating a lack of depression.

	<u>Loneliness</u>		<u>Locus of Control</u>		<u>Self-Esteem</u>		<u>Beck Depression</u>
	Before	After	Before	After	Before	After	End
Arnold Age 17	13	8	I-28	I-28	34	30	4
			C-20	C-18			
			P-16	P-15			
							It helped me talk about what I did.

He has been able to talk about the offense but unable to accept himself since he openly wishes he could change his face (will be unable

TABLE 10 - Summary of Questionnaire Scores

Member # & Name	Age at Group Start	Loneliness		Locus of Control		Self-Esteem		Beck Depression End of Group	How Did the Group Help You?
		Before	After	Before	After	Before	After		
1. Arnold	17	13	8	I-28 C-20 P-16	I-28 C-18 P-15	34	30	4	It helped me <u>talk</u> about what I did.
2. Chris	17	7	13	I-30 C-37 P-42	I-36 C-38 P-28	24	24	24 - According to the BDI this can be considered a moderate depression.	Made me <u>feel better</u> about myself.
3. Ralph	16	12	10	I-34 C-14 P-36	I-39 C-19 P-24	19	29	4 - Depression	Learned that I was <u>not the only one</u> and I believe I will not do it again.
4. George	16	4	4	I-44 C-36 P-26	I-33 C-11 P-14	37	36	0	Helped me <u>understand</u> what I did and how to <u>cope with it</u> .
5. Frank	14	8	9	I-41 C-15 P-10	I-44 C-23 P-16	33	34	2	I <u>realize the offense was the wrong thing to do</u> . Helped me realize I will never do it again.
6. Wayne	13	9	5	I-32 C-22 P-22	I-37 C-23 P-26	28	33	5	The group helped by <u>having someone to talk to</u> .
7. Morris	13	8	11	I-39 C-33 P-31	I-30 C-29 P-27	25	26	14 - BDI considers this score indicative of a mild mood disturbance.	<u>Having sex with a kid was wrong</u> er than I <u>thought</u> .

* I = Internal
C = Chance
P = Powerful Others

Average
for
Group = Loneliness
Before After
8.7 8.57
(under 7=not lonely)
(16=extremely lonely)
Range is 0-16

Locus of Control
Before After
I-35.42 I-31.0
C-25.28 C-20.0
P-26.14 P-19.0
Range for each
area is 0-48.

Self-Esteem
Before After
28.57 30.28
Range is 10-40
High score for
higher self-
esteem.

Beck Depression
7.57
Range is 0-63
Persistent score of 17 or
higher indicates the need
for intervention.

to grow a beard due to his native ancestry). He is using his middle name and has stated he plans to legally change it. This does not appear to display a high degree of self-esteem. The locus of control questionnaire appears to give conflicting messages that deserve consideration. This member scored high on both of these statements: "When I get what I want, it's usually because I am lucky" and "My life is determined by my own actions" in a pre-group questionnaire. He scored extremely low on the above statements post-group. The highest score was for the statement "Often there is no chance of protecting my personal interest from bad luck happening" and he strongly disagreed with "My life is determined by my own actions" in the post-group locus of control questionnaire. This member appears to have experienced a lack of control over his life and feels his future is determined by chance. He reports on the self-acceptance scale to "feel useless at times." On the Beck Depression Inventory he is "disappointed" in himself. He needs to do more than just talk. He is ready for more work around self-acceptance.

Chris:

This youth, who has been extensively abused, reports feeling more lonely, feeling like he has more control over his life, a low-moderate self-acceptance and a high depression score.

	<u>Loneliness</u>		<u>Locus of Control</u>		<u>Self-Esteem</u>		<u>Beck Depression</u>
	Before	After	Before	After	Before	After	End
Chris Age 17	7	13	I-30	I-36	24	24	24
			C-37	C-38			
			P-42	P- 28			Made me <u>feel</u> better about myself.

He states the group made him feel better about himself which is possibly really meaning he now knows he is not the only one. There seems to be a very high chance component mixed with an internal control component exemplified by the following statements: "To a great extent, my life is controlled by accidental happenings," "I've always found that what is going to happen will happen," and "my life is determined by my own actions." There could have been a misunderstanding when filling out the questionnaire but tremendous guilt and confusion could also allow him to answer in such a manner.

On the self-acceptance scale he states he believes he has a number of good qualities but he does not have much to be proud of and he feels useless and no good. On the Beck Depression Inventory he states he feels sad, discouraged, guilty, disgusted, irritated, and reports marked sleep disturbances. This clearly is a young man who requires intense individual therapy to help him work through his victimology and his questions around apparent homosexual feelings.

Ralph:

Reports feeling a little less lonely, a higher sense of being in control of his life, a marked increase in self-esteem and no marked depression.

	<u>Loneliness</u>		<u>Locus of Control</u>		<u>Self-Esteem</u>		<u>Beck Depression</u>
	Before	After	Before	After	Before	After	End
Ralph	12	10	I-34	I-39	19	29	4
Age 16			C-14	C-19			
			P-36	P-24			
							Learned that I was not the only one and I believe I will not do it again.

So much was happening too fast for him after the victim's disclosure that he felt like he had little control over what was going to happen to him. This is depicted by a very high score for "I feel like what happens in my life is mostly determine by powerful others" in the pre-group testing, while in the post-group questionnaire he scored very low. "My life is chiefly controlled by powerful others" had the same trend. This member's self-acceptance is strongly depicted with the drastic change from low to high score concerning this statement: "I feel that I'm a person of worth, at least on an equal basis with others." On the Beck Depression Inventory he stated he felt somewhat discouraged about the future, critical of himself for weaknesses or mistakes, and disappointed. He really was disappointed for his behaviour and it helped him to know he was not the only one who would sexually offend against little children. He so desperately does not want to exploit children. Family work and further self-esteem building could benefit this member. Learning that he was not the only one helped but he needs his family to talk with him, as stated in self reports.

George:

Reports not feeling lonely at all, a good sense of being in control of his life, a very high self-acceptance score and a score of 0 on the Beck Depression Inventory.

	<u>Loneliness</u>		<u>Locus on Control</u>		<u>Self-Esteem</u>		<u>Beck Depression</u>
	Before	After	Before	After	Before	After	End
George	4	4	I-44	I-31	37	36	0
Age 16			C-36	C-11			
			P-26	P-14			
							Helped me <u>under-</u> <u>stand</u> what I did and how to <u>cope</u> with it.

This pattern suggests a socially desirable response set. Chance and Powerful Others contributed highly to the pre-group locus of control score. The member was very much in control of his feelings throughout the group process and tended to intellectualize and deny negative feelings. On the pre and post-group Locus of Control Questionnaire, two high scoring statements describe the socially desirable presentation this member displays: "In order to have my plans work, I make sure that they fit in with the desires of other people who have power over me" and "getting what I want requires pleasing those above me."

This member had been told during brief contact with other therapists that he was cured and did not require group therapy. George thought he would attend as he was curious and he knew his parents would feel better. This member did not attend the termination session. On the self-acceptance scale this member strongly agreed that, "I wish I had more respect for myself." This member has parents who state they "really want to do the right things" and his siblings are not aware of the sexual offense. During the group involvement, this member obtained his driver's licence and was allowed to drive the family automobile to the University. This certainly added to his feeling of being in control of his life. His mother also assisted in taking away some of the responsibility for the sexual offense by stating it probably was her fault because she went back to work when he was in Grade 2. His individual therapist unfortunately confirmed this belief.

Family work could benefit this member and his family.

Frank:

This member reports no changes in loneliness, having a high score for internal control but with a significantly elevated change for the

element of chance in the post-group score, a relatively high sense of self-acceptance and a low score on the Beck Depression Inventory.

	<u>Loneliness</u>		<u>Locus on Control</u>		<u>Self-Esteem</u>		<u>Beck Depression</u>
	Before	After	Before	After	Before	After	End
Frank Age 14	8	9	I-41 C-15 P-10	I-44 C-23 P-16	33	34	2
							<u>I realize the offense was wrong.</u>

This member stated that he was really glad his sister said something because he believes he would have kept on offending. He had no idea he was hurting her. His father offended repeatedly against an older sister for years. Frank's parents do not realize he knows this. This member attended all the sessions, was extremely attentive and stated he enjoyed learning. He was ready for a group experience. He stated he enjoyed the companionship and was relieved to know he was not the only one. On his follow-up form he requested that the group leaders consider the idea of having a reunion. This member would benefit emotionally from positive therapeutic attention and role modeling. On the self-acceptance scale he states he wished he had more respect for himself and he feels useless at times. This member still believes, according to the Locus of Control Measure that "it is chiefly a matter of fate whether or not I have a few friends or many friends." During the group sessions it was apparent this member was not afraid to initiate discussions or offer his opinions but his need for companionship certainly would render him a follower.

Wayne:

Reports feeling significantly less lonely, a sense of being in control of his life, an increase in self-acceptance and an acceptable score on the Beck Depression Inventory.

	<u>Loneliness</u>		<u>Locus of Control</u>		<u>Self-Esteem</u>		<u>Beck Depression</u>
	Before	After	Before	After	Before	After	End
Wayne	9	5	I-32	I-37	28	33	5
Age 13			C-22	C-23			
			P-22	P-26			
							<u>The group helped by having someone to talk to.</u>

It appeared as if this member really needed someone to "listen" to him. He was the quiet and polite member. When he spoke, he stated his opinion clearly. His behaviour appeared to be almost too controlled and mature. Possibly this is due to having taken over the role as the adult male in the home and feeling like he needed to give his mother a lot of emotional support throughout the divorce. He kept trying to reach out to his father but received no positive emotional contact thus decided to "write father off." He reports "feeling so much older than people his age" and already has been drinking in bars. According to the Locus of Control Questionnaire he reports "bad luck" in his life and he really can't determine what will happen in his life. According to the follow-up form, he has been involved in thefts since the group ended and there is still no contact with his father. He reported feeling quite alienated at school which could contribute to his difficulties. This member really could benefit from individual work in general and around the divorce issue in particular.

Morris:

Reports feeling more lonely, a control score that is a mixture of internal, chance and powerful others, a moderate self-acceptance and an elevated score on the Beck Depression Inventory.

	<u>Loneliness</u>		<u>Locus of Control</u>		<u>Self-Esteem</u>		<u>Beck Depression</u>
	Before	After	Before	After	Before	After	End
Morris	8	11	I-39	I-30	25	26	14
Age 13			C-33	C-29			
			P-31	P-27			Having sex with a kid was wronger than I thought.

This Metis member was adopted at age 4 with a natural sibling into a white middle-class family. After the adoption the parents had a natural birth. His older brother offended extra-familially just prior to Morris' offense. Morris stated on the termination form in response to what he learned from the group process that "having sex with a young kid was wronger than I thought." He appeared to have difficulty expressing feelings verbally and formulating thoughts. On the control measure he reported that he could not determine what would happen in his life and he feels he has experienced lots of bad luck. On the self-acceptance measure he reports wishing he had more respect for himself, he feels useless and feels not good at all. On the Beck Depression Inventory, he reports feeling sad all the time, feeling like he has nothing to look forward to, blaming himself all the time for his faults, and feelings like there are permanent changes in his appearance that make him look unattractive. He recently had experienced a growth spurt and was starting to get pimples. It would appear that this member and his family unit would benefit from family work as his parents report Morris to be very quiet and compliant and thus felt he "must not have any difficulties."

Follow-up

As mentioned before, follow-up forms were devised (see Appendix J) and mailed out to each group member, parents or guardians, and a social worker/probation officer/therapist (if involved) on February 17, 1986, eight months after the group termination. The forms had a covering letter explaining the purpose of the follow-up. Out of 26 requests there were 23 responses. All the members responded and all the parent/guardians responded. Three social workers did not return their forms. Table 11 is a summary of the information from the follow-up forms.

Insert Table 11 About Here

One member is currently seeing a therapist. All are attending school except two members; one was expelled due to lack of attendance and the other finished his work experience program by summer 1985. All but one report a favorable increase in family interaction. All report viable future plans except two members who have no idea how they will be supporting themselves financially. All but one member reports some involvement in drugs or alcohol. Two members had theft offenses since June 1985. None reported a sexual reoffense.

Some members requested that I think about calling a "reunion" as "it sure would be nice to see the other members again." I managed to contact all but one member (Arnold) by telephone in order to get a commitment for a Saturday afternoon so we could have a "reunion." The response was 100% favourable. A letter was sent to each member (including Arnold) stating the date, time, place and purpose of the meeting.

TABLE 11

Summary of Follow-up Forms

Member/Name/Age as at April/86	What has been happening since the group ended	Grade & Activities	Alcohol and/or Drugs
1. Arnold Age 18	Not seeing a therapist. States he is doing alright & living on Welfare. Is living with a woman seven years his senior.	Not attending school as he is now over 18. Not involved in any activities.	States he is a heavy drinker and sometimes uses drugs.
2. Chris Age 18	Seeing a therapist. Working part-time. Dated girls. Recently came to the decision that he is gay. In a semi-independent living situation. Bought an old car.	No scholastic activities. Completing Grade 12 OEC (Work Experience Program)	Uses alcohol heavily on occasions. Sometimes uses drugs.
3. Ralph Age 18	Not seeing a therapist. Not dating. Worked during the summer. Drives his mother's car.	Doing very well in a regular Grade 12 program. Involved in a variety of scholastic activities.	Uses alcohol in moderation. No drugs.
4. George Age 17	Not seeing a therapist. Dating. Worked last summer and working part-time throughout school year. Drives his father's car.	Doing well in a regular Grade 10 Program. Very involved in hockey.	Uses alcohol in moderation. No drugs.
5. Frank Will be 16 shortly	Not seeing a therapist. Travelled a lot during summer holidays. Bought a guitar. Starting to socialize more with people his own age.	Doing well in Grade 10. Taking Autobody. Will be joining a rifle club.	Drinks a little at parties and has a little "pot" when it is available.
6. Wayne Will be 15 shortly	Not seeing a therapist. School has become boring. Taking correspondence. Still socializes with those much older. Started dating.	Started attending Grade 9 but expelled due to lack of attendance.	Uses alcohol and drugs to excess.
7. Morris Age 14½	Not seeing a therapist. Member reports doing better in school, began dating. Parents report member to be "lazy at times" and bored with most activities.	Attending Grade 8. Involved in hockey. Involved in other sports: volleyball & basketball.	Member reports not to use alcohol or drugs.

TABLE 11 - Summary of Follow-up Forms, Cont'd

Member/Name/Age as at April/86	Future Plans	Sexual Reoffense	Other Offenses	Relationship with Family
1. Arnold Age 18	Plans to move out of Winnipeg	None. On probation a further 2 years for the sexual abuse.	Theft offense. On probation for a year for this offense.	No contact. Will not go back to live on the reserve.
2. Chris Age 18	Wants to become a cook. Work full-time. Complete Grade 12. Move in with his male friend.	None. On probation for 1½ years further.	No other offenses.	Minimal contact and contacts have been positive.
3. Ralph Age 18	Take a year off school to work then attend college/University Possibly be an accountant.	None. Probation expired.	None.	Member reports the family situation is less tense. There is less yelling as an older brother moved out.
4. George Age 17	Finish high school and college & buy a car. Own his own business someday.	None.	None.	Home is much quieter as an older brother moved out. Good relationship with parents.
5. Frank Will be 16 shortly	Apprentice in autobody and be a journeyman some day.	None. Probation expired.	None	Family life is more comfortable. Less fighting.
6. Wayne Will be 15 shortly	No future plans other than to move to the West coast. Does not plan to work as long as mother gives him money.	None.	Break, enter & theft. No court to date.	No contact with father. Mother is looking for a job.
7. Morris Age 14½	Wants to become a mechanic.	None. Probation expired.	None.	Parents state they are firmer and more consistent in parenting which brings "good results." More quality activity time is planned.

The "reunion" took place Saturday, March 22, 1986 from 1:30 p.m. to 4:00 p.m. at Child & Family Services of Winnipeg West's Boardroom. The purpose of our meeting was to share with each other what had been happening for the last eight months, discuss concerns any member chose to present, and discuss future plans.

Five members attended the "reunion." Arnold and Morris did not extend their regrets. See Appendix K in order to gain an idea of the topics covered in the follow-up session. "Five Year Plan" discussion is of particular interest. None of the five members present could see themselves married or as fathers in five years time. Four of the five members had very definite plans to be working and supporting themselves: autobody mechanic, business person operating his father's store, accountant, and a cook in a well known restaurant.

The five members easily related what had been happening for them since the group ended. Wayne was no longer in school and was taking correspondence as no school was willing to have him due to his non-attendance. This generated problem-solving discussions as the other four members would rather see Wayne attending school. They also suggested that if he was not going to get back into school then "he should get a haircut and look for a job."

The five members were very pleased to see each other again. All were quite verbal and readily attended to the group leaders' short agenda. We focused mainly on the concept of empathy and maintaining relationships with others where feelings are regarded. We discussed sex roles and how some people "expect" males to behave in certain ways, ie. boys will be boys. The importance of "reasonable plans" was reinforced.

We ended the session by sitting down over coffee and lasagna and talking in general about school and future plans.

Chris left by himself, as a friend came to pick him up. The other four left together and planned to spend the rest of the day together.

All members present stated they would not even "think" of offending again, sexually. All agreed that "taking advantage of someone else's body and feelings" was wrong. Throughout the discussion, it was very apparent that sexual abuse of children or someone much younger than themselves was "just as bad" as taking advantage of someone their own age. The members have made a very important connection: violating another person, no matter how old, is wrong.

Throughout the self-reports and reports from parents and involved professionals it appears that the members are able to extend beyond themselves. Empathy training throughout the sessions and focusing the members on their future has helped them have higher regard for themselves and others.

PART V - SUMMARY

SUMMARY

In this section I will discuss some questions and conclusions that have arisen while researching the literature, conducting the interview sessions with the offenders and their guardians, conducting the group sessions, and compiling and reviewing the questionnaire data and follow-up forms. The extra time I spent with the individuals (offenders and victims) and their families was also of benefit in terms of constantly helping me focus on the concept of "Comprehensive Intervention."

CHAPTER I - Conclusions

Are there differences between juvenile male sex offenders who sexually abuse girls and those who sexually abuse younger girls and boys? I believe different dynamics operate in offenders who have victimized males and females as opposed to those who sexually abuse females exclusively. The offenders who victimize boys appear to perceive themselves as victims; sexually, physically, or emotionally. The offenders who have victimized girls exclusively, sisters specifically, appear to be acting out their anger expressed sexually toward a sibling perceived by the adolescent as favoured within the family unit. I also suspect a pattern in the situations where the boy who molests his sister is selected to carry a role within the family system as acting out the family victimization or sexual confusion.

What motivates a young individual to offend sexually against one weaker and younger? There seems to be no succinct answer, however, a profound lack of empathy for the victim appears to assist the offender in carrying out the idea, thought, or impulse.

How does the juvenile sex offender relate to his family? In general, the offender feels isolated, alone, and distant from other family members.

The father-son relationship would be of particular interest to the therapist. All offenders reported a physically distant and emotionally unsatisfying relationship with their fathers.

When and how does a therapist decide how "treatable" an offender would be or if the offender is "cured?" Treatability appears to not be a major question as most professionals realize some type of intervention is required for offenders. The relevant question is what type of intervention is required and is that intervention effective? In other words, what will make the offender stop sexually abusing others? Again, there is no clear answer as there appears to be no "cure" for abusive behaviour. The key word is "control" through self-knowledge and learning to have regard for the feelings of others.

Is "group therapy" the intervention of choice? The experience of belonging to a group, sharing thoughts and feelings, recognizing they are not alone, and discussing difficult common and individual issues within the safety and challenge of numbers serves to lower the defenses. It would appear that more could be accomplished in terms of guidance, support, education, and socialization within a group as opposed to individual work. Peer contact is important and their "secret" must be broken. Group therapy should be considered a major component within the "Comprehensive Intervention Approach."

The "Comprehensive Intervention Approach" would include individual work, family work, group work and community work. Therefore, the approach would be community based, family focused and child centered in order to effect maximum change. It has been stated throughout the literature and by the members that if they were not "caught" then they would have kept on offending and, thus, there would have been more victims. The adult

offender who spoke to the group in session #8 openly stated that education at an early age would have "helped him" but many people (family included) chose to ignore his desperate attempts "at acting out his confusion."

Clear messages must be sent that enable the offender to understand sexual abuse is wrong. Taking advantage of someone else's body and feelings is wrong. Early education focusing on respect and privacy for each other's personal space starts in the home. This education could start in the school system at an early age, also.

There are many programs operating within the school system, currently, that addresses the issues of respect and privacy. However, where does one learn empathy skills? It comes from the quality of relationships that exist between the child and those who play a significant role in their life space. Mothers and fathers need to give many signs that their children are regarded as significant people who are inherently worthy of their deep interest. This leads toward discussing the concept of self-esteem. High self-esteem comes from positive reflections around the child. To build pictures of themselves as truly adequate and to feel thoroughly alright inside, children need living experiences that prove their lovability and worth; which are the major components of high self-esteem. (Briggs, 1975; Burns, 1980, Coopersmith, 1968; Spock, 1985). Telling a child they are special is not enough. Experience is what counts. It speaks louder than words. Children value themselves to the degree they have been valued. Self-concepts are learned, not inherited (Burns, 1980). Consideration must be given to messages children receive from their family.

I believe a juvenile sex offender with low self-regard will take significant steps toward more positive self-statements when experiencing positive attitudes from teachers, caregivers, and therapists who are

willing to provide a directive nurturing climate. This points out that something as simple as an attitude and behaviour change by caregivers can be as therapeutic as hundreds of counselling hours since the individual cannot be considered as separate from the social context in which they live (Okun & Rappaport, 1980). Acknowledging and reaching out to others who employ a significant part in the juvenile sex offenders life space will improve the quality of living in our society.

A therapist cannot "love" a child but may be able to help the child feel worthwhile. The literature, however, states that a child must first feel loved before they truly believe they are worthwhile (Rogers, 1962; Coopersmith, 1968). Therefore, the parents and caretakers require direction from the therapist on the child's behalf in order to help them reframe their expressions and expectations. I believe the therapist, whether conducting individual therapeutic sessions or group therapy, must focus beyond the child in order to develop a framework that assists in developing the empathy abilities which result from a higher self-esteem and working through unmet childhood needs. When we see troubled children, we must reach out and appeal to the troubled systems (Apter, 1982). Thus, I advocate for a community based, family focused, and child centered approach to specifically working with male juvenile sex offenders. They are acting out society, family and personal feelings regarding the lack of privacy and respect. When the offender has been victimized and feels victimized, this broadened approach is crucial. Comprehensive intervention with juvenile sex offenders is paramount if our society's goal is to prevent sexual abuse.

The earliest point of prevention in regard to victimization is for families and society to focus on caring for, nurturing, promoting and enhancing a high collective self-esteem for children.

CHAPTER II - Recommendations

The following are recommendations based on my review of the current literature and my experiences with the juvenile sex offender group, the individual work, and the family work.

I recommend individual therapy and family therapy for the juvenile sex offender. Families can perpetuate the "secret", thus family work can help break the parallel defensive operations the parents often display. Parents can engage in denial, rationalization, and the failure to intervene. Therefore, sexual abuse reoffenses can probably be reduced with educational prevention programs presented to the family unit whether there are intrafamilial offenses or extrafamilial offenses. Group work should not be viewed as replacing individual or family therapy. The concept of "treatment" needs to be an integrated one: victim, offender, family and society. Treatment can be viewed as necessary as it is to benefit society not solely to benefit the offender.

I recommend that treatment not be considered an alternative to punishment. Treatment should be in addition to punishment. Providing treatment only and no punishment makes it easier for offenders to reoffend when they see themselves as "sick" only and not having to "pay for their crime." It is the uncertainty not severity of punishment that must change in order to assist in thwarting the crime. A consistent message from society is needed in order for sex offenders to recognize that they must learn self-control.

Court ordered assessments by qualified professionals should be required before a court disposition is ordered as more than generic skills are required to conduct a thorough assessment. Also, the professional must be prepared to "not to be a friend," to create anxiety, develop an approach to take the offender off guard, to confront, to assume the

offender is lying, and not be afraid of being devious when gathering information. One, however, must remember these offenders are juveniles and their own victimology must be acknowledged. Too much distance, confronting and harshness could reinforce or develop the emerging defense systems. Given that these offenders are children themselves and have often been victims of sexual abuse as well, a balance of confronting and support must be struck.

Each adolescent sex offender needs a complete, individualized assessment and treatment plan. There is no succinct profile, therefore, there are many different motivations for offending. Groups can be tailored to meet some of the individual concerns.

There must be a supportive network in place for the juvenile sex offender. The support system (which should include the family) needs to support what happens in the group or what is recommended by the group leaders so effective follow through can be accomplished.

Interpersonal deficits need to be worked on within the family unit. The offenders carry their family of origin with them to the group sessions and feel very hopeless at times. Hopelessness is a feeling; not a reality. Self-esteem building starts in the family unit. At times the member experiences anxiety with peers and views himself as a friendless loner. Positive social interactions need to be experienced. Many offenders are "bored" and have much unconstructive time on their hands. Constructive worthwhile involvement needs to be experienced but it may need to be orchestrated by the offender's support system.

Multi-modal treatment is required. A strong education component is acknowledged as social skills, life skills, empathy training, and sex education are included within a group setting. The group should be comprised of juvenile sex offenders within the same age range (or a least

having similar life and development experiences) and from varying cultural, social and economic ranges. The offenders need to "see" that sexual offenses are not limited to a certain age group or a certain cultural background or a certain socio-economic status.

Group therapy may not be the treatment of initial choice for each juvenile sex offender. Individuals who have experienced intense victimology or who are experiencing active chemical or alcohol addictions would require specific individual work initially.

Professionals need to be trained in this area of expertise with adolescents and they must like working with this age group. An "Ecological Humanistic Family Systems Approach" should be utilized. This can also be referred to as selective eclecticism. The group leader must have good clinical knowledge and familiarity with all relating issues of abuse, child development, personality development, delinquency, crisis theory, family therapy and group work. The typical sex offender presents a character disordered facade which cannot be addressed in the usual supportive manner. This addresses the group leader's ability to be confrontive, to be supportive, to place difficult issues on the table and to keep the client focused.

The juvenile sex offender needs to focus on what happened. Initially, it may not be helpful to focus on why. If the constant focus is on "why it happened" then the offender may develop excuses which further reinforces his defense system. The offender must be guided to make connections from a distance then gradually personalize the sexual abuse experience. For example, films and speakers were excellent to use for discussion purposes as the members could easily discuss in the third person. The therapists could then move in gradually to discussing how their victims felt or how they, themselves felt. There was less of a need to put up defenses as the topic area was gradually moving closer to their personal life space. By discussing arousal patterns, the offender may begin to identify feelings which occurred prior

to, during, and after the abuse. In this way, he may be able to understand what feelings and needs were met through the act of offending. When he sees this pattern, he can be encouraged to take responsibility for breaking the pattern.

There should be a male - female co-therapeutic approach with juvenile sexual offender groups. Male/female teams provide the group leaders with an opportunity to model societal responses to sexual concerns and subjects, minimize embarrassment in discussion of sexual matters, and provide a balanced and non-sexist group experience.

Society and government have recognized that victims require specialized therapeutic assistance (Winnipeg Free Press, March 1, 1986, page 8). As long as sex offenders do not receive the intervention that is required there will be more victims. It is time for specific centralized program development to occur. Intervening immediately with juvenile sex offenders in a comprehensive fashion will decrease the societal problem of sexual abuse, exploitation, and further victimizations. Specifically, in Winnipeg, Manitoba, a centralized and consistent approach to child sexual abuse (or abuse in general) could provide continuity in managing and effectively addressing the societal problem of sexual abuse. In expanding the efforts to combat child sexual abuse in our society, the male victim/offender could continue to remain a neglected client unless more work is done in regard to identifying, assessing, and treating the young sexual offender. "There is every reason to hope that expanded efforts with this population not only will prevent needless suffering but will also have a dramatic impact on the incidence of sexual abuse itself and many other related and intractable social problems" (Porter, 1986, p. 66).

CHAPTER III Knowledge Gained

There are some specific professional and clinical considerations I have learned while focusing on the sexual abuse issue in general and juvenile sex offender group treatment specifically.

The group leader or the individual therapist can not deal only with what the offender chooses to disclose. Accurate information is needed from all sources, therefore, all professionals and agencies involved need to be working together with common goals and expectations. Service should be consistent. It is very hard to instill the message that sexual abuse is wrong when one or two group members are not formally charged. Members can say to each other "I have not committed as great a crime as you because I was not charged." Too much room is left for comparisons. Monitoring and follow through must be complete so the individual receives the clear message that sexual abuse is wrong. Just attending a group and talking about experiences or sharing feelings is not what "therapy" or "treatment" is all about. When there is consistent monitoring and a thorough follow through, the member receives the message that society cares about how they behave towards other individuals in the future.

The denial and manipulation system must be broken. It is not solely treatment when time is spent getting the offender to disclose. Treatment can actually start when there has been a full and accurate disclosure. Then the offender must be taken through the logical steps of education, resolution, understanding and control. The "secret" must be broken; thus the main reason for group therapy. Individual therapy can "perpetuate" the secret.

Conflicts around intimacy will arise and the therapist or group leader must be able to tolerate and utilize the counter-transference arousal for

the group members' benefit. The therapist must be in touch with him or herself and have "done his/her own work." While working with sex offenders, one is exposed to powerful basic emotions. This may trigger strong emotional responses in the therapist or group leader which have the potential to become detrimental and interfere with the group process, other areas of work and even the personal life. Providing treatment for the sex offender exposes the therapist to potential emotional hazards which I will briefly address.

Alienation is a common experience. One often hears, "What's wrong with you? Why do you work with them?" Conflicts arise. There is general societal confusion about what sexual victimization is and who is at fault as well as how economical it is to "treat" sex offenders. Dealing with the defensiveness that arises when alienation is experienced is important in maintaining a sense of value for the work that is done.

There is constant exposure to power/control behaviours throughout the treatment process. At times, it becomes difficult to avoid engaging in the power game. It is imperative that therapists be aware of their responses to challenges.

Victim or aggressor identification can occur throughout the treatment process. It is tough to listen to the details of the process of victimization without having some strong feelings aroused. One can become easily overwhelmed and feel vulnerable. As a result we can become over protective in our private lives due to our heightened anger and vulnerability.

The sexual aspects of working with offenders are many. The therapist who may have unresolved sexuality issues may become distressed. Caution must be taken to ensure that the therapists are not covertly victimized during the treatment process. Both female and male therapists working extensively in the area of childhood sexual abuse may transfer their

feelings of anger to males in their private and professional lives. Therapists who are parents may become obsessed by efforts to teach their children how to "be safe."

A decreased tolerance for violence and "unfairness" may occur. Extreme sensitivity towards sexual media which reinforces patriarchal attitudes of victimization and power may occur. Sensitivity to sexist comments may occur. It is my opinion that a therapist working with offenders or victims should exhibit such sensitivities. It is with these sensitivities that we are able to draw attention to societal discrepancies and utilize these points for major discussion within the therapeutic process.

Working with sex offenders can be emotionally draining, thus it is important to have a therapeutic partner who is willing to openly discuss individual emotional responses and the ambivalent reactions to sex offenders.

The effort to be of help to the male victims who have become offenders stands in sharp contrast to the cultural expectation of males to "fight their own battles" and take care of themselves. It is very important for the clinician to approach this task in a fashion that permits the young male client to make use of treatment without regarding such assistance as confirmation of his perceived inadequacy to handle his own affairs.

I have learned that sexual offenses against someone smaller and/or weaker are acts that result from the need for power and domination within the component of "sexual attraction." I have come to the conclusion that inadequate male socialization has encouraged this "acting out" behaviour. Victimization appears to have encouraged the sexual abuse perpetuation. Unmet emotional needs, attraction to those younger or smaller, a lack of "belonging" or respect, and a lack of empathy skills all serve to create a very low ability to have concern for the potential victim's feelings. Therefore, empathy training is paramount.

All offenders with whom I have had contact report very unsatisfactory relationships with their fathers. Could this be an area worth exploring further? I believe so. This is a consideration each therapist should address in everyday practice. I am not stating that all male juveniles will sexually offend if they do not intrinsically experience a satisfactory relationship with their fathers. I am stating that if I can strengthen or enhance father-son relationships, possible future victimizations may be prevented.

I have learned that there is no guarantee of a "cure" for the sexual offender. The offender, adult or adolescent, can only gain control over his actions and attitudes through self-knowledge and by understanding he has committed a crime for which society will ultimately punish him. There are no clear criteria for predicting reoffense. However, should an offender be denying that his behaviour has "hurt" another human being then reoffense is likely.

Group therapy is an effective mode of treatment and intervention but I can not state it is the "complete answer to collectively dealing with offenders." Group therapy is an important component of the therapeutic process. The offenders return home and to the community to interact with their developed social systems. The family is the most important and influential group to which any child will ever belong. The time has come for men, in particular, to recognize the impact they have on their children's emotional health. The Comprehensive Approach involving the required individual work, family work, and group work will have the most positive effect for the individual offender, family, and society.

It is my hope that the victimization of children can be prevented. Where abuse does occur, it must be recognized and the victim must be helped before the traumatic experiences lead to masking the vulnerability behind aggression, expressing fear through violence, and converting hurt into anger. However, "the end is where we start from" when working with young people who have already become offenders.

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APPENDIX A
INTERVIEW RECORD FORM

INTAKE INTERVIEW RECORD FORM *

Name _____ Date of first interview _____

Case Number _____ Date evaluation completed _____

DOB _____

Age _____

INSTRUCTIONS: Leave space blank ONLY if information is unknown or does not apply.

I. REFERRAL INFORMATION

- A. Record referral source _____
- _____ B. Is case referred by (1) self/family, (2) private health care professional, (3) court, (4) defense attorney, (5) CPS (6) penal institution, (7) group home, (8) other _____
- _____ C. Is case adjudicated? (0) no, (1) yes

II. RESIDENCE

- _____ A. Place of residence at time offense occurred: (1) group home, (2) penal, psychiatric, or other institution, (3) foster placement, (4) home of parent(s), (5) other _____
- _____ B. Record the adult/parental figure with whom adolescent was living when offense occurred: (1) both biological parents, (2) one biological and one step-parent, (3) adopted parents, (4) one biological parent, (5) one step-parent, (6) foster parents, (7) other _____
- _____ C. Record the number of biological siblings (full or half) living with adolescent at time of current offense.
- _____ D. Record the number of step-siblings living with adolescent at time of current offense.
- _____ E. Record the number of foster children living with adolescent at time of offense.
- _____ F. How many separate occasions has adolescent been placed outside his/her home prior to referral offense (any placement for any reason)?
- _____ G. How many different living situations have there been for the adolescent in which there were different primary caretakers?

(* adapted from The Morrison Centre for Youth and Family Services Intake Form)

III. FAMILY BACKGROUND AND COMPOSITION

- ___ A. Is offender adopted? (0) no, (1) yes
- ___ B. Record age at adoption
- ___ C. Are biological parents separated or divorced? (0) no, (1) yes
- ___ D. Does offender have a stepmother? (0) no, (1) yes
- ___ E. Does offender have a stepfather? (0) no, (1) yes
- ___ F. Record the number of:
- ___ 1. older biological siblings (half or full) in family
- ___ 2. younger biological siblings (half or full) in family
- ___ 3. older step-siblings
- ___ 4. younger step-siblings
- ___ G. If offender does not live with one or more biological parents, how often does he see:
- ___ 1. absent biological father: (1) once per week, (2) once per month, (3) once every three months, (4) once every six months, (5) once per year, (6) once every two years, (7) practically no contact, (7) parent deceased
- ___ 2. absent biological mother: (use same codes as above)
- ___ H. Is offender a temporary ward? Duration and wardship lapse
- ___ I. Is offender a permanent ward? When awarded?

IV. EDUCATION

- ___ A. Grade level: (1) on schedule, (2) behind in grade placement, (3) ahead, (4) drop-out
- ___ B. What grade currently enrolled in?
- ___ C. Special education for behaviour disorder: (0) never, (1) current, (2) past but not current
- ___ D. Special education for learning disability: (0) never, (1) current, (2) past but not current
- ___ E. Current grade average: (1) A, (2) B, (3) C, (4) D/F

V. DESCRIPTION OF CURRENT SEX OFFENSE

- A. Date referral offense occurred _____

B. Record offenses with which adolescent was legally charged _____

C. Record data on the following questions (a-g) for each victim.

a. Insert the number that best describes the offending behaviour, also describe the offense briefly in the space provided.

- | | |
|---|------------------------------------|
| 1. penetration (anal or vaginal) | 6. exposure/exhibitionism |
| 2. attempted penetration | 7. peeping |
| 3. fondling/touching | 8. obscene phone calls |
| 4. oral/genital contact | 9. stealing underwear |
| 5. masturbation (of offender and/or victim) | 10. exposing victim to pornography |

b. Age of victim

c. Sex of victim: (1) male, (2) female

d. Relationship to victim: (1) sibling, (2) step-sibling, (3) foster sibling
(4) other relative, (5) acquaintance, (6) stranger

e. Babysitting charge? (0) no, (1) yes

f. Place offense occurred: (1) victim's home, (2) offender's home, (3) school,
(4) public place (describe), (5) other (describe)

g. Did the offense take place within the offender's immediate neighbourhood?
(0) no, (1) yes

VICTIM #1

- _____ a) offense _____
- _____ b) age _____
- _____ c) sex _____
- _____ d) relationship _____
- _____ e) babysitting _____
- _____ f) place _____
- _____ g) neighbourhood _____

VICTIM #3

- _____ a) offense _____
- _____ b) age _____
- _____ c) sex _____
- _____ d) relationship _____
- _____ e) babysitting _____
- _____ f) place _____
- _____ g) neighbourhood _____

VICTIM #2

- _____ a) offense _____
- _____ b) age _____
- _____ c) sex _____
- _____ d) relationship _____
- _____ e) babysitting _____
- _____ f) place _____
- _____ g) neighbourhood _____

VICTIM #4

- _____ a) offense _____
- _____ b) age _____
- _____ c) sex _____
- _____ d) relationship _____
- _____ e) babysitting _____
- _____ f) place _____
- _____ g) neighbourhood _____

VI. RECORD OF PREVIOUS SEX OFFENSES AND DELINQUENCIES

- _____ A. Is there a history of adjudication for previous sex offenses?
(0) no, (1) yes, (If yes, how many _____)
- _____ B. Record age at which the adolescent's first known sex offense was committed.
- _____ C. Record number of know sex offenses besides index offense (apprehension not necessary).
- _____ D. Record the number of person-related delinquencies resulting in contact with the law.
- _____ E. Record the number of non-person-related delinquencies resulting in contact with the law.

VII. FAMILY HISTORY OF SEXUAL AND PHYSICAL ABUSE

- A. Has offender been subject to:
- _____ 1. Physical abuse? (0) no, (1) yes - by whom? _____
- number of incidents? _____
- _____ 2. Sexual abuse? (0) no, (1) yes
- by whom? _____
- number of incidents? _____
- B. How many siblings have been victims of the offender's
- _____ 1. physical abuse?
- _____ 2. sexual abuse?
- number of incidents? _____
- C. How many siblings have been victims of (by someone other than offender)?
- _____ 1. Physical abuse:
- by whom? _____
- _____ 2. Sexual abuse?
- by whom? _____
- D. Has mother been a victim of:
- _____ 1. physical abuse (0) no, (1) yes
- by whom? _____
- _____ 2. sexual abuse (0) no, (1) yes
- by whom? _____

E. Has father been a victim of:

_____ 1. physical abuse (0) no, (1) yes
- by whom _____

_____ 2. sexual abuse (0) no, (1) yes
- by whom _____

F. Has stepmother been a victim of:

_____ 1. physical abuse (0) no, (1) yes
- by whom _____

_____ 2. sexual abuse (0) no, (1) yes
- by whom _____

G. Has stepfather been a victim of:

_____ 1. physical abuse (0) no, (1) yes
- by whom _____

_____ 2. sexual abuse (0) no, (1) yes
- by whom _____

_____ H. How many other sex offenders are there in the extended family?
- What relationship to adolescent? _____

_____ I. Has mother a history of:

_____ 1. alcohol abuse? (0) no (1) yes

_____ 2. drug abuse? (0) no (1) yes

VIII. SIGNIFICANT RELATIONSHIPS

_____ A. Record the number of close friends with whom the offender associates.

_____ B. Record the age of the friends/companions with whom the offender regularly associates: (1) within on year of his age. (2) two years younger, (3) three years younger, (4) four years or younger.

_____ C. Has the offender ever had a sexual relationship (other than sexual offenses) with a peer (+ or - 2 years) involving: (1) extended kissing, (2) heavy petting, (3) oral or genital intercourse, (4) no sexual contact.

_____ D. Has the offender had any of the following sexual experiences (other than sexual offenses) with a partner three years or older than himself? (1) extended kissing, (2) heavy petting, (3) oral or genital intercourse, (4) no sexual contact.

_____ E. Did adolescent have a significant relationship (girl friend/boy friend) within six months of the occurrence of the referral offense? (0) no, (1) yes

_____ F. Was the adolescent sexually active in this relationship?
(0) no, (1) yes

G. Record the offender's frequency of masturbation:

_____ per _____

IX. RECOMMENDATIONS

X. COMMENTS

APPENDIX B
LOCUS OF CONTROL MEASURE

Locus of Control Measure

	Strongly Disagree	Disagree Somewhat	Slightly Disagree	Slightly Agree	Agree Somewhat	Strongly Agree
1. Whether or not I get to be a leader depends mostly on ability.	-3	-2	-1	1	2	3
2. To a great extent my life is controlled by accidental happenings.	-3	-2	-1	1	2	3
3. I feel like what happens in my life is mostly determined by powerful others.	-3	-2	-1	1	2	3
4. Whether or not I get into a car accident depends mostly on how good a driver I am.	-3	-2	-1	1	2	3
5. When I make plans, I am almost certain to make them work.	-3	-2	-1	1	2	3
6. Often there is no chance of protecting my personal interest from bad luck happenings.	-3	-2	-1	1	2	3
7. When I get what I want, it's usually because I'm lucky.	-3	-2	-1	1	2	3
8. Although I might have good ability, I will not be given leadership responsibility without appealing to those in positions of authority.	-3	-2	-1	1	2	3
9. How many friends I have depends on how nice a person I am.	-3	-2	-1	1	2	3
10. I have often found that what is going to happen will happen.	-3	-2	-1	1	2	3
11. My life is chiefly controlled by powerful others.	-3	-2	-1	1	2	3
12. Whether or not I get into a car accident is mostly a matter of luck.	-3	-2	-1	1	2	3
13. People like myself have very little chance of protecting our personal interests when they conflict with those of strong pressure groups.	-3	-2	-1	1	2	3
14. It's not always wise for me to plan too far ahead because many things turn out to be a matter of good or bad fortune.	-3	-2	-1	1	2	3

	Strongly Disagree	Disagree Somewhat	Slightly Disagree	Slightly Agree	Agree Somewhat	Strongly Agree
15. Getting what I want requires pleasing those above me.	-3	-2	-1	1	2	3
16. Whether or not I get to be a leader depends on whether I'm lucky enough to be in the right place at the right time.	-3	-2	-1	1	2	3
17. If important people were to decide they didn't like me, I probably wouldn't make many friends.	-3	-2	-1	1	2	3
18. I can pretty much determine what will happen in my life.	-3	-2	-1	1	2	3
19. I am usually able to protect my personal interests.	-3	-2	-1	1	2	3
20. Whether or not I get into a car accident depends mostly on the other driver.	-3	-2	-1	1	2	3
21. When I get what I want, it's usually because I worked hard for it.	-3	-2	-1	1	2	3
22. In order to have my plans work, I make sure that they fit in with the desires of people who have power over me.	-3	-2	-1	1	2	3
23. My life is determined by my own actions.	-3	-2	-1	1	2	3
24. It's chiefly a matter of fate whether or not I have a few friends or many friends.	-3	-2	-1	1	2	3

APPENDIX C

SELF-ESTEEM SCALE

SELF-ESTEEM SCALE

Please indicate whether you agree or disagree with the following statements:

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
I feel that I'm a person of worth, at least on an equal basis with others.	1	2	3	4
I feel that I have a number of good qualities.	1	2	3	4
All in all, I am inclined to feel that I am a failure.	1	2	3	4
I am able to do things as well as most other people.	1	2	3	4
I feel I do not have much to be proud of.	1	2	3	4
I take a positive attitude toward myself.	1	2	3	4
On the whole, I am satisfied with myself.	1	2	3	4
I wish I could have more respect for myself.	1	2	3	4
I certainly feel useless at times.	1	2	3	4
At times I think I am no good at all.	1	2	3	4

APPENDIX D
LONELINESS SCALE

You are going to read four statements concerning your feelings.

Please state how often you feel the way described in each statement.

For each, state the way you feel as never, rarely, sometimes, or often.

1. The first statement is: I feel in tune with the people around me.
Do you feel that way never, rarely, sometimes, or often?

4) Never
3) Rarely
2) Sometimes
1) Often

2. The second statement is: People are around me but not with me.
Do you feel that way, never, rarely, sometimes, or often?

4) Never
3) Rarely
2) Sometimes
1) Often

3. The third statement is: I can find companionship when I want it.
Do you feel that way, never, rarely, sometimes, or often?

4) Never
3) Rarely
2) Sometimes
1) Often

4. The fourth statement is: No-one really knows me well.
Do you feel that way, never, rarely, sometimes, or often?

4) Never
3) Rarely
2) Sometimes
1) Often

APPENDIX E
BECK DEPRESSION INVENTORY

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As you fill out the questionnaire, read each item carefully and circle the number next to the answer that best reflects how you have been feeling during the past few days. Make sure you circle one answer for each of the 21 questions. If more than one answer applies to how you have been feeling, circle the higher number. Do not leave any questions unanswered.

1. 0 ... I do not feel sad.
1 ... I feel sad.
2 ... I am sad all the time and I can't snap out of it.
3 ... I am so sad or unhappy that I can't stand it.
2. 0 ... I am not particularly discouraged about the future.
1 ... I feel discouraged about the future.
2 ... I feel I have nothing to look forward to.
3 ... I feel that the future is hopeless and that things cannot improve.
3. 0 ... I do not feel like a failure.
1 ... I feel I have failed more than the average person.
2 ... As I look back on my life, all I can see is a lot of failure.
3 ... I feel I am a complete failure as a person.
4. 0 ... I get as much satisfaction out of things as I used to.
1 ... I don't enjoy things like I used to.
2 ... I don't get real satisfaction out of anything anymore.
3 ... I am dissatisfied or bored with everything.
5. 0 ... I don't feel particularly guilty.
1 ... I feel guilty a good part of the time.
2 ... I feel quite guilty most of the time.
3 ... I feel guilty all the time.
6. 0 ... I don't feel I am being punished.
1 ... I feel I may be punished.
2 ... I expect to be punished.
3 ... I feel I am being punished.
7. 0 ... I don't feel disappointed in myself.
1 ... I am disappointed in myself.
2 ... I am disgusted with myself.
3 ... I hate myself.
8. 0 ... I don't feel I am any worse than anybody else.
1 ... I am critical of myself for my weaknesses or mistakes.
2 ... I blame myself all the time for my faults.
3 ... I blame myself for everything bad that happens.
9. 0 ... I don't have any thoughts of killing myself.
1 ... I have thoughts of killing myself, but I would not carry them out.
2 ... I would like to kill myself.
3 ... I would kill myself if I had the chance.

10. 0 ... I don't cry any more than usual.
1 ... I cry more now than I used to.
2 ... I cry all the time now.
3 ... I used to be able to cry, but now I can't cry even though I want to.
11. 0 ... I am no more irritated by things than I ever was.
1 ... I am slightly more irritated now than usual.
2 ... I am quite annoyed or irritated a good deal of the time.
3 ... I feel irritated all the time now.
12. 0 ... I have not lost interest in other people.
1 ... I am less interested in other people than I used to be.
2 ... I have lost most of my interest in other people.
3 ... I have lost all of my interest in other people.
13. 0 ... I make decisions about as well as I ever could.
1 ... I put off making decisions more than I used to.
2 ... I have greater difficulty in making decisions than before.
3 ... I can't make decisions at all anymore.
14. 0 ... I don't feel that I look worse than I used to.
1 ... I am worried that I am looking old or unattractive.
2 ... I feel that there are permanent changes in my appearance that make me look unattractive.
3 ... I believe that I look ugly.
15. 0 ... I can work about as well as before.
1 ... It takes an extra effort to get started at doing something.
2 ... I have to push myself very hard to do anything.
3 ... I can't do any work at all.
16. 0 ... I can sleep as well as usual.
1 ... I don't sleep as well as usual.
2 ... I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 ... I wake up several hours earlier than I used to and cannot get back to sleep.
17. 0 ... I don't get more tired than usual.
1 ... I get tired more easily than I used to.
2 ... I get tired from doing almost anything.
3 ... I am too tired to do anything.
18. 0 ... My appetite is no worse than usual.
1 ... My appetite is not as good as it used to be.
2 ... My appetite is much worse now.
3 ... I have no appetite at all anymore.
19. 0 ... I haven't lost much weight, if any, lately.
1 ... I have lost more than five pounds.
2 ... I have lost more than ten pounds.
3 ... I have lost more than fifteen pounds.

20. 0 ... I am no more worried about my health than usual.
1 ... I am worried about physical problems such as aches and pains,
or upset stomach, or constipation.
2 ... I am very worried about physical problems and it's hard to think
of much else.
3 ... I am so worried about my physical problems that I cannot think
about anything else.
21. 0 ... I have not noticed any recent change in my interest in sex.
1 ... I am less interested in sex than I used to be.
2 ... I am much less interested in sex now.
3 ... I have lost interest in sex completely.

APPENDIX F
GROUP EVALUATION FORM
AND
CLIENT FEEDBACK FORM

GROUP EVALUATION FORM

- 1) Did the group experience help you? How?
- 2) What did you enjoy most?
- 3) What activities did you like the least?
- 4) What did you like most about the group leaders?
- 5) What are some things the group leaders could do better?

APPENDIX G
GROUP NOTES FORM AND
PROCESS RECORDING FORM

GROUP NOTES

NAME OF GROUP: _____

SESSION#: _____

LEADERS: _____

DATE: _____

DESCRIPTION OF SESSION (content/process)COMMENTS ON INDIVIDUAL'S PARTICIPATION

APPENDIX H
COMPLETED GROUP NOTES FORMS
(Sessions 1 through 16)

GROUP NOTESNAME OF GROUP: J.S.O. Group SESSION # 1LEADERS: A. Klein/K. Saulnier DATE: February 27, 1985DESCRIPTION OF SESSION (content/process)

- Went over purpose of group (all of you are here for the same reason. You have all sexually offended against someone. We believe it is best to discuss common concerns in a group setting. Figure out why it happened and prevent further sexual abuse.)
- Went over group rules (smoking one at a time; not to hurt anybody, mentally or physically; important to come each time; confidentiality).
- Our view was stated (sexual abuse has been going on for a long time, it is learned behaviour, it is a crime, your experiences can effect how you relate to women and man and children in the future, talking about your experiences help, we believe that working with teenagers helps to prevent further sexual abuse).
- Suggested interviews but group wanted to go around the room introducing selves, with members asking questions.
- Grapefruit game (assists with learning the names).
- Break (popcorn and coke). Stayed in the room and talked about sports, driver's licenses, etc.)
- Puzzle exercise done in groups of 4 & 3. Cooperation game. Can only give pieces to others. Point: we will all have to work together as a group.
- Handed out journals, explained purpose, decorated.
- Each member to write goals in the journal (some had a hard time coming up with goals).
- Ended with a feeling statement (all felt comfortable, many were glad they were not expected to disclose to the group today, all are pleased about the confidentiality issue).
- Session went well. Boys were very relaxed after 2 hours.

COMMENTS ON INDIVIDUAL'S PARTICIPATION

GROUP NOTESNAME OF GROUP: J.S.O. Group SESSION # 2LEADERS: A. Klein/K. Saulnier DATE: March 6, 1985DESCRIPTION OF SESSION (content/process)

- Disclosure session. Kathryn in Toronto. Videotaped.
- 1. Why they think they sexually abused their victim.
 - two said because it was done to them
 - two said it was because of past emotional neglect and family pressures
 - three said they didn't know
- 2. Explain to the group what happened and with whom.
 - three with younger sisters
 - one with a very young niece
 - two with younger boys who were neighbours
 - one with a neighbour's very young daughter.
- The disclosures were kept on a relatively safe level by referring to sexual abuse as "it." "I did it to my sister," etc. "It happened in the bedroom," etc.
- During the "I feel" statements at the end of the session it was determined that the disclosures were appreciated as it was good to talk and "it didn't feel like so much of a secret."

COMMENTS ON INDIVIDUAL'S PARTICIPATION

GROUP NOTESNAME OF GROUP: J.S.O. Group SESSION # 3LEADERS: A. Klein/K. Saulnier DATE: March 13, 1985DESCRIPTION OF SESSION (content/process)

- Lengthy check in. Seemed good for the group to share what had been happening for them during the week.
- Covered some theory re: why child sexual abuse occurs.
- 1. Finkelhor's four step theory:
 - attraction to children
 - internal inhibitors
 - external inhibitors
 - resistance by child
- 2. Issue of control and responsibility. Making choices.
 - we do have control over our bodies
 - we do make choices
 - we are responsible for our actions
 - all were in a position of power & control when they "chose" to sexually abuse a younger child
- Break - popcorn. All chipped in 50¢ for drinks next week. One member offered to take responsibility for purchase.
- Film "Don't get stuck there" (15 minutes); focused on teenagers who have experienced emotional/physical/sexual abuse.
- Discussion. Film not really appropriate for all members (not all have been abused) theme of "don't get stuck there" was used to reflect on their present circumstance re: what they can do in the present to improve or change the future.
- Also discussion re: did members know it was against the law to hit kids, and is violence an OK way to solve problems. Ended with "I feel" and/or "I learned..."

COMMENTS ON INDIVIDUAL'S PARTICIPATION

GROUP NOTES

NAME OF GROUP: J.S.O. Group SESSION # 4
LEADERS: A. Klein/K. Saulnier DATE: March 20, 1985

DESCRIPTION OF SESSION (content/process)

- Had a long check-in. Two members missing.
- The group member who took responsibility to bring the drinks for this week was absent.
- Spoke at length about how we deal with problems. It seemed as if all members agreed that fighting/hitting when angry was acceptable.
- Discussed the possibility of naming the group. No solution.
- Break. Had chips. Some of the boys brought their own drinks.
- View film. Child Sexual Abuse: The Untold Secret.
- Discuss how the victim felt. Many reactions. - The film was somewhat different from group's experience as all the victims interviewed were female and the offenders were fathers or father figures. The members did get the message that confusion, betrayal, and a negative self-image results from being sexually abused. They, therefore, understood that sexual abuse "hurts" the victim in many ways. Two points from the film were stressed: victims cope better if believed, and if offender takes responsibility. Discussed who had talked to victim and apologized - are kids too young to understand?
- Writing time was allotted so each member could jot down thoughts about how the victim felt.
- Each boy asked to write down what he would say to his victim.

COMMENTS ON INDIVIDUAL'S PARTICIPATION

GROUP NOTES

NAME OF GROUP: J.S.O. Group SESSION # 5 & 6
 LEADERS: A. Klein/K. Saulnier DATE: April 3, 1985 1:30 - 4:30

DESCRIPTION OF SESSION (content/process)

This was a longer session as meeting last week was cancelled due to Spring Break.

- We had "check-in." One member was missing, no message. Topics arising were partying, underage drinking, name for group (no "official" name was decided). Also "stereotyping" came up -- re: sexism and racism. (Sexism: Members thought Aaron was professor and Kathryn student; Racism: Comment made about "Indians", and one member, who was native said he feels like "punching heads in" when he hears such comments.)
- Break. Popcorn and chips. People to bring own snacks next week.
- Film: "The Family Secret." CBC (3 parts). EDUCATIONAL SESSION. Focus on victim, non-offending parent, and offender. Major themes were:
 - A) victim - need to share burden of experiences; it is never too late to talk about the feelings
 - B) non-offending parent - some fear that reporting the husband will dissolve the family. Many mothers do not know the sexual abuse is happening. Discussed "is your Mom responsible for what happened?" (mixed opinions). "Does she feel responsible?", "What will you say as a parent if your child tells you she/he's been abused?"
 - C) offender - film advocated mandatory treatment as opposed to jail; said combination of confrontation and support needed; incest seen as crime; offender interviewed stated he only thought of his own feelings and that now he is undergoing a long process of getting help to "get emotionally and mentally well." Said his underlying emotional need was loneliness, and feeling worthless.

Discussion followed and boys asked to write in logs:

- a) what was your underlying emotional need that led you to offend
- b) what were you like as a big brother, babysitter, or friend otherwise, and
- c) do you feel guilty? Why?

Two finished answers in the group; two took logs home to write in length; two refused to write as they "hated taking notes or doing homework."

A good thought-provoking session. Members relatively quiet towards the

(Cont'd)

COMMENTS ON INDIVIDUAL'S PARTICIPATION

end. Leaders stated we are now getting down to some "very hard work, and will ask each of the group members to share what they did, confront each other, and know the group still cares." Group member observed so far we just talk about "it" in the group. Concluded session with "what I learned today" statements.

GROUP NOTES

NAME OF GROUP: J.S.O. Group SESSION # 7
LEADERS: A. Klein/K. Saulnier DATE: April 10, 1985

DESCRIPTION OF SESSION (content/process)

All members present - Audio taped session.

Brief check-in. One member undecided about attending the group any longer - conflict with work. Went over home work - three questions from last week. Group was very quiet. Major feelings expressed were loneliness and wanting love/closeness as reasons for abusing. Informed them of the adult offender who will come in for the next session. Generated a list of questions for the adult offender:

- why he did what he did, why does he think it happened, how did he feel before and after, who was the victim, does he currently see the victim, did he talk to the victim saying he was sorry, how does he think the victim felt during and after the abuse, how does he feel now, does he think it is his fault or anybody else's fault, does he ever think of abusing again, how did he feel when he got reported, what was it like to be in jail, what can he say that can help us.

Break - no munchies. Had our pic-a-pop.

Leaders asked group members to share what they had done; who victim was -- e.g. to answer some of the questions they had prepared for adult offender. Two members disclosed explicitly their offenses. One was a victim himself as a child. Both said it felt better to talk, and were relieved to have shared.

Discussed what was learned today. All thought that offenders should be acknowledged and dealt with in some way as they believed the one member's offenses did not receive justice. (No charges laid, nothing done.)

New rules discussed. No playing around with video equipment. Should a member miss more than two sessions then they may be asked to leave. Reason is that we ask for commitment and they may not be able to participate when they miss a film or the shared information.

COMMENTS ON INDIVIDUAL'S PARTICIPATION

GROUP NOTESNAME OF GROUP: J.S.O. Group SESSION # 8LEADERS: A. Klein/K. Saulnier DATE: April 17, 1985DESCRIPTION OF SESSION (content/process)

Adult offender present to relate his story. All group members present. Videoed: Opened with introductions around the room: "My name is _____ and I'm here because I molested _____." Adult offender said he was there to tell his story with the hope it would help them as he was also a juvenile offender who had not been "caught" and perhaps if he had been, he wouldn't be in "the mess he is in now." Story: He was molested by sitter and from age 5 onwards, he sought sexual contact. Was repeatedly exploited by adults and there was a lot of sex play with peers. Internal inhibitions were low and alcohol was used to even lessen the barriers. Knew he was "doing wrong" but continued to molest and eventually molested his daughter for years, and later his son. Many rationalizations utilized with a minimization component. He spent 30 months in jail. Not divorced by not living with wife -- hopes to eventually. Daughter "hates" him, son has drug/alcohol/delinquency problems. Spoke at length of what it was like in jail. This information was very captivating for the members. Major points: (made by guest and/or leaders):

1. He committed many offenses over 30+ years and no one said anything but he could have been found out at any time.
2. Works hard at maintaining control now.
3. Sexual abuse "hurts" the victim, not just physically but emotionally.
4. Works hard at acknowledging empathy for others. This was his key issue as he states he cannot "allow himself to be selfish or depressed" which leads him to not have regard for others' feelings. Maintains that he has a low self-esteem and must constantly work on this.
5. You can never figure out "why you do it."
6. How can you "stop it?" Most important question. Must start thinking about the other person's perspective.
7. Needs a focus and goal in life in order to feel better. Can't drift.
8. It helps to talk about your feelings and admit you made a mistake. It is important to have someone whom you can trust to talk to.
9. Masturbation with fantasy can lower the barriers and lead towards sexual abuse.
10. Forgiveness and acceptance as a human being aids in the rehabilitation process.
11. Jail is not enough of a deterrent to prevent people from reoffending.

(cont'd)

COMMENTS ON INDIVIDUAL'S PARTICIPATION

12. Sexual abuse is a human problem and it is a problem there is hope for.
13. The sooner you can get help, the better.

There was a 15 minute break and the session was a solid two hours.

Ended the session with "I learned.." It appears that the fear of jail captured at least four members' attention. The members were all very attentive and respectful.

GROUP NOTESNAME OF GROUP: J.S.O. Group SESSION # 9LEADERS: A. Klein/K. Saulnier DATE: April 24, 1985DESCRIPTION OF SESSION (content/process)

Videod: One member absent due to illness.

- A) Long check-in. It seemed as if all the members had much more energy than last week. Issues arising during check-in:
- Can you have parties without drinking?
 - Should the members come early, then they are to spend time in the cafeteria rather than walk the halls (new rule).
 - What is an optimum age spread between dating partners?
- B) Sex education session -
- Listed "street names" for genitalia, male and female.
 - Functions of sex organs and location.
 - Wet dreams.
 - Masturbation.
- C) Break - cookies (from leader A) and pic-a-pop.
- D) Further discussion about the speaker last week. The issue that arose pertained to the statement made "some of you will reoffend." This made the members upset as all would like to think they would not reoffend.
- E) Discussion about why sex is so hard to talk about. Reasons arising is that it is not socially acceptable, not encouraged, people would think you were a sex fiend.
- F) People learn about sex "mostly from books and friends and a few films at school." Most state they would have rather learned at home by approaching their parents. It was very hard to keep the group on topic. Some members were particularly disruptive. Some would rather read books. We finished 15 minutes early.

It appears as if this topic - sex - was particularly hard to talk about without joking around or bringing up other topics.

COMMENTS ON INDIVIDUAL'S PARTICIPATION

GROUP NOTES

NAME OF GROUP: Juvenile Sex Offenders SESSION # 10
 LEADERS: A. Klein/K. Saulnier DATE: May 1, 1985

DESCRIPTION OF SESSION (content/process)

- One member not present as he was ill.
- Confirmation of the Sex Education component.
- Check-in consisted of discussion regarding alcohol use and house breaking parties and bush parties. All members seem to believe that alcohol use by those under age is alright until they get caught. There appears to be an element of excitement concerning under age alcohol use. Some members stated it is possible to have a party without alcohol.
- Film - Running My Way (Borrowed from Planned Parenthood) - Film deals with teenage boy/girl relationships. It depicts the mixed up feelings in adolescence that are expressed by everyone in many different ways. Some use sex as a way of feeling close and belonging. Some use people to get sex. Generated discussion about what the group sees as desirable qualities in a female friend. The list included personality, attitude, understanding, not ugly, around the same age, not snobby, sense of humor, color not important, same language, about the same height, physically attractive.
- Break - Popcorn and Pic-a-pop.
- Film - When Jenny When (Borrowed from Planned Parenthood) - This film is about "being used" in a teenage boy/girl relationship. The major characters were all used in some fashion. The major male character felt forced by his peer group to assert his masculinity and have sex for the sake of sex with any girl as he was given the message that he had to in order to prove himself worthy of being a football captain. The major female character felt like she had to have sex with her dates in order to feel accepted, wanted, and attractive.

This film generated discussion of having regard for others' feelings. This was a disruptive session. The members appeared to have some difficulty in discussing teenage sex. They were all very attentive during the films but hard to focus during the discussions.

During the wrap-up the members all stated that they learned they must have consideration for others' feelings in relationships. None of the members offered information about current relationships.

COMMENTS ON INDIVIDUAL'S PARTICIPATION

GROUP NOTESNAME OF GROUP: J.S.O. Group SESSION # 11LEADERS: A. Klein/K. Saulnier DATE: May 8, 1985DESCRIPTION OF SESSION (content/process)

- One member missing. No phone call.
- Focus of today's session was Sex Education concerning the Male Body and forms of Birth Control.
- Check-in.
- Film - Am I Normal (from Planned Parenthood). Basic message: It is "normal" if you masturbate and if you do not. Size of penis has nothing to do with "masculinity or manliness." Wet dreams occur because of the body changing in puberty and experiencing such is "normal." Experiencing erections "for no reason or due to thoughts" is normal.
- Discussion - Members stated the acting was bad. Members did not get personal regarding their experiences with wet dreams, masturbation, etc. All were attentive throughout the film. This film is excellent resource.
- Break - Had pic-a-pop. Member did not bring fudge "as promised."
- Birth Control - Had the kit from Planned Parenthood. Discussed IUD, diaphragm, cervical cap, pills, and condoms. Also, briefly addressed tubal ligation and vasectomy information.
- Session Debrief: A few of the members stated they learned something about birth control but there was no direct clarification. Most members appear to find it difficult to confront the issue of sexuality and birth control directly thus there was much disruption and topic diversion. Joking and sarcasm were prevalent.
- The group behaviour can be interpreted in two ways: (1) The members are comfortable thus they are "acting out" their discomfort with the topic areas, or (2) The members are "testing" the leaders by seeing how far they can go with foul language, sarcastic comments, etc. Both interpretations acknowledge the members' indirect behavioural communication as a message.

COMMENTS ON INDIVIDUAL'S PARTICIPATION

NAME OF GROUP: J.S.O. Group SESSION # 12
LEADERS: A. Klein/K. Saulnier DATE: May 15, 1985

DESCRIPTION OF SESSION (content/process)

- All members present.
- Session Theme: Communication
- Check-in. The issue that the group chose to discuss was "beating up another or picking on another as a gang effort." One of the most immature members stated that he and some friends beat up a guy at noon hour before leaving school. He enjoyed it and it made him feel good. Most of the members stated that they have done such a thing on occasion.
- Feelings Exercise - The group brainstormed a list of feelings they had experienced. There was a list of 24: confused, rejected, embarrassed, sexy, excited, horny, worried, ashamed, guilty, nervous, tired, bored, bitchy, depressed, sad, angry, sick, frustrated, happy, dreary, lonely, in pain, shitty, sore, like dying (suicidal). These were symbolically put into a wine bottle. The analogy of a "blow-up" was exemplified with the following question and answer. "What would happen if the bottle was heated up and agitated with all those feelings in it with the cap on tight?" "It would blow up." This is what could happen to a person if they were not sending clear messages to people about their feelings. If we are ambiguous, no one knows how we feel. It's very important to express feelings and not keep them bottled up.
- The following feelings were "acted out" by the members and leaders. We broke up into two teams for charades and took turns at guessing. The feelings acted were: Rejected, Anger, Guilt, Sad, Worried, Happy, Sexy, Nervous, Comfortable, Lonely, Embarrassed, Confused.
- Break - Drinks, popcorn and homemade fudge. The fudge was made by a group member - runny but tasty!
- We then discussed Constructive and Non Constructive ways of expressing feelings.
- This was a very good session. Initially the group members were very disruptive and focused on one member as being a good target to verbally harass. He had twisted his ankle the day before and required crutches for at least four days. For the last 15 minutes of the session, this was pointed out and utilized to depict the use of non-constructive communication. The member was encouraged to state how he felt. The group was very attentive as the room was very silent. The constructive use of communication discouraged further

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COMMENTS ON INDIVIDUAL'S PARTICIPATION

unkind remarks. This exercise leads us to the planned topic of assertiveness.

- Homework for the week: try to clearly express your feelings just once to someone and note what happens.

NAME OF GROUP: J.S.O. Group SESSION # 13
LEADERS: A. Klein/K.Saulnier DATE: May 22, 1985

DESCRIPTION OF SESSION (content/process)

- We had a very long check-in today. All members present. All were quite cheerful, spontaneous, and very respectful of others today.
- Issues arising during check-in were:
 1. Consider making a film about Juvenile Sex Offenders for instruction purposes. Many of the members believe they have valuable information and opinions to share.
 2. Colours men should wear. All are concerned about their image and would not be caught wearing pink, etc. The male group leader was wearing a pink shirt and this promoted the discussion. Reframe: "you have to be very brave to wear pink."
 3. Drinking and partying sometimes can be dangerous. One member's friend was stabbed (died) at an outdoor party over the weekend. Drug usage was prevalent that evening also. This incident promoted good discussion.
 4. Some discussion around final session (party, etc.)
- Break: Focus for today was enabling the members to use the camera equipment and be filmed. They were to notice their presentation on camera and critique their use of body language, speech, and general self-presentation.
- Spent over 1/2 hour taping and playing back the recorded material. All enjoyed watching themselves on tape.
- The logs were handed out. All members received a two page feedback with comments, concerns, and questions. This should have been done much earlier in the group process. The logs can be used for individual constructive feedback and personal questions. Many members responded briefly and honestly. They appreciated reading the constructive critical comments, suggestions, and probing questions. They appreciate the written encouragement and respectfulness.
- Agenda for next week: Continue with taping and incorporate material about passive, aggressive, and assertive communication. More discussion regarding the final session.

COMMENTS ON INDIVIDUAL'S PARTICIPATION

NAME OF GROUP: J.S.O. Group SESSION # 14
LEADERS: A. Klein/K. Saulnier DATE: May 29, 1985

DESCRIPTION OF SESSION (content/process)

- Today's Focus: Communication: Passive, Aggressive and Assertive. One member absent, and one member very late as cab did not pick him up on time.
- We had a long check-in today. All members very relaxed. Minimal foul language was used.
- During check-in the following business issues were covered as well:
 - A. Final session will be Tuesday, June 11, 1985 at 1:15 to 3:15 at the University with a bar-b-que afterwards at King's Park. We are having hamburgers and various desserts. Some members are unable to be here Wednesday, June 12 due to exams thus the change to Tuesday.
 - B. We will continue to use the video recorder for the next session as we are going to cover communication and problem solving further.
 - C. Two members will not be here next week due to track and field meets.
- One member, who will soon be 14, informed the group that he was able to get into a bar over the weekend. This generated discussion concerning the appropriate age of entry to a bar. He even stated that 16 was possibly a better age since he would not be pleased to hear that his son was drinking at age 14 (when he is a father). It appeared as if a few members required encouragement and considerable negotiation in order to help them decide if they would be attending the last session. Exams were initially seen as an insurmountable obstacle. Resistance to Termination??
- Break - Short break with no snacks.
- Video recording of the Communication exercise. The leaders gave examples of passive (indirect and avoiding), aggressive (namecalling, disrespectful of others' feelings), and assertive communications (direct, respectful and using, "I feel.." statements).
- The members took turns using the recorder and acting out the prescribed scenarios devised for their age group. (see handout)
- It was enjoyable watching the members act out their problem solving utilizing the styles of communication we exemplified today. The members lost track of time and were very attentive throughout the session. See attached sheet.
- Some members appeared to be "natural" assertive communicators as they were able to logically approach a difficult or stressful situation rather than impulsively react. It was also clear that a few members were very aggressive communicators due to the very colorful language displayed. The advantage of having a female co-therapist cannot be stressed enough in this instance. It was very important for the members to role play certain scenarios with a female in order to appreciate the impact of the interaction.

COMMENTS ON INDIVIDUAL'S PARTICIPATION

(Cont'd)

- Next session we will continue with the videotaping and more assertive communication exercises.

Communication and Assertiveness Exercises

1. Your friend borrowed one of your favorite jackets a few weeks ago and now you have to ask him for it.
2. A girl your age, whom you do not want to go out with, takes up your time during school breaks and hints that she would like to go out with you. How do you handle this?
3. The girl you have been dating is pressuring you to have sexual intercourse and you are not sure you want to. How do you handle this?
4. Your parents have made a new rule in the house and you feel it is unfair. How do you deal with this?
5. The girl you have been going out with keeps touching your buttocks, holding your hand, and wanting to kiss you in front of all your friends. How can you get her to stop?
6. Your teacher is giving you a hard time because she thinks you were talking in class but you weren't. How do you deal with this?
7. Your friends want to go out doing something you think is dangerous. How do you say no?
8. Some of your friends decide to pick on a new guy at school. What do you do?
9. You see a classmate cheat during an exam. What do you do?
10. A guy you know continually makes leering comments to a good female friend of yours. What would you do?
11. A girl continually makes rude and leering comments to you every time she sees you. You probably think she is complimenting you but you want her to stop the personal remarks. What do you do?
12. A guy much larger than you and obviously much stronger than you decides to call you down in front of his friends and a few of your friends. What do you do?
13. You are a passenger in a car load full of friends. Everyone is having fun... drinking and driving very fast. You feel very uncomfortable, almost scared because of the speed at which you are travelling. What do you do?
14. A teacher pays you a well deserved compliment. What do you do?

NAME OF GROUP: J.S.O. Group SESSION # 15
LEADERS: A. Klein/K. Saulnier DATE: June 5, 1985

DESCRIPTION OF SESSION (content/process)

- Focus for today was: A continuation of the Communications exercise.
Do an exercise concerning values - Alligator River.
Complete various forms (Post-testing).
- Kathryn Saulnier was absent today due to attending a conference in Vancouver.
- One group member was absent due to attending a track and field meet.
- Brief check-in. No issues raised.
- All signed a thank-you letter to the adult offender who came to speak to the group in early April 1985.
- Continued with the Communication exercise which was video-taped. It was apparent that most members were bored and wanted something else to do.
- Brief break. No drinks or snacks provided. Members bought their own.
- Broke into groups of 3 to discuss the Alligator River Situation (see attached).
- The group viewed Slug and Abigail as the least offensive characters. John was offensive but Sinbad was seen as the worst. Abigail was seen as having no choice, therefore, John should not have rejected her. Slug was just "teaching John a lesson." Sinbad was horrible as he was seen as taking advantage of another's misfortune and desperation.
- Both groups video-taped their responses.
- Forms involving the group Post-test and Evaluation forms were distributed. The Beck Depression Inventory was also utilized. A few members still state they have thoughts on suicide and one member scored extremely high on the inventory.
- Plans for next session were solidified.

COMMENTS ON INDIVIDUAL'S PARTICIPATION

ALLIGATOR RIVER

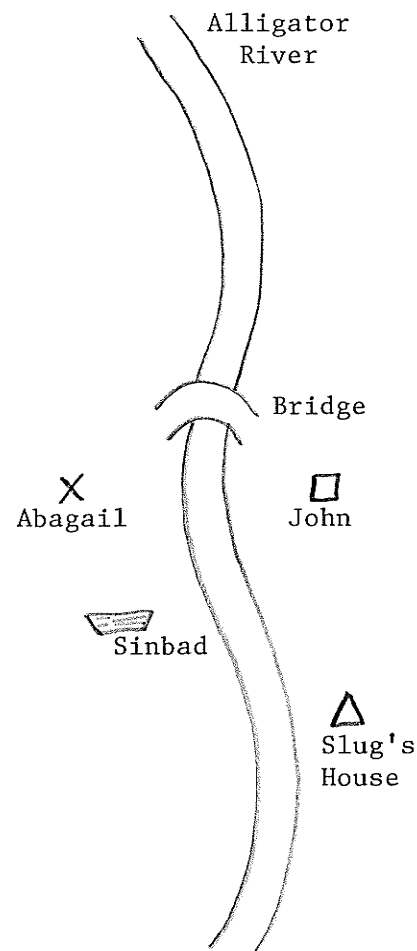
Once upon a time there was a river full of snapping, dangerous alligators. ABIGAIL, who was dearly in love with JOHN, lived on one side of the river. She was to cross the river to marry John, but that night a terrible raging storm smashed the only bridge to pieces. How was Abigail to reach the other side?

In tears, she approached SINBAD the Sailor, who had a sturdy boat. Sinbad slyly said he would be happy to transport Abigail, IF she would have sex with him as payment. Abigail was undecided--she had vowed to wait for John, but how could she get across the river? She decided to accept Sinbad's offer, and off they sailed.

John was delighted to see dear Abigail, but when he asked her how she had managed to convince Sinbad to give her a ride across the river, and she told him, John became very angry. He told Abigail the engagement was off, and he never wanted to see her again.

Feeling shattered, Abigail went down to the riverbank to see her good friend SLUG, and told him about the whole situation. Slug was furious with John for treating Abigail so shabbily, and stomped off to John's house and beat him up.

Think about each character, and their values and behaviour. Who did you like the least? Who did you like the best? Rank them. Why did you decide to rank them this way?



Liked Best

- 1.
- 2.
- 3.
- 4.

Liked Least

GROUP NOTES

NAME OF GROUP: J.S.O. Group SESSION # 16
 LEADERS: A. Klein/K. Saulnier DATE: June 11, 1985

DESCRIPTION OF SESSION (content/process)

- One member missed this session... no phone call.
- Focus of today was discussing how each one of them would make sure sexual offenses do not occur again. We had discussed this issue throughout the other sessions but this time we chose to make this a formal topic. Some said they would not be babysitting again. Others said they would just get busy with something else when they got the thought or should they get an erection. Most stated that since they now understand the concept of empathy and how sexual abuse affects young children, they will not attempt again. The sex education component of the program helped most of them realize it was normal to get erections and they did not have to use a human being to relieve their tensions.
- We had a "pay day exercise" where each member had to pay themselves a certain amount out of \$100. All paid themselves \$70 or more. Their collective reasons were:
 1. Always at the sessions and it helped him understand... \$90
 2. Missed one session and took risks... \$80
 3. Missed two sessions and was not listening that well... \$70
 4. Attendance bad. Goofing off and swearing. Learned something... \$70
 5. Missed one session and "pissed around a lot"... \$85
 6. Missed a few and was late. Learned a lot and exhibited quality thought when he chose to speak... \$75
- All stated at closing that they were glad they were part of the group. All believe they are "normal" and will not reoffend.

All were given a 90 minute tape of various songs. This was a celebration gift of mostly non-sexist happy songs. Most seemed to be appreciative of this gesture.

A tape was mailed to the member who missed.

After a 1½ hour session at the Psychological Service Centre, we all went to King's Park near the University of Manitoba for a picnic. It was a beautiful sunny day as we had hoped so we cooked hamburgers. Each member brought something.

All but one member were fairly rowdy and foul mouthed. The one member who emerged as the "Group Victim" was "picked on." Interesting to note that this person had experienced the most physical victimology throughout his life. This concerned the group leaders but it soon became apparent that

COMMENTS ON INDIVIDUAL'S PARTICIPATION

(Cont'd)

this individual set himself up to be "ganged up on" by bothering the other members first. As mentioned before, only one member (who happened to be the second youngest in the group) did not participate in this activity of throwing water and soft drinks or putting mustard on the "Group Victim."

At around 5:30 p.m. we shut down the party.

All were agreeable to a follow-up contact but none of the members committed themselves to keeping in contact with each other.

APPENDIX I

Termination Interview Form

Termination Interview Form

Questionnaire Scores: Loneliness _____
Self-Esteem _____
Locus of Control _____
Beck Depression _____

Does client understand he has committed a crime? _____

Has client openly admitted taking responsibility for his actions?

Has client said he was sorry to the victim? _____

Can client relate knowledge he has learned regarding the sexual education component of the group process?

What is the client's reason for committing the sexual offense?

How does the client feel about himself?

What are the client's future aspirations?

Has the client the same peer group as when he initially entered group therapy? Is this a favourable group?

Has client's behaviour and participation in school changed?

Have there been changes at his residence? What? _____

Can client state readily he will not reoffend? _____

How did client handle termination? _____

Comments/Recommendations/Referrals

Letter Sent to Referring Agency/Professional _____ Date _____

APPENDIX J

- A) Letter to Member
- B) Form to Member
- C) Letter to Parent
- D) Form to Parent
- E) Letter to Social Worker/Probation Officer/Therapist
- F) Form to Social Worker/Probation Officer/Therapist

Aaron Klein
c/o Child & Family Services
of Winnipeg West
2393A Ness Avenue
Winnipeg, Manitoba
R3J 1A5

17 February 1986

Dear

The attached page is a form we agreed I would mail to you at least one half year after the group sessions ended. You attended the Jevenile Sex Offenders Group offered out of the Psychological Services Centre at the University of Manitoba from Februar 27 to June 11, 1985.

Your responses are very important as they will determine the effectiveness of the group therapy and what should be changed for future groups.

Please complete the form as soon as possible and return it using the stamped and addressed envelope.

To ensure confidentiality, I have given each group member a number. Only I know what your number is once your form reaches my office so your name will not be used in any manner. Your number is _____.

Thank you for your cooperation and promptness.

Yours truly,

Aaron Klein

Form for Member

Concerning # _____

1. Briefly tell me what has been happening for you since the last group session.
2. What grade are you currently in and how are you doing in school?
3. Are you currently on probation? If so, how long and for what?
4. Are you seeing a therapist? If so, please tell me why.
5. How do you feel about the group therapy you experienced?
6. Please tell me the few of the main things you learned and remember from the group experience.
7. What are your future plans?
8. What school or sport activities are you involved in?
9. Using any alcohol or drugs? If so, what, how much, and how often?
10. Are you dating or have you been dating?
11. Briefly tell me how your family is doing. If this question does not apply, please tell me how your placement is going.
12. Has there been a sexual reoffense? If so, when, where, and whom?
13. Have there been any other type of offenses? If so, what?
14. Is there anything else you would like to add?
15. Do you have any questions you would like me to answer?

Please use the back of this form should you require extra space. Thanks.

Aaron Klein
c/o Child & Family Services
of Winnipeg West
2393A Ness Avenue
Winnipeg, Manitoba
R3J 1A5

17 February 1986

Dear

The attached page is a form I would like you to complete. The questions regard _____ who attended the Group at the Psychological Services Centre at the University of Manitoba from February 27 to June 11, 1985.

These are some questions I believe the parent or guardian should be asked so I can effectively determine the impact of the group involvement. A special form has also been sent to the social worker/therapist/probation officer where applicable.

All responses are confidential. To ensure this, a number is on the form which corresponds to the member's name so once you have mailed the response only I know who is being referred to on the form.

Please return the form in the stamped and addressed envelope provided. If you have any questions, please call 945-6423. Thank you.

Yours truly,

Aaron Klein

Form for Parent/Guardian

Concerning # _____

1. Briefly tell me what has been happening for the member since June 11, 1985.
2. What grade is the member currently in and how is he doing?
3. Is the member currently on probation? If so, for what and how long?
4. Have there been any offenses of any nature since June 1985?
5. Is the member seeing a therapist? If so, how often and for what reason?
6. Do you feel the group therapy has affected the member's view on life? If so, please explain.
7. Have there been any changes regarding how he relates to family members? If so, please explain.
8. Have there been any changes in social activities or with whom he socializes?
9. In which school activities, sport activities, or community activities does the member participate?
10. What future plans does the member have?
11. How does the member relate to his father?
12. How does the member relate to his mother?
13. Is there anything else you would like to add?
14. Do you have any questions you would like me to answer?
15. Who completed this form? Mother/Father/Guardian/Child Care Worker in a Group Home?

I understand many of these questions require a subjective answer, however, it is very important that I hear what you have to say from your point of view. Thanks.

Aaron Klein
c/o Child & Family Services
of Winnipeg West
2393A Ness Avenue
Winnipeg, Manitoba
R3J 1A5

17 February 1986

Dear

The attached page is a form I would like you to complete. The questions regard _____ who attended the Juvenile Sex Offenders Group at the Psychological Services Centre at the University of Manitoba from February 27 to June 11, 1985.

These are some questions I believe the Social Worker/Therapist/Probation Officer should be asked so I can effectively determine the effect of the group involvement. Forms have also been sent to the parents where applicable.

All responses are confidential. To ensure this, a number is on the form which corresponds to the member's name so once you have mailed the response only I know who is being referred to on the form.

Please return the form in the stamped and addressed envelope provided. If you have any questions, please call 945-6423. Thank you.

Yours truly,

Aaron Klein

Form for Social Worker/Therapist/Probation Officer

Concerning # _____

1. Briefly tell me what has been happening for the member since June 11, 1985.
2. Has he seen a therapist? If so, for how long and why?
3. What grade is the member in and how is he doing?
4. Is the member currently on probation? If so, for how long and why?
5. Has there been a sexual reoffense? Any other offenses?
6. Briefly tell me how the member relates to his father (where applicable).
7. Briefly tell me how the member relates to his mother (where applicable).
8. Have there been any changes in social activities or persons with whom the member socializes?
9. Briefly tell me the type of disposition the member generally displays.
10. Is there anything you would like to add?
11. Who completed this form? Social worker/Therapist/Probation Officer/Etc.

Please use the back of the form should you require extra space.

I understand most of your comments will be fairly subjective, however, it is very important for me to have a second opinion. Thank you.

APPENDIX K
FOLLOW-UP SESSION CONTENT NOTES

NAME OF GROUP: J.S.O. Group SESSION # Follow-up
LEADERS: A. Klein/K. Saulnier DATE: March 22, 1986

DESCRIPTION OF SESSION (content/process)

This session was held at Child & Family Services of Wpg. West in the Boardroom.

Two members did not attend. Two members were late as they had difficulty finding the location.

- After a lengthy check-in where all had a chance to state some of the highlights in their lives since the last group session in June 1985, the Group Leaders conducted a short agenda. The focus was briefly discussing the concept of empathy and having regard for other's feelings when in a relationship. We also discussed sex roles and how many people just "expect" people to behave in a certain way. For example, boys and girls are just "expected" to act differently. We discussed how people can get "locked into roles."

- Kathryn brought an audio tape of songs and dialogue which assisted in describing how people "expect" boys or girls to behave in a certain way. "Boys will be boys" was one of the songs.

- Long range future plans were discussed and "five year plans" were discussed. The importance of goals and realistic plans was stressed. The members 5 year plans were: being in an accounting department of a large corporation, taking a cooking course in Paris, being a journeyman in autobody repair, living in Vancouver with a woman, taking a business course at a Community College.

- None thought they would be married or have children in five years.

- One of the members, who came in last, has much longer hair than usual. He reported not to be attending school and taking his Grade 9 by correspondence. He said he was so bored just sitting around home. The other four members entered into problem solving and suggested he get a job and a haircut. "You can't live on the allowance which your mother give you, forever."

- All members stated they would not even entertain the thought of reoffending sexually.

- One member left by himself as a friend picked him up. The other four members left together and, I believe, planned to spend a further portion of the day together elsewhere. The four members had to be requested to leave after the coffee and lasagna. They were ready to settle in for a good visit with each other but the group leaders just had to leave and lock up the premises.

COMMENTS ON INDIVIDUAL'S PARTICIPATION
