EFFECTIVENESS OF GROUP THERAPY FOR NINE TO TWELVE YEAR OLD GIRLS: A QUALITATIVE ANALYSIS

BY

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ABSTRACT

This study examines the effectiveness of a ten week therapy group for nine to twelve year old girls who have experienced intra-familial sexual abuse. Data was obtained through written field notes utilizing details of the group process and categorized into themes in order to determine which factors contributed to the effectiveness of that process. Factors which contributed most included; a sense of belonging, positive relationships developed with safe adults and peers, structure, predictablity of approach, safe and supportive environment, clear and predictable boundaries, ability to express feelings about abusive experiences, and commonalities amoungst the group members. Factors which detered group effectiveness included drop outs from the group, differences in age, maturity and living conditions, and severe cognitive distortions. Recommendations for group leaders is included. Recommendations for research to aid in understanding more fully the factors which contribute to creating effective and healing group experiences are discussed.

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Chapter 1
Introduction

"Debbie was in bed but she was not asleep. She could hear noise downstairs, and knew what that meant. Covering her head with the blanket she hoped to make it all go away for a little while, but this did not happen. As she looked out into the darkness of her room, she could see him. Her heart began pounding rapidly as she watched him approach her bed. Quickly, she closed her eyes and pretended to be asleep, praying that he would think she was asleep and leave. The smell of his liquor stained breath told her that he was close to her. In her terror she almost screamed. She held onto her throat really hard to make sure she stayed quiet so that Daddy would not be mad at her. Feeling his hand moving up her leg, she froze even more. If only she didn't have to feel anything. Then he began to rub her vagina. She felt the muscles in her bum tighten as she anticipated his next move. He took down his pants, pulled the sheets down, lay on her, placed his penis between her legs, and began to rub it against her vagina. She could barely breath underneath him, almost gagging from the rancid stench of his armpits. She began to imagine herself up on the ceiling way far away from him. she felt better. When his whole body began to shake, and he moaned quietly she knew it was all over. Watching him get up, fix his pants, and look at her with that look, the one that said, "this is our secret," only reminded her of the time she told. She remembered the accusing look on her mom's face as she shouted, "Shut your dirty mouth. I never want to hear you talk about your father that way again." She swore she would never mention it again. She closed her eyes, rolled on her side and began to rock herself gently. Tears rolled down her cheeks. She tightened her throat so as not to make a sound but she did not sleep that night. She just lay there wondering how she could go away so that she wouldn't have to face daddy at night. She hoped for death. In the morning she got out of bed, and without saying a word to anyone, bathed, got dressed, and went to school."

The child in this scenario suffers serious trauma as a result of sexual abuse. What will help this child so that she will not have to suffer long term effects? How can this child effectively heal from the serious physical, mental, emotional, and spiritual wounding which constitute her life?

Clinicians have written volumes on the experience of the child who has been abused and their families providing insight into the serious consequences of such an act. Extensive research has documented the insidious physical, psychological, sexual, social, and emotional effects of sexual abuse on the welfare of children, noting that they range from short term effects to long term dysfunction (Terr, 1985; 1990; Walker et al, 1988; Finklehor, 1984; Browne & Finklehor, 1985, 1986; Kendall-Tackett, et al, 1993; Sgroi, 1982; Friedrich, 1993). The wealth of literature reflects a commitment to searching for treatments that validate and affirm the child's experience and provide healing for these children and their families. A multimodal approach whereby individual, group, and family therapies are combined has been recommended by many clinicians (Sgroi, 1982; Finklehor, 1984; Browne & Finklehor, 1985, 1986; Faller, 1988; Berlinger and Ernst, 1984; Gil. 1990; James, 1989; Terr, 1990; DeLuca et al, 1992), thus optimizing the child's opportunity for therapeutic gain and the restoration of their well being.

Clinicians have discovered that the unique constellation of symptoms and issues in children who experience sexual abuse present treatment issues that are particularly amenable to group therapy (Kitchur & Bell, 1989; Sgroi, 1982; Berman, 1989; Celano, 1990; Mandell et al, 1989; Walker, 1988; Berlinger & Ernst, 1984). These issues include low self esteem, poor social skills, trust, distorted cognition's, damaged goods syndrome, guilt, fear, role confusion, and issues of self mastery and control (Kitchur & Bell, 1989; Sgroi, 1982, DeLuca et al, 1992).

Much has been done to establish the treatment goals and therapeutic ideas that reflect the treatment issues relevant to children who have experienced sexual abuse. However, the effectiveness of the group in facilitating healing changes in children's lives has been given minimal evaluation (Green, 1993; DeLuca, 1992). The purpose of this study is to examine the effectiveness of the group in helping children heal from the negative effects of sexual abuse. I am particularly interested in knowing what factors contribute to the healing process for individual children in the group.

The specific objectives of my study are:

To run a time limited group for 9 to 12 years old girls which includes goals related to the issues relevant to sexual abuse for this age group.

To observe the group and record the process.

To categorize the information under the headings of trust, social interaction, expression of affect and cognitive distortion and belief, and self mastery and control.

To interview the children informally throughout the group process to express their perspective on how the group has been effective and/or ineffective at helping them to heal.

To make evaluations based on the observations and interviews of the group process, its goals, and the activities as effective healing agents for these children.

Statement of the Problem

Do children experience healing in group therapy? What factors contribute to a child's healing in a group setting? What determines an effective group process? These questions reflect my concerns about group effectiveness. These are questions that many therapists ask themselves when they are in the process of setting up a group for children who have experienced sexual abuse. They want to be sure that the process is a healing experience for each and every child.

While much has been done to establish treatment goals and therapies for children and their families, less has been done to establish the effectiveness of these programs. While this question can be partially answered through the use of standardized measures, it can not be fully grasped without an intimate understanding of the process itself. As Eisner (1991) states, it requires an intimacy with what occurs in groups. This direct, intimate contact with the group will provide much information about how the group works supplying the clinician with feedback that may be instrumental in pinpointing what is effective or not effective in the running of groups for children. Eisner (1991) labeled this form of research qualitative noting that it is an attempt at getting below the surface of the situation to construct meaning. The child's journey in the healing process may be constructed from this method and valuable information about what specifically works and how it affects children may be derived.

Research to confirm the effectiveness of group treatment is required to give practitioners information that can guide them in their understanding of how the group process affects the child, and how individuals are healing in the process. I believe that a qualitative approach to studying the effectiveness of the group process is both valuable and needed for evaluating the effectiveness of group therapy for children who have experienced sexual abuse.

CHAPTER 2
REVIEW OF THE LITERATURE

History

Sexual abuse is being disclosed by thousands of men, womyn (sic), and children every year. Most of us are shocked by the prevalence and degree of abuse occurring in our present day world, perhaps blaming the slack morals of todays society. However, the reality is that childhood sexual abuse probably occurs less frequently today than it did even a century ago (Olafson, Corwin, Summit, 1993; Finklehor, 1990). Research by historians (Walker, Bonner, Kaufman, 1988) indicates that children had fewer rights and were perceived as property prior to this century, indicating that they were probably exploited to a much greater degree.

It is also known that one hundred years ago, victims of childhood sexual abuse rarely openly discussed their experience and when they did they were not publicly validated in it (Olafson, et al, 1993). It is easy to believe that because we didn't hear anything about abuse it didn't occur. The truth is that society was unable to deal with this abusive reality and found ways to repress it (Olafson, et al, 1993). Today, those who experience abuse can talk about it, they are believed, and action is taken to rectify the situation (Walker, et al, 1988; Olafson, et al, 1993).

The abuse of children has a very long history. In fact, in some ancient civilizations, religious ceremonies and initiation rights involved sexual activity between adults and children (Walker et al, 1988). Research has shown that people engaged in pedophilia and

incest and that children have been bought and sold as prostitutes since the beginning of time (Walker et al, 1988).

Abuse practices were reflected in the dominant attitudes of the time which perceived children as the property and chattel of their parents who could treat them any way they wanted. Even the laws reflected such attitudes. For example, in the 1600's in Massachusettes, it was considered acceptable to severely punish or even kill a disobedient or wicked child under what was called "The Stubborn Child Act" (Walker et al, 1988, p. 4).

This abuse was partially confronted by Sigmond Freud in the later part of the late 19th century. Unfortunately, Freud's initial reports of childhood sexual abuse met with grave disbelief from fellow colleagues. The world was not prepared to hear about childhood sexual abuse and Freud was not prepared to deal with the aftermath of his claims (Terr, 1990). His subsequent recantation made it necessary for him to create new explanations about these experiences. He created the drive theory and the Oedipal complex stating that these experiences were merely fantasies and sexual complexities of the child's psychosexual development. His psychoanalytic theories gained much status, and professional acceptance of the existence of childhood sexual abuse was submerged again for the next 80 years.

Childhood sexual abuse has only been recognized as a serious and rampant problem in very recent times. This is due in part to the changes in attitudes towards children. Reform movements across the world have been instrumental in forming new attitudes towards children, providing protection from abusive and exploitive parenting

practices, and making the public aware of the reality and prevalence of childhood sexual abuse. This has its roots in the late 19th century when reform movements and services for children began to evolve (Bagley and King, 1990). They are as follows:

1.) Elizabethan Poor Laws (early 19th century). With the passing of these laws, children of the poor could find refuge from their parents. Shelters were expanded to include abused and delinquent juveniles.

2.) Humane Movement (mid 19th Century). This movement originated out of the Society for the Prevention of cruelty to animals. The founder of the movement was instrumental in helping an 8 year old girl find legal refuge from her abusive mother. A year after the case was won, the Society for the Prevention of Cruelty to Children was formed (1874). This movement spread across the United States and is now world wide.

3.) Juvenile Court System (Early 1900's). The development of the Juvenile Court System was an attempt to decriminalize juvenile proceedings and provide treatment rather than punishment. A major contributing factor in this movement was the change in the ideology of child rearing. Recognizing the need for developmental guidance and the detrimental affects of a punitive approach were becoming understood and gaining widespread acceptance.

These movements were helpful in changing attitudes towards children and providing humane conditions and services for them. However, more was needed to break the profound wall of denial that

surrounded the recognition of childhood sexual abuse. Even in the 1970's when the Battered Child Syndrome had become widely accepted, sexual abuse was thought to be rare (Walker, et al, 1988).

The civil rights movement which focused attention on the oppressed and previously silent groups such as womyn and children made it possible for womyn to speak out about their lives. Social awareness of the sexual abuse of children occurred through the feminist movement as womyn, through their writings, revealed their own childhood sexual abuse thus giving permission for others, less vocal, to come forward. By the 1980's, reported cases of childhood sexual abuse mushroomed. The number of cases reported in the United States increased from 1,975 in 1976 to 22,918 in 1982 (Finklehor, 1984). Fortunately, society is developing attitudes which acknowledge the reality of sexual abuse of children and which perceive children as having the right to be protected from such practices.

Definitions:

There is not always consensus among professionals when defining what constitutes sexual abuse. Some believe that a standard definition is critical in order to fully understand the scope of the problem (Bolton, 1989). Despite this lack of consensus, several definitions have become popular and continue to guide the research carried out in child sexual abuse.

Bagley and King (1990) believe that a concise definition of childhood sexual health must first be ascertained before the definition of childhood sexual abuse can be discussed. Sexual health is defined as "...a body free for expression, a mind free for decision

making and a soul free for enjoyment. Sexual health for children would incorporate these values along their developmental continuum" (Bagley & King, 1990, p. 38).

Blick and Porter (1982) stated that child sexual abuse is a sexual act imposed on a child who lacks emotional and cognitive maturity. Authority and power permit the perpetrator, implicitly or directly to coerce the child into sexual compliance. Helfer and Kempe's (1976) definition continues to be the most popular, stating that "...the involvement of dependent developmentally immature children or adolescents in sexual activities they do not truly comprehend and to which they are unable to give informed consent" (p. 198) constitutes childhood sexual abuse.

Faller's (1988) definition takes into account that children and adolescents can be abused by someone who is not an adult. Her definition stated that "...sexual abuse is an act occurring between people who are at different developmental stages which is for the sexual gratification of the person at the more advanced stage" (p.11). Some professionals may challenge this definition arguing that sexual abuse is not a sexual act, but that other motivations underlie the behavior. Hunter (1990) for example, sees the sexual abuse of children as an expression of power, compulsiveness, desire for control, or an act of vengeance by the perpetrator which is masked as an act of love.

On a more local level, the Manitoba Guidelines on Identifying and Reporting Child Abuse (1988) defines sexual abuse as "...any exploitation of a child, whether consensual or not, for the gratification of a parent or person in whose care a child is and includes, but is not necessarily restricted to; sexual molestation, sexual assault, and the exploitation of the child for purposes of pornography or prostitution" (p. 14).

Specific types of sexual abuse are outlined by Faller (1988) who extended the type of exploitation to interactions where no physical contact occurs. She believes that sexual abuse includes the non contact forms of abuse. These include sexy talk where the perpetrator makes statements regarding the child's sexual attributes or about something sexual that he or she would like to do to the child. Exposure involves showing the child his or her private parts or masturbating in front of the child. Voyeurism involves watching the child while they are naked (ie; taking a bath), for sexual reasons and can be overt or covert.

Forms of sexual abuse which include physical contact include sexual touching, oral-genital sex such as fellatio (oral contact with penis), cunnilingus (oral contact with the vagina), or analingus (oral contact with anus). Interfemoral intercourse is intercourse without penetration. Digital penetration involves placing fingers in the vagina or anus or both. Penetration with objects is generally less frequent. Genital and anal intercourse involve placing the penis in the vagina or anus. Sexual exploitation can also include providing the child's services for pornography or prostitution. Often perpetrators will begin with milder forms of abuse and gradually move towards more sexually involved acts (Faller, 1988).

Prevalence:

A true reflection of the frequency with which children are sexually abused has been extremely difficult to obtain. The lack of consensus amoung definitions used to describe the experience are partially responsible for this variance. When reports of incidence focus on cases which involve intercourse the numbers are much smaller than reports which include exhibitionism, harassment, and even sexy talk

(Faller, 1988, Green, 1993). The situation is complicated by the fact that sexual abuse is highly underreported. Even when it is, many child protection agencies provide statistics of incidence that only represent the cases they investigated rather than the entire number of reported cases (Walker et al, 1988)

Research conducted by Dutton (1990) on the prevalence of child sexual abuse in Canada surveyed normal populations. They found major discrepancies in the reports of sexual abuse, concluding that confident estimates of the prevalence could not be established. Female rates for child sexual abuse ranged from 6% to 62% (mean 22.7%) whereas male rates ranged from 3% to 16% (mean 7%) (Dutton, 1990). Regardless of the difficulty in obtaining accurate statistics regarding the prevalence of child sexual abuse, it is clear that the problem is one of considerable magnitude (Walker et al, 1988). Finklehor (1984) estimated that between 150,000 and 200,000 children in the United States are victimized annually. The National Incidence Study carried out in 1986 estimated that 155,900 children, or 2.5 per 1000 in the population were sexually abused that year (cited in Green, 1993). Further, findings indicated that the number of reported incidents of sexual abuse are increasing every year. As previously stated the American Humane Association reported vast increases in reported cases of 1,975 in 1976 to 22, 918 in 1982, a 9% increase in 6 years (Finklehor, 1984).

Research also indicates that females were abused more often than males. A Canadian National Population Survey of 1006 females and 1003 males documented prevalence rates of 34% for females and 13% for males. In a study of college students in New England, Finklehor

(1979) reported that 19.2% of the womyn and 8.6% of the men indicated that they had been sexually abused as children. Finklehor estimated that for every man who is sexually abused 2.5 womyn have been, corresponding to a breakdown of 71% for females and 29% for males (Finklehor, cited in Green, 1993)

The average age at which children report abuse in Finklehor's(1984) study was 10.2 for girls and 11.2 for boys. The data also indicates that 43% of girls are abused by family members and only 24% are abused by strangers while 33% are abused by acquaintances. The trend for boys is quite different with only 17% being abused by family members, 30% by strangers and 53% by acquaintances. The research also indicated that 60% of the cases were single occurrences. Perpetrators were generally characterized as middle aged males (80.5%) most of whom were fathers, step fathers, or father figures. (Finklehor, 1984, Walker, 1988)

Effects of Sexual Abuse:

The short and long term effects of childhood sexual victimization has been extensively reviewed. Much of this research shows that children who are sexually abused do suffer from negative effects (Browne & Finklehor, 1985; Sgroi, 1982; Conte and Berlinger, 1988). Berlinger and Conte (1988) found that these "effects were severe enough to raise serious concerns about the long term mental health and social adjustment of sexually victimized children" (Walker, 1988, p. 74). This does not mean that everyone who is sexually abused will suffer from long term trauma. Finklehor (1990) describes a research project done by Chris Bagley at the University of Calgary. The survey randomly selected 500 womyn, 100 of which had been sexually

abused as children. He discovered that over 50% of the womyn who had been abused were functioning very well and were not at risk for any psychiatric illness. Only 20% of the 100 womyn had acute problems at the time of the survey (Finklehor, 1990). Although sexual abuse can have adverse effects on the lives of children, its important to remember that severe and/or long term effects are not necessarily inevitable.

Asher (1988) and Sgroi (1982) listed the behavioral manifestations associated with the short term effects of sexual victimization, providing an extensive review of the possible sequel of sexual molestation in children. These include sleep disturbances, nightmares, compulsive masturbation, precocious sex play, loss of developmental stages, frequent bathing, crying with no provocation, staying indoors, regression, depression, sudden school failure, truancy, running away from home, overly compliant, pseudo mature behavior, poor peer relationships or inability to make friends, lack of trust particularly with significant others, non participation in school and social activities, inability to concentrate in school, extraordinary fear of males, seductive behavior, and suicidal behavior. Some combination of these is likely to be seen in a child who has been sexually abused.

Sgroi's (1982) model for conceptualizing the negative effects of sexual abuse on children is helpful in understanding the potential impact of abuse on the child. The 10 issues addressed in her work include: damaged goods syndrome, guilt, fear, depression, low self esteem, poor social skills, repressed anger and hostility, impaired ability to trust, blurred role boundaries, role confusion, pseudo

maturity coupled with failure to accomplish developmental tasks, and self mastery and control.

The "damaged goods" syndrome refers to an amalgamation of responses felt by the child even when no physical damage occurs. The child's felt experience is one of internal physical damage being reflected in concerns about virginity, and whether they will be normal like other children when they are adults. The responses from the community within which the child lives can reflect attitudes that make the child feel different, somehow damaged or changed for life.

The second issue is guilt. Children may not feel guilty prior to disclosure but "intense guilt feelings following disclosure of sexual abuse are practically a universal victim response" (Sgroi, 1982, p. 115). Sgroi (1982) described the three levels of guilt felt by children as 1) responsibility for the sexual behavior, 2) responsibility for disclosure, and 3) responsibility for disruption in the family. Children often feel responsible for the abuse when they experienced pleasure in the sexual relationship. They believe that their enjoyment of the abuse was a reflection of their wanting it.

Another common response is fear of the perpetrator and fear of the consequences of the disclosure. The fear may manifest itself in a number of ways. Nightmares are the most common manifestation. Depression is seen in almost every child. This may occur prior to disclosure. Overt signs of sadness, or withdrawn behavior are indicators of depression. Covert or masked forms can be seen in fatigue and/or somatic complaints. In its extreme form, self mutilation and suicide attempts may result (Sgroi, 1982).

Low self esteem is often seen in children who feel stigmatized by society. Feelings of guilt and fear undermine their self confidence and erode existing self esteem. Children in incestuous homes are often discouraged from making friends outside the family, resulting in a lack of social skills, further eroding self esteem as the few peer experiences they do have are unsatisfactory. This perpetuates the feelings of unworthiness. These children often feel helpless to assert themselves on their own behalf and generally perpetuate this with a negative self image (Sgroi, 1982).

Repressed anger and hostility is often hidden behind an outwardly passive and compliant mask. They are angry at the perpetrators who exploited them, themselves for disrupting a relationship that was meaningful, the family members who did not protect them, and/or those who handled the disclosure poorly (Sgroi, 1982).

The depth of the child's inability to trust will depend on who the perpetrator is, the nature of their relationship, the degree of coercion or force used, the degree of pleasure experienced in the relationship, the amount of disruption following disclosure, and the response to disclosure. Children's trust is often damaged to a greater degree when the perpetrator is closely related, when more force is used, when their is more disruption in the child's life after the disclosure, and when the child is not believed (Browne & Finklehor, 1985).

Blurred role boundaries and role confusion occurs when the boundaries between adults and children is violated through the incest. The child becomes confused about their role in the family as they are made to take on adult roles at a very young age. Pseudo maturity occurs as the child acts as though they are much older than they

really are. Often they fail to complete the developmental tasks of their age because of the extensive focus on sexual matters. Children take on more adult roles, then become further isolated from their peers, which in turn makes them more vulnerable to the abusive environment and less able to complete normal developmental tasks.

Self mastery and control are particularly important because they are the cornerstones of becoming the unique self. Children who are inadvertently told by the perpetrator that they have no rights, are not entitled to their own privacy, and are only useful as they relate to the perpetrators needs cannot achieve a sense of self. This impedes any development of self mastery and control. This issue impacts severely on all of the already mentioned issues (Sgroi, 1982).

Many of these effects are cited in clinical studies. Kendall-Tackett, Williams, and Finklehor (1993) confirm the frequent presence of fear, anxiety, depression, post traumatic stress, behavior problems, anger and hostility, poor self esteem and inappropriate sexual behavior. Other clinical studies of children report large numbers of these effects including depression, guilt, learning difficulties, sexual promiscuity, runaway behavior, somatic complaints (e.g.. stomach aches) and hostility (Conte & Berlinger, 1988), phobias, nightmares and compulsive rituals like masturbation (Browne & Finklehor, 1986), dissociation, tension, multiple personality disorder (Putnam, 1993), and self destructive behaviors. Severe cases of child sexual abuse have been placed in the context of post traumatic stress disorder (PTSD), which include the combined symptomology of fear, startle reactions, reenactment of the trauma, flashbacks, sleep disturbance, and depressive symptoms (Goodwin, 1985; Terr, 1990). Physical

symptoms and complaints include sudden weight loss or gain, abdominal pain, vomiting, urinary tract infections (Kempe & Kempe, 1978), perennial bruises and tears, pharyngeal infections, and venereal diseases (Sgroi, 1982).

Evidence from empirical studies also confirm that sexual abuse in childhood does pose a risk to the psychological, sexual, spiritual and social well being of the child. Peters (1976) study of 64 child victims demonstrated significant increases in fear responses to men, strangers, being outside, increased difficulty falling asleep, increased nightmares, and decreases in appetite. Gomes-Schwartz et al (1985) studied 156 children who had experienced sexual abuse. Forty five percent showed disturbances of aggression, antisocial behavior, and impulse control, 40% showed significant increases in fear and anxiety, and 40% showed immature behavior. In a large scale study conducted by Conte, Berlinger, and Schwerman (1986), 369 sexually abused children were tested and compared with non abused children. Significant symptom differences were found in the following areas: concentration problems, increased aggression, withdrawal, somatic complaints, character/personality style difficulties, antisocial behavior, nervous/emotional, depression, behavioral regression, body image/self esteem, fear and post traumatic stress (Conte & Berlinger, 1988). In a study of 200 child outpatients in an incest treatment program, the following diagnosis confirmed a variety of harmful effects for incest victims. The diagnosis included adjustment disorder, anxiety disorder, developmental disorder, and somatization disorder (Sirles et al, 1989).

Kiser et al. (1988) discovered PTSD symptoms in 9 of 10 children who were sexually abused in a day care setting. McLeer, (1988) using DSM-III-R criteria documented PTSD in 48% of the children evaluated at the child psychiatry outpatient clinic. Seventy-five percent of the children abused by fathers and 25% abused by a trusted adult displayed symptoms of PTSD while those abused by an older child showed no symptoms.

Factors influencing the wide range of responses seen in children include the age and cognitive ability of the child, age of the perpetrator, duration and frequency of the abuse, form of inducement or coercion used, relationship to the perpetrator, type of sexual abuse, and responses by significant others when the abuse is disclosed (Gomes-Schwartz et al, 1985). Finklehor (1985) found that older victims, older perpetrators, excessive coercion, and male offenders (regardless of sex of victim), caused more negative effects for child victims. Tsai, Felman-Summers, & Edgar (1979) found that the older the victim at last sexual contact, the longer and more frequent the abuse, the more often sexual intercourse was attempted, the more severe was the impact. Seidner and Calhoun (cited in Finklehor, 1985) found similar results with adult survivors of childhood abuse. A more severe effect was associated with more frequent abuse, more force, male offenders, greater age differences between offender and victim, and self blame by the victim.

Long term effects of childhood sexual abuse are probably more extensively researched and understood because adult survivors can express their victimization more clearly. Adult survivors often present for therapy because of symptoms of chronic depression, guilt,

low self esteem, and suicidal ideation (Asher, 1988). Under this thin layer of defense lies intense expression of affect, cognitive impairment, overwhelming fear and anxiety, and hallucinations (Asher, 1988). Briere (Cited in Asher, 1988) calls this a "post sexual abuse syndrome". Finklehor and Browne's (1986) empirical findings confirmed this, indicating that adult survivors were more likely to manifest depression, self destructive behavior, anxiety, feelings of isolation and stigma, poor self esteem, a tendency towards re-victimization, substance abuse, difficulty with trust, and sexual maladjustment (p. 72).

Other research studies of adults who were sexually abused as children report problems of drug addiction and relationship difficulties (Meisleman, 1979), sexual dysfunction (Kendall-Tackett, et al, 1993) negative self image, depression, problems in interpersonal relationships and sexual dysfunction, substance abuse, suicidality, dissociative and somatic symptoms (Asher, 1988), fear of others (particularly men) (Meiselman, 1978), hostility towards parents (especially their mothers for not protecting them from the abuse) (Meiselman, 1978), a higher incidence of eating disorders (Ross, 1989), multiple personality disorder (Braun, and Sachs, 1984) and borderline personality disorder (Meiselman, 1978).

Finklehor and Browne (1986), in an attempt to develop a conceptual framework for viewing the effects of sexual abuse, have identified four components referred to as traumagenic dynamics, which summarize the data. They are: traumatic sexualization, betrayal, powerlessness, and stigmatization. Traumatic sexualization refers to the introduction of sexual experiences that are developmentally

inappropriate, interfering with healthy and normal development of sexuality and predisposing the child to future re-victimization or acting out. Betrayal refers to the loss of a sense of security and trust that results when someone the child depends on takes advantage of them. The powerlessness or disempowerment reflects the anxiety, fear, and helplessness that develops when the child is unable to prevent or terminate the abuse. This may be heightened when disclosing, if the child is not believed or inappropriate action is taken. Stigmatization refers to the negative connotations connected with those who are abused. The child feels guilty and ashamed for having been involved in such an act, causing low self esteem and further isolation.

Traumatic sexualization is connected with many effects of sexual abuse. Sexual preoccupation and repetitive sexual behavior such as masturbation or compulsive sexplay among young children (Asher, 1988; Sgroi, 1982), inappropriate knowledge about sexual matters, sexual acting out on other children, promiscuity in adolescence, or compulsive sexual behaviors, are effects that reflect sexual traumatization in children.

The psychological effects produced by traumatic sexualization include a heightened awareness about sexual issues inappropriate to the child's developmental level. The child's preoccupation with sexual matters interferes with their self identity and the healthy development of interpersonal relationships (Finklehor, 1985). Included in this is the damaged goods syndrome (Sgroi, 1982) whereby the child worries about whether they have been physically damaged from the abuse. Girls often wonder about their desirability when they

grow up, their virginity, and the possibility of permanent damage. Boys worry that they are homosexual. Children also may become confused about the role of sex in relationships, assuming that it is the way to give and obtain affection. Lastly children may associate sex with memories of revulsion, fear, anger and powerlessness. Aversion to sex and intimacy may result.

Effects associated with stigmatization also includes isolation. The child feels different from others and fears rejection by them believing that this will occur if others knew about the sexual abuse. The isolation can force the child to gravitate to circumstances such as drug and alcohol abuse, prostitution, and criminal activities. This further perpetuates isolation. The psychological impact of the stigmatization is related to the guilt and shame experienced as a result of the abuse. The child may feel responsible for the abuse which contributes to their negative self image. This is compounded by the isolation, which also contributes to low self esteem. Children from incestuous homes also isolate themselves because they are encouraged by both parents to stay home and take care of the parents needs. The child takes on caretaking roles again isolating themselves from peers. This keeps them trapped in an abusive and exploitive environment (Finklehor & Browne, 1986).

Depression and grief over loosing a trusted adult figure is connected with the betrayal experience. Children express this loss in one of two opposing ways. In their disillusionment, they attempt to regain trust and security of a safe parent. This can be observed behaviorally in young children who cling excessively to adults. Anger, hostility, isolation, and aversion to intimacy describe the

opposite reaction to a child's sense of betrayal. The anger and hostility may be the child's only means of trying to protect themselves against further betrayal.

Powerlessness may take on a number of different forms. Fear and anxiety reflect the inability to control unwanted events. Nightmares, phobias, hypervigilance, clingy behavior, and somatic complaints relate to anxiety and have been documented repeatedly in the literature.

Coping skills and a sense of mastery are also impaired. The feeling of being trapped creates a sense of despair contributing to depression and suicidal behavior. Learning problems, running away, and difficulties concentrating reflect feelings of inadequacy and helplessness. Subsequent victimization may easily re occur to a child who feels powerless to control the destiny of his/her life and body. Domination through aggression accounts for those who over compensate for powerlessness. They may become bullies or offenders as a means to overcome their sense of powerlessness.

Many of the effects of childhood sexual abuse can be understood using Finklehor and Browne's (1986) model. It is extremely useful as a framework for understanding the effects of childhood sexual abuse and for creating effective treatment for victims and their families. Research is becoming more extensive indicating that children and adults do suffer negative effects from childhood sexual abuse. As more data accumulates it will be possible to further understand the consequences of sexual abuse of children.

Treatment

Effective treatment for children who have been sexually abused requires that clinicians understand the negative effects of abuse, assess whether a child needs therapy, make decisions about how to ensure safety for the victim, assess which issues have impacted on the child, assess the severity of the impact, and provide a combination of treatment modalities that will best address these issues.

Although numerous articles describing the psychological impact of child sexual abuse have been published (Finklehor & Browne, 1986, Finklehor, 1990; Sgroi, 1982; Gomes-Schwartz, 1985; Conte & Berlinger, 1988), only one has been able to organize these into a coherent framework that describes both short and long term effects (Finklehor & Browne, 1985). Also, very little attention has been given to the impact of abuse on boys (Finklehor, 1990). The lack of outcome studies in the literature causes difficulties for practitioners attempting to provide treatment for children and adolescents. Group treatment, for example is recommended as the most effective treatment for children, but there is little supportive data to confirm this finding (Green, 1993).

Assessment is a critical component of therapy and needs to be ongoing throughout the therapeutic process. The assessment model recommends a comprehensive evaluation of the child's psychological, educational, and social functioning (James, 1989). Once the child's areas of dysfunction and strengths are identified the clinician can develop a treatment plan that 1) reduces the negative effects of the sexual abuse, 2) assists the child to master appropriate

developmental tasks, and 3) prevents further abuse or molestation (Walker, et al, 1988).

Clinical experience with young victims of sexual abuse indicates that the abusive experience can significantly affect their cognitive and emotional response to the environment and distort the child's self-perception, relationships with others, and adaptive capabilities. The treatment issues have been listed by a number of clinicians. Finklehor and Browne (1985) provided a useful framework for understanding the impact. Sgroi (1982) listed ten impact issues which need to be understood by therapists when making assessments about the sexually abused child. Both models have been described in the "EFFECTS" section of this paper. The four components of Finklehor & Browne's (1985) model include traumatic sexualization, betrayal, powerlessness, and stigmatization. Children who express traumatic sexualization need assistance in relearning acceptable sexual behavior which may simply be in the form of education about the normal sexual activity of different ages. Shaping and modeling of acceptable age appropriate behavior could be employed for children who are preoccupied with sexual activities or are engaging in inappropriate or compulsive sexual behavior (Walker et al, 1988). Role playing of interactions demonstrating friendship, affection, and care-giving for child and adult help frame positive skills for children, especially when children have been taught that sex is the only way to express love.

Older children may be able to employ cognitive behavioral strategies in gaining control over compulsive, unacceptable behavior (Deblinger, 1992). Behavioral programs that consistently reinforce

appropriate behavior and can be employed transenvironmentally (e.g.. school, home) can be another useful strategy (Walker et al, 1988). Boys are particularly vulnerable to aggressive acting out in attempts to reassert their personhood. Strategies such as involvement in a team sport or skill can help to redirect this energy.

The second traumagenic factor is stigmatization. The initial effects of stigmatization can be addressed in individual therapy. The group therapy modality has also been recommended as it is thought to be effective in dealing with the issues of blame, responsibility for the abuse, and isolation from peers. Books like "Alice doesn't Babysit Anymore" (McGovern, 1985) may be helpful to convey that responsibility for the abuse lies with the offender and that the child is not responsible for the abuse. Films and or puppet shows about who is responsible are helpful for older children.

Group therapy is also recommended to help children with low self esteem. The group can provide much support and self esteem enhancing activities (Sgroi, 1982). Poor social skills are another common attribute of sexually abused children who have had limited contact with children their own age. Skills can be taught in individual and/or group therapy through role playing, feedback sessions, and goal setting activities. The child may also be encouraged to join a sports or recreational club.

Betrayal is another tramagenic dynamic that covers a number of issues. Trust is severely altered through the abusive encounter(s). In response to this children often experience a grief reaction, depression, and an inability to make healthy judgments about trusting others. They either become aggressive and hostile towards others or

conversely, become indiscriminately attached to adults. Sgroi (1982) recommended a combination of individual and group therapy to provide children with opportunities to bond with trustworthy adults, and eventually peers. A useful technique may be to provide a page in a child's journal titled "Who can I trust?" where the child can list the people that s/he trusts over the course of therapy. Group therapy is another useful modality to provide children with opportunities to develop trusting relationships with others.

Cognitive behavioral therapy is useful in dealing with children who are depressed, giving them opportunities to problem solve and develop decision making skills. The child who cannot trust his/her own reactions or behaviors needs much affirmation and input from therapists and peers. A group approach may be ideal in that children can problem solve and make decisions with the support of the group and feedback from other members.

Powerlessness is the fourth tramagenic dynamic experienced by children. The messages from the perpetrator and sometimes family members that the child has no rights, no privacy, and that their only purpose is to satisfy the needs of the perpetrator must be dealt with in therapy. The therapist, through role playing, role modeling and peer-group support can help the child to identify and value their own needs and interests. The child needs to believe that they are able to achieve autonomy and can live their own life and make their own decisions appropriate to their developmental level.

The behavioral manifestations of powerlessness include nightmares, phobias, anxiety, eating and sleeping disorders, depression, running away, truancy, inordinate need to control, or

abuse of others. There are several strategies that help to deal with these issues. Behavioral strategies such as token economy may help a child deal with an eating disorder. Other behavioral strategies such as systematic or in vivo desensitization can be used to deal with a child's phobias, fears, and avoidance behavior. Relaxation tapes may comfort a child at bed time who is having trouble falling asleep. Techniques including writing an unsent letter to the perpetrator, bibliotherapy, journal keeping, and roleplaying may help the child develop a sense that they can face their problems and cope in new ways.

Assertiveness training is a very important aspect of coping for children who have been sexually abused as it is important to give children strategies for protecting themselves from further abuse. Children can learn either individually or in group therapy to recognize potentially dangerous situations and to find assertive solutions to them (Mandell & Damon, 1989). Role plays are very effective in giving children opportunities to practice responses.

Forms of treatment that are recommended for working with children individually include play therapy for younger children (Walker & Bolkovatz, 1988). Art therapy has been recommended both as an assessment technique and as a treatment tool (Allen, 1990; Sgroi, 1982). Art can be used to allow the expression of feelings, stimulate dialogue, and monitor a child's progress in therapy.

It is important to deal with any family issues that may have lead to the abuse and allowed for its continuation either within or outside of the immediate family structure. Sgroi (1982) names the critical issues which must be addressed in family therapy including; (a) the failure of

the family to set appropriate limits regarding sleeping arrangements and role boundaries for family members, (b) failure of family to protect, as with extrafamilial sexual abuse cases, and (c) abuse of power, as with incestuous cases of sexual abuse, whereby the parent or guardian violates the child's trust. The abuse of power tends to permeate the incestuous family's interactions and is the key in therapy.

Sgroi (1982) made clear that the process is generally intensive and long term. She also stated that significant improvement must occur regarding these three issues so that the child will be safe in the home. External reinforcement, such as support of the legal justice system, is often required for treatment to be effective to guarantee that offenders follow through on commitments to stop the abuse.

Siblings reactions to the sexual abuse of a child has been addressed by some clinicians. Sgroi (1982) believed that, in cases of intrafamilial abuse, siblings need at the very least, to be assessed. Often siblings blame the victim for the removal of the father from the home and the disruption to the family system. These children may be recommended for individual, group, or family therapy to deal with issues of assertiveness, personal safety, social skills, and clarification of issues such as responsibility for the abuse, long term family consequences, and what might happen to them.

Clinicians have found that social factors in families must be addressed. The severity of social factors falls along a continuum whereby the factors in some families significantly contribute to the abuse whereas in other families they do not. Some families are described as multiproblem or highly dysfuntional families (Green,

1993). In these families parents often adamantly deny the abuse and refuse therapy, making the risk for reabuse quite high (Sgroi, 1982). Removal of the child is likely in these situations.

The mid-range includes families who present with dysfunctions in areas that can be dealt with in therapy. Social isolation is common in these families. Social networking and supports are required. Parents Anonymous and church groups are examples of available supports in the community. Sexually abused children are often isolated from peers, often as a result of the abuse and dynamics in the home that require these children to be in an adult role which feeds further isolation from age appropriate activities and relationships (Sgroi, 1982). Young victims can be encouraged to attend programs that are age appropriate like day care. Older children can join a therapy group, or groups like cubs or brownies, a youth choir or a sports club. Families with minimal problems in the area of social functioning will have adequate social support systems. These children may withdraw for a short period of time after the abuse but will probably recover fairly quickly (Sgroi, 1982).

Often treatment issues for boys are overlooked as the bulk of the literature is focused on therapy for girls. Recent studies indicate that boys experience symptoms other than those observed in girls. Rogers and Terry (1984) (cited in Walker et al, 1988) found that male victims in therapy experience issues which include (a) confusion over sexual identity and fears of homosexuality, (b) the tendency to reenact their victimization by sexually abusing other children; (c) increased aggressive behavior; and (d) strong denial or minimization of the impact by the child's parents. Suggestions for treatment include

providing the parents and the child with a cognitive framework to increase understanding of the abuse thus decreasing blame being directed towards the child. Acceptable avenues for assertiveness such as joining a sports team may help the child deal with their aggression in acceptable ways.

Another important issue that needs attention in the treatment of sexual abuse is the frequent removal of children from their homes. In such cases, children are placed in foster care shortly after the disclosure for either short or long terms. The impact of the changes along with the crisis of the disclosure, and the abuse itself can be overwhelming for the child. Foster parents or relatives with whom the child resides need to be included in the treatment plan. Basic information about sexual abuse and it's impact on the child at different ages is required for foster parents, along with management skills for dealing with a highly depressed and anxious child or highly disruptive child.

The opposite end of the spectrum involves children who require minimal interventions for treatment. This includes children who have experienced minor forms of abuse, have supportive families, are developmentally normal, and were well adjusted before the abuse. These children often need crisis intervention or brief family therapy. Intervention can provide information about sexual abuse and the possible psychological consequences, the child's current functioning, and immediate coping strategies for the whole family.

Group therapy has been recommended by clinicians who are experienced in treating sexually abused youth (Berlinger & Ernst, 1984; Sgroi, 1982; Berman, 1990; Mandell & Damon, 1989; Kitchur &

Bell, 1989; Heibert-Murphy et al, 1992; DeLuca et al, 1992). The group therapy modality has been recommended to deal with many of the issues of sexual abuse. These include self esteem, loneliness, fear, guilt, inability to trust, distorted cognition's such as taking responsibility for the abuse, role confusion, self mastery and control.

Group treatment has been suggested as an effective modality for treating the low self esteem and the resultant sense of isolation, alienation, and stigmatization that many children feel after the experience of sexual abuse. The group situation allows these children to meet and share their experience with each other. The participants can provide each other with reassurance that others of like age have similar scary and confusing feelings (Mandell, et al, 1989). The feeling of 'differentness' can quickly diminish as they realize that other kids also experienced the abuse and are just regular kids (DeLuca et al, 1992). They have opportunities to receive peer support and learn healthy social skills which reduces isolation and improves self esteem (Porter et al, 1982; Berlinger & Ernst, 1984).

The impaired ability to trust (Sgroi, 1982) is thought to be dealt with effectively in a group setting where children can observe trust relationships modeled by group leaders, engage with safe adults in a relationship, and have opportunities to invest in peer relationships in a safe and supervised setting. Here they can develop and enhance their social skills and learn effective, healthy ways to interact with peers (Kitchur & Bell, 1989).

The group setting can be utilized to obtain information about sexual abuse, and the distorted cognitions which may result. Guilt, the damaged goods syndrome, and role confusion can be addressed in

a group setting where children discover how others have coped with their abuse and can identify alternative solutions to the problems they face (Mandell, et al, 1989; DeLuca, et al, 1992).

Children can deal with issues of self mastery and control in a group setting which helps to strengthen impulse control and reality testing (Mandell, et al, 1989). Children have opportunities to develop and enhance social skills, experiment with new behaviors like assertiveness and autonomy, and receive feedback from group members (DeLuca, et al 1992).

Groups are generally structured on the basis of predetermined themes such as the development of trust, cohesiveness, and safety, identification of feelings, why the abuse occurred, the meaning of the abuse, responsibility for the abuse, prevention, body integrity, family, friends, self esteem enhancement, secrecy, court, social skill development, and sex education (DeLuca, et al, 1992, Mandell, et al, 1989).

Activities used to address the treatment themes in groups include discussion, artwork, games, drama, guided imagery, film and book discussions, role-playing, problem solving activities, and prevention activities (Kitchur & Bell, 1989).

The research on group size has been variable. Carozza and Heirstiner (1983) have included 10 to 12 children in the group easily while Berlinger and Ernst (1984) recommend a maximum of 6 to 7 children.

Criteria for selection has varied among therapists. Berlinger and Ernst (1984) suggest the exclusion of children who deny their assaults or who exhibit severe psychological disturbances. Age and

relationship to the offender have also been considered. Berlinger and Ernst (1984) recommended a narrow age span whereas Carozza and Heirsteiner (1983) included children from 9 to 17 years in the same group. Delson and Clark (1981) selected children who had been abused by their fathers or stepfathers whereas Sturkie (1983) combined children who were abused both at home and outside the home.

The inclusion of two therapists has been well documented by Deluca, et al (1992). Two facilitators can offer more to the children, the process, and each other than a facilitator working alone. Two facilitators can share responsibilities in and out of group thus reducing the pressure and workload for each other. In keeping with an important goal of group therapy, two facilitators can role model appropriate behavior and conflict resolution (Blick & Porter, 1982). Two facilitators can ensure that meetings continue even when one is absent, providing children with a sense of permanence and continuity (Kitchur & Bell, 1989).

Varied gender combinations for therapist have been tried and recommended. However no study has been done to provide data on the efficacy of either approach (Kitchur & Bell, 1989). Recommendations that the two therapists be same-sex for pre-adolescent children was put forth by Adams-Tucker and Adams (1984), Berlinger & Ernst (1984), and DeLuca, et al (1992). Using female facilitators for pre-adolescent female groups reflects recommendations by Blick & Porter (1982) who suggested that a male therapist in a group of preadolescent females may cause the girls to feel too inhibited.

Although group therapy has been commonly used as a therapeutic response to the effects of sexual abuse, very little has been done to establish the effectiveness of the group therapy modality. Hall (1978) measured levels of attendance to group stating that these were indicators of group effectiveness. This measure may demonstrate the level of interest in group and may also reflect some aspect of group effectiveness. However it provides limited information about the factors which contributed to make the group effective.

Sturkie (1983) used the incidence of re victimization and recanting as measures of group effectiveness. This again indicates that a specific change has occurred but it does not provide insight into the process of change as it may have occurred in the group.

Carrossa and Heirstiener (1983) measured the effectiveness of their group art therapy model by considering many factors as they applied to the children in the group. Attendance rates of 80 to 100% were said to reflect group effectiveness. Re-victimization was very rare reflecting the effectiveness of the group. Carrozza and Heirstiener (1983) extended measurements of group effectiveness to include comparisons of non/standardized art tests, and comparisons of behaviors before and after the group, both inside and outside of the group. The post test illustrated that all the girls experienced positive changes in perceptions about themselves and others. The changes in behaviors were reflected in the girls art, indicating greater freedom and less confusion when expressing themselves to others in the group and when discussing the abuse. They also indicated more feelings of worth. School improvement and inclusion in peer groups

indicated that the girls were feeling less stigmatized and more self esteem.

Corder, Haizlip, and DeBoer (1990) measured the effectiveness of a sex abuse group for 6 to 8 year old children through the use of anecdotal interviews with parents, teachers, and social workers. Decreases in symptoms such as sleep disturbances, compliance at home and school, and assertive verbalizations where appropriate were cited by caregivers. Children were also asked what they liked about the group and responded by saying that they liked knowing that they were not alone, that they were not responsible for the abuse, and that they had new ways to keep themselves safe in the future (Corder, et al, 1990).

Standardized measures have been used by some investigators. Kitchur & Bell (1989) used the Piers-Harris Children's Self Concept Scale (PHCSC) (Piers-Harris, 1969) and the Child Behavior Checklist (CBCL) (Achenbach & Edelbrook, 1983) to measure the effectiveness of a time limited latency aged group treatment process with the intention of comparing the pre and post test results. Results of these scores indicated that positive changes occurred in children's self esteem and behavior. The girls pretest mean on the PHCSC was not significantly lower than the norm, indicating that it may not be an effective instrument for evaluating the impact of sexual abuse groups. Scores on the CBCL were suggestive of significant behavior problems and was recommended as an important tool for further investigation. The authors stated that the "psychometric data did not allow for any definite conclusions about treatment effectiveness,"

adding that the clinical observations made were better indications of positive behavioral changes in the girls (Kitchur & Bell, 1989, p. 305).

Hiebert-Murphy, DeLuca, & Runtz (1992) also measured the effectiveness of group therapy for 6 to 8 year old girls using standardized instruments. They used the CBCL to identify and monitor behavior problems, the Coopersmith Self Esteem Inventory (SEI) to measure self esteem, the Children's Manifest Anxiety Scale-Revised (CMAS-R) to measure anxiety, and Children's Loneliness Questionnaire (CLQ) to measure loneliness (Hiebert-Murphy, et al, 1992). The results of the CBCL showed that the girls showed significant decreases in externalizing and internalizing behaviors. They did not show any significant changes on the self esteem, anxiety, or loneliness scales. The authors concluded that the parents reports of the child's behavior may be important when assessing change in girls this age.

Although the research has been effective in identifying changes that occurred as the result of the group they are limited in the information that they could provide regarding the group process itself. The quantitative approach assumed that the scores on the post test accurately reflected the changes that occurred in the group process. However, a child may not have changed in the prescribed way even though they may have, in fact changed positively. Also, when scores on a post test indicate that the child has not experienced any significant changes, the practitioner still has little information about the actual experience as it was lived by the child in the group. The child may believe the changes they have made are more important then those that are being measured. Suggestions for further work where thorough documentation of the treatment

process, and extensive evaluations based on these documentation's have been recommended (Green, 1993, Finklehor, 1986)

CHAPTER 3

METHODS

Rationale:

A number of approaches have been used to measure the effectiveness of the group process in providing a therapeutic experience for children (Hall, 1978; Carrozza & Heirsteiner, 1983; Kitchur & Bell, 1989; Sturkie, 1983; Celano, 1990; Corder et al, 1990; Hiebert-Murphy, et al, 1992). Although they have been very helpful in establishing outcome of the group they do not provide the practitioner with information about how those changes occurred. With quantitative measures, the clinician can describe the results of the group but may be less able to describe how those changes occurred, particularly as they relate to individuals in the group.

I believe that we overlook valuable information about the effectiveness of a group when we rely only on quantitative measurements that are geared towards describing specific outcome. The following is an example. If a child receives five out of ten on a subtraction test and then you teach them more subtraction and they receive eight out of ten, you can say that you are an effective subtraction teacher. However, you can not say anything about <u>how</u> you are a good subtraction teacher or <u>how</u> the child learned the subtraction. Nor do you have any understanding of the factors or the context which contributed to learning the subtraction. Without actually observing and recording the process you can only guess at what really created the improvement in their scores. Lastly you can not pass on to other teachers methods for effective subtraction teaching.

Since the scores themselves can only reflect one reality back to the reader, one is limited in what they can learn about the effectiveness of the program from such scores. The meaningful details about process, about context, about interaction may not be accounted for in a study of quantitative nature.

Qualitative research is a process whereby the researcher armed with a simple desire to understand a situation more deeply and the tools to record the process as it unfolds in a particular environment, can become intimate with a particular situation. Through observation of the actuality of the situation they can make sense out of it. This form of research gives credence to the concept of multiple realities (Rogers, 1967) which assumes that there are many different realities that exist simultaneously in groups of individuals, with every person's situation being unique. The individual changes and realities can be accounted for because each reality is recorded and processed.

I am unaware of any research on group effectiveness for children who experienced sexual abuse where attention has been given to the process of change as it actually occurs in individual children in the group. I believe that valuable information regarding the effectiveness of groups for children can be obtained through this form of research.

I used participant observation (Kirby & MeKenna, 1989; Borgdan & Bilken, 1992) within a time-limited therapy group to describe the factors that contributed to the healing process for children. Through observations in the group, I documented the process thoroughly and developed field notes from which I evaluated the group approach.

Qualitative researchers operate from a number of assumptions. The assumptions relevant to this study are:

-knowledge is socially constructed;

-social interactions form the basis of social knowledge;

-different people experience the world differently;

-because they have different experience people have different knowledge;

-differences in power have resulted in the commodification of knowledge and a monopoly on knowledge production (Kirby & McKenna, 1989, p. 26)

I believe that observations of the childs lived experience in a group may create more insight for therapists in understanding specifically what is working or not working in a group setting, how it effects children, and how individual children are experiencing a group process designed to help them explore issues related to sexual abuse.

Participants:

The participants in this study included children who have made disclosures of having experienced sexual abuse. All the children were referred by social workers in child welfare agencies. Decisions about inclusion in the group was based on criteria set up by Heibert-Murphy & DeLuca (1992). Criteria for inclusion included the following:

-a disclosure of sexual abuse by the child;

-the identified child was female and between the ages of 9 and 12 years;

-the formal legal investigation of the disclosure of sexual abuse had been completed;

-child-protection issues have been resolved, and the child was in a stable living situation (either with biological or foster parents);

-the child displayed no evidence of any characteristic that would make group treatment inappropriate for her (e.g. severe developmental delay); and,

-the child had not been in group therapy before.

I had some difficulty obtaining six children who fit all of the above criteria. I began this process at the beginning of January and by mid April managed to intake five girls between the ages of nine and 12 years. Even this called for comprimises such as the inclusion of one child who had been in a group experience already. Since she had experienced revictimization after the group experience and her mother suggested the child's inclusion we felt that it was acceptable. Another child had not disclosed her own abuse but I did not find this out until just prior to the group opening and chose to leave it since I had already arranged for the group to begin at this point. I decided to run the group with only five girls in it so that we could begin on April 23rd. It was necessary to finish the group at the end of June so that individual children were free to go away on holidays with family and Diane, one of the facilitators was free to pursue employment. Two of the five children dropped out of the group at the very beginning leaving us with three children in the group for the remainder of the sessions.

The group consisted of female children as I felt that combining males and females could be detrimental. Berlinger & Ernst (1984) stated that the presence of the opposite sex may inhibit some members from discussing certain topics, particularly at the

preadolescent stage. The children chosen ranged in age from nine-12 years to encourage limited crossings of developmental levels in order to reduce feelings of 'differentness' (Berlinger & Ernst, 1984). They included Jessica, Barbara and Debbie who were nine years old, Sarah who was 10 and 1/2, and Bonnie who was 12 years old. I was concerned that the 12 year old child would be to old for this particular group and that this might exacerbate any felt differences but was informed that she was young for her age both intellectually and emotionally. Based on this information I chose to accept her for the group.

I obtained background information regarding each child's history, development, abuse experience, present coping strategies, previous therapy, and family history so as to place each child's experience into a meaningful context. Background information regarding each child was obtained from the child, and their parents/guardians (seperately in some cases) during the initial intake interview (See Appendix A).

The first participants name was Sarah. Sarah was 10 and 1/2 years old in grade five, a single child living at home with her birth mother. She was abused initially by her birth father as a toddler. When she disclosed the abuse to the doctor, immediate action occurred with the mother doing everything she could to make the child safe. Her parents were already seperated so Sarah was able to stay at home with mom once safety in the home was ensured. She was abused three more times, twice by teenage girls and once by a younger boy. The boy and one teenage girl abused her when she was six years old. Then at eight she encountered one more incident of abuse with a 13 year old girl. She was threatened by all four abusers.

Sarah had been in individual therapy since she was five years old. Her mom believed that she was now ready for a group experience which led her to contact me. Sarah was coping very well in the present. Her main concersn dealt with making friends and being affirmed in herself.

Sarah was hoping that the group experience would be a place for her to make friends because she said she had none. She also needed more attention and believed that she would get it in the group. Lastly she believed that the group would help her to understand why her dad hurt her and what could happen to him. She wanted him to go to jail. She also thought that being in a group would make her feel better about herself. She was worried that the group experience would bring up negative feelings again that she couldn't control, and that she would not be able to speak sometimes in the group. I assured her that she could pass when she needed to and that the group could help her with her feelings. Sarah's mom, a skilled social worker, indicated that she believed that her daughter needed affirmation of her unique self, and that the group would affirm her own power. She believed that Sarah would also experience some feelings again but thought that they would be cleansing and purifying.

Jessica was nine years old, in Grade three. She lived with her mother, her sister, her mom's boyfriend and his son. She was in foster care for three months and returned home just prior to beginning the group. She was displaying violence towards her mother who was struggling to cope with it. Temporary foster placement was to occur until June but the mom decided that Jessica could come home in April. Jessica was sexually abused initially by her paternal uncle

and disclosed this when she was six years old. The investigation was dropped due to lack of evidence. At eight years she disclosed abuse by her step grandfather and the investigation is still open.

Compounding the situation is the alcoholic father who had not been living in the home for two to three years. He was emotionally abusive with the mother threateningto kill her in front of the children. Jessica was described by her mom as being "left out of everything" by the father. The neglect coupled with the emotional abuse towards the mother created scars for this child that were as relevant as the experience of sexual abuse.

Jessica was unable to articulate what she needed or expected from the group. She said that she "wasn't worried at all, except maybe a little bit if any one likes her." Initially her mom was also unable to articulate what the group could do for Jessica. She articulated that her daughter needed to know that she was not the only one who experienced abuse, and hoped that the group would help her to "act like other kids." She stated that her daughter had no friends because she was too controlling and "bossy" in her friendships. She was also worried that her daughter would say nothing in the group.

Bonnie was 12 years old, in grade six. She lived in institutional care away from her very large family of 10 children including those who ere adopted. She was a permanent ward of Child and Family Services and could not live with her birth parents until she was 18 years old. Due to the chaotic and highly dysfuntional nature of her home there were many issues for her beyond the sexual victimization. She had disclosed sexual abuse by her older brother when she was eight years old. She spent periods of time in various foster care homes

after this. All of the placements broke down due to allegations by Bonnie of further sexual abuse by male homemakers. She presently resides in institutional care. Alcoholism, neglect, and physical, emotional and sexual abuse were characteristics of Bonnie's home life.

Bonnie stated that she needed friends and a safe place where people won't touch her in bad ways. She thought that the group might be able to help her by letting her play and by having others to talk to about the abuse. The one thing that worried her was that the "others wouldn't like the color of her skin." She did not know what to expect from the group. Her social worker believed that the group would give her an experience with children her own age who would possibly model healthier behavior thus minimizing her adopting the negative habits of some of the older girls in care. He hoped that it would provide her with a normalizing situation where she could be with kids her age and younger that had similar experiences but were not acting out in destructive ways.

Debbie was nine years old in grade 4. She lived at home with her mom and her sisters and brothers. She was not in foster care but had spent some time in care after her initial disclosure of abuse. She was abused initially by her step father. The abuse was investigated and the father spent some time in jail. This child was given some individual and group therapy for the initial abuse by the stepfather. She was offended again by a day care worker, and by a neighborhood teenager. These were single incidents that were reported and dealt with immediately. Based on an assessment further individual therapy was recommended and I began to see her in January. She

was recommended for group therapy by her mother who believed that she would benefit from the experience as long as it did not interrupt her individual sessions. I decided to place her in the group since she also said that she would like to do it. As well, it presented an opportunity to work on the later incidents of abuse within a group context.

Debbie's family history includes the presence of severe alcohol and drug abuse by the stepfather, witnessing physical abuse towards the mother, and neglect by both parents. These issues compound the sexual abuse issues.

While Debbie did not think that she needed anything to help her feel better, she did think that the group could help her to know that others could feel the same way that she did about the abuse. She was worried about hearing the really "hurtful" stories that the other girls might tell because it would be "hurtful" to hear them. Her mother believed that the group would be a good experience for Debbie.

Barbara was 10 years old and in grade 4. She was a permanent ward of Child and Family Services and lived in a group home until permanent foster care could be found. She was removed from her parents home for the last time in 1993, when the older sister disclosed incidents of sexual abuse and the family of five children were removed. Incidents of repeated sexual assaults by boyfriends, an uncle, the ex-husband, and two older brothers had been reported by the older sister. Incidents of physical abuse by the mother and exhusband had also been reported on an ongoing basis. Barbara had

not disclosed any sexual abuse incidents saying that she did not want to talk about it.

Barbara had many temper tantrums but was able to manage her temper at school or when she is with groups of children making her a possible choice for group therapy.

She came from a large family of eight children, all of which were in care. Barbara did not know what she needed in the group. She said she wanted to do fun things like play games. She was worried that we would make her talk about what happened to her in the group. She was assured that she could choose to pass if she wanted. Barbara's social worker wanted her to learn that other kids also had similar experiences and that they too had been affected by it. She was worried that Barbara would quit the group before she gave it a chance.

The two group leaders included myself, a master's level student in Educational Psychology, and a second female student, Diane, an occassional student from the Psychology department at the University of Manitoba.

My name is Sheri and I have a keen interest in working with children who have been wounded by tramatic events. I believe that group therapy is an effective modality for helping children to heal and want to pinpoint the factor's that contribute to this process. I was wounded myself as a child by alcoholism and emotional and physical abuse. More importantly I have been able to recover from these trauma's. I want to offer workable practises for children in these situations. I believe in an eclectic approach to counselling but have

had most of my training in the humanistic client centered approach to therapy.

Diane, an occassional student in the Psychology Department also has a keen interest in children and trauma. She has studied victim's and offender's in her research at University. She completed a project on male offender's in her Honour's degree. She helped to administer the reinforcement program in a group of children dealing with issues of sexual abuse. This experience and her depth of compassion toward others, her perceptiveness, and her ability to put children at ease made her someone that I would want to facilitate the group with.

Procedure:

Contact was established through child welfare agencies (see Appendix B), who informed parent(s)/gaurdian(s) about the program, and their right to withdraw without penalty. Then they obtained written consent for participation, which was sent to me before I made contact with the parent(s)/ guardian(s) to set up an initial intake meeting. In two cases the social worker was the official caretaker for the referred child. An initial intake interview took place at the Centre Miriam Center (CMC), a privately funded counseling service. The intake session included an assessment of the child's acceptability and interest in the group, information about the program, their involvement in the process, data collection regarding the child's background, and initial impressions from parents/guardians and children about what they believed would help the child and what they needed from the group experience.

During the initial 90 minute interview, children and their parents/gaurdians met me, and were told that they would meet the other facilitator, Diane on the first day of the group. They were given a tour of the center including the groups room where they would meet each week. Afterwards I provided information about the group goals, activities (Appendix C), and format. They were each told that they would be involved in a group with other children who have been sexually abused and that they would be given opportunities to talk about their own experiences in the group if they wanted to, but that they did not have to in order to be a member of the group (DeLuca, et al, 1992). All of the girls were relieved to hear this, particularly Barabara who had not disclosed her abuse to anyone.

During the initial interview I obtained background information regarding the child's family and personal history. I then described the research project in detail, explaining that it was a project to help me learn more about how children find ways to feel better after they have experienced sexual abuse, particularly how they do this in a group. I then explained that they could discontinue their involvement in the project at any time. I qualified this by saying that I wanted them to at least try the group for a while before they made the decision to discontinue for those who were feeling anxious about coming at all. Confidentiality was also discussed so that parents/gaurdians and children knew that when children were not safe it would need to be reported to social workers. Secondly I wanted them to be assured that their identity would be protected in the write up of the project. Each of the children was asked to provide a psuedo-name that they would like me to use when writing about

them. Parents/gaurdians and children were informed that we would review each child's progress at the end of the 10 week group where recommendations for future therapy would be discussed with their respective caretaker. They were told that a write up of the project would be available to each one of them when the project was completed.

The group was conducted in a large carpeted therapy room at CMC. The group ran for 90 minutes every week for a ten week period. The group ran from 2:30 to 4:00 p.m. every Saturday afternoon except for the May long weekend which was rescheduled to the next Saturday, the 9th session which was rescheduled for 9:30 a.m. to 11:00 to accomodate one of the children, and the final session which was rescheduled to Wednesday, July 06th to accomodate Diane whose commitments out of town could not be changed. Since it was the final group session we did not want her to miss the closure.

The format for the group was similar to that developed by DeLuca et al (1992) including circle time, focused activities, journal time and snack. Circle time took approximately 15 minutes. Children had an opportunity to check in about their week and express important events or feelings to the group. Feeling envelopes were used to give the girls a concrete method for focusing on and relating feelings to the group (Kitchur & Bell, 1989). Other activities that were used during the initial circle time included name games, energizer games like sound and movement to show feelings, and tag or blind mans bluff.

The next 45 minutes to an hour was used to address the various themes and issues related to the goals of the group. The themes and

topics addressed in the group included introductions, trust and safety, feelings, feelings about sexual abuse and disclosure, offenders and victims, facts and myths about sexual abuse, protection and assertive behavior, self esteem, and saying good-bye. These were addressed through a variety of structured activities.

Journal writing was to be a 15 minute private period which the girls were to complete after the structured activities. The journal time was designed to provide opportunities for children to write or draw anything they need to regarding each session. However the girls were not as interested in having private drawing time. In fact when given the free time to write they chose to sleep, lay around, and listen to music. I decided that this was not productive considering that we already had a free time and that we only had 1 and 1/2 hours weekly. I decided to give the children more structure asking them to write or draw in their journals as a part of the structured activities. Sometimes these journal pictures were used as avenues to share with the group. This helped to focus the girls giving them something concrete to achieve. They used their journals to share pictures with each other. This fit with recommendations by Mandell, et al (1989) who noted that girls at this age become too restless, and unfoccussed when given an unstructured group, stating that they need the structure.

Snacks were provided in the last 15 minutes giving the group an opportunity to gather together promoting nurturance and self esteem enhancement (DeLuca, 1992). It also gave the children an opportunity to meet informally after the group so that they can make the transition between group and going home.

Prior to each session, myself and the other facilitator reviewed the group goals and themes and chose activities that would match the needs and spirit of the group. We then decided how and who would deliver what in the group. Finally we created any materials and props needed for the group. At the end of each session we cleaned up and debriefed before going home. Upon arrival at home, I completed my field notes regarding the group session.

In writing up the data, I began with a detailed account of the setting, the context, the goals, themes, objectives, and activities involved in the group. The experience as it occurred was then written verbatum including quotes of what was said by each member. I obtained as close an account of what occurred in the group as I could. I wrote my impressions, noted patterns, and important findings in a note book each week after I had finished the initial write up on the computer.

Throughout the process I saw Dr. Lynne Ryan, a clinical psychologist in private practise, who supervised the group experience. Lynne specializes in trauma based therapies. I was able to see her on three seperate occassions for supervision. The first session occurred after the third group session. The second supervisory experience occurred after the sixth session and the final one occurred after the eighth session.

Data Analysis Procedures:

When all ten group sessions had been run I then categorize all of the field notes onto a grid. From this collection of data, I looked for the patterns as they emerged for individuals in the group and for the group itself. The data was managed through use of a coding system.

I photocopied my field notes four times and then I cut and placed them under the appropriate headings on the grid. The headings included: expression of affect, cognitive distortions, trust and safety, self mastery and control, social interactions, individual differences, ability and maturity, self esteem, transportation, and drop outs. This way I could organize the material under the relevant themes or headings. It allowed me to place the same information under more than one heading. I was then able to see the patterns and could jot these down while going through this process. Lastly it gave me a visual image of which themes were more prevalant throughout the process and when during the 10 sessions they were expressed. Once this was done I then cut them and rolled them up so that I could read and summarize the findings for each heading.

In order to distinquish one session from the next on the chart I simply drew a line after each sessions notes were completed and labelled it as week 1, week 2, etc. I also gave each week a name to reflect the theme(s) being addressed in that session (themes are headings in appendix C). I could then look at the patterns or evolution of the themes as they were lived by the children simply by looking at this chart and cross referencing the child with the week with the theme. For example I could look at how Jessica expressed her feelings in the Introduction week. I was then able to look at her feelings as they evolved throughout the course of the 10 weeks. I could then compare her feelings with the other girls throughout the course of the 10 weeks and note common versus individual patterns. The factors which contributed to the patterns were then explored.

a summary of the process and recommendations were then discussed. This process was followed for each of the five children in the group. Two of the five children chose to withdraw from the group during the first two sessions which was discussed in the data analysis section. I analysed the findings on this but was limited in what I could say about the process for these two children.

CHAPTER 4

RESULTS AND DISCUSSION

Analysis of Themes

The next section consists of a description of themes as they appearred within the group and for individuals. I have described each child's expression under individual themes and summarized the findings. Then I noted the overall patterns as they related to all of the children in relation to each theme. Next I described the factors which impacted on the development of the theme for individuals and the group. Lastly I discussed how the themes interrelated and described the general findings as I percieved them.

THEMES

Withdrawal from the Group

The group began with an enrollment of five girls. Two of these children withdrew from the group within the first two sessions. One of the children, Barbara, dropped out after the first session. Barbara had not disclosed to anyone. She was in care because of the abuse disclosures by other family members and her own sexual acting out. She may not have been a good candidate for group for this reason. I had checked with the therapist who recommended her for the group on all of the other criteria to make certain that she was a valid candidate for the group but I assumed that she had disclosed because she was in care and in long term individual therapy for sexual abuse. I did not discover that she had not disclosed until the intake meeting. When Barbara ran away upon the driver's arrival to pick her up for the

second group session I got in touch with the full time staff at the group home where she lived. The staff knew a great deal about Barbara's patterns and issues. She was surprized that this child had been recommended for group therapy because of her extreme lack of willingness to discuss the issue of sexual abuse. The staff member and myself agreed that Barbara should not be made to return to the group. I learned about the need for thorough screening through this situation. I also learned that it was important to talk to the people who had most contact with the child when screening.

The initial drop out was not as difficult on the other group members as they only met her once and were told that she was unable to make the group on Saturdays because other important events occurred on Saturdays at the center where she lived. I do not know if it set a precedent for the second withdrawal. The second child to drop out did so after the second session. Debbie dropped out because she said that she "did not like the ugly stories of the other children because she was afraid those things would happen to her too." During her intake she had told me that she was worried about hearing hurtful stories like 'rape' from the other children. I addressed it by assuring her that we would not be talking about the details of our abuse in the group and that hearing other stories would not make those things happen to her. This child's anxiety may have been triggered through the telling of other's pain, possibly making her a poor candidate for a group experience at this time. It is possible that she may have needed more time to work through her issues surrounding the abuse individually before a group was useful to her. However, she

presented as someone with good coping and social skills indicating that she was a good candidate for group.

Another factor influencing this child was her desire to go out with her friends. Many of the fun activities that she wanted to engage in occurred on Saturday afternoons at the same time as the group. Again it is possible that if the group were on a different day she may have chosen to come. Saturday afternoons although it were convienent for some of the girls (particularily one child who drove in from out of town), may not be the best day to run group.

Another factor which may have influenced this child was her method of coping with anxiety. In order to manage her anxiety she used avoidance strategies. In order to deal with the pain of her trauma she may have tried to avoid situations that could trigger it such as the group where people are talking about the very things that she is trying to avoid. She used this avoidance strategy when she felt anxious about going to school too. Thus she was successful at avoiding the short term pain of facing her anxiety. She fought with her mom over coming to the group every session. Initially she forced her mom to come with her to the center and tried to make her come the second time even though she had been to the center many times. This indicates that she felt anxious about coming to the group. When this did not relieve her anxiety she refused to come to group the third time, telling her mom that we were going to "force her to talk about what had happened to her and that she did not have a choice." Although this had never been said she needed to find some way to convince her mom that she should not have to come.

Upon talking to this child that week I again discovered that her main concerns were that she didn't want to hear ugly stories and she wanted to be with her friends on Saturdays. She also indicated that she had enough people to talk to if she had problems or issues and did not need any more group therapy. She decided that she did not want to return to the group at this point even if it were changed to another day, indicating her anxiety over being in the group and her desire to be with her friends on the weekends versus being in a group. Obvioulsy she was saying that a group focus on the very things that she needed to avoid was not right for her at this point. She may have needed problem free, positive social interactions rather than the serious problem focussed approach that the group offered at this time. The idea that timing is an important therapuetic factor may be indicated here. The idea that post traumatic stress symptoms of avoidance can affect the child's involvement in a group are also indicated here.

The withdrawals did impact on the group in more than one way. First it shook the foundation of trust that was developing in the beginning phase of the group. The remaining girls expressed dissapointment in the group itself when they discovered that the second child was not returning. They wanted to drop out also. They expressed it by saying things like, "I didn't want to come to group today either," and "I have a headache and wanted to stay home today too." The girls had been together for three sessions before they discovered that the second girl would not be returning to the group. Fortunately, this was enough for them to bond as a group and to want to continue as a group. Even though the trust of the group had been

shaken by the withdrawals it was not shattered. In fact the girls expressed a strong desire to continue the group in spite of the withdrawals when asked if they wanted to terminate the group and begin a new one in September with more girls. They made statements like "There are five of us with the two facilitators. That's enough to have a group," "let's have our group now and another one in September," and "I want to stay in our group, I'm not leaving." Based on the girls wish to remain in the group we did. Even though the girls wanted to continue as a group it took longer for the group to bond so that we could move into the "working phase" of the group (Corey & Corey, 1990).

The withdrawals also affected the group because it was left with only three child members. This small uneven number of children created a social dynamic whereby two girls became really close to each other thereby inadvertently leaving the other child out. As there was no other member for her to bond with she experienced some isolation in the group. This was difficult for her. Even though the other two included her and partnered with her she still knew that they were closer to each other than with her. Having more members in a group would allow for the possibility of more combinations of relationships and bonding giving this child a chance to have a close friend as well. Fortunately this child bonded well with one of the facilitators giving her a place where she could be accepted but this is not the same as bonding with another child.

Summary of Group Withdrawal

I did not find any consistent statistic or pattern for withdrawal from children's groups in my review of the literature. Some groups

experienced withdrawal where as other's did not. I believe that the factors which contributed to the withdrawal in our group related to the individual children themselves but were not related to the group process or others in the group because they were present prior to the group beginning and escalated very quickly at the beginning of the process.

Again more careful screening could have eliminated at least one of the two occurances because I would not have accepted the child who had not disclosed if I had known earlier. Berlinger and Ernst (1984) suggest that children who deny their assaults should be excluded from the group. This finding supports their contention.

Focus on the child's needs is also an important theme relevant to this study. First of all thorough screening to gaurentee the appropriateness of individuals inclusion could have been more adequately investigated particularily regarding readiness for the group. In Debbies situation the idea that too much focus on the problem and not enough attention to normal everyday social needs may provide some insight into her resistance to the group situation and is something to consider when choosing children for the group. Mandell & Damon (1989) do not recommend the inclusion of children who cannot tolerate hearing other children's stories. Debbie's situation indicated that this should be considered.

Another important finding with the withdrawals from the group relates to group size. Having five children to begin a group was much too small particularily when drop outs occurred as it created a group size which was too small and affected the peer relationships in the group.

I found that the dropouts affected the childrens ability to trust the group. The remainder naturally questioned the substance of the group, themselves, and the leaders. Although it can not always be avoided drop outs need to be minimal so as not to disrupt the development of trust. The fact that they occurred at the beginning was at least more understandable than if they had occurred later on in the group.

I considered the possibility of adding a child to the group as Kitchur and Bell (1989) had done in their group but did not have a potential candidate. Also Kitchur and Bell ran their group for 16 weeks providing the child with many more opportunities to integrate into the group. We only ran group for 10 weeks. We knew that the second child was not returning to group one day before the fourth session, meaning that the earliest we could have integrated another child would have been in the fifth week. Even if we had a canditate this would have been too late in a 10 week process.

Recommendations for Group Leaders on Withdrawal

Several recommendations can be suggested from the results of this data as they relate to the literature on groups for children. Firstly, recommendations that groups run after school on weekdays may create a more workable situation for some children as it would not interfer with their social/home life and ought to be considered when making decisions about the time and day for group. This fits with recommendations by Deluca, et al (1992).

Another recommendation involves help in preparing some children for the group prior to the group by giving them more individual sessions prior to entering the group process. This may allow them to feel safer because they are at least familiar with the facilitator. This

is in keeping with recommendations by Mandell et al (1989) who suggest an additional two or three individual sessions in order to prepare children for the group. They state that "severely anxious behaviour can impede the child's ability to contribute and benefit from the group experience (p. 10)," as was the case with Debbie and Barbara.

Recommendations about group size vary in the literature. Berlinger and Ernst (1984) suggest group sizes of six or seven children whereas Carroza and Heirstiner (1983) suggest larger group sizes of 10 to 12 children. I would be more inclined to follow Mandell & Damon (1989) who recommend eight children because their recommendations respond specifically to two important realities that occurred in our group. These include protection for the group against unexpected attrition along with manageable and productive interactions within the group.

Recommendations about inclusion for group involve avoiding the addition of children who have not disclosed their abuse experiences and deny them. I would recommend individual therapy for these children until they were ready for more public acknowledgement. Mandell & Damon (1989) make similar recommendations noting that the "persistent denial of the abuse experience can undermine the group experience" (p. 8).

Lastly, children who are unable to tolerate hearing about other children's stories like Barbara was, should not be recommmended for the group experience (Mandell, et al, 1989). In Barbara's situation, her anxiety over hearing the other's stories did impede her ability to engage successfully in the group. When recommending children for

group's this situation may need further individual intervention before successful group treatment is productive.

Expression of Affect

Expression of feelings is an integral part of the therapeutic process when dealing with any group. When categorizing the weekly notes onto the chart, I was not surprized that the largest section of my field notes were placed under this theme. I will name the factors which contributed to the expression of feelings. Then I will summarize the findings and make recommendations.

In order to be clear on the findings I believe that a definition of the expression of affect may be helpful. When writing out the field notes I simply recorded what occurred in each session. Then I placed anything that had to do with feelings under the category of "expression of affect". Some of the expressions were behavioral in that the child was feeling something and was not verbalizing the feeling, but they were acting it out in their behavior. Somatic complaints were also placed in this category as I assumed that they were connected to unexpressed feelings. Other feelings were expressed verbally. Some of the verbal expressions included the naming of feelings where by the child was simply identifying or labelling the feeling. Other expressions included feelings they experienced in the here and now and were sharing in the group. Other expressions that were related to their feelings were expressed symbolically in the form of drawings or other art. Activities that related to the expression of feelings were also placed into this category.

When I read over the long list of field notes for each child and for the group as a whole I noted patterns that emerged both for individuals and for the group as a whole. I wrote these down and then considered the factors that contributed to this pattern.

Jessica

Jessica's expression's of feeling in the group were fairly straight forward. She began in the group with few verbal expression of feelings. Her behavioral expressions indicated that she was very afraid and uncomfortable with the group setting and the topic of sexual abuse. She acted out her fear by looking down at the ground whenever she spoke, crossing her arms, refusing to say anything when the group was discussing a topic, and using a voice that sounded like that of a younger child when speaking. She also gave one or two word responses when asked to speak. When the topic of sexual abuse was introduced she squirmed in her chair, giggled outloud, and blushed indicating her extreme discomfort. She did not distract the group in her behavioral expressions of her fear because she withdrew and refused to participate causing her to recieve less focus in the group. She did giggle often when Bonnie, another member, was distracting the group and I believe that she wanted to do the same things Bonnie did but did not have the courage to do them. She expressed herself this way throughout the 10 weeks whenever she felt threatened, particularily when something new was introduced.

This pattern started to change in the third session when she began to risk expressing herself more verbally in the group. During the third session she chose 'nervous' as a feeling to act out for the charades game maybe because this was a common feeling for her. Afterwards

she revealed another feeling to the group. She stated that she "feels angry when her mom yells at her." This expression of feeling was validated by Diane, the facilitator. It prompted Jessica to add a topic to the 'list of topics to focus on in the group' when it was being reviewed 10 minutes later. She said that she wanted to add, "Its okay to share angry feelings." This was her first original suggestion in the group. It's possible that Jessica's feelings were validated in the session which prompted her to put into words that her feelings are okay. She became more focussed in the group and less withdrawn for the rest of this session.

She was validated a second time in this session when she revealed that she had no friends at school. Sarah, another child member, validated Jessica's feelings and revealed that she also had no friends because she was teased by them. Jessica heard that her feelings were okay, that she was not alone with her experience and that other girls her age would validate her when she risked opening up. This experience also prompted her to risk doing something new. She gave Sarah some empathic feedback for the very first time.

She went on to complete her collage about easy and difficult feelings. She was unable to distinguish between the two types but was able to express feelings relevant to her which included happy, sad, and mad feelings.

She did return in the fourth session to her defiant withdrawn stance at the beginning of the session. While playing a game involving blindfold's she stated, "I don't want to play." When the game was completed she revealed to me that she was scared with the blindfold on, again expressing her feelings verbally .

We used feeling cards for the first time in the fourth session for the initial circle time discussion of weekly feelings. She named the feelings of loved and excited but did not know when she felt that way. When labelling her feelings on the collage she really struggled finally being able to name the feelings of angry, sad, and happy. Jessica was beginning to express her feelings on a verbal level but seemed limited in her vocabulary of feeling names and their connection to her lived experience.

By the fifth week she was more willing to participate in the circle time experience, wanting to express three feelings this week. Possibly the activity was familiar to her now, having done it the previous week. She was also able to say how she felt and when she felt this way. She did maintained eye contact even though she continued to bit her lip and sound younger during the feelings sharing. Her ability to share verbally in the group was increasing. By the sixth week she was saying, "Oh good, I like doing that" in reference to the circle time feeling cards. She wanted to share four feelings and asked to go first. Her willingness to participate indicated her growing comfort with the verbal expression of feelings. The feelings she choose including sad, loved, excited, and happy also indicating her growth with a feeling vocabulary.

In the fifth and sixth sessions she revealed more about the feelings she had experienced when abused. Again the verbal expressions were reflections of the behavioral stance described earlier. In the fifth session she said that the abused child in the story we read felt scared, and angry. Then in the sixth session while writing a letter to a fictitious child she said, "I know you are feeling scared because you

were sexually abused like me." She also revealed in the letter to the offender her fear and anger. She said in the letter, "I hate you and I'm very scared of you and I don't want you around me." These feelings were also expressed by other members thus validating her experiences. She expressed much anger towards the offender in her journal also. Lastly she disclosed a story about frightening experiences that had occurred at home. Again in the sixth session she was more age appropriate in her behavior and willingly participated for the entire session.

In the seventh session, Jessica did not want to share her feelings until everyone else had a turn and when she did she revealed some very painful experiences to the group. It was very hard for her as was indicated by her behavior and expression just prior to the disclosure where she put her face up towards the ceiling, breathed a heavy sigh and said, " I don't want to do this." Then she revealed the death of a family member. The group members validation and empathy seemed to help her. Jessica's revelation was very telling of her trust in the group and of the consistent verbal expression's she was now using.

She did return to the old pattern of defiant withdrawal for the game in the seventh session because it was new to her. Once she understood the game she relaxed and became more willing to participate. By the end of the seventh session she was involved and age appropriate.

During the eighth and ninth sessions she returned to some of her old behavioral patterns which seemed to be connected to her feeling left out with the other girls who were clearly friends at this point, hugging

each other, sitting together during the activities, laying on each other when listening to me talk etc. I believe that she did feel left out in the group and began to name it by saying things like, "Those two are friends." Even though she was reassured by them that she was also a friend, I don't know if she believed it. This may have caused a return to her earlier defensive strategies.

Jessica continued to share her feelings during circle time. She revealed her anger towards the offenders in the ninth session and she revealed her pain over not recieving a present at her birthday by her birth father.

In the tenth session she acted out in a very defiant manner possibly because her mother came to the session to participate in the party and the games or because she did not know how to express her feelings about 'saying goodbye' to the group. This regression was more expected due to the termination issue. It fit with her previous pattern of resisting anything new through defiance and withdrawal.

Overall Jessica did evolve in the group process in that she began to express feelings verbally that she previously acted out in her behavioral stance. This growth helped her begin to act more age appropriate which helped her to be more likeable to others. She also expanded her feeling vocabulary. She was able to express her real feelings to the group and was validated by the group members who shared similar feelings and the facilitators who normalized them. Underneath her initial facade were many feelings consistent with those cited in the literature. Fear, anger, loss and stigmitization seemed to be the key feelings underlying her withdrawn defiant

stance (Sgroi, 1982). The exposure of such feelings in a safe and nurturing environment helped Jessica to resolve some of them.

Bonnie

Initially Bonnie was unwilling to participate in the groups activities. She presented in the group as nonchalant, disinterested and distant. She distanced herself by crossing her arms, frowning, and looking down at the ground throughout the initial session. She participated minimally in the sit down activities but refused to get up for the physical activity. She revealed some of her underlying feelings to the group indirectly. When choosing rules for the group she said that one rule should be that "It's okay to share sad feelings." Shortly after this I showed her to the washroom and asked how she was doing. She stated that she was "feeling sad, but didn't want to talk about it in the group." Her journal drawing which included a person knifing themselves and the words, 'I want to die' written beside them indicated to us that Bonnie was really hurting.

She had removed much of her defiant withdrawn mask by the second session replacing it with another defense to hide her real feelings. She lied to the group telling us that "her social worker told her that she might be able to see her mom after the group was over which made her happy." I believe that she did this to defend against her real feelings of loss. She could also save face in a group where all the other girls were either living with their mom's or could still visit with their mom.

Bonnie began revealing stories about her family and her life during the initial sessions. However she seemed to share without really being connected to what she was saying indicating that what she was

saying may not have been real. For example she would tell the group horrendous stories about the loss of her sister, horrible abuse experiences her sister had endured, her own sexual abuse encounters by male offenders, and other losses with out any expression of feelings indicating that she was probably not feeling the real feelings regarding her situation. It was also possible that the stories she told were not real or they were partially real and she simply was saying what she thought we wanted to hear.

Bonnie's expression of feelings also showed themselves in the form of somatic complaints and distracting type behaviors during this time. In week three Bonnie stated that she had a headache and that she got one everytime she came to the group. She talked about having a headache every week up till week six when she disclosed her true feelings regarding her living situation. In week three, we discussed the connection between somatic complaints and feelings stating that "holding in feelings can cause our bodies to get sick." Bonnie was able to connect her sad feelings about missing her mom with her headaches in the third week. She verbalized this sad feeling every week during circle time until the sixth session when she cried over the loss of her mom. She also attributed her headaches to feelings about having to drive to the group each week in a cab with a strange male driver. Bonnie was able to make the connection between sharing her feelings and her headaches going away in the sixth and seventh sessions. She claimed that she "felt better after she talked about how she was feeling." She did not have any more headaches after the sixth session. She did refuse to take rides from the cab drivers after the sixth

session and this may also have contributed to the disappearance of her headaches.

Bonnie's behavioral expression of feelings were revealed in her hyperactive distractibility in the initial sessions. In the same session that she lied about seeing her mom, she was also using a variety of distracting behaviors in the group. She fidgetted, lay on the floor, played with the dolls, piling them on top of herself, and using them to smash on the floor throughout the focussed activities. I wondered if she was acting out her anxiety through this inability to sit still. This behavioral expression of feelings continued in the third and fourth sessions. By the fifth session she was beginning to sit for longer periods and listen while other's talked and share when it was her turn. I believe that the verbal expressions (circle time) were helping her to feel less anxious and therefore act out less physically. She willingly participated in all of the activities after the sixth session and did not distract the group from that point on. These kinds of changes indicated her expression were becoming more verbal and less behavioral.

She mentioned the false story about being able to see her mom in the second and fourth sessions. In the sixth session without prompting she shared her reality in the group. She told the group that she could not have any contact with her mom until she was 18 years old. She then shed two tears when Sarah said,"I would understand if you cried." This real expression of feelings in the group seemed very helpful. After this she was more able to stay focussed during the group and she participated more willingly in all of the activities.

She did express herself during activities and circle time but initially a randomness or lack of consideration of her feelings appeared to be present. For example in the third session she began her collage of easy and difficult to share feelings. She placed a variety of objects on the page and when asked about them just said the first thing that came to her mind rather than something she had really thought about. She shared that the pictures represented her abuse, her ugly feelings, and her scared feelings. In the fourth session when she was asked to share her collage with the group all of her feelings were different than they had been in the third session. This randomness or inconsistency may have reflected her defenses against the real feelings she had. The chaotic, inconsistent, unconnected, false presentation probably protected Bonnie from having to really feel the deep sense of pain, loneliness, and rage that she really felt about loosing her family.

The inconsistency and randomness of her sharings was decreasing as the group continued and her ability to express and name her real feelings appeared to increase. The sharings did become more connected through out the sessions indicating that she was able to connect more with her real feelings as the group continued. Inconsistencies remained but were less frequent. For example, during circle time in the eigth session she said that "the bee sting was exciting," and that "watching a scary movie made her lonely."

Bonnies underlying feelings were consistent with someone in a grieving process being connected to the dysfunctional upbringing and loss of her entire family system. The expression of these feelings came out in every session. In the first session she said,"it's okay to

share sad feelings," when we created rules. The second session she said she felt better because she got to see her mom after the group. In the third session she connected her headache with sad feelings about missing her mom. In the fourth session she stated that she had "very lonely feelings about missing her mom" and that her only hope was knowing she would see her mom again. Finally in the sixth session she shared her deep pain over the loss of her family saying that she was not allowed to go home until she was 18 years old. In the sixth session she also revealed that she was "very lonely." When writing letters to the ficitious child she revealed again her loss saying to the child,"I know how sad you feel, and that you want some help." "I hope your safe in a safer home and that your mom will keep coming to see you." and "your mom loves you and wants you to be at home." In the seventh session she again stated that she would kill herself if she had to stay in a group home till she was 18 and was afraid that her mom would forget her and not love her if she was away too long. Her tears during snack time were in reference to a song about loss. In the seventh and eighth session she revealed her anger at having to stay in care until her 18th year. Other consistent feelings included her excitment over graduation, tired feelings over being woke up early, happy feelings over coming to group, and warm feelings towards other members.

Her expression of anger came out throughout the sessions and was directed towards the offenders. Most of her anger was directed towards her dad and one of her foster parents. She said that she hated her dad for abusing her in the fourth session, and expressed

much anger towards her foster parent in the sixth session both in her journal and in the group letter to the offender.

Expression of positive feelings became evident in the eighth session when she stated that she felt glad when she came to group, and shared feelings of warmth towards the other members. In the tenth session she wrote on my card, "I'm glad that you taught me things but the most important part was becoming friends," indicating her warm feelings towards other's in the group.

Overall, Bonnie's behavioral expression did decrease when she expressed herself more verbally. Her expression of real feelings continued to increase throughout the sessions. Chaos which appeared in her initial drawing also decreased as she became more clear about and able to share the real feelings within. Her somatic complaints also decreased when she opened up and shared her feelings in the group. Her real feelings were consistent with those expressed by someone who has experienced trauma and loss. They included depression, grief, loneliness, sadness, hopelessness, and anger Sgroi, 1982; Finklehor, 1985). Expressions of suicidal thinking reflecting a feeling of powerlessness and/or being trapped were clearly expressed also (Finklehor & Browne, 1986).

Sarah

Sarah was the most consistent in her verbal expression of feelings and in her coherence and consistency in expressing feelings. She had been in individual therapy for a number of years prior to her group experience and this was evident in how she expressed herself in the group. Sarah was able to express herself verbally right from the very beginning of the group process. She rarely acted out behaviorally. In

fact she sat quietly and responded to all of the group activities appropriately for the first three sessions.

She began to express her concerns and feelings by the second session stating that "abuse by family members was worse than abuse by strangers because your supposed to trust a family member." She then said, "I feel angry. Can I hit something with my shoe?"(refering to her father). This clarity of expression and directness indicated that she felt that she was permitted to directly express her feelings. She also shared that she wanted to know why the kids at school teased her and why people sexually abuse children, stating that "her unicorn told her that they were immature and sick in the head," again expressing her feelings about the issues relevant to her. In the third session she again shared clearly her feelings and could distinguish feelings that were difficult to share and those that were easy to share. The collage was meticulously done indicating her clarity about her feelings. She said that it was easy for her to share her love towards children and it was hard for her to share her loneliness over not having friends and her angry feelings towards her father. Again a consistent expression of her feelings on the symbolic and verbal level. In the fifth, sixth and seventh sessions she was able to share appropriate reactions and feelings experienced by children when abused and disclosing. She also shared much hope for the child who was abused saying that she could get help from the doctor that she goes to see. She told the child, "I love you and hope you go see the doctor." She also expressed her anger towards the offender saying "I hope that he goes to jail", "get the hell out," "If I was able to go to court I would wish that you would go to jail for generations and

generations, until you die and the bugs are the only thing that mourn you." Her wish to go back to court and make her dad go to jail and pay for what he did was strongly expressed in this session. Her sharings remained consistent in the eighth, ninth and tenth sessions where she began to express more positive feelings about her life saying she had fun with her friend at home, and her cousins that she went to visit. She also expressed much happiness over the new found friendship that she develped with Bonnie, one of the group members. Sarah was able to express herself verbally and was able to express consistently that which she felt.

Sarah's main underlying feelings that affected her consisted of her feelings of rejection by peers and her anger and desire to punish her offender. She began by stating these feelings in the second and third sessions. In the fourth session she disclosed that these feelings were hard to share. In the fifth and sixth sessions she expressed these feelings activiely in her role plays, group letter writing sessions, and her journal. In the eighth session she revealed that the kids at school did not tease her about her weight anymore because she just ignored them and laughed with them. She expressed her anger towards her offenders again in the ninth session when she drew a picture of them going to hell in an air balloon. The direct expression of her real feelings which included her anger and her fear of rejection were helpful in resolving them.

Sarah expressed some of her feelings indirectly. When she was upset about having a limit set on something that she requested she expressed herself indirectly in one of two ways. She made snarky comments and facial expressions towards others in the group or she

exaggerated physical pains that she was herself experiencing. These indirect expressions were gently confronted but Sarah was unable to share what was underneath. For example in the fifth session she was told she needed to give someone else a turn to read. Shortly after that she claimed to be too tired to continue participating. In the sixth session I told her that she could not read the scenario because Jessica needed to have a turn. She then sat complaining about how sore her knees were. When she spent the next half an hour in my room on her knees on the floor playing with the dollhouse her knees were fine. In the seventh session when I told her that she could not simply be the reader but that she also had to play the game she then complained about how much pain she had in her finger which she continued to focus on until the end of the session. She may have felt rejected by these boundaries and did not feel safe enough to express it directly.

In summary, Sarah's expression of affect was consistent from the very beginning of group. She could articulate feelings verbally and chose this direct form of expression throughout. She was in touch with many of her real feelings and could articulate the reasons for them. She was able to identify, express and recieve validation for her feelings in the group. By the seventh session she was no longer expressing these feelings. She began to express more positive feelings regarding new relationships she was developing with other children, indicating that she may have resolved some of her feelings of rejection or stigmitization. The feelings she expressed were consistent with those commonly reported in the literature relating to children who have experienced intrafamilial sexual abuse. Anger is a key issue related to children's reactions to abuse (Sgroi, 1982).

Feelings of stigmitization are also commonly reported in the literature and were noted in Sarah's sharings (Finklehor, 1985).

Summary of Expression of Feelings

Each child expressed themselves differently and had different core feelings which needed expression in the group. Although each of their experiences were different, commonalities appeared between all of them. They all expressed themselves more as the group progressed. The more they expressed their feelings verbally the less they acted them out behaviorally or somatically. They expressed more when they were validated by others through similar feelings and thoughts being expressed or through validation by the facilitators and or group members. They became more connected to the underlying feelings as they were asked to focus on and share feelings each week, and as these feelings were being named and validated in the group. All of the children expressed similar feelings including anger, fear, stigmitization, sadness, and depression.

Differences in feelings became an issue in the group because some children expressed different feelings regarding the same subject. For example in the fourth week Bonnie said that she hated her dad because he abused her and Sarah agreed with this. Jessica stated that she missed her dad. Bonnie then said that she hated and loved her dad indicating her belief that her feelings have to be the same as other's in order for her to belong. I stated that it was okay for each child to feel differently about the same thing. I said that both feelings were accurate and that it was okay for the girls to feel differently about their dad. We stressed this important point whenever we could in order to alleviate the children's need to say what others were saying.

This was in keeping with findings by Sturkie (1983) who noted that children will often say what other's are saying to conform in the group.

Factors that seem to influence the sharing of feelings was the percieved development or lack of development of relationships in the group. When Jessica felt validated and understood by others in the group she shared her feelings more openly in the group and took more risks in the group. When in the seventh session she percieved the other girls as closer to each other than to her she began to share less and returned to her defensive patterns.

Ending the group process may have caused some anxiety that precipitated the return of defensive patterns. Jessica's acting out pattern may have been due to this closure of group as it meant that she could no longer depend on the group.

The facilitators responses also influenced the girls sharings. Modelling the verbal expression of feelings by sharing ourselves during circle time helped the girls to understand what was expected of them and gave them a sense that we were also sharing ourselves. We shared positive and negative feelings about present day situations in our lives. Modelling is well documented as a powerful force in any social situation.

Validation of the feelings being expressed by the girls through naming, normalizing, and reframing seemed to be benefical to the children. Validation and normalization of feelings let girls know that their feelings were okay, that they were taken seriously and that they were understood. We reframed responses that were not true into

wishes in order to validate their feelings and experience while keeping their sharing in reality.

The change in Bonnies mood from very negative in the first session to more open and responsive influenced everyone in the group and made it easier for them to open up and share feelings.

Simply having a consistent routine with structured activities and topics helped to provide a frame work within which the girls could share their feelings. Without this I believe they would have felt too unfocused to really get into the sharing of feelings.

The structure also helped to keep intense feelings under reign. Those children who had experienced intense long term abuse with severe consequences should not be asked to express directly their anger in a time limited group setting as it could be explosive and out of control. This would not be therapeutic for them or for the other children who would also experience intense anxiety over the lack of control (Ryan, 1994). Direct expression of anger was not structured into the sessions but was encouraged verbally and more indirectly in letters and the naming of individuals experience.

An unexpected contribution to the expression of affect in the group was the tears shed by one child. It occurred in the sixth session and had the effect of really bonding the girls together, creating an opening for more compassion amoungst the members, and helping the girls to feel that they could also be vulnerable.

The initial drop out of two members of the group had the effect of slowing the opening up process. The girls were unable to really share until the fifth session. They may have felt more ready to do this by

the third or fouth session if the other girls had stayed in the group (Celano, 1990; Corey & Corey, 1990).

Another factor which influenced the sharing of feelings was having similar experiences to relate to. The child who had not been in foster care had less to say about this. If all the children but one were at home and had no foster placement histories it would be very difficult for these children to relate. All of the children in the group had multiple offenders and some of the offenders were family creating a sense of understanding amoungst the girls.

Having activities and journal to create a focus on feelings helped tremendously in creating verbal and symbolic avenues for their expression. Lastly using distancing techniques such as writing to a ficticious child and offender allowed for a great deal of expression by the children.

The expression of negative affect as it relates to the abuse is a common goal in group's for girl's who have experienced sexual abuse. The group was an effective avenue for these girl's to express their feelings and release them in a safe and supportive environment. This fits with goals by Deluca et al (1990) and Dawson (1984).

Recommendations For Group Leaders

Several recommendations can be made from the analysis of the data on children's expression of affect. I would recommend the use of structured activities that allow the children to focus on feelings related to the experience of sexual abuse and that these activities build from simple naming of feelings to expression of feelings regarding different aspects of the abuse experience. Again this fits with recommendations made by several authors (Deluca et al, 1990;

Carrozza & Hierstiner, 1984; Kitchur & Bell, 1989; Celano, 1990). Mandell & Damon (1989) state that "spontaneous discussions about the abuse is extremely difficult for children this age who become easily bored, restless, and distracted without adequate structure." (p. 3)

As was noted in the section regarding Sarah, I found that she was able to contribute in the group most coherently because she had been in individual therapy for a number of years prior to the group experience. Recommendations that some individual therapy prior to the group experience may enhance the experience for girls. Although no literature could be found on this, I can see how the child would benefit from some individual therapy before attempting group work.

Bonnie on the other hand presented with little coherence or understanding of her own feelings. I believe that she would need a much longer period of time in individual therapy to deal with the real feelings that exist within her. I would recommend long term individual therapy for a child in her position.

Jessica had never been in therapy. She was new to the therapeutic process and this experience showed. I recommend that she had some individual therapy and longer group therapy. Mandell & Damon (1989) do recommend at least 3 or 4 individual sessions prior to the group sessions. I can see the benefits of such an experience for individuals.

10 weeks did not appear to be sufficient amount of time to process individual feelings. More sessions for some of the children to process their feelings seemed necessary. A combination of individual and group might be ideal so that each child has opportunities to focus on their individual and unique needs in the individual sessions while

working on other group related issues in the group sessions. This is in keeping with recommendations by Deluca, et al (1992) who suggests 12 weeks, Mandell and Damon (1989) who suggest 10 months and Kitchur and Bell (1989) who ran a 16 week group.

Recommendations that group be a safe and supportive environment where children are validated and feelings are normalised seem important so that children do open up, become vulnerable and share thier underlying feelings regarding their lived experience. Unconditional regard for individuals seemed to help to open up, feel validated, and resolve their feelings. This fits with recommendations by Deluca et al (1992).

Cognitive Distortions and Beliefs

The expression of cognitive distortions or beliefs involves the expression of thoughts and/or beliefs that are distorted based on the child's abuse experience. A common cognitive distortion is when the child believes that they are responsible for the abuse (Sgroi, 1982, Mandell & Damon, 1989). Group treatment has been recommended as a place where children can obtain accurate information about sexual abuse, and the distorted cognition's that may result. Guilt, the damaged goods syndrome, and role confusion are areas that can be addressed in a group setting where the children hear how others have coped with their abuse and can identify alternative solutions to the problems and distorted thoughts they have developed (Deluca, 1992, Sgroi, 1982).

Each of the children in our group expressed some cognitive distortions. I will elaborate on each child's expression's and summarize the findings. I will then describe the factor's that

contributed to restructuring their belief's within the group. Lastly I will summarize the overall findings for the group and make recommendations.

Bonnie

Bonnie expressed a number of cognitive distortions throughout the sessions, particularily around the reality of her living situation for the future. Her distortions began in the second session when she stated that her worker told her that she might be able to go and visit her mom as soon as the group was finished and the summer holidays began.

On the other hand, with issues surrounding abuse she seemed to have accurate information. In the second session she could articulate that "people sometimes abuse other's because it happened to them and they didn't go to a group to talk about it." This clarity regarding the reasons some people abuse others was expressed frequently by Bonnie suggesting that although she had accurate information about the reality of abuse she had not applied it to her lived experience.

In the third session she shared that her uncle went to jail and was excecuted for abusing her and others. When I stated that people do not get executed for sexually abusing others she looked at me blankly. In reframing her distorted thinking I did acknowledge her feelings and gave accurate information about the reality by saying, "I can appreciate that you are angry about what happened and wish that your uncle could be executed but although offenders sometimes go to jail for their crimes they do not get executed."

In the fourth session she again stated that she would be going home after the group was over to see her mom. She stated that "her

only hope for a better tomorrow was knowing that she could go home to see her mom." We did not confront this. She also told a story during this session about how she heard that her mom's baby had recently died two weeks ago. When asked why she could not have another one she stated that her mom was 53 years old and could not have any more children. Again we missed the obvious contradiction and let this story go by.

In the fifth week she was confronted when she stated that her little sister was pregnant and she quickly changed this to her older sister. Later in the session She again shared accurate information about the issues surrounding abuse and disclosure as they related to the child in the story read. In the discussion and role plays about disclosure she shared that boys and girls are abused. She expressed that telling a trusted adult was the right thing to do, that abuse was not the child's fault, and that kid's need to be placed in safe homes away from abuse if the abuse is not stopped by both parents. It seemed easier for her to express accurate information when it did not directly relate to her experience.

By the sixth session she was able to share some of the truth about her situation. The group had simply acknowledged her loneliness and her wish to be with her family to this point. She shared that she was not allowed to go home until she was 18 years old, nor was she allowed any contact with her mom. The reality was acknowledged and her courage and honesty was validated. This was a big step for Bonnie. I believe that she was reinforced in a very positive way for her disclosure through much empathy and compassion by all the group members.

However this did not end Bonnie's storytelling incidents. She continued to tell false stories about her life until the end of the group. When the reality was mirrored back to her by myself or Diane, she always acknowledged it. In the sixth session she stated that she would be going to court to testify about her foster parents abuse, stating that this would occur June 15th and when confronted changed it and said it was occurring in September. Then she said that her mom would be coming to court. I again reminded her that she would have no contact with her mom until 18 years and she put her head down saying,"Oh, yeah". We really had no idea if she was going to be going to court to testify against her foster parent either so could not challenge this in the group. In the sixth session she claimed that she beat up one of her offenders and I reframed this stating that I knew that she was angry and wanted to beat them up for hurting her but it probably wasn't safe to beat the person up. She agreed.

In the seventh session she interspersed accurate information with false information. She claimed that she was angry that she couldn't go home. She then said that the judge told her that she could go home and then her social worker told her that she couldn't. I confronted her on this statement saying to her, "You have known for a long time that you would not be going home till your 18 years old. The judge decided this long ago." She shared how angry she was at the social workers for not letting her go home and I reframed this by saying that the reason she couldn't go home was because her mom had not made the home a safe place for her. She said she felt lonely for her mom and I acknowledged her feeling and her need. She then stated that she would kill herself if she had to stay at the group home that long. All

the group members and the facilitators shared feedback with her that suggested that she was worth more than that, acknowledging her hurt and angry feelings, and helped her to see that the anger belongs on the people responsible for her abuse not herself or those who were helping her.

In the eighth session we were discussing changing the time of the next group session to accomodate Sarah. Bonnie spontaneously blurted out that she thought having group in the morning was a good idea because in the afternoon she had to fly home to see her mom. I gently reminded her that she would not be going home at all and she smiled and said, "Oh yea," as if she had really forgotten. She pursued this by saying that she would see her mom when she went to court to testify against the foster parent. I said that there would be no reason to have her mom in court for that and she said again, "Oh yea" She so easily creates false stories in order to deal with the pain of her loss.

Bonnie used false stories in order to protect herself from her real pain, particularily around the loss of her mother which was very significant to her. She also blamed a foster parent for most of the abuse. She rarely discussed the real abuser, being her brother, but was more than willing to discuss the foster parent and her dad whose abuse towards her was questionable. It was impossible for her birth father to have abused her because he was in jail when she was born. It's not that this child wasn't seriously abused but she did create fantasy stories in order to escape from the reality of her pain. She may not want the group to know that she was the only child in permanent care as she was the only one in the group who had this experience.

She did acknowledge that her mom was not making the home safe but wanted to blame the social workers for the seperation. She wanted to maintain a fantasy about her mom believing that she was now a safe person who cared about Bonnie. She said that her mom and step dad cared alot about her and "would even give her $100.00 if she wanted it," proving that they were competent and caring parents. She also seemed enmeshed with her mother claiming that her mom wanted her to have a baby before she died so that she could be a grandmother. Bonnies needs did not seem to be acknowledged here.

Bonnie was able to speak and hear the truth about her situation by Diane and myself who were fairly diligent in pointing out and seperating reality from fantasy or wishful thinking while acknowleging her underlying feelings and needs. Although as facilitators we were able to nip some of the fantasy in the bud we did miss some important pieces. We did not confront her in the second and fourth session when she told the group that she could go home to live with her mom when the group was finished. On the positive side, this gave her the opportunity to reveal the truth about her mom when she was ready to do so. It also reinforced her sense of honesty and courage. On the other hand it could have reinforced false realities or cognitive distortions about her life. If she had been able to repeat these stories in the group and recieve positive affirmation for them we could have reinforced her distortions simply through allowing her to repeat them. Fortunately we did confront and reframe most of her stories and we did eventually state the truth about her living situation in the group. However, we often felt stuck with not really knowing which stories were actually true. It was easy to discern some but

others were not as easy and we did not want to falsify her stories and then discover that they were actually true. It was also an awkward situation because we were saying to the group It's okay to open up, and we will support and believe you. Then we were challenging one child about her stories. This impacts on the other children who don't know if we will challenge their realities either. It may cause some fear of disclosing in the group. On the other hand, reinforcing Bonnie's fantasy's would not have been therapeutic to this child or the group.

Jessica

Jessica expressed some cognitive distortions. She believed that she was not important because she had been left out in her family. She believed that she was also not worthy of making friends. Her acting out had the effect of distancing others which perpetuated her low self worth and reinforced her inability to make friends. She also expressed some self blame in the group letter writing session in session six when she said to the offender, "You make kid's feel like it's their fault." This was disputed by another member who said, "but it is not. It's your fault."(meaning the offender) and reinforced by Diane who said, "It's never a child's fault when abuse occurs." The few distortions she did express were disputed by the members and facilitators.

Another area of cognitive distortion had to do with Jessica's lack of information or awareness regarding the facts and realities about sexual abuse. She had real difficulty answering the questions in the game and at other times during the group about the realities of abuse. Even when she was coached she seemed to have trouble retaining this information. With coaching and sharing from other members she did express, particularily in role plays, that she did the right thing to tell,

that she was not to blame for the abuse, that the offenders were responsible, that it was okay to have mixed feelings towards the abusers, and that she is now safe. She may still believe that she does not deserve to have friends and that she does not have the skills to make friends.

Sarah

Sarah had very few cognitive distortions regarding the abuse. In fact she was well versed in the abuse literature and again her previous therapy was evident in her sharings. She knew that she was not to blame, that the offender was responsible for the abuse, some of the reasons that abusers abuse, that boys and girls are abused and abusers. She also expressed that the children who teased her about her weight did so for reasons outside of her own self, that their intolerance over differences in body type reflected their immaturity and not herself or her body although she wasn't consistent in this sharing.

She was, however concerned about her weight as was reflected by statements she made to me in the fifth session. She told me "she hated how skinny I was" and wanted me to comment on whether I thought she had lost weight or not. This reflected her concerns over loosing weight which may or may not have reflected her need to change her body in order to be acceptable as a person. It definetely reflected her feelings of rejection by other children. Whether she felt stigmitized because of the abuse or because of her weight never became clear.

Another area where Sarah expressed distortions was in the realm of punishing the person who offended her. She commented on the

punishment for repetitive abuse saying that "these offenders get executed." When I reflected her anger and wish to execute she pursued this line of thinking. She finally conceded that execution does not occur. She also believed that if she were to testify today against the offender she could make him go to jail for a long time. Again we acknowledged her wish and her feelings while expressing the possibility that this may not occur. She did not want to hear this and became adamant that justice would be served in the form of a long long jail sentence for the offender. Again we acknowledged her anger and desire for justice but spoke the reality so as not to create false hopes for her. It would be like gaurenteeing to a child that they will never be abused again. This hopeful outcome can not be insured.

Summary of Cognitive Distortions

The children attempted to make sense out of their lives based on their experience. The cognitive distortions expressed by each child reflected these individual explanations. Jessica who had no friends believed that she was not deserving of friends in order to avoid the pain of not having any. She then found ways to isolate herself which perpetuated her belief. Sarah was convinced that she had the power to enact justice on her abuser as a way to feel safe and distance herself from the reality of her vulnerability in the face of abuse. Bonnie was unable to feel the intense pain of loosing her family and so created fantasy stories to avoid her loss. Each of the children used cognitive distortions to create a world that they could live in or where they could make some kind of sense out of the experience they'd had. The group experience was a place where the children could express themselves and recieve feedback from others that helped them to

reframe their realities, reinforce their realities, acknowledge their feelings and needs, and share information with each other.

The factors which contributed to the expression of cognitive distortions included the activities that dealt specifically with the issues related to the abuse experience. The resolution of cognitive distortions were dealt with through the feedback given by the members and facilitators. Gentle confrontation and reframing the children's sharings seemed to help in their being able to resolve their distorted thinking. Sharing the underlying feelings and needs along with the reality of their situation was a helpful approach. They were validated and given the reality. Feedback by group members had the same effect. However when a group member continued to reinforce a child's distortion we needed to step in. When correct information was shared with others in the group it was well recieved. Sarah for example was well versed in the literature about abuse. She often made comments like, "Your brother may have abused you because he was abused by your dad," and "It's not your fault, it's the abusers fault." etc which helped the other girls particularily because it came from a peer. Bonnie shared this empathic feedback occasionally as well.

On the other hand when a child had many distortions about her experience it could have scared the other children. One of the girls that dropped out, Debbie, stated that she did not like hearing the ugly stories that Bonnie told. Her sense of reality may have been threatened by this child's false stories. In this case we were responsible for making sure that the children's distortions were

challenged so that everyone felt safe and grounded in reality.

Recommendations For Group Leaders on Cognitive Distortions

Individual distortion's in thinking do exist when children have been sexually abused. It is important that group leader's are well versed in the literature on sexual abuse, being prepared for the distorted thinking that may come out in the group and have some means for providing feedback that helps children to reframe their distorted thoughts without feeling alienated in the group (Deluca et al, 1992; Mandell & Damon, 1989).

Structured activities that focus on the childs experience during and after the abuse need to be provided to give children the avenue for sharing their individual views, and provide learning about the realities of abuse. For example when children can learn the reasons offenders abuse they are less likely to take responsiblity for it (Berman, 1990). It provides a place for them to discuss their individual problems and recieve feedback (Mandell & Damon, 1989). These activities included the discussion and role plays about disclosure and abuse, the letter's to the victim and the offender, the game of the facts and realities about abuse, and the role plays and discussion on assertiveness. These particular activities were useful in revealing distortions held by children and in providing them with accurate information about the experience of abuse.

The circle time session using feeling cards (Kitchur & Bell, 1989) was another wonderful avenue for the expression of distortions as girls began to spontaneously talk about their lives and beliefs during this sharing event. It was also great as a feedback session. During circle time the girls sat in a circle, were encouraged to share feedback when

they heard someone share, and the group could focus on one child at a time so each person was given the space and time they needed. Many authors (Deluca, 1992; Sgroi, 1982; Mandell, et al, 1989; Kitchur & Bell, 1989; Walker et al, 1988) recommend this structured approach stating that it helps children at this age to talk about the abuse experience. Mandell & Damon (1989) stated that "it is often extremely difficult for these children to talk spontaneously.....and they become extremely bored, restless, and distracted without adequate structure.(p. 3)" The structured approach used in this study did help these children to focus and examine their distortions, beliefs, and experience.

Strategies that did help when dealing with the false stories included acknowledgment of the child's feelings and needs, validation of them, and clear voicing of the reality of the situation. Another option would be to interview the child individually outside the group to assess thier reasons for telling the stories and their awareness of the falseness of the stories. Often children believe that they have to feel or think like other children in order to be normal (Sturkie, 1983), or they want to hide from the pain of the truth of their situation. If the child is unable to name their truth and continues to want to tell stories in the group without acknowledging the truth they should not stay in the group as this would only perpetuate the development of false memories (Mandell & Damon, 1989). In Bonnies case, she could easily admit the truth making her membership viable.

Recommendations regarding communication between the caretakers and the group facilitators seems important particularily in situations where accurate information is needed about a child in order to effectively deal with their situation in the group. It should be

stated in the beginning that confidentiality can not apply when the child's or group's safety is at risk. This issue was dealt with effectively in our group when the rules were created. All the children knew that we would discuss their situation with the caretakers if safety was threatened. Deluca et al (1992) addressed the issue of confidentiality in her article, stating that it would be respected except when the child's safety was at risk whereby social workers must be informed. The issue of confidentiality when a child was expressing gross distortions was not specifically addressed however and needs to be. Our study suggests that information sharing between caretakers and facilitators is necessary in order to gaureentee that false stories do not become reinforced.

Confrontation of false stories was important in the group. It also protects the other children from creating more confusion about abuse and makes them feel safe and grounded. Lastly it does not invite more false sharings by the other group members. This was addressed by Sturkie (1983) who noted that when the theme of responsibility for abuse was discussed in there group, those who didn't feel responsible may have said they did just to conform with the group. Social Psychology investigations have shown a strong drive towards conformity in groups. Creating false stories in order to feel belonging in a group may be counter therapeutic. Research also shows that when someone states a feeling publicly they begin to believe it (Mandell & Damon, 1989). Children may state that they feel a certain way, in order to belong in the group, when they don't feel that way. As facilitators, Diane and myself tried to encourage the girls to share

their unique situation with clear acknowledgement that it was okay for each of them to feel differently about the same experience.

Trust and Safety

Trust and safety issues appeared within the group setting throughout the sessions. In the literature, Sgroi (1982) indicated that children who had experienced sexual abuse had more difficulty trusting others. Mandell & Damon (1989) note that children who have been exploited and betrayed by trusted adults often "create barriers that interfers with their ability to establish trusting relationships." (P.1) Responses to this betrayal include overt clingingness to an adult caretaker in the hopes of regaining trust and safety. The opposite reaction includes isolation, anger, and hostility as a means of defending against further betrayal (Finklehor & Browne, 1986; Sgroi, 1982). Browne and Finklehor (1985) noted that the depth of the child's inability to trust will be more severe when the perpetrator is closely related, when more force is used, when their is more disruption in the child's life after the disclosure, and when the child is not believed. Issues of trust for each child need to be discussed in relation to their particular history.

Jessica

Jessica was believed when the abuse was disclosed. Her abuse brought up many unresolved issues for her mom who then had difficulty setting limits and Jessica in her confusion tested the limits even more. Jessica was placed into foster care for a two month period. This disruption caused more fear of abandonment for Jessica. She was not sexually abused by her alcoholic father but had experienced his abandonment in her life. Her mother described her as

feeling left out by others in the family. She was sexually abused by a paternal uncle and a step grandfather, both male relatives. These issues would probably make it difficult for Jessica to trust that others who are close to her can be depended on. Considering this history her initial lack of trust of the group and her acting out when group was ending made a great deal of sense to us.

Jessica was extremely shy when she began in the group. She rarely spoke out and sat quietly holding her teddy bear with a pensive look on her face. When asked to speak she often shook her head and put her head down indicating the extreme level of fear and mistrust within her. She behaved this way at the beginning of each session up to the fourth session. By the end of each session she was participating more in the activities that were designed for the group. For example, when asked to brainstorm for the rules in session one she did not contribute at all, and gave a response that someone else had already given or shrugged her shoulders indicating that she did not know. When asked to share something that the other girls were also sharing she did so but sounded like a younger child in her speech patterns, with one or two word responses. During the end of the session, as she felt more comfortable, she began to participate more age appropriately. This pattern decreased each week as she needed less and less time to move through her shyness and get to a comfort zone where she could participate as a nine year old. In the third session she related strongly to another child who identified with her lack of friends at school, telling her she knew how she felt because she also had no friends. This seemed to allow Jessica to begin to trust the group more as she knew that she was not alone, understood by

others, and not rejected for her disclosure of having no friends. She was less defiant and withdrawn and more willing to participate and take risks in the group from this point on. By the sixth session she was responding almost completely age appropriate. In the sixth week she came to the group and responded from the beginning of the group to the end with statements like,"oh, good, feeling cards, I like doing that," and raising her hand asking to be the first to share her story etc.

In the seventh she regressed a bit at the beginning because a very new activity was introduced but managed to work it through. She repeated a number of her old patterns in the eighth, ninth, and tenth sessions. Possibly she felt 'left out' of the group as Bonnie and Sarah began to demonstrate overt expressions of friendship towards each other (hugging each other, giggling with each other) in the seventh session. This may have caused her to return to her original defenses for the remainder of the group. The other possible trigger was that she felt unprepared for the upcoming closure of the group. She began to put her defenses up again knowing that the group was not going to continue and she could not rely on it anymore.

A shift was also noticed in the content of Jessica's sharings. She began by sharing minimal information about herself often copying or parroting someone elses work, idea, or thought. For example when brainstorming for rules in the group she did not contribute. In brainstorming for topics she was unable to contribute constructively. When drawing pictures in the first two sessions she would copy another child's drawing unless directed by the facilitator. When asked to name the group she merely accepted the name another child had

shared without considering her own ideas. As the group went on she began to share information, situations, and feelings from her own experience that were unique to her life. They were not always the same feelings and stories that the other girls experienced. For example she shared that she "loved her dad and missed him" in the fourth session. This was in response to another child who had stated that "she hates her dad." In the fourth session she also wanted to add a topic to the goals for the group chart, a chart which she had not contributed to at all in the second session. She wanted to add that it is "okay to share angry feelings." This was her own idea that had not been prompted or stated by any other child in the group and was about something really risky for her. Another indication that she was beginning to trust the group. In the fifth session she stated that she wanted to draw a picture even when the other two were not interested in it. In the sixth session she stated that she would write a letter to the offender even when the other two were saying that they did not want to. This indicated that she was able to trust the group to the degree that she could share her own stories and feelings with the group even when they were different than the feelings that other children in the group experienced.

Jessica did begin to trust the facilitators and the other members of the group. She did develop a strong bond with Diane because they often became partners when doing activities and this was an important first step for her in the redevelopment of trusting relationships with adults. This fit with other findings in the literature which noted that the group process was effective at helping children

to build trust with safe adults and peers (Kitchur & Bell,1989; Sgroi, 1982).

Debbie and Barbara

Debbie and Barb, the 2 children who left the group after the first 2 sessions acted out their inability to trust the group through withdrawal from the group. Their lack of trust for the group was not resolved or worked through. This may indicate that when an experience creates a level of anxiety that is beyond a certain point the experience itself is not a useful tool. Mandell & Damon (1989) indicate that an optimal level of anxiety, which may be different for each child, must not be bypassed to be resolvable in the group. The anxiety may have been too high in both cases and needed to be worked through with each of these children for longer periods individually before entering the group process (Mandell & Damon, 1989).

Bonnie

Bonnie was raised in an extremely dysfunctional home where boundaries were not established between children and adults. She was abused by her brother and her uncle and was removed from her mother's care a number of times before becoming a permanent ward of child and family services. She disclosed that force was used in gaining her compliance. She had experienced severe betrayal and loss. She had been placed into three different foster care homes which broke down due to allegations by Bonnie that the male resident in all of these placements had sexually assaulted her. Although she was believed each time she disclosed her abuse her mother undermined the

children's safety by creating unsafe environments for them. Trust issues were very relevant to Bonnie.

Bonnie demonstrated a lack of trust in the beginning. She protected herself in the first session by establishing a sullen, non participatory, withdrawn facade. She did participate in most of the activities but did not allow herself to smile or make eye contact with any one in the group. She crossed her arms and looked down at the ground for most of the session. She shared unwillingly during each of the activities. She did disclose to the group that she did not live with her parents and could not until she was 18. While the children were drawing and talking about foster care she participated minimally mumbling that "foster parents abuse kids." She wrote that she "wanted to die" on her journal while they talked indicating the depth of her pain regarding the losses and betrayal in her life. Bonnie may have been testing the group to establish safety for herself. When she realized that the group was safe and that we were not going to overreact to her claims she became less withdrawn and defensive.

When she arrived for the next group we were expecting similar resistance and were surprized by her openness. She brought donuts for everyone, was more open, smiled, complyed by participating, and made eye contact with others in the group. She did change her story saying that "her social worker told her that when the group was over she could go home to visit her mom." This lie helped her to save face in front of the other children who were all living with their family of origin. It may have protected her from the shame of being so different than everyone else. This fits with research which indicates that stigmitization is a common effect of sexual abuse (Sgroi, 1982;

Finklehor & Browne, 1986). The child feels different from other's and fears rejection from them believing that this will occur if other's knew about the abuse (Finklehor & Browne, 1986) In Bonnie's case she may have felt different then the other girls and believed that they would reject her because she was not at home like them. She mentioned it one more time in the fourth session. She did open up more once she established this false reality with the group participating more in all of the activities. The level of her participation improved with each session. When she disclosed in the sixth session that she was not allowed to contact her family in any way until she was 18 years old, she displayed further trust for the group. It may also have indicated that Bonnie had internalized that she was accepted in this group regardless of her life circumstance. Mandell & Damon (1989) point out that children may say that they feel a certain way in order to belong in the group. Bonnie may have felt that she was required to be like the other girl's in order to belong until the sixth session when she had established enough trust to open up in the group.

Even though Bonnie did open up more in the group she initially seemed to lack boundaries with her sharings. By the second session she was telling the group stories that seemed innapropriate. Her lack of boundaries indicated that she lacked understanding that trust needs to be earned. She needed to have some help with appropriate boundaries. Like the child who jumps in your lap the first time you meet them Bonnie needed help knowing when to sit in someone's lap and how to achieve it. We did not address this issue well initially and did not put boundaries around the story telling nor the length of time she took up in the group until the group was into it's fifth session.

Bonnie was able to disclose many stories about herself, the abuse and her family to the group. Since the reality of many of her stories was questionable and since she told without discriminating we could not view this as a measure of her developing trust. It was measured more by her willingness to participate in the group, her willingness to be open to feedback about her stories, her ability to establish boundaries in the group, and most importantly her willingness to be honest with the group about situations in her life. Bonnie did demonstrate this trust in the group when she revealed the truth about her living situation, when she willingly recieved feedback given about the truth of her situation, when she participated in the group activities, and when she was able to develop appropriate relationships with peers and adults in the group.

Sarah

Sarah had been believed when she disclosed incidents of abuse and appropriate action was taken to insure her safety. She was sexually abused many times by her father who used threats to establish secrecy. Therapeutic contacts with individual therapists and stable supports with the mother allowed her to reestablish trusting relationships with others. 3 incidents of abuse occurred in her sixth and eighth year with older children, possibly creating difficulty in trusting peers.

Sarah seemed to be the most adjusted child throughout the sessions, having appropriate boundaries in the group. She was relatively quiet but willing to participate in the first session. By the second session she was able to disclose the names of her offenders and wanted a second turn because she had forgotten something. She

shared openly, maintained eye contact when sharing, and shared only that which was appropriate to the session. She did not appear to act out in any way that would indicate a lack of trust. She knew what she wanted in the group and spoke openly about her needs which were to make friends. She resisted writing a letter to the offender in the sixth session saying that she had already completed this task in her individual therapy and did not want to do it a second time. She also resisted sharing about her feelings when she disclosed her abuse indicating that she was not prepared to reveal this.

What seemed appropriate about this is that Sarah stated her boundaries only when she really needed to suggesting that she trusted she could be herself in the group. She willingly participated in the activities otherwise. She seemed to be empowered and brought this to the group. Sarah trusted herself more then the other girls indicating that she had reestablished trusting relationships prior to the group experience. This helped the other girls in the group who were more tenative about the group and more afraid to take risks. Sarah often volunteered to do things particularily acting or role play scenarios which she loved doing.

Summary of Trust/Safety

The children all had different trust issues to deal with in the group. Once they felt like they could trust each other, the facilitators and the group, they did begin to take risks, share more openly and honestly, and encourage each other more. This bonding of the group members occurred by the third session as was indicated by statements made by the girls such as "I want to come to the group on the long weekend."

and "I'd rather come to group then do anything else." This bonding was strong enough to withstand 2 dropouts.

The factors which seemed to influence the children included the willingness of others to participate in the various activities. When someone did not want to participate in an activity it had the effect of swaying the other girls towards not participating. This occurred in the first session when Bonnie would not engage in the energizer game that we introduced. She sat down and one by one all of the other girls sat down. The second week she said 'no' to the energizer game and I suggested that she could pass on sharing about herself but that we needed her to participate in the activities where sharing was not required. She did participate and so did all of the other girls. With moments of resistence popping up throughout the 10 weeks the level of willingness to participate strongly influenced those who were less secure about doing so.

The development of trust in the group was influened by the sharings made by individuals in the group. It was influenced positively when all of the children were ready to talk about an issue. This occurred a number of times throughout the group indicating that commonality of experience was important.

Readiness for issues also seemed to impact on the group. When disclosures were revealed too soon in the group they impacted negatively on all the group members. For example when Bonnie shared stories about her sister being abused in the second week it had the effect of frightening some of the other girls. The sharing was unusual as it had to do with her sister being kidnapped and raped by some men in a van. This story was frightening for the children

because they could not relate to it but worried knowing that it actually happens to kids and could happen to them. One of the children who dropped out talked about how she did not want to hear stories like the one that was shared by Bonnie. When children share too much too quickly it may have the effect of frightening the other group members who are not prepared to disclose and feel threatened by the premature disclosures. Mandell & Damon (1989) address this in their research suggesting that children should not be asked to discuss issues too soon in the group sessions. I believe that we could have dealt with this more effectively by stopping Bonnie when we realized what she was saying and suggesting that she share those stories only when everyone feels like they know each other better and are comfortable with each other. This boundary setting exercise may have helped her to internalize some appropriate boundaries regarding when to share and when not to share.

The two dropouts also influenced the trust levels. Girls did not open up as soon as they could have because they were dealing with the withdrawals from the group. Recommendations again that thorough screening and individual therapy prior to the group are possible solutions to attrition in the group.

Recommendations for Group Leaders on Trust/Safety

In observing the group and the childrens responses to the group experience, it became clear to me that trust was critical to their movement in the group.

The strucured format with predictable activities helped the girls to feel safe in the group. They knew that the group always began with circle time, moved into focussed activities, and ended with journal

and snack time. This helped them to feel safe and open up. The girls were given the format at the beginning of each session again giving them some sense of what to expect each week.

The appropriate match between the child's ability and the activity being presented influenced the trust. When the activity appeared to be too risky for the child she would respond fearfully by withdrawing. When the activity was too simple for some other children they felt too embarrassed and put down the activity. As was noted above the variance in abilities in the group created an interesting challenge for the facilitators who had to make the activities simple enough for the younger child whose abilities were hampered by her fear and the older girls who had been in therapy for longer periods of time and had processed many of the issues related to the abuse so that neither one felt different or bored by the process. This was addressed by Mandell & Damon (1989) who advocated two facilitators in order to help especially those who had difficulty with reading.

A fourth factor which was critical in the development of trust and safety was the responses made by the facilitators to individuals and to the group itself throughout the sessions. They were consistent, firm, clear, gentle, compassionate, validating, and demonstrated unconditional regard. The children knew that the group was going to be a place where they could share about themselves without being put down, shamed or ridiculed by others. As well, the members knew that the facilitators were strong enough to enforce the rules of the group to ensure this safety. The empathic responses made by the facilitators provided the girls with validation about their feelings

helping them to bond with the group and feel safe enough to share more.

The facilitators reassured the children that they did not have to share anything if they did not want to do so. They also reinforced that individual differences were appropriate and welcome in the group so that each child did not have to copy others in order to be accepted by the group and feel like they belonged. Research indicates that children may state that they feel a certain way in order to belong in the group (Sturkie, 1983).

The next factor which contributed to the development of trust in the group involved the feedback between the group members themselves. Some of the girls particularily Sarah, Bonnie, and Debbie were good at responding empathically to the other girls in the group. This helped the others to trust the group members. Statements like, "I know how you feel, that happened to me to, I would understand if you cried, and that's how I felt," really helped the girls to feel validated but also to trust that the group was going to be a safe place for them where they could begin to open up about themselves and not be shamed or criticized by other people their own age. In the fourth session role plays were designed to help the children name empathic responses to each other. This helped to validate, reinforce, and add to the girl's level of responses. Learning social skills has been well documented in the literature as an important goal of group therapy. (Deluca etal, 1992; Berlinger & Ernst, 1984; Sgroi, 1982; Kitchur & Bell, 1989; Celano, 1990; Mandell etal, 1989; Walker, 1988)

Permission to participate to the level that each child felt comfortable seemed really important. For Jessica, it allowed her the

control she needed to manage her anxiety over putting herself forward in the group. For Bonnie, it encouraged her to create boundaries for herself. For Sarah, it allowed her to practise her boundaries so that she could really follow her own feelings and be respected in them. Recommendations that individuals have control over the amount that they will or will not share in a group is important.

SELF MASTERY AND CONTROL

The mastery and control of self means that a child can master their feelings and control their impulses in ways that are appropriate to their age. For example, a child who hits another child when angry does not have control over their impulses and has not mastered the underlying issue or feeling in a way that promotes healing or healthy and growth producing interactions (Sgroi, 1982; Deluca, 1992).

All of the girls in this group were relatively stable in terms of their behavior. Each of them was able to control themselves to the degree that they were likely candidates for the group process. However each child also had their own challenges in terms of self mastery and control. I will describe the relevant process of each child and then discuss the factors which contributed to the childs development.

Sarah

Sarah managed herself in the group in appropriate ways. She was able to sit and participate in the activities which were at her intellectual and reading level for the period of time that was required. She did not need more attention then was necessary from other group members or the facilitators.

She did challenge some of the limits of the group indirectly. For example she wanted to read the scenarios in session four, five, and seven. In session four and five she was given a turn to read once. The second time she asked I told her that someone else needed a turn. Sarah challenged this limit by trying to get another turn anyway. In session seven she pursued the reading of the questions by wanting to be the reader and not play the game at all. In setting the limit I told her that she could read and play at the same time. In all three cases, Sarah became sullen and distant. She then complained about some physical ailment that she was encountering. In session five she complained about her knees, and in session seven she complained about her sore finger. I wondered if she was expressing her frustrations over the limit through this complaint. I did not confront Sarah's response to the limits in the group. If I had more sessions I would bring it up with Sarah and ask if she could tell the group how she felt about not getting a turn to read.

When Sarah did not like what the other girls were saying or doing she made a dirty face and made snarky comments that came across as subtle put downs. She did this when she wanted to control the group in some way either because they were being silly or because what they were saying was different then her experience. As facilitators we dealt with this in two ways. First we reminded Sarah and the group that it was okay for each person to have different ideas and different feelings. For example in session four when Jessica shared that the man and woman on her collage represented the feeling of sadness, Sarah made a face that suggested that she thought that Jessica was dumb and said, "Excuse me but isn't that a man and a

woman. Isn't that supposed to mean love or something." I was able to reframe this for Sarah and Jessica by saying that it was okay for each of them to see something different in their picture. That both were correct and valid responses.

Bonnie

Bonnie did spend the initial sessions distracting the group through various techniques like smashing the dolls, squirming and laying down in her chair, and interupting the group verbally by talking to others. She needed a great deal of attention and may have used the distracting behaviors to recieve it. She recieved attention through the distracting behaviors described above. Through out the group sessions most of her negative attention seeking behavoirs were ignored or quickly called, while the positive attention seeking behaviors were reinforced.

Bonnie's impulsiveness was apparent in her sharing. She often blurted out the first thing that came to her mind and it was usually quite distorted. The circle time activity which required her to chose cards prior to sharing helped her to plan what she would say so that it wasn't simply random and impulsive. The game about abuse required her to talk her answers over with her partner which required her to think before she answered. The group sharings were often after a drawing of some sort which gave her time to draw and talk it through with the facilitator privately before she shared it in the group again requiring her to process her thoughts and feelings before sharing them. By the final sessions in the group Bonnie was able to sit attentively for most of the session. She was still blurting out some thoughts impulsively but did less of this. She became more focussed in

her sharings which seemed more accurate and connected to her real feelings. She was obtaining attention in the group by sharing alot during her turn, which was more appropriate then distracting the group. She needed limits placed on the length of her sharings which were becoming quite lengthly but more of this would need to be done to really allow her to internalize these boundaries.

Jessica

Jessica presented as very shy in the group. She was easily distracted by others, particularily Bonnie, and giggled often when she was doing innapropriate things. Jessica's means to self control was to refuse to participate when she was threatened in any way. She would be asked to do something which she would say no to. We would extend her this right not giving any more energy to the resistence and go on to someone else. She then would want to engage in the activity and would be given permission to do it. This allowed her to feel like she had control over herself in the group. She learned that she could participate but that she would not be forced to do anything that she didn't want to. She also learned that she was respected and heard when she said no. Due to this she participated more often and with less fear each time. By the sixth session she was acting like a nine year old child, participating and responding in the group more appropriately. Although she did revert back to some of her defensive behavior, Jessica did not become as passive or defiant until the final session where she struggled with saying goodbye. Jessica was able to control herself in the group and chose to do so whenever self control was given to her.

Summary of Self/Mastery and Control

Individuals in this group did not act out or loose control of themselves. They tested the limits to a minor degree but these were not serious. We never had to discuss consequences for breaking the rules nor follow through on any consequenses in this group. Possibly the small numbers helped. Bonnie could have led the group into some negative acting out behaviors. Fortunately she connected with the group in a way that made it unnecessary for her to do this. Her continual growth, positive responses to redirection, and willingness to participate made the task of self control more likely for Jessica who was a follower.

Jessica probably would have acted out negatively if she had bonded with a child who was also acting negatively. Jessica was given permission to say no. This strategy in the group allowed for her to take the space and time she needed to feel like she was in contol of herself thus allowing her to choose for herself. She did not have to use her energy to defend against others who were forcing her to move when she was too afraid.

This strategy did not work for Bonnie though who needed to hear that she was required to participate in activities even though she was not required to share with the group. This occurred in the beginning of the second session when she decided again not to participate in a game. I told her that she was required to play but that she could choose not to share her feelings, thoughts and stories. This she agreed to immediately. Bonnie needed someone outside of her to set the limits and boundaries firmly whereas Jessica needed the opposite. Bonnie also needed boundaries set around her sharings in terms of

content, timing, and length. This helped her to master her impulse to share indiscriminately.

Other factor's that contributed to the development of self mastery and control were the bonding of members with each other. When the girls began to want to be liked in the group they acted in ways that would gain such approval.

The verbal expression of feelings in the group also contributed. The girls were able to express themselves in verbal and symbolic ways which relieved the anxiety, thus giving them a sense of control over themselves.

Recommendations for Group Leaders for Self Mastery

Knowing that the group facilitators were strong enough to gaureentee that the group would be a safe place is instrumental in teaching the girls control would occur. Knowing that other's can control the situation helps the child to know that they can control themselves (Mandell & Damon, 1989).

Setting clear boundaries appeared to contribute to the establishment of self control in the group. The rules at the beginning of the group helped them to know what was expected. Rules teach appropriate boundaries for individuals as well as provide permission for children to practise self control in a safe and supportive environment. Mandell, et al (1989) note that appropriate boundaries can be taught in the group.

Providing avenues where children can express feelings, particularily negative ones in appropriate ways reduces anxiety and helps children feel a new sense of control.

Modelling by members of the group contributes to individuals experience in the group. The need for gaureenteeing that the girls are able to achieve appropriate control in the group only makes sense (Mandell, et al, 1989) so that individuals have appropriate peer models to follow.

Social Interactions/Relationships

Children who have experienced sexual abuse often become isolated from peers. The child feels different from others and fears rejection from them believing that this will occur if others know about the sexual abuse (Finklehor & Browne, 1986). Group therapy focusses on improved socialization by encouraging healthy interaction with peers, and teaching children to respect themselves and the rights of others through appropriate boundaries. The group experience is generally very helpful at providing these girls with a place to decrease isolation, promote improved social interaction and develop positive relationships with adults and peers (Deluca etal, 1992). This was certainly observed in the group. In fact, I believe that the development of positive relationships with peers and adults was the most important aspect of the group experience for all of these girls.

Sarah

Sarah was very clear from the beginning about her need for friends. She stated during the intake interview that "she needed friends and hoped that the group experience would provide her with some." Sarah felt isolated at school where she stated she "had no friends". She told the group that the children at school "put her down because she was chubby". Sarah felt lonely because she did not have enough

friendships, was the only child living at home and was looking for avenues to meet them.

Sarah was tenative about her interactions with others in the group initially but by the second session was talking more with other individuals in the group. When they played blind man's bluff she could allow herself to be led by another child and seemed very comfortable with being touched, holding hands, etc.. She and two other children enjoyed sitting together on a single chair at the end of the game, conjuring up much fun and laughter. She became very talkative with individuals in the group while working on individual projects by the second session indicating that she was warming up to the other girls. In the second session she was also alarmed by the small number of children in the group (4 at this point) and wondered if this was all that would be in the group. She was dissappointed that Barbara had not returned. When Debbie did not return the next week she was even more alarmed and disappointed. Her discomfort came out in the fourth session when she was told that Debbie would not be returning. She became sometimes negative and judgemental of others throughout the session often giving advice and making faces of disdain at the others when they spoke. This was not like her previous presentation.

On the other hand she demonstrated qualities throughout the group that made her a good friend and helped make the group a place where positive social interactions took place. One of her strengths was her provision of positive feedback to other members of the group. Secondly she understood many of the issues of abuse and could help the girls. Significant interactions occurred which seemed to be important. In the third session Jessica disclosed that she had no

friends at school. Sarah responded to this by saying, "I know how you feel. The kids at school won't play with me because I'm chubby. Is it because you are chubby? You look like the kind of person who would not have any friends because you are chubby." This interaction was a powerful moment for Sarah and Jessica. Sarah felt like she had a friend who was like her and Jessica felt like someone understood her. In response to this interaction, Jessica then wanted to say something empathic back to Sarah. She said, "It is not that your fat, its just that you have fat on you." This was the first time that she had provided feedback to anyone in the group and that her interaction in the large group was greater than a few words. Sarah provided similar feedback to Bonnie particularily in the sixth session when Bonnie had disclosed that she could not go home. Sarah said, "I would understand if you cried." These empathic interactions towards the other girls helped each of them to feel safe, and accepted and enhanced the interactions amoungst the group members.

Sarah did bond with Bonnie more than she did with Jessica mostly because Bonnie was more willing to try the activities we provided where as Jessica was shy at first to do them. This created a scenario where Bonnie and Sarah often went together because they were willing to do the activity. The girls began to lay on each other during activities, say things to each other like, "Your a good friend, Now that's what I call a friend, Let's call each other when the group is over," etc... By the end of the 10 weeks, Sarah was more positive in the group, and seemed generally happy that she had a friend. She told her mom excitedly after the tenth session that she and Bonnie had exchanged phone numbers. The impact that having a friend had on

Sarah was that she was more energised and laughed more in the group.

Bonnie

Bonnie came to group and isolated herself from the other girls by folding her arms, looking down, and not maintaining eye contact with anyone. The only child she did talk to was Barbara because they were both native and both of them had group home experiences. When she arrived the second time she had practically lost her protective facade and was more willing to become involved with others in the group. She became quite needy and gained attention in many ways either through talking, or through distractive activities like playing with the dolls on the chairs, piling the dolls on herself, smashing the dolls on the ground while we were engaged in a focussed activity. She also took the group on tangents through her story telling. She often began with a story that related to what we were discussing and then added a whole bunch of unrelated stuff to it. This had the effect of creating negative interactions in the group. The other children became restless, bored, and lost focus. As we ignored these, redirected her, and reponded empathically to her stories, she began to come forward more in a positive way.

She had many strengths socially which included her ability to stay on task when she was not needing to distract, her willingness to participate in activities particularily the role playing ones, and her sensitivity to other children's feelings particularily Jessicas when she was feeling left out. Bonnie always tried to include her and to let her know that she wanted to involve her in the interactions. She also became good at providing feedback to other girls mostly in the form of

relating to their experience. She made statements like "I know how you feel, that happened to me too." Her positive social interactions with the group allowed her to be a leader in the group in a positive way. These positive interactions were less evident in the beginning of the group. By the third session when she stated that she would rather come to group then stay home, her behavior began to change. By the fifth session she was interacting more positively. This improved and became more evident in the sixth session lasting until the 10th session.

Jessica

Jessica was a very shy and withdrawn child. Due to her young age upon entry into the group she had more difficulty interacting with other's in a way that was socially appropriate to the age group. Jessica was 9 years old but had just turned 9 in the earlier part of this year. She was the youngest child in the group. After the drop outs the next closest in age to her was Sarah who was 10 and 1/2 years old and had been in therapy for some time. Jessica had been given no previous therapy with the group being her first exposure. In order to feel safe she withdraw quickly when something new was introduced. She also used a form of baby talk when she was nervous and this made her sound like a five year old child, creating an even greater gap between herself and the other girls. When asked to do something she stated, "No." Since she gained no further resistance from us when doing this she did not have to maintain this stance. She rarely gave feedback to the other girls and was bored easily by the discussions and topics in the group.

Jessica's strengths included her determination to continue even when she was very nervous. Jessica took tremendous risks in the group, doing many activities and sharing about her self when she clearly felt terrified to do so. This courage was evident through out the sessions. Jessica was also very giggly and loved to fool and play which made the atmosphere more playful. She did not develop strong bonds with the other members of the group although she was respected by them. No one ever put her down or ridiculed her. The girls did express to her that they thought that she was shy. I reframed her shyness by pointing out the risks that she took in spite of her fear and her age. This helped the group to percieve her shyness differently and positively. She did develop a strong bond with Diane one of the facilitators because they often became partners when activities were presented. This was an important first step for her in the redevelopment of trusting relationships.

Summary of Social Interactions/Relationships

Each of the children contributed to the social interactions in the group in their own unique way. When the interactions were positive and nurturing the group process was furthered and relationships developed and blossomed. When the interactions were negative or non existant then the development of relationships was hindered. for example Jessica's fear over participating in the activities made her an undesirable choice in terms of partnering. She was chosen less often and this created some isolation between her and the other girls. This lack of interaction eventually made it difficult for her to bond with the others to the same degree.

Positive social interactive events on the other hand had the effect of creating a feeling of warmth, safety, and enjoyment. Positive relationships blossomed from this interaction. When Sarah told Jessica that she knew how she felt about not having friends, Jessica responded by giving her positive feedback about her weight. After wards she shot up enthusiastically wanting to be involved in the next activity which was quite out of character for her. When Debbie told Bonnie that people didn't believe her about the abuse either and she knew how Bonnie felt, a shift occurred in Bonnie. She stopped fidgetting in her chair, and playing with the doll. Then when we began the partner activity Debbie and Bonnie wanted to be together. When Sarah offered to go see if Bonnie's cab had arrived she said, "Now that's what I call a real friend." indicating the effect that positive interactions had on the development of positive relationships. When choosing partners, Sarah put her arms around Bonnie saying, "I want you." Bonnie told Jessica that she wanted to be her partner too and asked her to do a role play with her. Jessica who had stated that she did not want to do one willingly engaged in the role play after being asked by Bonnie. Bonnie helped the two girls color their pictures because she was finished. Particularily Jessica drew her picture better and with more detail than any other time due to the attention and help by Bonnie.

Recommendations for Group Leaders on Social Interactions

An Important factor contributing to the relationships developed in this group was the group size discussed earlier. The group size did affect social interactions and relationships because their was an odd number of girls and a very small number of children in the group. The

impact of having such small numbers in a group is the small selection of relationships that can develop. The children had relatively little choice in choosing friendships from the small pool of girls. Mandell & Damon (1989) recommend the inclusion of eight children so that unexpected attrition will not seriously affect the group and meaningful interactions can continue.

Ability to relate to other members seemed important in the development of social relationships in the group. When the children saw that they had similar experiences from which they could relate they were more likely to feel close to that person. Again when Jessica and Sarah talked about their common lack of friends they felt closer to each other. When the children discussed their foster care experience and discovered that they all hated being in care, they felt closer. On the other hand Sarah who had never been in care was unable to relate to the group's experience and remained quiet throughout the discussion. If she had been unable to relate to many of the children's experiences eventually her ability to bond with the girls may have decreased. When the children talked about loosing a sister, dog, or nephew through death they all felt closer to each other and more connected. The girls could all relate to each other's experience of sexual abuse particularily because it had occurred by male family member's in every case and because they all had multiple offenders. Although one of the children had been offended by two female teenagers she never discussed this in the group. These commonalities seemed to reinforce the children's bonds which helped to develop the relationships amoungst the girls. I would recommend that girl's are grouped according to their experiences. I believe that a child who has

a very different experience may simply feel more different in the group causing her to exacerbate her symptoms. This is addressed by Berlinger & Ernst (1984) who believe that too much difference could exacerbate the feelings of differentness already felt by these children.

Another factor influencing social relationships were the differences in developmental, maturity, and ability levels amoungst the members in the group. In particular, Jessica who was younger than the other girls, who had less cognitive understanding of abuse,fewer language, reading and intellectual skills (because of her age) was possibly too young to be in the group. Her experiences were also different in that she was not yet interested in dressing a certain way or being a part of a gang situation. These differences made her have the appearance of being younger than she really was. It also had the effect of distancing her from the other children. These differences were not enough to create negative therapeutic experiences for this child but given a different set of children they could have.

Another type of difference involved those in lived experiences. Although differences in experience and feelings were normalized by the facilitators, each child's perception of their differences in the group influenced their interactions. Bonnie for example who percieved herself as too different then the other's because she was not living at home like the others lied to the group telling them that she could go home to visit her mom when the group ended, when this was not true. The difference in lived experience when it is too great does impact on how a child will feel and present themselves within the group. Berlinger & Ernst (1984) recommend close range in age differences for

this reason. This research supports their findings. Delson & Clark (1981) and Deluca (1992) recommend placing children with similar abuse histories together. Again this research supports such findings. Inclusion of those in care and at home may need further study. In our group the combination presented some difficulties for the child in care.

The other important factor influencing relationships in the group was the responses given by the facilitators to the individuals. First of all creating a group process where children are encouraged to provide feedback to each other opens the door for this type of interaction. Another important response by leaders was that of linking children's sharings to each others. If a child responded to someone's story with a story of their own then I might say "So you know how she feels about that situation." Another way to link was to ask if the girls wanted to respond to something that a child shared. Modelling responses again, were an important aspect of creating a positive group experience. Both facilitators tried to provide empathic responses to the children's sharings. Commonly we said things like, "It really hurt not to be with your family, You didn't like what happened, It was not okay to do that to you." These responses were also being given by the children to each other. They may have used them as a result of the modelling done by the facilitators or they may have been part of the children's repoitore prior to the group but either way they were reinforced and developed in the group process through our consistent use of them. The reframing used by the leaders helped children to see themselves in perspective which helped the group to view the situation in a positive way. For example the children were

commenting on how shy Jessica was. I stated that she was very brave person because it was more difficult for her to do some of the things that were being asked. She did them in spite of her shyness which was very courageous. This helped the girls to reframe her shyness.

Important activities are recommended as they seemed to encourage and enhance the development of positive interactions in the group. One activity that reinforced positive social interaction was the empathy role plays (Mandell et al, 1989) which were designed to name the behaviors that were helpful when listening empathically to another child. The behaviors that the children came up with included, "looking at the person, letting them know that their feelings are okay, giving them advice when they need it, and not interrupting them." Although the ideas were difficult to name, they helped the children to know what was helpful behaviour for listening to others.

As facilitators we also reinforced the listening behaviors by pointing them out when they occurred. For example when Bonnie told Sarah that she knew how she felt about her dog dieing, I told her how I liked how she had listened to Bonnie and let her know that her feelings were heard. At the end of circle time one of us would often comment on how we liked the listening behaviors that occurred in the group, naming what they were. These types of interactions on our part helped to reinforce the positive interactions occurring in the group. It also helped to eliminate the many distracting behaviours in the group which occurred in the beginning weeks of the group.

Another activity that helps to create positive interactions was the development of group rules (Deluca, 1992; Kitchur & Bell, 1989) as it

provided guidelines for defining appropriate behaviour in the group. This contributed to the development of positive social interactions as it defined acceptable as well as unnaceptable behaviour in the group.

The snack time was also an opportunity for the children to sit and talk to each other without any formal topic or structure. They had an opportunity to get to know each other in a different way and interact socially (Deluca et al, 1992). The circle time was also very helpful in developing positive social interactions. The children often came in early and established the ritual of sitting in the circle talking about their week, and other important things that were occurring in their lives. It was an excellent precursor to the more formalized feeling cards talk time (Kitchur & Bell, 1989).

The partnering aspect of the group also had a positive and negative effect on the group. Children had opportunities to be together and develop their social relationships during their partnered activity times, thus enhancing relationships. On the other had due to the odd numbers and the one child often withdrawing the partners became too stagnant not allowing for variety in partners or choice in partners. This had the effect of isolating one member in the group. Recommendations that group size be larger than three has been discussed earlier. Given the numbers in this group we could have used an approach that did not require partnering.

Expression of Individual differences

Differences in individual expression were an important issue in the group. The children each responded to the group in their own way, each reacting out of their own needs and sense of self. Those children who had a stronger sense of self and less need for approval expressed

their unique selves to the group more consistently then those who were less certain about themselves.

Jessica

Jessica presented in the group as one with little sense of herself or her abilities. She began in the first session by copying what another girl was drawing during the journal section. She did chose some of her own thoughts and drawings when the facilitator sat with her and guided her in her drawing.

In the second session she did not offer any suggestions for group topics or rules. She did put up her hand and say,"Oh, I forgot," when asked. She wanted to do the same picture as Bonnie when drawing her safe place.

In the third session she began her collage by following what Bonnie was doing but began to choose her own pictures once she got into it. However when asked about her collage she did not know what the pictures or materials meant. I needed to really guide her to say which feelings were represented by which pictures. She completed the activity but could not distinquish between easy and hard to share feelings. She said, "I can share all my feelings." She did suggest a topic for the group in the third session suggesting that she was beginning to get in touch with her own needs and ideas. She asked if she could add to the list of topics, "It's okay to share mad feelings," which we placed on the chart.

In the fourth session when we shared about the collages, Sarah confronted Jessica about one of her pictures saying that it was a picture of a man and a woman and she should have called it love, not a sad feeling. I reframed this for both girls saying that "it was okay for

each child to see different things in the pictures and to give different feeling names to the same picture." I then asked Jessica if the sad feeling related to the fact that her mom and dad weren't together anymore like the man and women in the picture. She shook her head up and down intensely and stated "Yes, I miss my dad." This helped Sarah to see that what Jessica saw in the picture was meaningful even though it was different then what she saw.

Later in the fourth session Bonnie expressed her hate towards her dad. Jessica bravely stated again that she missed her dad. Again I reinforced that it is okay to have different feelings about the same person and that each persons feelings are valid. I also reinforced this when Jessica said that her sister did not want to see their dad. I said that it was okay for her and her sister to have different feelings about her dad. She agreed.

She did not need to copy anyone in the fifth session when she was drawing her own disclosure experience in her journal. In fact she went to sit by herself to draw it and shared with me what she was going to draw.

In the sixth session she again expressed different ideas then the others. When the two girls stated that they did not want to write a letter to the offender, she said that she wanted to. When we chose to write to the offender collectively she initiated by being the first to share the things she would say. She didn't seem to need to do what the others were doing at this point.

In the eighth session she did revert to some of the same behavior as before in that she wanted to copy the other girls in order to be safe. Again she may have reverted because the other two girls were

displaying their closeness for each other in front of her. By the ninth session she did return to copying the other girls pictures rather than choosing her own. However while tring to draw like Sarah she became frustrated and did the picture over again. When she did it the second time she drew it without doing it the way Sarah had. I reinforced her initiative, saying that "she was able to do it on her own and the way she wanted it to be."

Jessica needs more time expressing her individual self and being validated for it in order for her to really develop her unique self. I did see the beginnings of this development for her in the 10 weeks. She needs to continue to feel accepted and liked by others in the group and be validated for her own ideas and choices to allow for her development of a unique self.

Bonnie

Bonnie also struggled with expressing her unique self in the group. She discovered in the first session that three of the other four girls in the group were no longer in foster care and were living with their mothers. She came in to the second group telling the group that she too would be allowed to visit her mom after the group was over in order to save face in the group and to appear more like the other members.

In the fourth session she noticed when one of the facilitators commented on Jessica's kindness for writing, "To Diane," on her drawing. While waiting for her turn she quickly wrote, "To Sheri and Diane," on her collage which she pointed out to us at the beginning of her turn. When she said that she hated her dad, Sarah said that she hated her dad too, and Jessica said that she missed her dad. I

validated their differences by saying that it was okay to have different feelings about someone. Then Bonnie changed her mind and said that she hated and loved her dad. I suggested that it would be okay for her to have both feelings about her dad and it would be okay for her just to be angry at him in order to validate her experience so that she would not feel the need to conform to other's ideas in order to belong.

In the sixth session, Bonnie came into the group and shared the reality about her mom to the group, indicating that she was ready to tell the truth. This expression of her individual truth demonstrates that she may have believed that she could now be herself in the group and that she could trust that the group would accept her for who she was.

She did not change her thinking or her drawings or her ideas again in the group. She did continue to tell false stories about her life in the group but easily refuted them when confronted.

Sarah

Sarah seemed to know who she was, and could express her individuality with confidence. She knew what she liked and disliked, how she felt, and what her concerns were. She was clear about her issues and her needs and could express these in the group. She did not change her drawings or her ideas in the group in order to save face, or to belong. She did however challenge others when they expressed something different then what she thought was right. Her sense that others have the right to think and feel differently needed developing.

She sometimes made a dirty face and said things like, "huh" meaning that what the other person said was dumb, or didn't make

sense, or was immature. This tendancy to judge the others in this sublte put down way was confronted with statement by the facilitators like, "It is okay to have different thoughts and ideas, you think this way Sarah but Jessica thinks that. Both are okay, Its important to let each person say what they think Sarah. Put downs are not okay here."

By the end of the group she was doing this much less than in previous sessions. On the other hand she was quite empathic towards the other girls. Her moments of judgement and dissaproval towards their ideas were less noticeable.

Summary of Individual Differences

The factors which contributed to the expression of individual differences in the group included the facilitators reminders that differences are okay, the group members empathy towards each other, the perception by each member that their differences were acceptable in the group, and the degree of bonding between members. When the children felt like they were really accepted and liked by the others they were more likely to reveal their true selves. The need to copy and parrot others which decreased reflected their fear that they would be disapproved.

Recommendations for Group Leaders on Individual Differences

Mandell & Damon (1989) note that combinations where one child's experience is markedly different then the other children ie one child in care while the other's are at home can be problematic and need to be considered when organizing groups for children. I would recommend careful screening to ensure that clusters of children in the group have similar backgrounds. It is impossible to match children issue for issue.

However important issues like foster care, intra versus extra familial abuse seem important and should be considered when creating group experiences for children.

Making sure that individuals in the group feel safe to share their individual self in the group is important. Mandell et al (1989) note that parrotting in a group is common to ensure conformity and must be addressed by facilitators through intermittent discussions in the group that reinforce that differences are acceptable.

Differences in Abilities and Maturity Levels

The differences discussed above related to the children's percieved differences in experience and expression. Another category that affected the children's experience in the group related to the differences in intellectual expression within the group.

The larger the gap between abilities the more difficult it was for the girls to relate to the differences. This difference was most noticeable with Jessica. When Jessica entered the group she was nine years old but had just turned nine in February of this year. The two drop outs were also nine years old. Sarah who was 10 and 1/2 would be turning 11 years in August, placing her almost two years ahead of Jessica. Bonnie who was young for her age was 12 years old making her closer in age and maturity to Sarah. She was three years older than Jessica. This difference in age did affect the differences in abilities in the group. Many concepts that were easy to grasp and understood by Sarah and Bonnie were not easy or understandable to Jessica. For example, when the children brainstormed for "reasons we need to get in touch with feelings," she suggested that mad feelings are okay but did not know why she should get in touch with her mad

feelings. In the third session she was unable to distinquish between easy to share feelings and hard to share feelings saying that "she can share all her feelings". In the fifth session she could not name any behaviors that made someone feel listened to or understood even when we modelled it and the girls role played it for the group. In the seventh session she really struggled with answering the questions in the "facts about sexual abuse" game. In the eighth session she could not distinquish between a passive, aggressive, and assertive response to a situation. She said "no" to every situation and did not understand that when she was asked to give a passive response that it would be different then just saying no. It was during this activity that her intellectual differences really stood out in the group. Although the differences were not enough to alienate her in the group they did impact on how she felt about herself and how the others eventually treated her. They always respected and included her but did not really identify with her because of the gap in intellectual functioning.

In order to compensate for the differences in ability I pointed out to the group that Jessica was 2 years younger, and had less therapy then the others. It was not a very comfortable situation for Jessica. If another child closer to her age had been in the group it may have been less evident. If the group age were closer to her age and developmental needs she would have appearred less different. Another area where differences showed up had to do with interests. Jessica did not like sitting around and talking for too long. The other two girls were talking more and wanted to engage more in the verbal discourse while Jessica just wanted to "get on with it." This indicated that these girls were ready for more talking while Jessica still

required more concrete activities, that were shorter in length and necessitated less processing. In her evaluation of the group she said that she wanted "less talking."

Recommendations for Group Leaders for Maturity and Ability

I would be inclined to check the birthdays and maturity levels on the girls coming in to group when they land on the outside cusp like Jessica and Bonnie did. Bonnie was very appropriate for the group because although she was older her delays made her just right for this age group. If on the other hand if she had been mature for her age this group may have been innappropriate for her and could have made her feel worse about herself. Jessica did not necessarily feel worse about herself because of the experience but she could have if the girls in the group were less compassionate. Again this fits with recommendations by Deluca et al, (1992) and Berlinger & Ernst (1984) who recommend minimal age differences as criterion for inclusion.

Self-Esteem

Expressions of self-esteem were seen throughout the 10 weeks by all of the girls. In general their were much more expressions of low self-esteem in the first few sessions. These gradually changed throughout the sessions and the last few group sessions saw many expressions of high self-esteem by most of the members. I will describe the experiences which related to the development of self -esteem and then discuss the factors which contributed to it.

Sarah

Sarah expressed low self-esteem initially in the group by making negative comments about her abilities. For example in the first group she said, "I don't know how to draw," and when looking at the tree

she had drawn said, "I don't like my tree." Jessica responded to her by saying, "I like your tree. It is better than mine." When asked in the first session interview what she liked the best about herself she said she "liked the house she lived in" which relates to her but is not about her personhood. When asked what one thing she would like to change she stated "her weight." She took a long time to draw her picture in the first and second session making her last to finish because she was worried that her drawing would not be good enough.

By the third session Sarah was beginning to name qualities about herself that she felt good about. This related to her performance in the group which gave her direct feedback about her self. When in the third session she acted out the feelings cards, she did so without having to consult anyone of us for ideas. Her charades were guessed easily by the other girls because of her clarity while acting out the story. She told the group afterwards that she goes to acting school and is "good at acting." This clear and positive statement about herself was reinforced by the group. In the third session she wrote many of the words while brainstorming for uncomfortable feelings with her partner. When I came over to see how they were doing she asked me if the words were spelt correctly. When she found out that they were she said proudly, "I am a good speller."

She also disclosed in the group that she had no friends because they all teased her about her chubbiness. No one in the group teased her and everyone shared empathic feedback with her saying that the kids doing it were immature and had something to learn from her about accepting differences. She felt good that she was not alone, was

understood by the others, was accepted in her body type, and was validated in her perception that they were immature.

In the sixth session, Sarah continued to express some low self-esteem related to her body image. She said to me when I walked into the group room, "I hate how skinny you are. I have lost weight, can you tell?" I acknowledged her wish to loose weight but suggested that her body type was as valuable as mine. I told her that sometimes I wished I could be bigger like her so I could wear outfits that were more suited to bigger persons. She didn't buy it though and continued to ask if I had noticed her weight loss. Later in the group she said that she did not feel bad about the kids at school. She stated that "they don't tease her anymore because she has lost weight." She attributed feeling better erroneously to her weight loss.

Sarah changed her story in the eigth session. She pointed out in the eighth session that the kids at school don't tease or critisize her anymore because she "just laughed and called them immature when they did. Now they don't do it." This apprasial seemed like a more healthy response then the weight loss reason. She seemed to be happy that other students no longer bother her and talked in group about having a friend.

In the sixth session she also told the group that she "did not know how to make people feel better." This came in response to a statement I had made to Jessica where I shared with her that I liked how she revealed her self to Bonnie because it helped her to know that other's have similar experiences and are not alone. Sarah then told us that she "had tried to make her cousin feel better but didn't know what to do." She also shared that "her cousin told her that she

always made her feel better." She said that she hugged her cousin when she cried but didn't know what else to do. I reframed her negative self appraisal by saying that "It sounds like you do know how to make your cousin feel better, sometimes a hug is better than any words." She smiled. She needed to have her strengths spoken and acknowledged in the group.

In the ninth session, Sarah stated that she was a good drawer and could draw better than Bonnie who was one year older than her. She was naming her strengths. In the ninth session she reponded well to the self esteem circle where she named many qualities that she liked about herself.

Sarah did express more positive self-esteem in the group throughout the ten weeks. Her perception of herself was reinforced and validated by the group which mirrored back to her her uniqueness and her strengths.

Bonnie

Bonnie came a long way in the group in 10 weeks. She presented with extremely low self-esteem in the first session. Her sullen, distant, non-participatory presentation revealed low self-esteem. Her answers to the interview questionare confirmed it. When she completed the interview sheet with Diane, she said to her, "I am ugly but you are pretty." When answering the question, "What do you like best about yourself?" she answered, "nothing" and "What would you change about yourself?, " she wrote, "everything." She did not make a positve statement about herself until the sixth session when she drew a picture of a river of tears on her letter. I commented on how the water actually looked like it were moving. She said, "yeah, I am a

good drawer." From this point on she continued to make positive statements about her self in the group. In the ninth session she said that she was pretty, a good friend with other children, and a good listener. The behavioral changes, the level of participation, the desire to share positive feedback with the other girls, and the positve self statements indicated that Bonnie's self-esteem raised greatly. this was also mirrored in her evaluation where she stated that "she was liked alot" in the group by the other's, that she could make friends in the group, and that she has a lot of good things to say now because of the group.

Jessica

Jessica came into the group displaying very low self-esteem. Her shyness and unwillingness to participate in the group indicated low self-esteem. This was not indicated in the first session through the interview questions. She said that "what she liked best about herself was that she knew how to slide," and "that the one thing she wants to change about herself is her name which she wanted to change to Melissa." The lack of self-esteem showed itself in the lack of willingness to try new things and her fear responses about doing these new things as it meant that she percieved herself as unable.

In the second session when she shared about her safe place she did not want to show us the picture that she drew. She hid her face into her arms when she did show the picture revealing a shame about her ability to draw. When anything was introduced she often quietly said, "no" to it. She also said things like "I hate this" when she made a mistake such as when she was skipping and missed the skip, or to anything that she didn't like or frightened her.

In the third session she began to participate more and share some of her ideas indicating that she was beginning to have moments of feeling good. By the sixth session she began to make some positive statements like "Oh good, I like doing this" when we began with circle feeling cards. She also shared that she felt loved by her aunt who invited her to her house, and excited about being with her cousin. She stated that she felt close to her family indicating that she had something to value and feel good about. When she began to feel bad about the others relationship in the last three sessions, she made statements like "those two are friends, they like each other, and "they didn't ask me." As this occurred so to did her negative behavioral responses begin to return. Her self-esteem which seemed to improve from the third to the sixth session appeared to decrease in the final sessions. During the self esteem circle she refused to say anything positive about herself. We let this go, and she responded by participating but struggled with it. She was able to say that she was pretty, and that she was able to play well with her cousin which were qualities that others in the circle had already shared. Although Jessica's self-esteem did become positive for a while in the group it did not remain because of the regression in the final sessions. For this reason more children and more time to work through these very issues would seem necessary. Since the development of high self-esteem did appear when she felt valued and a sense of belonging in the group I would assume that more time to develop in the group would benefit this child. Jessica may have felt threatened by the upcoming closure of the group and was unable to maintain the positive self-esteem she had previously displayed as her energy went into this preparation.

More time to reinforce the new social skills and esteem may be required so that children can really internalize it before they are required to finish their experience.

Summary and Recommendations for Self Esteem

It was noted that all of the girl's experienced a raise in self-esteem due to the group experience. Some girls demonstrated more drastic increases then others while one child regressed near the end. Overall they all showed improvements in self-esteem. This confirms findings by Deluca, et al (1992) who through standardized measures found increases in self-esteem.

An important factor contributing to the childrens level of self-esteem related to the qualitiy of relationships in the group. It seemed that when the children felt cared for and respected by each other, they were more likely to feel good about themselves. When they felt like they did not belong or were not acceptable in some way they felt worse about themselves.

In one childs situation a ten week program may not have been enough time for her to develop positive self-esteem. Probably more time to deal with issues of stigmitization would have helped.

Another factor involved the ability to relate to issues between the girls. When the differences were great such as the difference between Jessica and the other two intellectually, it had the effect of distancing them which in turn affected the child's acceptance of self and resultant self-esteem. On the other hand, the fact that all three girls had multiple offenders and male family offenders helped them to relate to each other which may have created increased self acceptance. The fact that the girls had similar issues particularily

their lack of friends helped them to relate and accept each other. This acceptance allowed for positive self statements like, "I am okay" and "I am not alone."

The girls also felt good about themselves when they took risks by participating in the group and recieved acceptance back by the facilitators and other group members. Performances in the group through being able to talk in group, role plays, drawing well, and reading and writing well all helped the girls feel good about themselves as they participated and felt like they could do these things in front of others.

Transportation

The issue of driving the children to and from the center in a taxi cab became a real issue for Bonnie. Bonnie was the only child who came to group in a cab. She talked about it every week, saying that "she did not like going in a cab with a strange man." Research in the literature confirms an increase in fears of strange men amoungst those who have been abused (Peters, 1976). Bonnie's concern deepened each week until one week the staff had to drive her because she would not get in the cab. The next week a womyn taxi driver came and she easily got in to the front seat of the cab. By the eighth session we had decided to give her a ride home each week. She claimed that her headaches came because she had to sit in a cab with a strange man and this scared her. We tried to phone the company but they could not gaurentee a female driver each time.

Summary and Recommendations for group leaders

Due to the abuse already encountered in this child's life having a familiar and predictable driver each week would have reduced her

anxiety. Jessica who had the same female driver each week never encountered this problem. Although Taxi's are a solution to the issue of transportation, for children who are already dealing with a great deal of stress, minimizing their anxiety in small ways can be very helpful. Kitchur & Bell (1989) make similar recommendations regarding Taxi's. In running a group small considerations like getting a female driver can make a big differences in the child's world.

Children's Evaluation of the Group

All of the girls expressed sadness over the ending of the group. Two of the three girls "wished that the group was still going on" and "missed the group." All of the girls said that the best part of the group was "the friends and the people" and the most difficult part of the group was "telling what happened" and "telling the truth." The changes that they wanted to make included "having more kids in the group," and "running the group for longer periods." The other changes included having "less talking" and having "fewer adults" in the group. All the girls said that the helpful parts of the group were doing role plays, hearing other kids with the same problems, and knowing that others liked them and wanted to be their friends.

CHAPTER 5
CONCLUSIONS

Concluding Observations

The study reveals that some factor's do contribute to the effectiveness of a group designed to help children deal with the effects of sexual abuse. Based on the findings of this study recommendations for group leaders and for further research in the area are developed. Conclusions about the factors that contribute to the effectiveness of a structured time limited group need to be tentative given that this project was limited in numbers.

Sense of Belonging. The most important factor as I perceived it was the individual's perception of belonging in the group. When the children felt like they belonged and were accepted in the group they shared more, acted out less, and were able to give more positive feedback to each other. Much of the literature reflects this outcome. Many stated that a safe and supportive group environment can reduce the child's sense of isolation and stigmatization (Deluca et al, 1992; Berlinger & Ernst, 1984; Celano, 1990; Sgroi, 1982) while developing a support network that allows children to internalize that they are not alone and that other's have similar uncomfortable feelings and experiences (Berlinger & Ernst, 1984).

A sense of belonging in the group was created in a variety of ways. Empathic and caring responses provided by adults and peers helped individuals to feel safe and understood. Being able to relate to the issues and difficulties faced by others allowed girls to feel like they were not alone, and being included in activities and interactions with

each other taught them that they were likable. The children themselves said that the friendships in the group was the most important part of the group experience for them. Berlinger & Ernst (1984) confirmed this stating that children at this age need to make friends, belong to a group, and be accepted by other's in order to have a positive sense of self.

The factors which seemed to impact on whether a child would be included or establish a sense of belonging in the group consisted of their ability to trust and open up to the others, the differences expressed in developmental and ability levels amoung the girls, their likability in the group, and the commonalties amongst members regarding the individual's experiences.

When children felt that they were able to achieve belonging and acceptance in the group they shared more, took more risks, tried harder to fit in to the group, and revealed more of their individual selves. This had the effect of raising their self-esteem which then created more openness and risk taking.

Facilitation. The facilitators contribution to the group process was also important. They modeled important behavior in the group including unconditional regard for the group members, an ease with and working knowledge of the issues related to sexual abuse, and attitudes critical in the development of a safe group (Mandell et al,1989; Berlinger & Ernst, 1984). The facilitators did mirror to the group the need for acceptance of individual differences in the group. The attitudes of unconditional regard and compassion towards each child can be felt by the members and can translate into a feeling of belonging. Rules and structure in the group were necessary in

teaching appropriate boundaries and in giving individuals the message that each person was valued equally. Balancing time between those who monopolized the group and those who hid in silence let the group members know that each person was valued equally. Vying for attention and saying what they think the facilitators wanted to hear decreased when this occurred. With these factors present within the group setting, positive and healing experiences did occur for the group of children involved.

Structured Activities. Having structured activities was an effective method for developing trust, creating boundaries, and focusing on the issues surrounding the abuse experience. The presentation of activities from safe to risky allowed the children to open up slowly rather than all at once. Knowing what to expect each week helped individuals to feel safe. Choosing concrete activities that fit with the developmental needs of the age group was effective at helping them to focus on and resolve issues related to sexual abuse. These findings were similar to Kitchur & Bell (1989), Mandell et al (1989), Deluca et al (1992), Celano (1990), Sturkie (1983), and Berlinger & Ernst (1984) who all recommend the use of a structured therapeutic group process for this age group.

Group Dropouts. A factor which involved the dropout of the two girls in the group created a group size that was too small to provide varied social interactions and the development of varied relationships. It also shook the children's trust in the group and the facilitators and it left the group with three children which caused difficulty in bonding amoungst the girls. The inclusion of one more child could have eliminated this problem. Recommendations by Mandell & Damon

(1989) that group size begin with eight children to deal with unexpected attrition and allow for manageable but productive interactions ought to be considered. On the other hand, the small group size provided more individual time for each individual in the group.

Client Screening. Thorough screening prior to beginning groups is a must. This study confirmed Berlinger & Ernst's (1984) findings that children who cannot talk about their abuse should not be recommended for group treatment. Those who cannot tolerate hearing stories of other's may also need further individual treatment in order to manage anxiety levels before placement in a group is effective (Mandell et al, 1989).

Confrontation. Another issue in the group was the lack of confrontation by the facilitators to some of the false stories shared by Bonnie. Eventually these stories were confronted in the group and Bonnie easily shared the truth about her situation. However I could have been party to reinforcing cognitive distortions for this child. It is known that when someone repeats something publicly they more quickly begin to believe it particularly when they are being reinforced by the group (Mandell et al,1989). This could have occurred in Bonnie's case making her experience detrimental to herself and the group.

Number of sessions. Another factor was the number of sessions. Due to time constraints I could only run the group for 10 weeks. This was not enough time for Jessica to deal effectively with her issues. DeLuca et al (1992) recommended a 12 week group process, stating that it gives the children sufficient time to deal with the issues related to the experience of sexual abuse without overemphasizing

them, whereas Mandell et al (1989) recommended 30 weeks. Kitchur & Bell (1989) recommend 16 weeks. Based on this study I would suggest more time for those children who had not had previous therapy to deal effectively with the issues related to sexual abuse. Recommendations of a minimum of 12 weeks to 16 weeks should be explored.

Recommendations that groups run after school on weekdays may create a more workable situation for some children as it would not interfere with their social/home life and ought to be considered when making decisions about the time and day for group. This fits with recommendations by Deluca, et al (1992).

Outside factors. The transportation problems of one child interfered with her involvement in the group. I believe that children who are in a group of this nature need to be given the same driver every week so that they do not have to feel overly anxious prior to the group each week. I would recommend that one driver familiar with the child be obtained to take her to and from group each week. Kitchur & Bell (1989) noted similar difficulties in their study suggesting transportation aides outside of taxis in order to "relieve anxiety created by being alone with unknown male taxi drivers" (p. 308).

Noticeable differences in age, ability and maturity amoung the girls may have created ineffectiveness in the group as was noted with Jessica whose younger maturity level may have caused exacerbation of her felt differentness. Deluca et al (1992) recommended groupings of seven to nine years and 10 to 12 years in order to guarantee developmental similarities. This research confirms her findings. Future groups need to explore placements of seven to nine year olds.

Added to the differences noted for individuals due to age, were the differences in therapy prior to group. Children who had previous individual therapy were more able to discuss issues, had more information about abuse, and were more in touch with their feelings. This seemed to help guarantee that the group experience was a successful one for them. Those who had none were less able to communicate in the group. Some individual therapy prior to inclusion in a group setting seem to benefit children (Mandell et al, 1989).

Differences in lived experience were also noted in the group, causing one member to lie to the group in order to belong. Combinations need to be explored when setting up groups to be certain that one child's experience is not vastly different than the rest (Mandell et al, 1989).

In conclusion, I have discovered that time limited structured groups can be effective healing agents for girls that have experienced intrafamilial sexual abuse. More research that focusses on the factors which contribute to effective group process would be valuable. Now that I have some insight into the running of therapy groups for girls who have experienced sexual abuse I am excited about the possibility of creating more experiences for children.

Recommendations for Future Research

A number of recommendations can be made for further research based on the information that was obtained in this project. I became particularly interested in looking at combinations of children within a group setting. Questions about the developmental levels, and the individuals abuse history were foremost. I am curious if combining children who have multiple offenders with children who do not will create a difference. Looking at children who are presently in care and combining them with children who are not is another interesting question.

Research into the length of time a group should run has been done before. Most seem to believe that more sessions is better (Kitchur & Bell, 1989; Mandell et al, 1989) with some exceptions who believe that too much can be as damaging as not enough (Deluca et al, 1992). Experimentation with different lengths may provide further insight into the question of group length.

Questions about previous therapy came up in this project. Studying the efficacy of individual therapy prior to group therapy, and it's impact on individual's and on the group may prove to be very helpful in developing further understanding about group effectiveness.

Research into group dropouts may be interesting providing the practitioner with valuable information about what is ineffective about group process for children. Interviewing practitioner's who run groups and have experienced dropouts from their group's may be one way to access this information.

Research into the area of severe cognitive distortions being voiced by individuals in the group setting and the impact this may have on

other group members and the group as a whole may also allow the practitioner to understand those who do and provide information on how to deal more effectively with situations of this nature within the group.

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Appendix A

Interview Questions for Intake with Parent/Children:

Describe your child's strength's/challenges

Describe your child's history (ie important events from 0 years to present)

Who abused your daughter?

How, Where, When, how often was your child abused to your knowledge?

Describe your child's means of disclosure and results of this.

Who else was involved in your child's disclosure?

What do you think (you)r daughter needs in order to feel better?

What do you think the group experience will do for (you)her?

What are your expectations regarding the group experience?

What are your concerns/worries about the group experience?

Evaluation Questions for children:

1) How did you feel about the group? when the group was coming to an end? about making friends in the group?

2) What was the best/ most difficult part of the group for you?

3) What do you wish was different about the group?

4) What did you like about the group?

5) Things I would like to say to the group are....?

6) Rate how you felt about these statements: I can talk about what happened to me, I tell people what I need, Other kids like to be with me, I feel safer, I have good things to say, people understand how I feel, I can talk to my parents, I am happy at school, I can tell people

when I am angry, The people in my family get along together. (Use ratings of alot, some, a little, and not at all)

7) Things that helped me are...? Things that didn't help are....?

Appendix B

Information brochure for Social Workers to give to parents/guardians

1) Package for Social Worker

Please give the child's caretaker the following information prior to asking them to sign the letter of consent. Place a check mark after each section when you have given that information to the caretaker. Lastly, please sign this sheet and hand it in with the consent form.

1) The project is a research project for a Master's Thesis in the Faculty of Education at the University of Manitoba.____

2) The purpose of the project is to gather information about the healing process for children who have experienced sexual abuse.____

3) The group is for girls who are 9- 12 years of age who have experienced and disclosed sexual abuse.____

4) The goals of the group are to provide the children with an experience that helps them to work through some of the issues related to the abuse.____

5) The group experience will be 10 to 12 weeks in length, 11/2 hours weekly at the Centre Miriam Center in St. Boniface.____

6) If the parent/guardian and the child agree to take part in the project and sign the consent form the parent/guardian will be required to attend an initial meeting for sharing relevant history, meeting the facilitators, locating the space, and answering questions. They will be asked to provide weekly transportation to and from the center and attend a final meeting to obtain the write up of the project and discuss the child's needs.____

7) The child will be asked to attend 10 to 12 weekly sessions, for 1 and 1/2 hours each with 5-7 other girls ages 9 - 12 years and participate to the level they feel they can.____

8) The parent/guardian and child knows that they are not required to complete the project if they so wish. They are informed that they may withdraw at any time without penalty.____

I have given the parent/guardian this information before asking them to read the letter of consent and sign the consent form.

_____

Signed (Social Worker)

2) Letter for Social Worker

Dear _____,

I am enrolled in a Master's degree in Educational Psychology at the University of Manitoba. I am currently designing a research project for my thesis in the Master of Education program at the Faculty of Education at the University of Manitoba. For my master's thesis I am interested in studying the healing process for children who have experienced sexual abuse. I am particularly interested in evaluating the effectiveness of a time limited group therapy program designed for girls, ages 9 to 12 years. My goal is to observe the group process and collect information about how children are experiencing the process in order to further understand what is contributing to the individuals healing in the group.

Based on the literature, I have developed a group therapy program for children who have experienced sexual abuse. The program

addresses the treatment issues which are believed to be most effectively dealt with in a group process.

The following **GOALS** reflect these issues:

To decrease isolation and social stigmatization;

To allow children to build trust in peers and adults;

To allow children to begin mutually respectful and gratifying friendships;

To help children identify, accept, and express feelings;

To reduce children's guilt by helping them to place responsibility for the abuse on the offender;

To clarify the dynamics of sexual abuse while developing social, communication, and problem solving skills;

To assist children to develop a sense of self competence and personal identity; and

To increase self assertiveness to reduce risk of re victimization.

With these goals in mind I will run a ten week group for 9 - 12 year old girls who have experienced intrafamilial sexual abuse. I will run the group at the Centre Miriam Center, a counseling center located at 29 Des Meurons Street in St. Boniface.

I am in the process of looking for referrals. If you are presently involved with any girls 9- 12 years old who have experienced intra familial sexual abuse, have completed the formal investigation procedures, are presently in a safe and stable living environment, and would benefit from a group experience I would like to recommend this project as an option to your clients.

If you have any clients who qualify and you are interested in the project please contact me throughout the day at 237-5542. I would

be able to come to your office, provide you with the needed information and consent forms for your client(s). If after talking to me you decide to inform your clients of my project, the enclosed sheet details your involvement in the study. Thank you for your time. I look forward to your involvement in this important project.

Sincerely,

Sheri Austen, Counselor
B. A., B. ED., P.B.C.E. (Counseling, Spec. Ed.)

3) Letter of Consent for Parent/Guardian

Sheri Austen
Centre Miriam Center
29 Des Meurons Street
Winnipeg, Manitoba
237-5542

Dear Parent/Guardian,

I am enrolled in a Master's degree in Educational Psychology at the University of Manitoba. I am currently designing a research project for my thesis in the Master of Education program at the Faculty of Education at the University of Manitoba. For my master's thesis I am interested in studying the healing process for children who have experienced sexual abuse. I am particularly interested in evaluating the effectiveness of a time limited group therapy program designed for children. My goal is to observe the group process and collect

information about what factors contribute to the child's healing in the group experience. I have developed a group therapy program for children who have experienced sexual abuse designed to help them deal with these issues.

Your daughter will be asked to participate in a 10 to 12 week therapy group. The group will run for 1 and 1/2 hours weekly in the Centre Miriam Center, a counseling service located in St. Boniface. The children will be asked to participate in all of the sessions. However if you or your daughter wishes to discontinue her participation in the group you may do so at any time during the course of the project without penalty to yourself or your child. Your daughter will be informed that she will be involved in a group with 5 - 7 other girls who have experienced sexual abuse. She will be told that she will be asked to share her experiences of abuse with the group but that she will not be required to do so in order to participate. She will also be informed that she may discontinue her participation whenever she decides to without penalty.

The information gathered about your daughter will be strictly confidential. Observations that are written regarding her involvement will be placed under a pseudo name to protect her anonymity. The results of the study will be shared with all of the participants at the end of the project. You and your daughter will be given a written and verbal description of the overall findings of this study.

If you require any additional information about the project please contact Sheri Austen at 237-5542 any time during the week. Thank

you for your involvement in this project. I look forward to working with you and your daughter in this important study.

Sincerely,

Sheri Austen, Counselor
B.A., B. ED., P.B.C.E. (counseling, spec. ed.)

I,_____, give my daughter, _____, consent to participate in the group project at the Miriam Center, with the understanding that one of us may discontinue her participation at anytime without penalty.

_____

Signature of Consent
(Parent/Guardian)

_____

Date

Appendix C

1) Goals

The specific goals in this study reflect the treatment issues that are most effectively dealt with in a group process with sexually abused children. These goals include:

help to decrease isolation, and social stigmatization (Celano, 1990);

allow children to build trust in peers and healthy adults (Celano, 1990);

allow children to begin mutually respectful and gratifying friendships (Mandell, et al, 1989);

help children identify, accept, and express feelings (Dawson, 1984);

reduce children's guilt by helping them to place responsibility for the abuse on the offender (Dawson, 1984);

clarify the dynamics of sexual abuse while developing social, communication, and problem solving skills (Berlinger & Ernst, 1984; Berman, 1990);

externalize and work through conflict surrounding the offender and non offending parent (Mandell, 1989; Celano, 1990);

restore self respect and self esteem (Kitchur & Bell,1989; Heibert-Murphy et al, 1992);

assist children to develop a sense of self competence and personal identity (Giarretto, 1976);

enhance social skills (Mandell, 1989; Berman, 1990)

provide education and prevention materials; and

increase self assertiveness to reduce the risk of re victimization(Celano, 1990; Peake, 1987).

What Actually happened in the 10 Weeks?

Session #1

Theme: Introduction and Orientation

The initial session was designed to provide an introduction to the goals of the group, to define acceptable behavior for the group members, to introduce a respect for boundaries, and to discover commonalties and interests amongst the members of the group in order to encourage cohesion and trust.

When the children arrived for the first group session they all came into the kitchen until everyone arrived. They were then escorted down the hall into the groups room. The groups room was set up with 7 small chairs in a circle in the center of the room. Each chair had a small doll or teddy bear on it, providing the children with something to hug. The table in the corner had books placed on it for children who were finished their projects or activities. The stereo was playing quiet music to create an atmosphere of warmth and comfort. The chart board was placed outside of the circle giving the two facilitators a place to do any writing they would need to do. The children's journals (scrap books with a white paper glued on the outside so that a title page could be drawn on the cover of the book), were placed on the shelf along with a variety of drawing materials and cut out magazine pictures.

The activities developed related to the objectives. We began the group session by getting to know each other's name. A ball was tossed from person to person. When someone caught the ball they said their name outloud and then passed it on to the next person.

Once everyones name had been spoken outoud more then once, we played a second game giving the girls an opportunity to learn the others names while having fun. One person stood in the center of the circle with a rolled up chart paper. They tapped anyone on the knee. If they could tap the person's knee before that person said someone elses name then they got to sit in that person's place. Otherwise they had to go to the person that the child had named and attempt to tap their knee again hoping to get them before they named someone else. The game was extremely exhilarating and was a wonderful way to reduce the initial anxieties that children often feel when beginning a new experience.

I then introduced the purpose of the group to the girls, stating that the group was for children who had experienced sexual abuse or had been touched on their bodies in a way that was not okay. They were told that in the group we would discuss issues related to the abuse but that we would not discuss those issues until we felt more comfortable with each other.

The girls were then told that we would be getting to know each other better to discover what we had in common and how we were unique from each other. They were given a sheet with questions on it which they used to interview one other child with. The children then introduced that person to the group using the sheet to guide them.

Group rules were then established through brainstorming onto a chart paper along with a group name.

They were then given their journals and asked to draw a title page along with the title of the group. They were asked to draw a picture

of themselves in a place that they liked. These could be shared but weren't because time ran out.

Session #2

Themes: goals, trust and safety

The objectives for today's group included the promotion of positive peer interaction, establishment of topics and goals that are important and relevant to the members of the group, and to establish some element of trust in each member, and to provide a safe place for the children. The focus on trust was established as a means to provide each child with a safe place in their imagination and to assess the level of trust each child had. We also wanted to establish how it is hard to trust when children get hurt by people who are close to them because this breaks the trust that should be there.

Group purpose was reviewed at the beginning of the session. I expanded the purpose today by stating that the group was formed to give the girls an opportunity to share with others who also experienced sexual abuse, so they could find ways to feel better and protect themselves in the future.

Circle time began with a physical activity where children were asked to create a sound and a movement that showed how they felt today. After each child had expressed themselves the rest of the group mirrored their sound and movement back to them. The next section of circle time included a sharing. The girls were asked to share their name, age, one activity they did this week they enjoyed and the name(s) of those who sexually abused them.

Group rules were then reviewed and new rules added. Goals and topics were then established by asking the girls to list on chart paper the topics or ideas they would like to learn or talk about while in the group.

The structured activity consisted of a discussion about feeling safe and who makes us feel safe. A meditation was utilized which guided the children to imagine a safe place and/or person in their lives that could be real or imaginary or both. They were asked to draw their safe person and/or place and share this with the group along with what they needed from their friend.

The trust walk using blindfolds ended the day. Children really enjoyed this activity and trust issues could be observed by the facilitators. Snack consisted of fresh fruit and juice.

Session #3

Themes: Identification of feelings

The objectives for today's session included the identification of feelings, to establish rationale for being in touch with feelings, to categorize feelings as either comfortable or uncomfortable, and to share these with the group.

The atmosphere in the group room was again established to create a feeling of warmth, inclusiveness, and safety. This was done by having everything prepared prior to the children coming to group, playing music quietly in the background, having books to read, teddy bears and dolls on each chair to hold, and also a poster of the group name and crayons to color on the table which the children could do while waiting for the session to begin.

We began the group by discussing the withdrawal of one of the children from the group and the children's resultant feelings. Circle time consisted of a charades game where each child chose a feeling card from a bucket, went up in front of the group, and acted it out in a situation that she made up herself. The rest of the group was asked to guess the feeling and upon guessing correctly voice a time when they felt that way. The person who guessed correctly was then given a turn to act out a feeling. This high energy activity was a great success.

The rules and goals were then reviewed in the group with opportunities to add where necessary. This was followed by a brainstorming session focusing on why we need to be in touch with our feelings.

Partners were then given a large chart paper and asked to list as many comfortable or uncomfortable feelings they could think of to share with the group after. The sharing included reading and adding to both lists. A Discussion ensued regarding which feelings are difficult to share and which are easy to share. In order to make this personal for each child they were asked to create an individual collage with their own feelings on it. Feelings that were comfortable or easy to share were to be placed in the middle of the page and feelings that were hard to share or uncomfortable were to be placed on the outside. The children were provided with magazine pictures, felt markers, crayons, construction paper, a variety of material pieces, wool, and ribbon to complete their collage. This activity was not completed and the children ate snack while working on their collage.

Session #4

Themes: feelings and empathy

The objectives for the group included the identification and verbalization of feelings which allows for the decrease in behavioral expression and the encouragement of empathy through the validation of feelings and naming of empathic behaviors.

We began the group by discussing the withdrawal of another one of the children from the group, and the children's resultant feelings. We then completed a fun energy building activity, blind man's bluff, which helped the girls to release up energy.

Circle time consisted of a sharing time. The children were each given an envelope with 8 feeling cards in them. 6 had feelings written on them (happy, excited, loved, angry, sad, and lonely). The last 2 cards were blank. The girls were asked to chose two feelings and share when they felt that way during the last week.

The collages were then reintroduced and completed. Children shared their comfortable and uncomfortable feelings with the group using their collage.

The next activity consisted of a role playing session where the girls were asked to act out a scenario where a child was sharing uncomfortable feelings. The partner was to respond to the child in an empathic manner. When each role play was finished we discussed and named the behaviors demonstrated by the listener that helped the child who shared the feelings. These were written on a chart paper.

Music was played during snack time which consisted of oreo cookies and juice.

Session #5

Themes: Feelings about sexual abuse and disclosure

The objectives for today's session included the identification of feelings related to the experience of sexual abuse and particularly disclosure, to permit the verbal expression and to validate the children's feelings about the abuse experience and disclosure, to support and reinforce the children's disclosure of abuse, and to clarify concerns related to the disclosure.

Circle time again consisted of sharing feelings about the weeks events. Children were encouraged to add new feelings to their list of cards when they needed them.

A review of the previous sessions themes and ideas were stated. I said that all feelings are okay, but that some are easy to share and others are more difficult to share, reminding the children that when someone is sharing difficult feelings we can help them by looking at them, making eye contact, telling them what we heard them say, and letting them know that their feelings are valid. I then reviewed today's agenda providing the children with a written agenda.

Today we read a book called, "The Secret of the Silver Horse" and discussed the characters feelings about being abused, about telling, and the worries, concerns, and possible reactions they may receive from others. The discussion really helped the children to share their own experience with some distance.

The group then completed role plays, which included situations that children sometimes face when they are about to tell about the experience of sexual abuse. It was clarified that some situations

would be similar to the individuals in the group and that some situations would be different again establishing the uniqueness of each child's situation. Each role play was discussed in terms of the child's feelings and actions that were taken.

During the journal writing each child was asked to write or draw about their own feelings when they told someone that they had been sexually abused. We provided a list of questions that the children could use if they needed it as a means to focusing. Having so many questions was overwhelming for them. Snack was again cut short to a 10 minute period.

Session #6

Themes: feelings about offenders and victims

Today's session was designed to help children express feelings. The objectives consisted of identifying and expressing the victim's feelings, expressing empathy towards the victim, externalizing and working through feelings towards the offender and the sexual abuse and reducing the child's guilt by helping them to place the responsibility for the abuse on the offender.

Circle time again consisted of using feeling cards to review the children's feelings about weekly events they deemed important to share in the group. A review of last weeks agenda stated that feelings about disclosure and telling can be a frightening experience but also it can be positive because the abuse can be stopped. However it can also mean loss for the child when kids are removed from their homes, particularly for a long time. A review of today's agenda then occurred.

We began with a discussion and review of the victim's feelings about abuse and about her subsequent losses. Then we collectively wrote a letter to an imaginary victim to verbalize these feelings. This was a very successful activity for this group.

The next section was to discuss and establish feelings towards the offender who had hurt the imaginary victim. Each child was then asked to write their own letter to the offender expressing feelings towards him. The group resisted the individual writing so we wrote a second group letter to the offender from the members of the group. The group then drew and wrote directly on the letters. This was also very successful.

Journal writing consisted of each child drawing or writing one thing that they would need to say to the person who offended them. A much more manageable and successful task than writing the entire letter on their own.

Snack was again only 10 minutes long in order to accommodate the groups journal writing.

Session #7

Themes: myths and realities about sexual abuse

The objectives for today's session consisted of providing the children with facts about sexual abuse. Specifically the objectives were to provide information on the causes and effects, myths and realities, and the offenders reasons for abuse.

Circle time consisted of the usual sharing of feelings about the week using the allotted feeling cards. A review of the previous weeks agenda was followed by today's agenda. I told the girls that

today's activity would consist of a game called "The Facts about Sexual Abuse." The children were asked to find a partner and then prepare for the game. Each team was asked to roll the dice and go to that card (cards were placed on the floor in a large circle). Each card had an activity on it that the team had to perform in order to get a set number of points for their team. This included answering a question that I read to them. they were required to consult with each other before answering the question. Topics like reasons offenders abuse, responsibility for abuse, effects of abuse, myths/realities about abuse, and causes of abuse were covered in the game.

Children were given an opportunity to add their own questions and challenges to the game. Prizes were provided to everyone at the end of the game. The children had 5 minutes left for snack which consisted of cookies and juice.

Session # 8

Themes: Taking care of myself, assertiveness training

The objectives for today's sessions consisted of increasing self assertiveness to reduce the risk of re victimization, to identify assertive behavior and differentiate this behavior from aggressive and passive behaviors, and to practice assertive responses in situations that call for them.

The group began with the usual ritual of sharing with the feeling cards. A review of the facts of abuse was followed by today's agenda, stating that today we would be looking at ways for kids to take care of themselves by identifying and practicing ways to

respond to those who are attempting to hurt us, take advantage of us, or put us down.

We began the activity by identifying feelings they experience when someone puts them down, criticizes them, or tries to take advantage of them. I then wrote on cards the actions taken by each individual when they felt hurt, angry, or rejected by others. These responses were then categorized under the headings of aggressive, assertive, and/or passive response after a definition for each was read. Each child placed their own responses under the headings so they could identify what type of responses they generally make to others. The assertive responses were established as appropriate.

Role plays were then provided to give opportunities to everyone to practice assertive responses in difficult situations. A discussion of how assertive the responses were followed each role play. Snack was again 5 minutes long at the end consisting of fruit and juice.

Session #9

Themes: Self Esteem and Prevention

Today's objectives consisted of providing the children with opportunities to create self affirming statements, to provide opportunities for children to make and practice assertive and self protective choices, and to give them means to let go of negative and self destructive emotions, thoughts and experiences.

The children used their feeling cards to express their feelings about events and thoughts they experienced throughout the week. this concluded circle time. I reviewed last weeks agenda saying that we began last time to discuss and practice ways to take care of

ourselves and that one of the ways to do that would be through assertive responses. I explained that today we would continue to work on self care, noting that we would complete a number of activities that would help the girls. I let the girls know that we would practice assertive behavior again, learn more about relaxation and letting go of negative thoughts and feelings, and practice voicing our strengths and positive qualities.

We then stood up and played the assertive game. Every one walked around the room except for the reader who hid their eyes until they yelled freeze. Then the leader picked up a card and read the statement out loud to one of the frozen characters who in turn responded assertively. They then had a turn to chose and read a card while everyone else walked around.

The next activity involved laying on the ground, closing their eyes and listening to a relaxation exercise followed by a short visualization exercise. The girls were told to stop at anytime if they felt uncomfortable with the exercise. The children were then asked to draw a picture of the thought or feeling that they choose to let go of in their journal. All of the children chose to let go of the person who offended them.

The final exercise was a self esteem exercise involving sharing qualities with each other. Everyone sat in the circle and then one person began by saying, "One thing I like about me is....." Then the next person did the same thing until everyone had three turns. In the next part of the exercise one person said to the person on their right, "one thing I like about you is....." Once this went around the circle

once, the first person turned to the person on their left and completed the exercise again going the other way.

Snack was the final part of the session, during which the girls brainstormed for games that they would like to play during the final group session.

Session #10

Themes: Saying good-bye, evaluation, self esteem

The objectives for today included expressing to each other any affirmations regarding each others participation in the group, to express any feelings about saying good-bye to each other, and to evaluate the group sessions.

One of the children was 45 minutes late for group due to a mix up in when the session was supposed to be which meant that we had to choose the important activities and leave the rest. For the children I decided that saying good-bye, receiving feedback from each other was more important than the evaluation. We sent the evaluation sheet home in a self addressed and stamped envelope and sent it home with each child (Appendix A).

We began by saying good bye to each other through the use of the feeling cards. Then we used cards to write affirmations to each other. Each child wrote her name on a card which we passed from person to person for affirmations and feedback. We brainstormed on a chart for things to say to eliminate fears about what to say or how to spell words.

Finally we gave each child a transitional object with a letter containing our view of their growth throughout the 10 week period which we presented to each of the children while saying good-bye.

We then had a food party with cake, salad, and a variety of other goodies and snacks. Each child left with many good-byes and wishes that the group wouldn't end, promises of phoning the other girls in the group, etc.....