

DEVELOPMENT OF A MODEL OF GROUP INTERVENTION  
FOR ABUSED ADOLESCENTS

by

Cornelia Wicki

A Practicum presented to the Faculty of Graduate Studies  
in partial fulfillment of the requirement for the degree  
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MASTER OF SOCIAL WORK

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They cry in the dark  
so you can't see their tears.  
They hide from the light  
so you can't see their fears.  
Forgive and forget  
all the while.  
Love and pain become one and the same  
in the eyes of a wounded child.

Because hell, hell is for children.  
And you know that their little lives can  
become such a mess.  
Hell, hell is for children.  
And you shouldn't have to pay for your  
love with your bones and your flesh.

It's all so confusing  
this brutal abusing.  
They blacken your eyes  
and then apologize.  
be daddy's good girl  
and don't tell mommy a thing.  
Be a good little boy  
and you'll get a new toy  
Tell grandma you fell off a swing.

Because hell, hell is for children.  
And you know that their little eyes can  
become such a mess.  
Hell, hell is for children.  
And you shouldn't have to pay for your  
love with your bones and your flesh.

"Hell is for children", Pat Benatar, 1983.

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## Preface

The practicum experience involved an experiential learning approach with adolescents who had witnessed abuse and/or had been abused within their families. Through the author's experience working with abused adolescents in group home settings the extent of the problems faced by these young people became evident. The lack of services for adolescents in general and abused adolescents in particular, was equally distressing.

The author had several objectives for her learning in this practicum:

- 1) to enhance group work skills with adolescents;
- 2) to increase the knowledge in the areas of abuse against adolescents, from a theoretical and experiential perspective, and to explore the literature on group programs for adolescents; and
- 3) to develop a group intervention specific to abused adolescents.

The practicum report is divided into three sections. Part One is a review of the literature focusing on violence against adolescents, outlining distinctions between child versus adolescent abuse, the types of adolescent abuse, the causes of abuse and its effects. Interventions with abused adolescents, including factors affecting provision of services and the utility of a group approach, conclude part one. The second part deals with the intervention in terms

of group and individual issues. It includes a chapter on evaluation of the practicum and of the leader's skill development. The final part provides a summary of the practicum and recommendations for future work.

PART 1: LITERATURE REVIEW

## Chapter 1: Violence Against Adolescents

The majority of research to date has looked at the abuse of children without specifically considering the implications and applications of any definition of abuse for adolescents. Yet, it has become increasingly apparent that violence against adolescents in the family is also widespread (Libbey & Bybee, 1979). Estimates on the incidence of adolescent abuse vary considerably. The American Humane Association (1978), reported that approximately 36% of abuse and neglect cases involve the 10 to 18 year age group. In a survey of eighty American families, Gelles (1974) found that 66% of youth, ages 10 to 14, were struck and 34% of youth, ages 15 to 17, had been hit by their parents. This survey further reported, interestingly, that the rate of abuse peaked at two ages: preschoolers and older adolescents. Garbarino and Gilliam (1981) suggest that midadolescence is a peak time for abuse of females, with the peak for males occurring at approximately two or three years of age. This is consistent with other abuse data and more general survey data on domestic violence (American Humane Association, 1977).

Gil (1976) suggests that this shift in the sex distribution during different ages reflects culturally determined attitudes. That is, girls are seen as more conforming than boys during childhood and physical force tends to be used less frequently in rearing them. During

adolescence however, parental anxieties concerning dating and possible sexual activity of females often leads to greater restrictions, conflicts and use of force to assert control. For males, as their physical size and strength increases, the use of parental force in disciplining tends to decrease (Gil, 1976).

Bybee and Libbey (1979) state that almost one half the known cases of abuse involve adolescents between the ages of 12 and 18. The available data from 1977 and 1978 from the American Humane Association tells us that roughly one third of the reported cases of maltreatment involve adolescents.

Four different studies of college and university students found that half of the parents of the students studied had used or threatened to use physical punishment on their children while the students were seniors in highschool (Straus, 1971; Steinmetz, 1971, 1974; Mulligan, 1977). Mulligan's study, in fact, reported that nearly 8% of the students surveyed said they had been physically injured by their parents during the last year they lived at home before entering college.

Manitoba statistics indicate that from 1974 to 1979, between 11% and 25% of the total number of physical abuse cases involved the 10 to 17 year age group (Child Abuse, Manitoba Department of Community Services and Corrections, August 1982). It is interesting to note that although

reported cases of physical abuse have increased dramatically in Manitoba during this five year period, the percentage of adolescents involved has remained relatively constant (Manitoba Department of Community Services and Corrections, 1982).

While it is difficult to identify the exact incidence of adolescent abuse because of different age groupings, variations in the definitions of abuse and differing sampling methods, it is clear that violence is directed towards substantial numbers of adolescents.

#### Child versus Adolescent Abuse: Similarities and Differences

The research available on adolescent abuse has suggested differences between child and adolescent maltreatment, differences which may have implications for intervention. Viewing abuse from a developmental perspective suggests differences in the causes, effects and interventive strategies appropriate in child maltreatment and adolescent abuse. Adolescents have more advanced cognitive abilities than children. They reason more like adults, and this creates a new element in parent-adolescent relationships. They have the cognitive maturity to begin to understand flaws in parental reasoning and moral character. They demand a more equal role in family decision-making, can evaluate the motives of parents and ponder alternative points of view (Conger, 1973).

This cognitive maturity has been cited as one of the

reasons why adolescents (and battered women) are thought to be less vulnerable to the adverse effects of abuse. Adolescents supposedly have the ability to understand that they are neither responsible for nor deserving of the abuse they receive. However, many adolescents, like children, believe they are responsible for and deserving of the abuse and therefore the psychological consequences may be as detrimental to them as to children. Indeed, research has demonstrated that adult women also feel responsible in battering situations (Walker, 1979).

Adolescents have greater power than a child does. This includes physical power, power to stimulate and influence family conflict, power to leave the family situation, to harm self and others, to embarrass parents and compare them with other adults as well as the power to help themselves and others.

The adolescent has a broader field of significant others with whom the parents must come to terms. Relationships with other adults and peers become increasingly important, including sexual relationships. The emerging sexuality of adolescents often makes parents uncomfortable, perhaps because they fear that sexuality may become a vehicle by which the adolescent challenges authority and power (McCandless, 1961). The area of sexuality may be particularly conflict-laden in relation to females.

Many children, unlike adolescents cannot speak for themselves. They often have neither the capacity to talk and explain their feelings nor access to adults other than parents. Despite these differences though, there are feelings common to both children and adolescents who are abused; the feeling that one deserves the abuse, the feeling of wanting to protect one's family and in some cases the abuser, the fear of reprisal, and the fear of possible separation from one's family.

Many of the tasks that adolescents must accomplish in order to mature are not always congruent with parental experience and expectations. For example, the task of separation from parents often involves having to believe that parents are not the perfect people they imagined them to be (Steirlin, 1974). For children, idealization of parents is reassuring because it creates a feeling of safety and security. Adolescence is a time to leave that security, to establish a separate identity (Conger, 1973). The dependant adolescent who feels angered by his or her feelings of dependancy, may direct this anger back to parents.

Difficulties in parent-adolescent relationships will arise in those circumstances where parents are not prepared to interpret adolescent decision-making as anything but defiance. Parents are often comfortable and complacent with the definition of childhood as a time when they have a

right to make decisions that control the behaviour of their children. A breakdown of control in parent-adolescent relations produces frustration, uncertainty and fear for parents and lack of trust and conflict in the adolescent. The adolescent whose behavioural expression of normal adolescent development is especially annoying or provocative to adults (or one in particular), or the adolescent whose development is made more difficult because of troubled earlier development, especially in the areas of behavioural control and separation, may be more vulnerable to abuse (Berdie, Baizerman and Lourie, 1977).

Garbarino and Gilliam (1980) examine the differences between abuse cases involving children and those involving adolescents. Socioeconomic measures suggest that adolescent abuse cases are drawn more evenly from the general population, while child abuse cases occur primarily in lower socioeconomic families (American Humane Association, 1977). Child victims of abuse are less likely to be living with married caregivers than adolescent victims; 50% versus 75% (American Humane Association, 1977). Adolescent victims who are in single parent households tend to be living in a household with father only, while for abused children the reverse is true. Fathers are more often reported to be the perpetrators of abuse against adolescents (Garbarino and Gilliam, 1980). This is in part due to the level of sexual abuse against adolescents. Also, fathers and stepfathers

play a larger role in rearing adolescents and are more likely to try to physically or verbally control a teenager's behaviour than is a mother.

Garbarino and Carson (1979) argue that adolescent abuse may be more an interpersonal problem than child abuse, which can be seen more as an indicator of the quality of socioeconomic and demographic life. This interpretation has some validity but unfortunately does not account for the adolescents whose abuse began in childhood.

Identification of abuse varies as a function of age. Medical sources decline across the age span while law enforcement agencies represent a greater proportion of the total reports as the child reaches adolescence (Garbarino and Gilliam, 1979). The American Humane Association (1977) data concludes that the relative number of reports by non-professionals (friends, neighbours, relatives and self-reports) tends to increase as the child grows older. Adolescent abuse seems to be a problem that can be approached from a greater variety of vantage points than child maltreatment. The adolescent's network tends to be less restricted than the child's whose network is often limited to the health care system and the neighbourhood.

One often assumes that abuse is less severe with adolescents because of their size. However, the American Humane Association data (1977) has shown that if children over age five are considered, the proportion of severe

injuries remains unchanged from this period of childhood into adolescence. Straus, Steinmetz and Gelles (1980) found that children under five and older adolescents were the most likely to experience violence that held a high chance of causing physical injury. (It appeared that children too young to reason with and older adolescents who perhaps refused to be reasoned with, were both vulnerable to conflicts being resolved by violence). Size can actually work against adolescents because they are more often assaulted with weapons when physical subduing fails. One study found that only preschool males are more in jeopardy than teenage girls to die from abuse (Alley et al, 1979).

While the physical consequences of abuse may be less severe, the psychological consequences of victimization appear to be even more damaging to the adolescent. These will be explored in a later section.

Adolescents and children under six years old are also more likely to be placed out of the home than are six to eight year olds (American Humane Association, 1977). The issue of out-of-home placement is central in adolescent abuse cases, be it initiated externally (courts, agencies) or inside the system (eg. running away, being thrown out of the house).

In summary, it seems apparent that abuse of adolescents is a widespread, pressing problem. The developmental issues involved complicate the occurrence of

violence. These issues provide a background for the following discussion of types of abuse and its causes.

#### Types of Adolescent Abuse

As in child abuse, abuse of adolescents includes physical injuries or assaults, emotional abuse or neglect and sexual abuse. These categories are not mutually exclusive; in fact, it is unlikely for one of these types to occur in isolation from at least one of the others. Martin (1972) noted that maltreatment is a spectrum with physical assault, neglect and emotional deprivation being points on that spectrum which overlap considerably.

Physical abuse against adolescents, as has been outlined previously, can be severe both in the injuries suffered and the psychological consequences of the abuse. The definition of physical abuse tends however, to get confounded when applying it to adolescents. That is, abusive incidents are often distinguished from, and justified as, disciplinary actions for a number of reasons. Community norms sanctify physical punishment as a socially acceptable way to discipline. Also, the adolescent is often perceived as intentionally contributing to the situation by provoking the abuser and therefore "deserving" the abuse. Lastly, the severity of injuries to an adolescent is often unnoticed and in the case of less severe injuries it is likely that the injury will be thought of as acceptable physical punishment.

Emotional abuse or neglect represents injury to a child or adolescent's psychological self. The intent and the effects are punitive and generally experienced as parental hostility, rejection and/or deprivation of nurturance. Such abuse often takes the form of verbal criticism, harassment, denigration and a lack of emotional involvement between parent(s) and child.

Sexual abuse is defined in Manitoba (Guidelines for Reporting Child Abuse, 1984) as any exploitation of a child whether consensual or not for the sexual gratification of a parent or person in charge of a child and includes, but is not necessarily restricted to: sexual molestation, sexual assault, and the exploitation of the child for purposes of pornography or prostitution. The key element in this definition is the unequal power relationship between an adult and a child or adolescent.

It is difficult to do research on abuse because of the lack of clearly defined terms. Definitions of abuse vary considerably from physical injury which can be substantiated by medical evidence to including psychological abuse and deprivation which are more vague. For our purposes in this practicum the definition of abuse to be used is as outlined in the Child Welfare Act of Manitoba (Guidelines for Reporting Child Abuse, 1984). "Abuse means acts of commission or omission on the part of the parent or the person in whose charge a child is which

results in injury to the child but is not necessarily restricted to physical beating, physical assault, sexual abuse and failure to provide reasonable protection for the child from physical harm". This definition includes the adolescent age group as well as recognizing the emotional component of abuse. This definition can also be applied to children or adolescents who are witnesses of abuse in the family.

It is important to recognize that the adolescent's perception of the abuse will in part determine how it will affect him or her. Value judgements of individuals may differ according to community standards of acceptability.

Garbarino and Gilliam (1980) identify two major patterns of adolescent abuse; abuse which begins in adolescence (short-term abuse) and abuse which simply continues a pattern begun in childhood (long-term abuse). Their research suggests that approximately 50 percent of the reported cases of abused teenagers have no prior history of abuse, while approximately 40 percent of cases involved continual victims of abuse begun in childhood. The remaining 10 percent were categorized as including cases where formerly mild or moderate punishment becomes abuse, or where there is a return to behaviours which characterized parent-child relations when the adolescent was a toddler. The abuse intensifies during adolescence in these 10 percent of cases.

Within this ten percent the first pattern may characterize restrictive parents who find themselves losing control as the child's strength, size and independence increases. As a result, these parents feel that more force is necessary to exercise control. The second pattern represents a stage in the life cycle where parents and children may be at odds with regards to expectations, dependency, autonomy and social control. It represents a parallel period to the "terrible two's" where abuse is a high probability.

The two major groups of abused adolescents (short-term and long-term) were found to have differing backgrounds. Garbarino and Carson (1979) found that short-term abuse occurred in more settled, stable families than did long-term abuse. Parents in long-term abuse cases had lower incomes, were more likely to have been victims of abuse themselves as children and were more likely to be single parents.

In general, practitioners tend to assume that the later the abuse began, the more "whole" the victim would be. This may be partially because of the amount of development that was permitted without disruption, and also the likelihood is greater that the short-term victims were from less impoverished environments than the long-term abused adolescents. The effects of abuse on these two groups will be examined in more detail in a later section

of this report.

### Causes of Abuse

The causes of adolescent abuse can be framed in terms of several models. These models originate from the child abuse literature but an effort has been made to apply them to patterns of adolescent abuse.

#### 1) The Developmental Life Cycle Model

Lourie (1977) states that most physical abuse of adolescents begins in the family when adolescents reach maturity. He hypothesizes that it is the special characteristics of adolescent development that are contributing factors for cases of abuse which begin in adolescence. He cites two major tasks of adolescence, separation and control, as potentially leading to conflict in the family. He further suggests that, if these common developmental tasks occur at a time when parents are also experiencing the normal stresses or 'tasks' of middle age and/or economic difficulties, the possibility of abuse increases. In general, abuse is seen as a case of parents "going too far" in disciplining and is either a single incident or occurs infrequently. The family system is stressed but not dysfunctional.

A criticism of this model is that Lourie does not acknowledge the severity of much of the abuse and fails to explain the presence of long-term adolescent abuse cases.

This model does recognize however, the "special" developmental tasks faced by a family with adolescents and gives a familial context (rather than one of individual responsibility) to issues concerning abuse. He has also developed more distinctions between adolescent and child abuse than many of the other theorists.

## 2) The Psychodynamic Model

This model, advocated by Kempe et al (1971), relies on psychodynamic determinants to explain abuse. The emphasis is on behavioural difficulties of the adolescent and problems within the caregiver(s) such as the lack of "mothering imprint", lack of trust in others, immaturity, isolation and the tendency towards being a rigid and controlling disciplinarian(s). These authors assume that the dynamics of adolescent abuse are similar to those of child abuse regardless of when the abuse started.

Kempe and his colleagues do not ignore environmental factors in their view of what causes abuse (ie. they say that a crisis and a "special" child are two factors that must also be present before abuse can occur), but they assign a secondary role to everything but the individuals' internal psychological dynamics.

An important implication of this model is that no matter how much environmental stress there is, including the two factors mentioned above, abuse will not occur unless the psychological potential is present (Justice &

Justice, 1970). In determining "psychological potential" one can include abuse that the parent(s) may have been subjected to as a child. This theory, if founded, may partially explain why violence is the coping mechanism used to solve problems or reduce stress.

### 3) Personality Model

This model is similar to the psychodynamic model but pays less attention to factors that underlie the traits of the abuser. Abusive parents are described in terms of character traits; for example, hostile and aggressive, rigid and lacking warmth, passive and dependent and extremely frustrated (Merrill, 1962).

This model is limited in its explanation of the causes of abuse. Merely to describe the personality of an abusive parent by labels which describe many people, who are not necessarily abusers, does not explain why some people react violently with their children.

### 4) Social Learning Model

The major premise of this model is that parents who are abusive to their children were themselves abused in childhood and/or had violent adult models. The literature abounds with descriptions of parents who were taught abusive behaviour by their own parents through modelling (Ackley, 1977, Lourie, 1969). There is evidence that at least some abusing parents may have learned patterns of violent interaction in their own families and lack the

social skills and knowledge of stages of child development, the needs of children at different ages and how to respond to those needs, to effectively parent. Straus, Steinmetz and Gelles (1980) found that those individuals who grew up in violent homes tended to be violent in their relationships, whether they were abused or "simply" witnessed the abuse. They also stated that violent spouses tended to be child-abusing parents. They hypothesized that some of the learning about violence occurred by example (ie. children seeing a parent being violent) and some as a result of being the victim of abuse. An important implication of these findings is that abuse did not have to be directly inflicted or experienced to have tremendous effects on the child in terms of later being abused and/or later becoming abusive -- that witnessing abuse was enough to potentially perpetuate the cycle of violence.

This model is limited in providing a complete explanation of why abuse occurs. It does not explain short-term adolescent abuse since supposedly there was no abuse occurring until adolescence. It also fails to explain the behaviour of abusive parents who experienced no abuse in their families. Clearer definitions of abuse which included emotional abuse, may provide more information on the causes of abuse in those parents who did not experience physical abuse in their families of origin. For example, it may be that abusive parents who did not experience overt

physical abuse in their families did grow up with poor parenting models or behaviours which may be considered to fall along the continuum of abuse (Domestic Abuse Project, 1983).

This model does have implications for formulating intervention and treatment strategies. Since abusive behaviour is seen as a learned behaviour, steps can be taken to modify the learned behaviour and possibly prevent further abuse. Learning theory lends itself to a behaviour modification approach in working with parents to teach them parenting skills, effective anger control and positive ways of interacting with children (eg. reinforcing desirable behaviour ).

#### 5) Environmental Stress or Sociological Model

The theme of environmental stress has been widely cited in the child abuse literature by Gil (1973). There is an emphasis placed on stressors such as poverty, poor education, unemployment and social isolation as causes of child abuse. He argues that stresses on poor people "weaken their self-control and lead to violence against their children"(1970). Advocates of this model recommend widespread programs to alleviate these stressors; programs aimed at change at the societal level.

Certain weaknesses of this model are evident. Gil concludes that child abuse is largely concentrated in the lower socioeconomic classes because of economic and related

stresses. One has to ask then, why abuse occurs in higher income families and why all poor parents do not abuse their children. Gil also fails to recognize the problem of abused adolescents and the 50 percent of cases that have not been abused as children.

A strength of this model is its emphasis on societal changes and a broader systems focus to abuse. Abuse is taken out of the realm of individual psychopathology (a first order change) and considered in a larger context (a second order change). It recognizes that merely dealing with abuse cases one by one will not "solve" the problem.

#### 6) Socio-psychological Model

Socio-psychological theories focus on the interaction between individual and environment in accounting for human behaviour. As such, they offer a compromise between exclusively individually oriented (Kempe) and exclusively environmentally oriented (Gil) models.

Gelles (1973) has proposed a multifactoral theory that considers both social and psychological "predispositions towards" child abuse. Social causes would include unemployment, social isolation, social class, community norms regarding physical punishment, effects of socialization experiences with regards to abuse (ie. a social learning component), situational stress and precipitating events. He states that these experiences could lead to "psychopathic states", poor control and

personality traits which contribute to the potential for abuse.

This model does acknowledge the role of the victim in maltreatment as well as recognizing prior abuse history of parents and community norms as contributors of abuse. It is confusing however in its use of terms like " psychopaths". Gelles equates the term psychopath with psychopathology and therefore excludes treatment possibilities for abusers. Gelles does not recognize the developmental aspects of the family with adolescents and fails to deal with the systems variables in a comprehensive way.

#### 7) Mental Illness Model

There is a tendency in our society to regard child abusers as "sick". Surely someone who is capable of such a horrible act must be ill? In reality, only a small fraction of abusive parents have been diagnosed as mentally ill. Kempe's(1971) research showed that no more than 5 percent of abusive parents are psychotic. Labelling people as mentally ill may mitigate against their psychological development and emotional growth. It may also prevent them from seeking help as well as enable them to use their "illness" as a crutch to justify ongoing abuse.

The seven models presented above are not complete in and of themselves in accounting for the multiple factors "causing" abuse. The models are not entirely mutually exclusive and are not comprehensive enough in designing

strategies for intervention. These models, for the most part, fail to explore the interaction between the adolescent, parents and other systems or environmental variables. With the exception of Gelles' socio-psychological model, societal norms which influence attitudes towards violence and child-rearing are not considered.

Two final models will be presented that provide us with more comprehensive explanations of the causes of adolescent and child abuse.

The first is the "human ecology model" initially proposed by Garbarino and Gilliam(1980) to explain adolescent abuse. These authors view abuse both developmentally (from infancy to adolescence) and ecologically (from the family system to societal institutions and cultural factors). Developmental issues they stress include parental failure to adapt to their child's adolescence, problems with role definition, and generational patterns of abuse. These issues interact with systems factors such as sexism in our society, the promotion of violence as acceptable in child-rearing, the assertion of power and control within families by men especially, and external forces such as environmental stresses (eg. high mobility, unemployment, poor support systems, etc.). Several of these components have not been discussed in previous models and deserve more careful

examination at this point.

The use of violence against adolescents illustrates, in part, the ill effects of parental failure to adapt to adolescence. It stands to reason that if physical punishment is used as a means of controlling behaviour in childhood, the level of force would have to be increased in adolescence to maintain that control. The sheer amount of force needed to subdue an adolescent makes the practice abusive. For example, if a child is made to listen to his or her parents by spanking and parents continue to use that method of control when the child becomes an adolescent, the intensity of the "spanking" needed to make that adolescent listen would be such that it would most likely be abusive.

Emotional abuse is often used when size makes physical controlling more difficult. Emotional abuse, although difficult to define, involves many parental behaviours that can damage adolescents. Parental refusal to be responsive, rejection, and overcontrolling behaviour are three areas that will affect a teenager's self-esteem and his/her ability to make decisions. Garbarino(1980) states that punishing self-esteem and the interpersonal skills necessary for adequate performance in nonfamilial contexts such as peer groups is emotional abuse.

Parents of adolescents must adapt to their child's increased mental and physical competency. Families where parents are accustomed to making arbitrary decisions based

on their authority and power are particularly at risk for problems. Those who cling to old patterns of communication and control effective with younger children, and who do not shift the power dynamics in the family to include the adolescent as a more active member in decision-making are often faced with using power themselves more and more forcefully to maintain control. These power issues in the family are seen as central especially when looking at short-term abuse cases (Garbarino and Gilliam, 1980).

A second important developmental issue this model examines concerns the problems that parents may have with their roles as parents. Garbarino (1980) sees parent(s) who abuse their children as not having had the chance to rehearse the role of caregiver. Reasons for this could include their own abuse experiences as children or conditions that would not lead to knowledge about the parental role. There has also been repeated mention in the research literature of abusive parents having unrealistically high expectations of how their children should behave and a lack of knowledge about children (Parke & Collmer, 1975). Switching into the role of caregiver requires substantial changes in terms of reordering priorities and meeting the needs of the child(ren). Parents who mistreat their children are often described as individuals who have problems weighing their needs against the child's-- they also receive little support for making

appropriate decisions(Justice and Justice, 1970).

Two systems factors that this model stresses as being necessary for abuse to occur relate to how our culture defines the rights of children, and to the isolation of the family system from potential prosocial support systems.

The first factor concerns the justification for the use of force against children in families and the generally held belief in our society that children are the property of their parents to be cared for in the manner they see fit. This culturally defined concept of children as property and caregivers as legitimate users of force against children and adolescents, appears to be an essential component of child abuse and neglect(Woods, 1981). People abuse other family members because they have implicit support and sanction to do so.

This factor is important when one thinks of maltreatment as being the misuse of power. Power and rights are the underlying ethical issues in abuse. Some authors (Finkelhor, 1983) feel that all abuse tends to gravitate toward relationships of greatest power differential (e.g., spouse abuse where men have greater power over women or child abuse where adults have greater power over children). This proposition is supported by the laws which reflect the historical role of violence in our culture (for example, the first known written laws proclaimed that the name of any woman who verbally abused her husband was to be

engraved on a brick which was then to be used to bash out her teeth (Macleod, 1980)) and the fact that violence is condoned by our society as acceptable in child-rearing.

Cultural support for violence or defining children as property do not appear to be sufficient conditions for child abuse to occur. Garbarino and Gilliam (1980) state that of equal importance to the above factors are the isolation of the family from a support network. Caplan (1975) states that support networks function to provide individuals with opportunities for feedback about themselves and for validation of their expectations about others, which may offset deficiencies in their communication within the larger community context. People have a variety of needs that demand satisfaction through enduring interpersonal relationships, such as needs for love and affection, for intimacy, for validation of personal identity and worth, for satisfaction of nurturance and dependency and for support in handling emotions and controlling impulses. Support networks tell the individual what is expected and guide the individual's behaviour. They watch what the individual does and judge performance.

Garbarino and Gilliam (1980) hypothesize that the importance of such support systems increases as a function of the stressfulness of the family's external environment, the values of the individual and the internal stresses of the family. It is the unmanageability of the stresses that

is the most important factor.

In families where abuse is occurring, often supports are available but not used. Lenoski (1974) found that 81 percent of families where abuse was present preferred not to seek help in resolving crises. Others have found that abusive parents attempted to prevent their children from forming relationships outside of the family (Young, 1978).

To sum up, this model suggests that abuse can only occur when a family is isolated from the community and not being given proper feedback and support. This isolation may be structural (an impoverished social network) or cultural (a network that tolerates or condones violence). As noted previously, for abuse to occur these conditions must be present in a context that permits the victim-perpetrator dyad to develop and be sustained.

A second model which is more complete in describing causes of abuse, is one proposed by the Justices (1976). Their "psychosocial systems model" is similar to the human ecology model in that it also stresses the interaction between the family, its individual members, the environment and the culture in which the family lives. This model is primarily concerned with two systems: the family system and the larger system of family, environment and culture. The precursors of abuse would be found not only in the individual parents and their life changes but in the systems and subsystems of which they are a part.

When discussing the family system, the Justices identify both parents as the "hosts" of the problem whether or not only one parent does the actual abusing. They suggest that parents are concerned with seeking satisfaction and nurturing from their children. They also suggest that both partners may compete to be taken care of by the other. As a result, neither parents' needs are met and each may turn to the child(ren) to be the nurturer and decision-maker.

The Justices explain the types of emotional and relationship systems that characterize the abusive family by using concepts from family therapist Murray Bowen (1966). For example, there may be problems in differentiating members of the family and achieving a healthy sense of individuation. This undifferentiation and the immaturity that results is a multigenerational problem. Members in each generation fail to learn how to individuate, become "whole" people, meet their own needs and overcome the need to fuse with others.

For some chronically abused adolescents the task of separation and individuation is very difficult to achieve. They have not experienced parental value for the process of individuation and their low self-esteem makes it difficult for them to see their parents from a critical perspective. Often they blame themselves for the abuse and when they act-out or protest the longstanding victimization in the

family their behaviour merely reinforces the abuse they receive.

In terms of the environment in which abuse occurs this model stresses the constant need for the family to readjust to change as the most important feature. Similar to the human ecology model, this model suggests that supports are lacking, isolation is common and there is stress in the physical environment of the family (eg. overcrowding).

The societal factors in the psychosocial systems model include the "cultural scripts" that parents carry with them. Cultural scripts are the accepted and expected patterns of interaction between individuals in a society (Justice and Justice, 1976). These scripts could include expectations about the role of a parent and the acceptance of violence as a mode of child management.

In summary, these last two models point to multiple interacting factors at the individual, family, community and societal levels to explain adolescent abuse. No one set of factors can be singled out if one wishes to present a complete picture. Certainly, so little is known about adolescent abuse that an attempt to identify causal factors associated with it must be tentative. The patterns emerging from the last two models described hold potential for increasing our understanding of adolescent abuse.

#### Effects of Adolescent Abuse

Efforts to understand and predict the impact of abuse

on the emotional development of abused children and adolescents are enhanced by considering the interaction among two groups of variables. The first group are demographic characteristics, such as age of the child at the time of the abuse, sex of the child, birth order, family size and socioeconomic status. The second group of variables characterize the abuse and include the type and severity of abuse and the frequency of occurrence. In assessing the psychological consequences of abuse these two sets of variables will be examined in light of Garbarino's two major classifications of abused adolescents.

It may be assumed that the psychological effects of long-term abuse differ from those of relatively short-term abuse. It is also assumed that the years of abuse in childhood do more damage than maltreatment that begins in adolescence (with the exception of sexual abuse), given that the severity remains constant. The rationale for these assumptions is that the short-term abuse group would be psychologically stronger than those who have a history of abuse. Lourie (1971) found that 22 percent of abused adolescents in a short-term group saw themselves as victims as opposed to 13 percent of the long-term group. Perhaps adolescents who were not abused as children do not expect maltreatment, are psychologically "stronger" and are more likely to recognize such treatment as undeserved.

Despite the fact that clinicians appear to agree that

abused adolescents with a childhood history of abuse tend to be more negatively affected emotionally than those without such a background, the differences seem to be principally of degree; that is, long duration of abuse exacerbates the problem. For all the differences, the two groups of adolescents face the same developmental tasks, societal rules and the presence of abuse by a parent(s).

Although physical injury is not the overriding problem for abused adolescents, it cannot be ignored. Because they are harder to physically subdue than children, they are more often assaulted with weapons. Although adolescents are better able to defend themselves and most often experience minor injuries, there is always danger of permanent damage, especially to the nervous system (Garbarino and Gilliam, 1980). Research done on 103 adolescents (Amsterdam, Brill et al; 1979) showed that 15 percent of the adolescents experienced "moderate" abuse (eg. hit with fist or objects) and 11 percent reported having been bitten, burned, choked, having limbs twisted or bones broken ("severe abuse"). From this study, it is apparent that moderate and severe abuse continues into adolescence.

Abuse deprives the adolescent of certain basic human needs. Living in a home where abuse is occurring is not safe. Adolescents, like children, need to feel powerful; that they can effect the world around them. Adolescents in particular need a sense of identity, to know who they are

and where they belong (Conger, 1973). They need acceptance from parents, a sense that allows them to experiment and make mistakes. They need to feel worthwhile, they need affection and they need consistency in order to feel safe.

One way in which damage occurs to the adolescent who is abused is through identification with, and imitation of their caregivers. This process determines how a child or adolescent develops and becomes socialized. Young people identify with parental models, and in abusive families, the learning is largely negative. Adolescents learn that those who love you the most are also those who hurt you and that they may remain victims into their adult lives (if mothers are being abused). Violence is seen as being permissible in the family especially when other things do not work to keep control. Behavioural evidence suggests that children are motivated to imitate their parents' social incompetence (Burgess and Conger, 1978).

A second process which damages the abused adolescent can include the incorporation of strong psychological defenses. The defense mechanisms of rationalization and denial are often used (Amsterdam, Brill et al; 1979). In a study of 103 adolescents, the most common coping responses were viewing abuse as a sign of parental caring, and a parental effort to make them become "good children" (Amsterdam, Brill et al, 1979). Adolescents in this study minimized the severity of the abuse, introjected the abuse,

made excuses for their parents' behaviour and felt it was deserved. Introjection was directly proportional to the severity of punishment, so that the severely abused adolescents felt they deserved punishment the most.

In order to protect themselves and gain some mastery over their environments, adolescents may develop patterns of discharging aggression against themselves or the outside world in order to maintain internal security (Steele, 1970). Adolescents may try to cope by running away, fighting with siblings or peers, and thinking of or actually completing suicide.

Children learn to value themselves (to develop self-esteem) by being valued. Rejection, through abuse, tells the child or adolescent that he or she is not worth much. Adolescents often reconcile these feelings by downgrading and blaming themselves for the abuse. In addition to self-denigration, there is likely to be anger, rage, frustration, hatred, fear and pain (Garbarino and Gilliam, 1980).

Damage to the adolescent's self-esteem is a major effect of having experienced domination, rejection and abuse. For victimized adolescents, the therapeutic task becomes one of convincing themselves they are worthwhile individuals after having been told and shown by the abuser(s) that they are not. Without intervention, abused adolescents will likely find it difficult to gain practice

in feeling competent and seeing that the world can be a safe, secure place in which to live.

A variable closely related to low self-esteem is anxiety. Because abuse victims tend to think of themselves as not being worthwhile, as being different from other people, and because of the lack of sense of self, they may be overly dependent on the opinions of others. This would negatively effect their behaviour as well as their attitudes towards themselves (eg. self-critical) and others.

Both low self-esteem and anxiety are major contributors to the difficulties abused adolescents experience in social situations. By devaluing themselves, they place themselves beneath the value they assign to others (Garbarino and Gilliam, 1980). They feel responsible for things that go wrong and feel that they owe everyone who is nice to them gratitude, which may again "set them up" to become victims (Satir, 1972). Abused adolescents often become socially overinvolved as a result of not being able to say "no" to peers. This can be especially damaging to young women, where low self-esteem, a need for nurturance and acceptance may become expressed in sexual "acting-out". Sex becomes a vehicle by which they may try to feel important and valued.

Research has found that abused children do not perform well interpersonally (Rohner and Nielson, 1978). If the

child fails to resolve the developmental task of establishing trust in others, by not having his or her need for protection and security satisfied, then his or her ability to resolve other developmental tasks in a positive way may be seriously impaired. He or she would most likely have difficulties in interpersonal relationships (Cohen and Weil, 1975).

Parental rejection in adolescence following the establishment of earlier attachments, tends to produce greater dependency on peers and other adults as well as antisocial behaviour (Bandura and Walters, 1959). Abused adolescents tend to seek support wherever they can find it, and often have an intense need for nurturance, both physical and emotional (Beezley et al, 1976). These factors, combined with their low self-image, can predispose them to become extremely vulnerable to abuse from others (Garbarino, 1980).

Abused adolescents have often not learned to identify, understand or express a large range of feelings in appropriate ways. Anger is often identified with losing control, violence and rejection on the part of the abuser and therefore might be dangerous for themselves to feel or use. Unfortunately, anger is often one of the few expressions of feeling that adolescents have seen or experienced in their families. One might conclude that they are left with few choices and little control over their

feelings since they have not learned alternative methods of coping with problems or stress.

Intervention becomes important to break the cycle of isolation experienced by many families where there is a member being abused. These families tend to be socially isolated from support systems and adolescents follow this pattern. They may not have learned to deal successfully with other people. Since they fear intimacy and mistrust love and concern from others, they tend to isolate themselves even more and are deprived of opportunities to learn the skills they would normally learn from regular social contacts.

The literature regarding the effects of abuse on adolescents has been briefly outlined here. These effects strongly indicate the need to intervene and rebuild the social skills and self-concepts of these young people. They need help in increasing individuation and separating themselves from their parents in appropriate ways. Adolescents need an alternative to self-blame and self-denigration. They need help to avoid a chronic pattern of unsuccessful social relationships. They also need support and assistance in "sorting out" their often confusing and intense emotions. They need to identify and be able to express a greater range of feelings in appropriate ways. The author feels that they also need to become aware of the process of victimization which keeps

them feeling negative about themselves. Lastly, they need to learn that there are non-violent ways of problem-solving and in learning what those methods are and how to use them, the cycle of violence can be broken. These needs have been addressed to varying degrees in the different treatment approaches reported in the literature.

## Chapter 2: Intervention with Abused Adolescents

### Factors Affecting Provision of Services

Few studies exist reporting the effectiveness of intervention programs for abused adolescents. Despite the increasing awareness of the tragic consequences of child abuse, the plight of adolescents who are mistreated goes largely unrecognized by community agencies and the public. Deflected anger at abusive parents often manifests itself in behaviours that are destructive both to self and others. Undiagnosed victims of abuse come to our attention instead as runaways, delinquents and teenage suicides. Furthermore, as Garbarino (1982) emphasizes, when a vulnerable adolescent suffers maltreatment, the results can be varied -- low self-esteem, anxiety, lack of empathy, poor social relationships, drug and/or alcohol abuse, suicide, delinquency or homicide. Abuse takes a tremendous toll on the lives of teenagers and costs society a great deal as well. Lonnerberg, Fishback and Bickerstaff (1981) report that in a government funded study in the United States approximately three quarters of those arrested for delinquency, up to one half of the teenagers in a shelter for runaways and a large number of prostitutes, alcoholics, criminals and drug addicts had family backgrounds of abuse in which they were abused. This study did not report on the additional numbers of adolescents who potentially were affected by witnessing abuse in their families.

Services for abused adolescents who do seek help are in short supply. To further compound the problem, it is assumed that they are better able to defend themselves and take care of themselves than younger children are. Children who are victims of abuse are seen as weak, defenseless, innocent and helpless. Their needs are unquestioned and there are few that would argue that a child "deserved" the abuse. For adolescents however, who may be larger than their parents, there is less sympathy for their situations among professionals and the public (Garbarino and Gilliam, 1980). Adolescents are often seen as disrespectful and aggressive. When abused, they most often come into contact with social agencies as offenders rather than victims. It is their behaviour, not the abuse, which is seen and treated as the problem. The relevance of the personal history of abuse is often ignored in both the assessment of the "offensive" behaviour and in ongoing treatment planning and intervention (Garbarino and Gilliam, 1980).

A further obstacle preventing adolescent victims from receiving help is that, while we speak of abused adolescents as victims, they are often seen as being responsible for the abuse because of their mis-behaviour (Garbarino, 1982). This is important because it reinforces society's general negative attitude toward teenagers. That is, they are expected to create trouble and are treated with suspicion instead of support and recognition of their

victimization. People do not assume that children are to blame or cause their abuse, but tend to ask adolescents what they did to deserve the abuse they received.

This belief about "deserving it or not deserving it" influences how society and caregivers respond when a victim retaliates. With abused adolescents this retaliation may take the form of "out of control" behaviour. This behaviour can be viewed as justifying the abuse or as an attempt for that adolescent to take some control of a bad situation. If the victim is perceived as innocent we tend to label the situation as abusive and the perpetrator as an abuser. If the victim is seen as intentionally contributing to the situation by what adults see as provoking types of behaviour (which are often related to normal adolescent development) we tend to label him or her as bad or "delinquent" and deserving the punishment.

Abused adolescents also present a problem to potential caregivers because they are likely to respond to helpers in ways they have learned from their parents to react in stressful situations -- abusively. The anger, mistrust and fear felt by these young people make it difficult to develop a trusting relationship and further complicates the identification of adolescent abuse and its treatment. Violence and self-destructive behaviour tends to elicit anger and fear from outsiders, rather than understanding. Abused adolescents may start off on the wrong foot even

when they need attention.

A last obstacle to adolescent victims receiving help relates to the importance our culture assigns to the nuclear family. Parents are seen as responsible for, and granted the full rights to, rearing and socializing their children. Any intervention from outside the family unit is seen as an invasion of privacy. For adolescents, this value system becomes especially problematic because their families are supposed to handle their problems. When the family itself is the problem, there is little recourse for them. If adolescents begin to resist, protest or "act-out" against their victimization in the family, they are faced with limited choices. They can refuse to submit to parents, confide in other adults and hope something is done or choose to leave the situation. Many never ask for help and choose tragic alternatives to deal with the abuse. For example, the Department of Health, Education and Welfare, in the United States, in 1976, estimated that one-half to one-third of all runaways are victims of abuse.

Fisher et al (1979) state that, at present, we have no reliable and comprehensive system for helping abused adolescents. Community based group homes, foster care or institutions are most often used as alternatives to the family. They are overburdened and most often do not offer the adolescent the help they require. They are also operating from the perspective of the abused adolescent as

offender--that is, an adolescent will come into the "system" when he or she has misbehaved. Whether that behaviour is a result of abuse is not commonly addressed. Any setting without counselling will not help abused adolescents understand themselves or their parents. Institutions and foster care, as Friedman (1978) notes, have little or no provision for counselling or support services.

#### Utility of a Group Approach

To the author, the first step in meeting the needs of abused adolescents is validating and legitimizing those needs by defining the teenager as a victim, rather than the cause of the abuse. An adolescent therapy group can provide the victims of violence with an opportunity to share their experiences with others like themselves (Blick and Porter, 1980). Their common experiences help to minimize the sense of isolation and stigma inherent in being an abuse victim. A group also provides a socially acceptable environment to relate in and an opportunity to develop a social support network.

Adolescence is a period when peer group life is especially important. Conger (1973) states that the peer group plays a vital role in the psychological development of adolescents. Peers provide an opportunity to learn how to interact with others, to control social behaviour, to

develop age-related skills and interests, to share similar problems and feelings, to serve as a prototype for later adult development, and to help adolescents individuate from their families. Konopka (1966) sees the group as providing identification for the adolescent as well as support, an outlet for energy and adventure, a trying-out ground for unexplored behaviour, safety from anxiety and pressures from home, and a "place" in society.

Many authors (Muus, 1963; Blick and Porter, 1982; Conger, 1973) describe the trend towards group affiliation as a normal developmental stage of adolescence. Group treatment of adolescents thus becomes part of a natural developmental process. The adolescent's need for peer identity, approval and acceptance is normally met within a framework of sharing with age-mates (Blick and Porter, 1982).

Although there have been no attempts to deny the reality of the adverse effects of abuse on the adolescent victim's emotional health and development, there has been little recognition of these variables in conducting research or in planning the delivery of protective services (Kinard, 1979). Instead, as Mitchell (1973) points out, the focus in management of abuse cases has been directed towards understanding, supporting and intervening with the abusive parent(s).

Exclusive reliance on working with the parent fails to

recognize that the abused adolescent may have problems and needs which can not be met by improving the home situation or moderating the parent's behaviour. The abused adolescent must deal psychologically and pragmatically with parents, siblings and the home environment in which the abuse occurs. Given that a major task of adolescence revolves around separation from parents, providing treatment for the parents is not necessarily a sufficient treatment plan for the adolescent.

Resick and Sweet (1979) recommend that increased attention be focused on the victims of abuse. Effective preventive work with children and adolescents is an essential part of successfully breaking the cycle of violence. Incidents of violence repeated from one generation to the next forming cycles of domestic violence have been well documented in the literature. The statistics are frightening. For example, 40 percent of assailants in current marital violence were seen to have been abused as children (Flynn, 1977) and 25 percent of the victims were abused as children. Women who were physically abused at, or after age 13 by their parents were 53 percent more likely to abuse their children than women who were not abused (Walker, 1980). Children who experienced physical punishment as teenagers had higher rates of violence toward their spouses and their children--up to four times greater than those whose parents did not hit them (Straus, Gelles and

Steinmetz, 1980).

Kinard (1979) states that the detrimental psychological consequences of abuse may be amenable by treatment, thereby reversing the negative self-concept and behaviours that, untreated, could contribute to the repetitive pattern of abuse. Garbarino (1982) feels that a group therapy setting could meet many of the needs of abused adolescents. Woods and Habib (1976) stress that children from violent homes need to be taught non-violent ways of problem-solving and verbal expression of feelings as well as needing a safe, supportive atmosphere to accomplish these tasks in. Halperin (1981) states that both abused and nonabused children from violent families need treatment to help them deal with their feelings about the violence they have experienced or witnessed. She sees the goals of intervention as including support so that negative feelings, fear and guilt can be dealt with.

While the relevance and importance of group-based services for adolescents in general, and abused adolescents in particular, seems evident, there are few accounts in the literature outlining the components of such an intervention. The purpose of this practicum was to develop such a program, or intervention "package", and apply it with a group of physically abused adolescents.

PART 2: THE INTERVENTION

## Introduction

As outlined in Part 1 of the practicum the literature emphasizes the importance of peer groups during adolescent development. A group approach affords opportunity for peer learning and plays an essential part in the life tasks of adolescence. Developmental tasks such as the need for acceptance and belonging, independence from family, the need for a sense of identity and exploration of social skills and values can be appropriately met in a group modality.

The group described in this practicum is educational and experiential in nature with the focus being on process as well as content. As Marks and Davis (1975) explain: 'the participants experience the issues as well as identify them intellectually. Involvement and responsibility in an experiential model are centered in learner participation and involvement.'(p. 161).

Given the life tasks of adolescence, principles in Lang's (1972) model of social group work were utilized in this group. This model focusses on developmental, rather than clinical considerations. It considers the individual level of functioning of group members (including age-stage level, previous experiences in groups and social skill level) and allows more flexibility in methods used by the worker. The worker can utilize various theories of group process according to the needs of the group members.

The Lang model also incorporates consideration of individual, group and/or societal changes into one model (Tompkins and Gallo, 1978). The task for the worker in assessing the needs of the group is to determine which systems relationships require most change. Tompkins and Gallo explain that, for example, if the individual's experiences in relation to others have been so destructive that his or her problems are primarily psychodynamic in nature then the goals must be of a remedial quality, focussed on the individuals' self-enhancement. If, however, the group is composed of well-adjusted individuals who are trying to work on alleviating a social problem, then a social goals perspective will be utilized. Which goals are selected will depend on the proportion of change desired among systems.

## Chapter 1: The Beginning

The beginning phase of work included three themes that were related to membership issues of initial engagement and continuance in the group (Balgopal and Vassil, 1983). Pre-group referred to the activities that lead to the first meeting such as developing a client population, compositional factors (size, age, sex and so on), type of group and having a conception of the necessity and utility of a group experience. Exploration and involvement started in the initial session and continued to develop into other themes over several early sessions. The beginning phase seemed to include the initial two sessions where the group members became acquainted with one another, tested one another and the facilitator and started to show some interest in the lives of the other group members. Chapter 1 will present these themes.

### Objectives of Group Intervention

Several models were influential in developing the group program used in this practicum. The intervention strategy developed was drawn partially from the Nebraska Boy's Town Centre's "Youth Helping Youth" (Lonnborg et al, 1981) groups for abused adolescents. These groups are centered around sharing feelings about experiences, developing coping strategies, and increasing self-esteem of members.

A second model which was drawn on was the Morrison

Center Intensive Family Intervention project developed in 1982 in Portland, Oregon. This project included family therapy, parent groups and groups for adolescents as components of an overall treatment service dealing with adolescents who had been in trouble with the law. The adolescent groups focused on problem-solving and decision-making, values clarification, accepting parents with their limitations and assets, negotiation of conflict situations, increasing self-esteem and improving communication patterns within the family.

Blick and Porter's (1982) group therapy with adolescent incest victims provided a helpful analysis of important therapeutic considerations prior to group formation, as well as outlining treatment issues. Besides dealing with practical issues such as preparing for court testimony, the facilitators stressed the importance of venting angry feelings, developing social skills and understanding the power dynamics and socialization involved in an abusive family.

Drawing on these three intervention models, as well as the program in effect at the Domestic Abuse Project in Minneapolis, Minnesota (1983), the proposed intervention was developed. The intervention was designed to meet the following objectives:

- a) recognizing that violence is an issue in an adolescent's family and is not his or her fault;

putting the responsibility where it belongs, on the abuser.

- b) learning personal and interpersonal skills
  - learning to identify, understand and express feelings
  - learning non-violent ways of problem-solving (including assertiveness training)
  - anger control and conflict resolution
- c) learning about the cycle theory of violence, including danger signals to be aware of, and developing and using a protection plan.
- d) understanding the generational cycle of violence and examining family trees for patterns
- e) understanding the process of socialization relating to women and children as victims
- f) improving self-esteem
- g) learning about self-care
- h) providing a system of peer support as a source of validation as well as an opportunity to decrease the sense of isolation and increase social networks.

These objectives were met through a combination of discussions, presentations by the facilitator, exercises done by the group, films and homework assignments. The group members were able to observe their own behaviour by means of videotape feedback.

The following section will provide a description of the group experience, beginning with a discussion of group membership. The content and process of the group, including themes worked on will then be outlined. The individual issues arising through the course of the group, and the learning process experienced by the facilitator will also be presented. An outline of the twelve sessions and the process in which the above objectives were addressed is presented in Appendix A.

Children's Home, an agency in Winnipeg with a mandate to serve emotionally disturbed children and their families, was contracted with to provide group members and a setting in which the group could be held. Supervision was also received through a psychologist on staff with Children's Home as well as my advisor, Dr. Saulnier. The group ran for twelve sessions, once a week, for approximately two hours each.

### Group Membership

Adolescents of both sexes were referred to the group from community placements (eg. group homes and foster homes) or their families. Since the group was not for sexually abused adolescents a mixed group was seen as appropriate and desirable in that both sexes would be able to learn and become aware of what issues and difficulties affected them and the other group members. A pregroup screening interview was done by the facilitator using a

comprehensive intake form (see Appendix B). Intake information was obtained primarily from the adolescents themselves -- missing information was gleaned from guardians or social workers (where applicable). Intakes were completed on seven adolescents, three of whom completed the entire group process. Changing life circumstances of the other four were the major factors in their not being available at the beginning of the group or dropping out early on.

Originally, six to eight members were considered an ideal number with one facilitator. Desirable age groupings were either the 12 to 14 range or the 15 to 17 age range because of the differing life experiences and developmental stages of the two groups. The three group members completing the group were 11, 12, and 14 years of age. This necessitated modifications in the original intervention package that was developed. At that time the expectation was that the material would be most applicable to the older age group mentioned above.

After contracting with Children's Home to organize and supervise this group, a description of the group was sent out to several agencies in Winnipeg that dealt with an adolescent population (see Appendix C). These included Children's Aid Society of Winnipeg, Child Guidance Clinic, Klinik, St. Boniface Hospital Adolescent Unit, Psychological Services Center, University of Manitoba,

Argyle School for Single Mothers, Winnipeg School Division Number One and the Health Sciences Center Child Protection Center. Numerous phone contacts were also made by my advisor and myself in order to get referrals.

Although the initial response by these organizations was extremely positive (eg. "a service like this is really needed", "there is nothing for adolescents in this city", etc.), it was difficult to get referrals. Part of the difficulty was that adolescents, when contacted, did not want to attend a group for "someone with problems". Other factors that the author felt hindered the referral process included the following: (a)there were problems gaining the cooperation of parents when adolescents were still in the home, (b)professionals seemed reluctant in some cases to "interfere" in the family and (c)there was a feeling of inter-agency political rivalries.

Perhaps as a result of these difficulties, the group members who did attend were adolescents who were in care or whose parents were in the process of seeking help for themselves as well as their children.

All adolescents were contacted and interviewed individually in their homes for approximately two hours before the group started. Information was gathered on the extent of the abuse, the danger level at present for that adolescent, support systems available and their methods of coping with the abuse. This time was also taken to

establish some initial trust and to administer a self-esteem scale (see Appendix B). A description of the scale can be found in the evaluation section of this practicum.

The criteria for acceptance into the group was that the adolescent had to have been abused or witnessed abuse in his or her family. Since this was a community based group held in an open setting adolescents that were interviewed were asked if they would voluntarily attend. Adolescents with severe psychological problems that required intensive treatment were excluded from the group. This was determined at the time of referral from the referral source. The group membership was closed after the second session. The nature of the material, the amount of participation required by the group members and the importance of developing trust made an open-ended group, in terms of membership, undesirable.

The three young people completing the group were John, age 12, Susan, age 11 and Paul, age 14 (these are not real names). A brief case history will be presented on each adolescent primarily to illustrate the effects abuse appeared to have had on the manner in which these young people were dealing with their lives. Identifying material has been changed to ensure confidentiality.

John: John, the oldest of four children, was the only member of the family to have been abused. He was physically

and emotionally abused, primarily by his mother, until the age of nine when he was removed from the home. During the interview John described instances of being locked in closets, isolated from the rest of the family, put down and beaten until there were bruises and welts on his body. He had been placed in a succession of group home placements until the past year when he was put in a foster home. At this point he had settled in somewhat and considered this his home.

John appeared to be an extremely angry and confused boy. He seemed to have difficulty understanding why he had been selected to be the victim in the family and why he was "hated" by his mother. He blamed himself constantly for the abuse because "I must have been especially rotten to get hit when the other kids didn't". He stated that he held a great deal of anger toward his father as well because he had never intervened on John's behalf during the abuse.

John seemed to have little trust or tolerance of adults and stated that he had tried telling several adults about the abuse years before he was removed from the home, and he was never believed. He was adamant about never returning home and often said that if he were forced to he would run away.

John tended to intellectualize a great deal in attempts to cover up his feelings and remain in control. Losing control was extremely frightening for him as was

getting angry. As is the case with many abused adolescents, John equated expressing anger with loss of control and violence. John seemed to have difficulties in expressing and identifying a range of emotions and could not connect what he felt emotionally and physically to what was happening in his life.

John stated that he felt that the group could help him learn how to cope with people and his own fears. He wanted permission and a safe place to talk about the abuse and to get support for some of the painful feelings he had. John often commented through the course of the group that he could probably not talk about certain things because they were too personal, but once given permission and encouragement to do so, he was quite open.

While participating in the group John was in Grade 8 and doing well in school. He had several friends whom he felt comfortable with and enjoyed playing hockey and going on family outings.

Susan: Susan was referred to the group by her mother, with whom she was living. Her parents had been separated since the spring of 1983. Susan had witnessed her mother being sexually, physically and emotionally abused by her father and was the impetus in her mother's decision to leave the relationship. Susan had told her mother that if she did not leave her husband that Susan would leave the family. Susan visited her father regularly and he continued to harass her

mother by phone calls, following her, trying to get information from mutual friends about her lifestyle and other such behaviours.

Susan presented herself as a very tough, "in control" girl. She spoke of "weakness" (ie. any emotion other than anger) as extremely negative and had little respect for her mother whom she regarded as weak. She said that she never cried, never expressed sadness and tried to keep her pain inside. She seemed to be under a great deal of stress both because of her mother's lack of ability to be a strong parent to her and her father's continued anger, threats and emotional abuse.

Susan's feelings reflected the ambivalence characteristic of many abused adolescents. She seemed to feel guilty because of her role in persuading her mother to leave the relationship (plus the fact that her father threatened suicide frequently, apparently because of his feelings of abandonment), and angry at her mother for not taking control of her life (ie. making decisions, standing up for herself and so on). Susan also had mixed feelings about her dad and although she wanted her mother to stay away from him she seemed to be scared at the amount of power she had in the family. She, like John, seemed unable to deal with her overwhelming anger and acted tough as a way to cope.

Susan had spoken about the abuse before to an aunt who

was also being abused and to a large extent felt that it was "just life". Her mother had also come from an abusive background where she was abused by both parents. Susan identified strongly with her father even though she stated that she hated him. She seemed to feel that at least he was in control of his life and did not have people walking all over him. Although she knew that his behaviour was wrong she found that his method of dealing with people was preferable to being a "wimp" and letting others "walk all over you". She appeared to see abusiveness as a source of power and had learned to be emotionally abusive with her mother to get what she wanted.

Susan said that the group might be fun and came largely to socialize, meet boys and please her mother. Despite the tough presentation, Susan stated that it might be hard for her to talk about her parents because she did not want to cry in front of people.

Paul: Paul, age 14, had been a ward of a child welfare agency on and off for the past eight years. He had been in a number of group homes and foster placements with intermittent periods at home with his mother. His family situation was unstable--Paul's mother had had five children with different partners and found it difficult to cope with Paul's behaviour. Case information from his current placement stated that he had been a hyperactive child with learning difficulties which made parenting even more

difficult. Paul had both witnessed his mother being abused by several of her partners as well as he having been abused himself by his mother and current stepfather. Paul's behaviour problems had developed into delinquencies and he had several theft charges pending.

Paul seemed to have difficulty understanding his emotions and expressing them in a nondestructive way. He often hurt himself by alienating most people he came into contact with, especially those he could get support from. He would be verbally abusive and challenge any adult authority figure. He seemed to be very confused, saw little future for himself, and hid behind a tough mask. He boasted about the violence and hurt he could inflict on others and how no one would ever hurt him again. He refused to allow adults or peers to offer him any advice or direction and was distrustful about any intentions that were caring. Paul had little consistency in his relationships thus far and when he felt that he was getting close to someone he would behave in such a way that he would be placed somewhere else or alienate whoever was involved.

Despite the multiple behaviour problems this boy displayed he was extremely helpful in the group. He was able to tune in very quickly to the pain felt by the other group members (and the facilitator). He had a tendency to nurture and want to protect the group members--a responsibility he had never had before. He understood quickly that he had to

learn ways to control his temper because he felt that he did not want to hurt his children when he got older.

Paul made the group his group. He never missed a session, always participated and could be counted on to help out and motivate the other members in doing exercises. It seemed that he had found a safe place where he could let some of his mask down and take some risks.

The information for these case histories was obtained from the adolescents themselves in initial interviews, from their guardians, from records kept in files and/or from social workers that were involved with the case. Consent forms for videotaping were obtained from guardians at this time. None of the adolescents were on medication and with the exception of John, they had never received any form of therapeutic intervention. John had been in individual counselling with a psychologist for several months approximately two years ago. His social worker stated that he had found it difficult to talk openly with that person about the abuse. John was also awaiting a court case because his parents were going for custody (John was a permanent ward). He seemed to be extremely frightened of this possibility and stated that he wanted to share his concerns with other adolescents that might be in the same predicament.

#### Getting Started:Session 1

Group sessions were held in one of the family therapy

rooms at Children's Home. The room was fairly comfortable but sterile, and it became obvious that for the group members to feel it was "their room" something personal had to be brought in. All the material written by the members was taped to the walls and the facilitator brought in snacks and drinks for the group to have during the break.

This room provided the opportunity to videotape the sessions and the group members found the idea quite exciting. The machine was also used to provide feedback to the individual members on role plays. This was done in the group during group time.

The first session in this group, as in any group, was extremely important in beginning the process of joining the group members and the facilitator together. This session focused on establishing commonalities and trust among the group members and outlining the reasons for the group. It allowed socialization to occur and the beginning of a new network of support for these young people. This first session also allowed the facilitator to gather information about members' knowledge of abuse prior to intervention (questionnaire to be described more fully in the chapter on evaluation), and to set up some rules.

Rules were seen by the group as necessary in order for it to be a safe place to talk about "private things". Everyone felt that information should be kept inside the group room and no one should tell parents or guardians

about anything anyone else said. The facilitator mentioned the exceptions to confidentiality; that is, if she were told about ongoing child abuse or if she was subpoenaed to appear in court this information may be used. The facilitator stressed that she would be speaking to their guardians about any concerns arising from the group. The facilitator spent time talking about the importance of commitment to the group and stressed that it would be a place to bring up anything that was relevant to the goals of the group. All members felt that it was important not to make fun of anyone else or make rude comments about what someone might say. The facilitator also stressed the importance of participation in the group, but stated that no one would be forced to talk. Phone numbers were exchanged by group members during this session and they were encouraged to call each other during the week. A verbal agreement was set up whereby members were expected to arrive on time, to let the leader know if they were going to be late and to share any abusive incidents that might have come up during the week. Again it was restated that abuse would be reported to the appropriate authorities.

Each member had the opportunity during this session to tell the others about his or her situation, the problems they were having now, the things they felt positively about and what they wanted to get from the group. Most members

found it difficult to verbalize their needs and hopes in constructive ways. A great deal of anger was expressed by everyone, primarily at parents whose problems made it necessary that these adolescents attend this group. The facilitator's role was to interpret, draw out and bring to light common issues and shared feelings and state them in terms of goals to be worked on by the group. The following list of goals was arrived at:

- a) to meet new people
- b) to improve interpersonal skills
- c) to not take responsibility for other people's violence
- d) to talk about feelings in appropriate ways
- e) to learn about and from each other
- f) to learn to take care of ourselves and cope with problems of family and friends
- g) to learn about violence in families and how to protect ourselves.

This first session was important for the facilitator in that it was the first opportunity to see this group interact together. It was obvious that some of the agenda I had organized for the next eleven weeks would require substantial rethinking in order for the material to be applicable to this group. It also seemed that a primary issue for these adolescents was establishing limits and boundaries since they were lacking a clear sense of their

own. This was seen by the group members pushing most of the limits set in this session and being verbally abusive to one another. Through the course of the group a larger portion of my time was indeed spent on "behavioural control" and substituting appropriate alternate behaviours.

Other aspects of the leader's role was to encourage participation of members, set limits on behaviour within the group, provide a topic for the evening, give feedback to individual members and generally motivate members to disclose, share and use each other and the facilitator to better understand themselves. The leader also found herself in the role of consultant to the guardians of these adolescents while they were in the group and also following its termination. This tended to be in the form of behaviour management techniques and ways of encouraging the adolescents to share their experiences with them.

## Chapter 2: The Middle

The middle phase in group development can be called the work phase. In this phase there is a high exchange between and among members in terms of thoughts, feelings, ideas and skills. Closeness among members is based not only on the affection between members, but also on the recognition that other members have something of value to exchange (Balgopal and Vassil, 1983). Psychological safety may therefore be strengthened. This is a stage however where risks are taken and tension may be high. Members may strive to lessen the anxiety through tension relieving devices such as changing the subject, "acting out" and so on.

This stage and its themes of loss, dependency and confusion lead to trial and error experimentation and, hopefully, mastery of the problem. This stage would eventually propel the group towards maturation, differentiation or problem-solving stages.

For this group, the middle stage consisted of the seven or eight sessions following session two. The group members worked hard and cohesiveness of the group was at its maximum. It was a period of risk-taking, commitment to the group and sharing.

### Group Content-Themes

Although many modifications were required in the original intervention package the themes that were explored

in the group remained the same. An overview of the themes is presented in this section along with the specific techniques that were used to facilitate each theme.

### 1) Breaking the Isolation

Abused adolescents are often socially isolated because they fear rejection and mistrust concern shown by others, they feel different from other adolescents because of the abuse they have lived with and they experience anxiety in social situations because of their low self-esteem. Abused adolescents are often extremely self-critical and assume that no one will like them for themselves.

The group experience was important and positive for these adolescents because it gave them the opportunity to realize they were not alone in their feelings. They found that they could talk about their "secrets" and still get support and caring from the other group members. Even more powerful for them seemed to be the fact that they could talk about the rage they were feeling and cry in the group and get acceptance from an adult -- often the first adult they had trusted with this information before. They were able to reinforce for each other the idea that violence is not acceptable and there are other ways to handle anger and stress.

### 2) Shedding Responsibility for the Violence

It was important for the group members to work on putting the responsibility for the violence where it

belonged -- with the person who was abusive. This was particularly problematic for the two boys in the group who felt that if they had been different they would not have been treated the way they were. They had been told the same for as long as they could remember.

Going over the cycle of violence (Walker, 1979) and cues at each of the three stages was an important tool used to accomplish this objective (See Appendix A, Session 5). Walker outlined the battering cycle in terms of three phases which varied in both time and intensity for the abuser and the victim. The tension-building stage is a period where the abuser's behaviour escalates and other members of the family respond with various coping strategies to try to avoid or stop the eventual abusive behaviour. Family members had little actual control over the abuser's behaviour however -- group members were able to see that no matter what they did during this stage, abuse would occur. Adolescents brainstormed the cues that the abusive parent(s) gave when they were escalating towards abusive behaviour. It allowed them to realize that the abusive parent(s) gave cues when they were escalating and that their own behaviour reflected what was happening to the adults involved. Some sample quotes during the discussion in the group of the tension-building stage follow:

"When I felt my stepfather getting more and more

angry I'd try to help my mother out more in the house".

"I'd stay in my room alot when Dad started getting mad. It was safer in there".

"It was like walking on eggshells all the time. You never knew when things would blow up."

"I could tell when something was going to happen -- my mother would start crying."

Phase two of the battering cycle is characterized by a discharge of the tensions that have built up in phase one of the cycle. Violent incidents in this phase tend to be more serious than those incidents in the previous stage and are not predictable in terms of intensity or severity. Anticipation of what might occur causes severe psychological stress for the other family members. For the group members, this stage was less frightening than the first one because "at least you knew that it would be over with soon", "I wouldn't have to keep trying to behave myself because I knew it wouldn't help anymore", and "I just didn't care at that point -- nothing worked."

Walker (1979) calls the third stage the honeymoon stage but it is simply a calm period. During this stage, the abuser may be contrite and remorseful and the victim often forgives the abuser's behaviour and rationalizes its effects. Victims want to believe that "it will never happen again" and will vow to try to control their own behaviour

so that he will not get that angry again. The group members understood this stage and were bitter in their comments:

"I kept hearing promises from Dad that he'd change but he never did".

"That was when he'd buy my mother presents -- he never brought me anything".

"No one would talk. Everyone would look upset and afraid".

"I'd spend time after every fight trying to figure out what I did this time to deserve the beating. I never could."

We worked through this cycle by talking about physical, emotional and cognitive cues and the idea that the abuser did have choices in his or her behaviour and that no matter what the adolescents did they did not have control over that person's behaviour. Erasing some of the myths around having limited choices in how to behave was seen as helpful in decreasing some of the self-blame the members were experiencing and beginning the process of separating from their parents and increasing their sense of individuation.

### 3) Increasing Awareness and Expression of Feelings

A majority of time in the group was devoted to having members identify feelings in themselves and in family members and others, to understanding feelings and to handling a variety of feelings (See Appendix A, Sessions

2,3,4,7,9). Several activities were used and are outlined below.

a) Brainstorming Emotions

In this exercise the group members were asked to brainstorm all the feelings they could think of, and put them under either "good" or "bad" feelings. The members decided to write the emotions down according to the colours they felt matched the feeling. Anger was written in black and red, "stoned" in a rainbow of colors, sad in blue, and so on. A lively discussion accompanied this along with the group members taking some initiative in performing charades for the rest of us to guess what feeling they were acting out.

It was pointed out by the facilitator that feelings are not "good" or "bad". What is more important is how people express them. That is, to feel sad, hurt, angry or ashamed is not wrong, but it is wrong to react violently when we feel those emotions. It was during this discussion that sex-role stereotyping came out strongly. The boys felt that it was bad to be hurt or sad but not to be angry. This proved an opportune time to increase awareness of sex-role conditioning to challenge views of "masculinity" and "femininity".

This exercise enabled the group members to realize that we are all capable of a range of emotions but quite often we put the wrong label on what we are feeling. Often

this is what happens when we, or others, are angry. Sometimes it is hard to identify what we, or others, are feeling and anger is the label that is mistakenly applied to what may in fact be feelings of hurt or rejection.

#### b) Cues to Feelings

Part of identifying what we are feeling is being aware of the physical and emotional cues we experience. The group practiced linking body sensations and "sore spots" as well as self-talk (cognitive cues) to their feelings. They then could attach a name for what they were experiencing. The group members were told that this process of accurate identification was necessary before they could attempt to handle some of these feelings.

Charades were again used to allow the group members to begin to identify the feelings that others were "feeling". They used their bodies as well as descriptive statements to illustrate what they were trying to act out. For example, John described a lump that grew in his throat and butterflies in his stomach to illustrate feeling scared.

#### c) Family emotion table

After discussing cues and the range of possible emotions, group members were asked to fill out a family emotion table (see Appendix D). They were asked to check off which of the emotions on the sheet were felt by which people, and how they knew that.

This table had several purposes. First, it allowed the

adolescents to see that men and women expressed different emotions (a discussion of socialization and its effects on violence was introduced at this point). It also showed them that anger was the predominant emotion displayed by their fathers, and all the group members could identify the physical and emotional cues that went along with that feeling. The table and the discussion around identifying and understanding feelings seemed to allow the adolescents to again see that parents had options to their abusive behaviour. They became aware of how acute and perceptive they really were and how they could use those perceptions as a strength. Finally, the table was also useful in launching a discussion of where we learn to handle our feelings, and how the family unit is important in shaping our coping strategies.

#### d) Feelings Collage

Group members were asked to find pictures that expressed feelings and put them together to form a collage. We discussed what feelings they identified in the pictures, why they chose those particular pictures and how they decided on what feeling was portrayed in each picture.

The group was able to see from this activity that there were some feelings that were easier to identify than others. There was also discussion about the confusion that resulted when the feelings did not match the appearance of the person -- that is, it would be easy to misinterpret

what someone is feeling when they are not "looking like" they are feeling that way (for example, an expression of anger accompanied by a smile).

e) Volcano or Tank

The analogy of a volcano was effective in demonstrating to the adolescents that often all the feelings we experience, and especially that abusive parents experience, are buried inside of us. If those feelings, like hurt, sadness, worry or fear, are not dealt with or even identified, the pressure may build up in a person until they explode in anger, just like a volcano. John felt that he was like a tank when he had many feelings inside of him that he had held in for a long time.

We discussed how people deal with that pressure building up -- some people get violent, some get high, some steal and so on. The group members offered their own suggestions -- getting drunk, running away, slashing or fighting.

The members were asked to think of times that they had expressed anger or one of the above behaviours when they were really feeling something different. One of the adolescents said that this had happened with him, but that adults never listened to him when he wanted to tell them about some of these feelings. Much anger and hurt was expressed by the group members because they felt that, as adolescents, no adult wanted to listen or give any credence

to what they said.

f) Homework

Homework was an important part of the learning experience in the group. When homework was assigned group members were encouraged to call each other during the week to talk about it. Samples of homework tasks given around the theme of identifying and expressing feelings are shown in Appendix E.

4) Understanding Abuse

One of the major goals of the group was for the adolescents to understand the types of abuse, explore the myths surrounding abuse, look at the family cycle theory of abuse and examine their role in preventing future abuse in relationships (whether as victims or abusers).

a) Questionnaire

A questionnaire was used during the first session and again at the final session in order to explore some of the myths about abuse and gauge the members' knowledge and attitudes of the subject (See Appendix D). It allowed the group members to describe their views in a safe, impersonal way and get feedback from the leader. The discussion of the questions also provided the facilitator with an opportunity to stress the rules in the group (eg. no ridiculing or interrupting another person ) and serve as a role model for the members. The questionnaire served as a starting point for these young people to be able to start personalizing

the abuse. It made it easier to verbalize their experiences.

b) Film

A film entitled "Don't Get Stuck There", was shown to the group. This film portrays teenagers who are victims of sexual, physical and/or emotional abuse by their parent(s). It is a useful film in that the adolescents themselves are discussing their feelings and their experiences. It is also a hopeful film that stresses taking care of yourself, exploring resources open to you and keeping safe.

Unfortunately, the group did not seem to fully understand or identify with the film. Some of the material presented seemed difficult for this age group to grasp. The two boys seemed to block their feelings; although their facial expressions reflected pain they were unable to verbalize their distress.

The film was valuable however in two ways. It became an impetus for each adolescent to explore resources in the community he or she could use. It also served to launch a brainstorming session on physical versus nonphysical abuse. The group members collectively compiled a list, and then individually labelled the types of abuse they had experienced or witnessed. They also discussed which type they thought was worse and why.

At that point the facilitator talked about how abuse meant different things to different people and how this

depended on factors such as norms and individual tolerances. Each of the group members had different ideas on what was abusive-- it appeared that the severity of abuse was a factor here. For example John, who experienced the most severe abuse in the group, had a very low tolerance at present for abusive behaviour. He saw slaps and pinches as abusive, while other members felt that stabbing and punching were abusive but not necessarily the first two.

c) Power Plan

Power planning was a modification of protection planning that is done with battered women and children. It was important to introduce power plans( see Appendix D) to the adolescents, not because of the physical danger to themselves ( two were in care, one was with a non-violent parent) but because anger was a problem for all of them. Power plans concentrated on identifying cues that let them know they were becoming more angry and then brainstorming what they could do to work out and express those feelings without being abusive themselves. They were also asked to think of resources that were available to them, both people and places, where they could ask for help if they needed to.

This was important because it again stressed the idea that they had some control over their actions (but not of other's actions or feelings), and had alternatives to

expressing anger other than fighting or hurting themselves. The group members were encouraged to figure out different ways of expressing feelings and the consequences of each way for them and for others. For example, when someone expresses anger by putting someone else down, the receiver may feel hurt, angry or upset and react with similarly abusive behaviour.

A sample power plan done by Susan illustrates the basic issues involved. Her cues to identify when she was becoming more angry than she wanted to were a red face, tears forming, a lump in her throat, not talking and acting tough. What has worked for her is to sit alone for awhile, go for a walk, cry, or listen to music. She felt that she could go and talk to her aunt when things got very bad as well as to a girlfriend.

#### d) Family Trees

Developing family trees was an exciting and fun exercise for everyone in the group (including the facilitator). Adolescents were asked to draw their family tree after the facilitator had given them an example of her own tree (See Appendix A, Session 6). Once these were drawn, in a variety of ways and colors, we discussed each one in terms of what the relationships were like in the family, who did they feel closest to and why, who did they learn from, who was abusive to who, how did various family members handle feelings, who were they most like in their

families and so on. We then went on to talk about the effects of seeing or experiencing abuse as young people and how it often gets repeated. All group members felt strongly that they did not want to repeat that pattern but were afraid that they could lose their tempers.

#### 5) Building Self-esteem

Abused adolescents often do not feel very good about themselves. As was mentioned earlier, one of the ways an individual measures self-worth is by judging whether or not he or she is accepted and approved by others. These young people had suffered rejection and abuse from the most important people in their lives-- their parents.

Poor self-esteem because of family relationships may affect all of their beliefs about their value as human beings. They may be competent in other areas of their lives but may not see these strengths.

The facilitator started the discussion by pointing out to the group that each person decides what is important in judging their self-worth and it is not realistic or fair to allow what has happened in their families to affect their satisfaction or competence in other areas of their lives. Discussion and exercises were done around things the adolescents felt good about in themselves and their lives and how they could build on those good feelings (See Appendix A, Session 7). The feeling words and exercises were used to talk about how they might feel different about

themselves depending on certain things. We also discussed how to help others feel better about themselves. The group was able to talk about that and relate it to what they would like to see happen for themselves. For example, Paul suggested that giving a person compliments or talking to them when they felt sad might help them feel better, because that is what helped him.

Homework was given on improving how you feel about yourself (See Appendix E). They concentrated on positive self-talk and planning day by day to do things that would help increase self-esteem.

During this session it was also explained that how people feel about themselves may often be affected by their interpretation of events. For example, criticism could be seen as a personal attack or an effort to be helpful. Abuse, similarly, could be viewed as a punishment for being a bad person or understood as a parent's inappropriate reaction to stress-- and a parent's responsibility and problem. The emphasis was on recognizing the differences between interpretations and on looking realistically and objectively at what was happening. Recognizing their positive qualities and being fair to themselves was also stressed, especially when situations were difficult to handle.

## 6) Anger, Assertiveness and Non-violent Ways of Problem-solving

These areas were extremely important to explore for the group members. They had learned that some problems in their families were dealt with violently and they identified anger with loss of control, violence and rejection. Since anger was one of the few expressions of feeling that these adolescents had been exposed to this presented a problem.

Woods (1976) has stated that some abused adolescents become almost incapacitated by their level of anger at one or both parents. It was a challenge for the facilitator to help these young people come to terms with their reactions to the abuse and to alter their perceptions of what was happening in their families. They had to learn that anger was not necessarily dangerous and that problems could be solved and compromises achieved without violence.

In the group, we discussed what anger is, what causes it (both internal and external factors) and when it becomes a problem. The group was able to distinguish the positive and negative functions of anger. Positives of anger as identified by the group included, that it lets you know when things are not alright, it releases tension and it gives you energy to accomplish things. Negative functions were more obvious to the group, and included anger perhaps leading to violence, being used as a mask to hide other feelings and using anger to be "cool" or to make other

people afraid.

It was important for the group members to hear over and over that anger and aggression were different. Anger is a feeling we are all entitled to. Aggression is an action that can cause hurt or harm. Anger does not have to lead to aggression.

The group was quite interested in the subject of self-talk and were able to identify their cues when anger began to take control of them. We worked through examples of situations where each of the group members lost control of their anger. We began by checking body cues (eg. throat hurts, muscles tense, jaw tightens) and thoughts ( eg. I want to punch this person out; I'm not going to let anyone hurt me again). We went through Novaco's (1975) four provocation stages: preparing for a provocation; confronting the provocation; coping with arousal and agitation; and self-reward, substituting what was relevant for each member.

An example of the process, worked through by Susan and the group, is presented below. Susan had been extremely angry at a friend of hers who had "stolen" her boyfriend.

Preparing: "What do I have to do. My head hurts and I keep clenching my fists. I know I can stay cool. I'm an OK person. It's not personal. I can control this temper. I'm not going to let it take control of me!"

Confronting: "I'll take some deep breaths and try to relax. I'm not going to let her get to me. I'll ignore her for now. What she says doesn't matter. I know I'm OK."

Coping: "Time for a walk. I need to get away for a little while to stay cool. Being alone is relaxing. I don't want to make a fool of myself by fighting over this. It's a waste of time."

Reward: "Breathe! I did it. I could have punched her like I wanted to but I didn't. I controlled myself. Next time it'll be easier I bet."

Throughout these exercises, the facilitator stressed that by learning to identify and express a greater range of feelings appropriately, it would become easier to learn how to handle those feelings. This also increases choices open to people and provides a greater sense of control over feelings.

Closely related to discussions and exercises about anger control was assertiveness. We discussed how sometimes parents and friends might take advantage of someone's lack of assertiveness and inability to stand up for themselves. We talked about the differences between aggressive, assertive and passive responses, outlined examples of each and possible outcomes of each response (in terms of how the receiver and the sender might possibly have felt). The group members were able to learn in which situations it was

better to negotiate a compromise, when it would be valid to say "no" and when it was better to agree. We discussed and rehearsed by role plays how you can stand up for yourself without looking like a "smart-aleck" and also how self-esteem might be affected by not being assertive.

Throughout these sessions on assertiveness and non-violent ways of problem-solving, the facilitator stressed that although these methods might have reduced the amount of abuse they received, abuse was still going to occur (i.e. because they had no control over an abuser's behaviour). I stressed that we can control some situations that may lead to physical confrontations by trying to change the outcome of a conflict situation and by looking at our behaviour (i.e. ways we might have contributed to the situation). The aim in the group was to learn to avoid some confrontations and not blame ourselves when parents behave abusively.

### 7) Self-care

Throughout the group, adolescents were encouraged to examine their own behaviour and take responsibility for it. This included stressing the importance of taking care of oneself and seeking help if needed. These adolescents did not believe initially that they deserved to get help and have someone to talk to. The message had to be repeatedly given that they were not responsible for the abuse their parents gave and they could not change that person. They

could, however, start to take responsibility for themselves and make their lives as positive as possible.

Some suggested methods to achieve this included power planning, getting to know adults they could trust, becoming familiar with the resources available to them, and being with families where abuse was not happening. Formulating goals, however small, was also important so that excessive time was not spent anguishing over "Why me", and so that the adolescents did not remain "stuck" where they were when abused.

### Chapter 3: The End

Endings and transitions are the time when the group prepares for termination. Members look back at the past and forward into the future as a way of finding and reaffirming their group experience. Balgopal and Vassil(1983) present a number of themes that encompass the dynamics of termination. A first is denial. Members conveniently get sidetracked and "forget" that the end is near. A second theme is ambivalence and the anger which is inherent in that. Anger may be manifested in sarcasm and stubbornness over minor points between and among members or towards the worker. The roots of ambivalence are also to be found in feelings of doubt and uncertainty about the future and feelings that they are "not ready" to leave the group. Loss and mourning is a third theme. Feelings of abandonment and separation anxiety are common and group members may withdraw or cling to the worker. Feelings of envy may also arise when members feel that others in the group have "learned more" than they have. A last theme is a review of positive experiences. This theme is characterized by the members reviewing their successes and accomplishments as a result of the group experience. There is also a recognition that these new learnings produce new challenges for the future.

The subject of group termination came up in the eighth session. The group joked about it, Susan and Paul wanted it

to go on longer and John expressed relief at it ending. There was a great deal of pain associated with coming to the group for him, whereas the other two saw the sessions as a time to socialize, learn about themselves and get things off their chests as well as work. All group members saw the group as a place to share concerns that they could not share with others outside the group. They did not want that part to end. They also saw the group as theirs -- a place and time just for them.

We spent time talking about the trust and positive feelings that we had established in the group (as well as the hard work it took to get us there). John felt that this experience was like other disappointments in his life -- just as he was getting to know and trust us the group was taken away. This was a painful process for everyone in the group including the facilitator.

The last three sessions were difficult in that the group members seemed to be preparing psychologically to break away from the group. They appeared unwilling to do much further work and were more intent on socializing than during the middle phase of the group. There was anger expressed, primarily by John and Susan about the "other" adolescents the facilitator would be seeing.

We spent the final session talking about what was experienced in the group, what was learned and how those skills could be carried over into members' lives. It was a

time to pull everything together and emphasize accomplishments and strengths. Resources for individual members were explored and stressed in the event of possible future abuse occurring. The adolescents were not interested in considering future therapy but it was discussed in terms of "if you need it or might like it down the line". An evaluation form was filled out as well as a second copy of the questionnaire. The remainder of the session was spent eating pizza, listening to music and having fun. No one was in a hurry to leave and, the facilitator, in one last attempt at limit-setting(!), cut off the festivities and sent everyone home.

#### Chapter 4: Individual Issues

Every group is a mixture of individual and group issues. Group members need to be seen first as individuals with inherent capacities for adaptation and change (Balgopal and Vassil, 1983). Although in group work the individual, the group and the environment are interdependent and equally important parts, the worker has to determine which component or components, at any given time, needs major attention. For example, when a group member comes to the group and has recently experienced abuse, the worker has to channel the group's resources and energy to help that member. Similarly, when the group as a whole is experiencing some difficulty, the focus of the intervention will have to be directed to the total group. Individual issues will be focussed on in this chapter. Group issues will be further explored in Part Three of this practicum report.

The early sessions of the group saw a great deal of energy directed at two themes. One was testing limits set by the facilitator for the group, and the other was venting and exploring anger at the past; parents, placements they had been in, other helpers that did not help and the system they were forced to be in because of what someone else had done. There seemed to be a sense of helplessness and feelings of not being in control of anything that happened in their lives. There was also fear initially about talking

about the abuse. As a result, often one member or another would revert to an array of avoidance strategies that would challenge the leader (eg. fooling around, wanting to get a drink or go to the bathroom, asking inappropriate questions and running outside in the hallways).

Fear was expressed about whether they would be able to do things differently than their parents did. Time was spent trying to focus the energy of group members on themselves rather than exclusively on anger towards their families or the abusive parent. This seemed to be a necessary piece for these adolescents to free them to be able to move on with their lives. We spent time talking about loss and grieving. The leader related how responses by members (eg. "acting tough", intellectualizing and so on) were understandable in terms of protecting themselves from fully experiencing those losses. A working through of the abuse and the losses suffered required a "rehashing" and re-experiencing of all the past hurts.

Patterns that individual members displayed outside the group emerged in the sessions and an attempt was made to rechannel and reframe some of these patterns. For example, Paul had spent much of his life diverting abuse from his father onto himself rather than his mother and he saw himself as the buffer in the group as well. He was willing to be scapegoated and take the blame in the group for things he did not do and was usually the one to placate

other group members when their behaviour threatened the cohesion of the group. He would often protect the others from pain and "act out" or draw the focus onto himself when things got "heavy" or scary. The leader had to be both confrontive and supportive in letting him know what he was doing and not allowing him to interfere with other members getting their needs met.

An important issue for all group members was being able to be angry in constructive ways. All of them came into the group feeling that anger was "bad" and hurtful when expressed. They gradually became aware of the ways they expressed feelings and cloaked them behind anger.

Susan and John dealt with anger largely by withdrawing and stewing. These two adolescents could identify physical cues that let them know when they were angry and they used those cues during the group sessions. (If they felt those cues they could raise their hands to stop the discussion and talk about whatever it was that made them angry). Paul tended to feel a loss of control when he was angry and become aggressive. He did not enjoy being abusive to other people or material things and worked hard to express, understand and identify feelings so that he could control them, rather than the other way around.

Susan decided, through the course of the group, to begin a "book" on how children feel. The following is an excerpt from this book:

"This book is about children who had parents fighting all the time or a parent who beats the child and the other parent. When the parents are fighting it's scary and some kids hide their fear by being tough. They may think it hides the fear but it doesn't let me tell you. I tried being tough, smoking and even tried drinking for awhile. It doesn't help. In fact it makes it worse. I blamed myself but later I started to hate my parents and say why do they make me live through this hell. But it's really nobodies fault."

Control was a central theme in the group, both for the facilitator and the group members. These adolescents did not have a clear sense of their own boundaries and had limited control over themselves. It became a task of the facilitator to try to start this process through consistency and limit-setting. All these young people had, to different extents, taken over an adult role in their families and had a very confused sense of responsibility and control. This appears to have been partially due to not having any power or control over their lives yet being put into the role of caretaking the adults they were living with.

This control issue was important when future relationships were discussed. It was a sobering realization for these adolescents that they could be abusive to others or become abused in future relationships unless they

learned alternate ways to deal with stress and express feelings. For Susan this had particular impact -- she related an incident of sexual abuse by a babysitter which had occurred when she was a preschooler. This experience had affected her deeply and she felt that, along with the abuse she had witnessed in her family, it placed her in a victim role. She wanted to learn to protect herself and was concentrating on making friends that were bigger and tougher than she was.

As the group progressed, Paul was able to take more of a helper role in the group. He seemed more able to confront himself when issues were discussed and responded quite well to the responsibility given to him by the facilitator. Unfortunately, this positive behaviour change did not appear to extend outside the group.

John had considerable difficulty talking about his family and the particulars of the abuse he suffered. He had been in individual treatment previously and had not, according to his social worker, exposed himself there either. He seemed to have blocked out a great deal of what had happened to him and avoided most attempts by the facilitator and the group to look at those things. He did have insight however into his own feelings and behaviour and was extremely motivated to move on in his life. He did acknowledge in the group that those issues had to be dealt with before he could move on in peace.

## Chapter 5: Evaluation of the Practicum

### A) Evaluation of the Intervention

#### 1) Group members' evaluations

A group feedback form was drawn up by the leader (See Appendix B). The six questions were distributed during the last session and answered individually, in writing, before being discussed as a group. The questions were aimed at discovering the value of the group for each member as well as providing an evaluation of the leader and the group process.

Some reactions from group members provide a general overview of the responses:

"I liked being able to talk about my problems and not be laughed at".

"It helped to have Cornelia be able to cope with us and our problems."

"It was interesting learning how other people in my family dealt with problems. It made me see that I could choose to do things differently."

"I'd tell my friends about a group like this".

"The group helped me show my feelings and talk about them. I don't want to hold them in anymore because I get too angry".

"I was glad to be told that I wasn't a bad person. I've always been told that before".

## 2) Knowledge of the Abuse Questionnaire

A questionnaire was given at the first and last sessions of the group in order to evaluate the members' knowledge of abuse and attitudes towards family violence. (See Appendix D). Sample questions included "It is against the law to beat someone in your family" and "women or children provoke men to give them beatings". The questions were rated on a one to four scale, from strongly disagree to strongly agree. Responses were scored so that high scores indicated a greater knowledge of abuse.

Upon later reflection it appeared that a scale which measured participants' knowledge about violence and their attitudes towards it separately would have been more appropriate. In this way the impact of the educational portions of the sessions could have been more directly assessed. The items did however, provide valuable information about individual member's beliefs and needs. As well, at the end of the group, two of the members responses reflected an increase in knowledge of specific aspects of abuse. The areas that differed the most were the role of alcohol in abuse, the effects of violence on one's self-esteem and the fact that abuse can include emotional as well as physical abuse.

Changes were seen in individual members' responses to several of the questions. For Susan, she moved from strongly agreeing that children who witnessed violence

would be violent to their children to feeling that it was possible to learn new ways of dealing with stress and anger other than violence. She also went from disagreeing that how you feel about yourself has a lot to do with how you are treated in your family to strongly agreeing. She reacted strongly to the family tree exercise and other sessions where learning from family was stressed.

There were several noticeable changes in John's two questionnaires as well. He went from strongly agreeing that alcohol caused men to be abusive to strongly disagreeing. We had explored that topic in the group on many occasions. He also changed from strongly disagreeing that abuse could include emotional putdowns as well as physical abuse, to strongly agreeing. He had not labelled the non-physical abuse as abuse before the group and strongly reacted to the exercises around the various forms of abuse. A last change worth mentioning was that he had initially felt that it was not acceptable to feel anger but later felt that it was. Although John had blocked out much of the abuse he experienced and at times withdrew from the group, he nevertheless seemed to pick up a fair amount during sessions.

Paul seemed to have the most conflict with his idea of what a "man" should be like and what he was feeling and experiencing. He had originally invested a great deal of his self-image into being cool and "macho". He had agreed

on the questionnaire that it was a man's right to discipline other family members however he chose and felt that children deserved to be abused. During the group he was able to recognize some of the reasons for this answer. He needed protection from all the sad feelings and pain he had experienced. On the questionnaire he had reversed his opinion on these two questions.

### 3)Self-esteem Scale

A self-esteem scale (Rosenberg, 1965) was also given during the intake interview and again at the last group session. The adolescents filled these out individually and seemed to have no problem understanding the questions. This seemed to be an appropriate choice since it was designed for and administered to junior and senior high school students. It is a self-report measure of the self-acceptance aspect of self-esteem. Sample items include "I take a positive attitude towards myself" and "I certainly feel useless at times". Test-retest reliability over a two week period in Rosenberg's test sample was reported as  $r = .85$ , and mean concurrent validity with other self-esteem measures approximated  $.60$ . The measure was scored such that high scores reflected a positive self-concept.

Only two of the members completed both pre and post self-esteem scales. Paul increased his scores five points. It was obvious through the course of the group that Paul

did feel useful and important. The score increases indicated that Paul did indeed feel better about himself. Susan's scores dropped four points. This was an expected change considering the tough exterior she originally presented. By the end of the group she was able to more openly and honestly share her feelings and acknowledge her feelings of inadequacy. The decrease in Susan's scores suggested that she had reduced her denial about her situation and was more able and willing to expose herself.

#### B) Evaluation of Skill Development

As many sessions as possible were video-taped for ongoing supervision.

Analyzing one's effectiveness as a leader is a difficult task. It became a challenge through the course of the group to do what every academic gaining his or her first taste of practical experience needs to do -- integrate the cognitive learning skills with the personality of the leader and the make-up of the group members.

Reading and reviewing the literature on both abuse of adolescents and group work provided me with a foundation from which to plan and guide my work. Yet, in spite of all my hours of planning and preparation, much of what occurred in weekly sessions was unplanned and not based on any "research". My previous work experience with adolescents was invaluable as well as a style that I had developed and

become semi-comfortable with.

The nature of adolescent groups is such that the leader's role is one of focusing the group, interpreting and tying together what group members share, drawing out past, painful issues and feelings and tying the past into an understanding of present functioning -- in other words the leader's role is an active one, much different than in a self-help type of group. Much of my energy was spent setting limits around inappropriate behaviour of group members and giving feedback on what was happening in the group. The clients' behaviours exhibited in the group sessions was used to reflect back to the individuals what they exhibited in the "real world".

It was virtually impossible to use the group (i.e. peer pressure) to control the behaviour of its members. A great deal of creativity and flexibility was required by me to find a balance between working together as a group and doing individual tasks so that we could achieve common goals. The leader often chose one member as a helper for an activity -- the responsibility seemed to be effective in reducing inappropriate behaviour. Activities that initially involved an individual task but could be shared with the group later, role playing, pictures and other active "techniques" were needed to move the group in the direction it needed to go.

Group sessions had to be extremely structured in

content and I had to assume a greater amount of direction and control over both the content and the process of the group, than I was used to doing. It quickly became obvious that the group felt too threatened by the lack of control and if it were to be a safe place to disclose, I had to assume more control. It seemed evident that I had to state and maintain a clear norm of safety and positive expectations because the group members felt sufficient anxiety in interpersonal settings after experiencing previous failures in their family and peer systems.

Limit-setting seemed to be an important intervention in itself. Disruptive behaviour during the group was expected since these adolescents often sought attention in negative ways; indeed they were expected to behave negatively. Problem behaviours such as being a "clown" or ridiculing other group members had to be controlled so that the interpersonal focus of the group could be developed. Limits were set by a variety of techniques including responding positively to more appropriate behaviours and ignoring negative ones (e.g. allowing Paul to be a "helper" greatly decreased his clowning). Time-out from the group was used sparingly and only after the group had established some trust and valued the group experience. Group members were also asked how they felt when "someone was making fun of what they were saying" or "not paying attention to something important that was happening in the group".

Once limits were firmly set and after a period of testing those limits the group was able to stabilize and move forward. It appeared that the group would not have been able to achieve a sense of closeness and cohesion had this initial work in setting limits not been done and maintained.

PART 3: SUMMARY AND CONCLUSIONS

### Part 111: Summary and Conclusions

The writer had three central objectives for this practicum: 1) to enhance skills in working with adolescent groups, 2) to increase knowledge in the area of abuse towards adolescents from a theoretical and experiential perspective as well as to explore the literature on group programs available for abused adolescents, and 3) to develop a group intervention for abused adolescents.

In order to do this a 12-week group model was developed and implemented at Children's Home of Winnipeg. The goals for the adolescents in the group as identified earlier included recognizing that violence was not their fault, learning to protect themselves, learning non-violent ways of problem-solving, expressing and understanding feelings, providing support and safety and increasing self-esteem. Although many of the sessions and exercises required adjustment because of the level of understanding and development in the group, the major themes remained the same.

By the end of the group, individual members appeared to be more knowledgeable about abuse and were able to use the group as a safe place to try out new behaviours. Individual group members seemed to begin the process of changing their perceptions of themselves and others both in the group and in relation to people they had contact with in their lives. This occurred by the group giving feedback

on how an individual member interacted with other members. The group was a step for group members to begin to achieve a better sense of themselves as individuals -- how they functioned in relation to peers, and how they were separate from their families of origin and the abuse they experienced.

Sullivan (1953) strongly suggests that when a child sees him or herself reflected through a peers' eyes, the experience could possibly heal the effects of earlier poor parenting and potentially prevent later serious emotional disturbance. The group appeared to have been extremely positive in decreasing the isolation and the feelings of being "different" that all members expressed at the beginning of the sessions. There did however, seem to be only a moderate level of cohesion and commitment to each other and needs for support were being met only minimally. The individual members found it difficult to function beyond this level because of their own neediness. Thus, the facilitator assumed more responsibility for providing control and feedback.

An outcome of the group that had not been anticipated for resulted from the leader's positive regard, support and caring for the group members. They were able to develop a relationship with an adult who was willing to be supportive and nonjudgemental with them in spite of their behaviour. Comments from various group members indicated that they had

not been listened to or understood by other adults they had approached in their lives. They were also able to see a role model who could admit mistakes and make apologies when called for. This seemed to be the first opportunity for these adolescents to be told that just because you are an adult does not mean you require automatic respect and love. The experience helped these young people deal with their confusion around what had happened in their families (e.g. parents are allowed to abuse children just because they are parents and the children have to love them).

The supportive attitude of the facilitator allowed the group members to face many sensitive and scary issues. As a result of working through some of their resistance (e.g. fooling around and testing limits) the group became a safer place to bring up painful issues. This work also began a process of changing behavioural "habit" patterns that, for Paul especially, had become part of their responses to a variety of situations.

The facilitator learned that sessions including activities were more successful than sessions focussing on discussion. Activities done separately by members and then shared as a group worked well, particularly when the group required some "cooling off". The videotape equipment was a valuable tool in promoting activities and keeping the energy level high. Group members enjoyed both working the equipment and watching role plays that they had done.

There were two major areas of learning that I experienced as a group leader. The first involved learning how to incorporate limit-setting into a helping role to use it appropriately to further the goals of the group. It had been my intention originally to be able to use the group vis a vis peer pressure to control the behaviour of individual members and the progress of the group. Several sessions were spent floundering and coming to the realization that this group needed firm and consistent limit-setting from a group leader. I could not function as a "pal" -- it was important to state and maintain a clear norm of safety and positive expectations from the group. Time was spent encouraging and setting boundaries in the group.

Along with learning to use authority came recognition of the need for flexibility in group sessions. "Going with the flow" seemed to be more effective than sticking to pre-planned, rigid exercises. This issue seemed particularly important for abused adolescents who may have encountered rigid family structures -- a correspondingly rigid group structure would not have been helpful. On-going events in their lives needed to be addressed in group sessions as well and could not be superceded by a pre-planned agenda. In a group where protection and safety needed to be worked on and issues of self-blame explored and redirected, flexibility was of paramount importance.

The second area of learning revolved around the issue of assuming responsibility for resolution of clients' difficulties. Realizing that the group was not an end in itself which would resolve all members problems, but simply a means of intervention, allowed me to put the learning experienced by the individual group members, into perspective.

There were advantages to using a group approach that would not have been realized had the group members been seen individually. Several of these have been mentioned previously (i.e. group members providing feedback on how an individual interacted with other members and decreasing isolation and the feelings of being "different").

The importance of peer groups in adolescence has been described earlier. Groups for abused adolescents allow some of the basic human needs of safety, acceptance, consistency and the feeling of being worthwhile to be experienced. Input from other group members as to their value as people was important in individuals beginning to feel competent. Being part of a group allowed individuals to learn from each other -- strategies of coping with their experiences and problem-solving could be shared to a far greater extent than would have been possible in individual treatment.

Follow-ups were done with guardians six months after the group ended. It was difficult to know what, if any, effects were carried over into the lives of group members

from the group. Susan's mother said that she had noticed more of an openness in Susan and an ability to say what she was needing and feeling. This applied to John as well as him being able to more appropriately express his anger. Paul, unfortunately, was moved out of town and could not be contacted for follow-up.

Feedback was offered to caregivers at the end of the group and consisted of summing up what an individual had accomplished in the group, what they could work on with that adolescent, and considerations for future treatment.

PART 4: RECOMMENDATIONS

#### Part IV: Recommendations

Throughout this practicum the need to recognize the problems that abused adolescents face has been stressed. This comes from a strong belief in every child's right to nurturance, protection, freedom from violence and a life without fear.

The group intervention described in this practicum is not, in itself, an effective solution. The issue of adolescent abuse must move away from crisis intervention or treatment models. The group was only a part of the current approach that promotes removing adolescents from homes where abuse is occurring as a solution. These are only "band-aid solutions" -- abuse of adolescents reaches beyond the victims and for that matter, beyond the perpetrators, in scope. The problem rests with values previously described in this practicum (e.g. lack of support systems for families, violence in the family seen as the norm and institutions perpetuating societal values) and as such, a solution can only come about by a readjustment of some of the day-to-day patterns of our life as a society. These changes mean prevention.

In terms of this practicum and direct services for adolescents, several changes are recommended. Existing services for families and/or adolescents need to recognize the effects of abuse on adolescents, whether they are primary or secondary (witnesses) victims of abuse. Standard

intake procedures should include questions on abuse in the family and service providers must recognize the links between maladaptive behaviour that an adolescent might be exhibiting and the effects of abuse. If other family members are included in treatment for an abused adolescent, attention must be given to the power dynamics in the family, to believing the victim and to ensuring the safety of all family members.

It was a frustrating experience for the writer to encounter professionals in the child welfare and education systems who were unwilling to refer adolescents to this group because of "what parents would say", or "it's only a few slaps", or "she exaggerates about things". It appeared to the author that traditional modes of intervention (i.e. family therapy and individual counselling) were preferable to professionals when abuse was discovered and that adolescent groups were not considered as a viable form of treatment.

An issue for the group members and others who had been interviewed but did not become members was the setting chosen for the group. Adolescents felt stigmatized coming to an agency and were reluctant to let anyone, especially their friends, know where they were going. They commented at times that they felt crazy for "needing" this group. Using volunteers, self-help groups and existing meeting places already in place for adolescents (e.g. drop-in

centers and schools) would greatly enhance the services provided by professionals. A recommendation would be to make groups a part of the junior and senior highschools or natural gathering places for adolescents where they could meet more informally with a trained facilitator who was knowledgeable on abuse. The possibility of using older adolescents who have worked through some of their own abuse issues, as co-facilitators would also be worth considering.

Alternatively, a separate treatment agency dealing with violence in the family would be preferable -- all family members would be included in the treatment plan. Many of the families of the adolescents who participated in this practicum were not receiving service -- the group could provide only a part of the intervention that was necessary. As family members were not intervened with, they experienced no change. Thus the possible impact of the group was lessened, because Manitoba does not have an integrated treatment response to family violence.

The Domestic Abuse Project in Minneapolis, from which some of my intervention "package" was modeled, will work with children and adolescents only if at least one parent is participating in the program. The rationale for this is that changes in the adolescent alone, will not bring changes in other members of the family system (i.e. the abuser). The members of the family with the most power and control must be part of the intervention.

It is the opinion of the writer that such a strategy is the preferred mode of intervention when families are involved. It allows for each family member to participate in groups where they can receive support, education and treatment. This type of strategy also allows for, and indeed recommends, several family and couple sessions upon completion of the first phase of treatment. Although this is the preferred mode of intervention when families are involved, many abused adolescents are no longer in families and they also require support and intervention as individuals.

For future groups I would recommend a larger membership of six to eight members. Although these adolescents were so needy and would have had problems functioning in a large group, at times the increased variety and support given by a larger group might have been helpful. This was especially important for Susan who felt isolated at times because she was the only girl. The small size may have limited opportunities to generalize some of the skills learned in the group.

Group size tends to affect interaction among the members (Balgopal and Vassil, 1983). In a small group, such as this one, each member has more demands placed on him or her to become fully involved in the group. In smaller groups members interact with each other with greater intensity and have more opportunity to make a unique

contribution to the group process. This was a positive feature of this group in that these adolescents needed individual time. Unfortunately, members in smaller groups also have difficulty in tolerating conflict and they may avoid working together in a satisfying manner because of fear of alienating one another. Smaller groups can also not afford to have members be absent.

Upon completion of the group there was no provision made by the agency to continue it. This was particularly frustrating as comments from professionals in the community after the group concluded were supportive and at this time, referrals continue to be directed towards me. The genuine lack of services for adolescents in general, and, more specifically, abused adolescents seems evident.

The utility of a group approach for adolescents has been documented in the literature. Specific groups for abused adolescents however, have not, and research would be valuable both to determine whether the "themes" that were worked on in this group were useful and whether the group mode of intervention is the most effective one in meeting the goals of abused adolescents. As well, adolescents remaining in families have to deal with several different issues (i.e. protection and safety) than those adolescents who are removed from families and placed in alternative care situations (i.e. closure issues). Research is needed to determine whether separate groups for these two

categories of individuals would be more effective or whether different "themes" would be necessary to produce change.

Finally, there is a need for follow-up procedures to be developed and implemented both for groups dealing with abused adolescents and groups in general. This is a necessary part of any evaluation procedure since one of the goals of intervention would be to have the effects of that intervention generalized outside of the group.

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APPENDICES

## Appendix A

### Outline of Group Sessions

#### Session 1: Getting Acquainted Introduction

- ...Introduction of facilitator and group members; reasons for working with this group.
- ...Explain purposes of this group. Write goals of members and facilitator on a flipchart.
- ...Review the topics to be covered over the next several weeks.  
Give copies of outlines to group members as well as folders to keep their material in.
- ...Questions?
- ...Rules for the group - mine and theirs.
  - 1) What is said in the group stays in the group.
  - 2) Confidentiality and exceptions.
  - 3) Do not make fun of anyone.
  - 4) Participate as much as you can.
  - 5) Share any abusive incidents with the group.
  - 6) Arrive on time and call if you can not make it.
- ...Ice breakers:
  - 1) Grapefruit Game--the leader starts by calling out a name and throwing the grapefruit. That person then repeats the process until all members are familiar with one another.
  - 2) Demographics with partners--in pairs, group members interview each other. They then introduce their partner to the group.
  - 3) Coat of Arms--divide a "shield" into five areas.
    - a) Personal achievements I feel good about.
    - b) Values that mean a great deal to me.
    - c) What three qualities describe me.
    - d) What do I need in life? What is important to me?
    - e) Who am I?
- ...Explore myths and knowledge of abuse (questionnaire).

...Hopes and expectations of members and facilitator.

...Introduce next weeks session.

## Session 2: Identifying Feelings

...Group go-around; take temperatures (eg. on a scale of 0-100 I feel 80 degrees because...).

...Ice-breaker: 'Discoveries'.

.Describe a positive thing you discovered about yourself this week.

...Main activity:

.Brainstorm words that describe emotions: positive and negative. Relate to sex-role stereotypes.

.Exercise on ambiguity of feelings.

Example: You notice that a person in the group who was talking a lot has suddenly become silent. What might that person have said that would openly have described his feelings?

.Discussion of the importance of being direct and specific about how we feel.

.Feelings collage.

.Use problem situations from the group members to discuss how members feel, whether some emotions are easier to talk about than others, whether some emotions are "supposed" to be felt by women and not by men and vice versa, and physical cues to identify feelings.

.Do Family Emotion Table in small groups (See Appendix D).

...Tie everything together.

...Explain next session and introduce the film "Don't get stuck there".

"This is a documentary about the physical and emotional abuse of adolescents by members of their family. The teenagers interviewed are a small cross section of the tens of thousands of mistreated children in North America today. They talk about the problems they face, how they feel about themselves and where they have found help to cope with the abuse they suffered (National Film Board, 1983).

...Explain homework assignments in general and what to do for next week.

Session 3: Understanding Feelings  
Recognizing Feelings

- ...Group go-around; take temperatures.
- ...Review practice exercise.
- ...Review emotions and discuss mislabeling feelings as anger.
- ...Draw volcano; relate to parent's anger.
- ...View film and discuss.
- ...Discuss how understanding your feelings is related to recognizing the feelings of others.
- ...Importance of observing not only what people say but how they act and how they look.
- ...Problem situations; member's examples.
- ...Role play; introduce video equipment and practice above situations. How did each person feel seeing themselves on videotape?
- ...Tie everything together.
- ...Describe partner system. Assign everyone a partner.
- ...Explain homework (See Appendix E--Identifying Your Feelings).
- ...Explain next weeks session.

Session 4: Handling Feelings  
Giving and Receiving Positive Feedback

...Check on partners and homework. Group go-around.

...Main activity:

...1) Handling feelings

.Discuss the steps to using this skill.

- . Think about what you are feeling and what is happening to your body.
- . Figure out different ways of showing how you feel.
- . Think about what might happen if you did each of those things.
- . Decide what the best thing to do is and do it.

.Role play problem situations: emphasize that there are choices in how we handle our feelings.

.Review Family Emotion Table from Session 2.

.Discuss how family members express feelings. Which ones may be misinterpreted?

.Discuss how feelings get expressed through negative behaviour. Apply to their families.

...2) Exercise: Experiencing positive feedback.

.Each group member gives a compliment to each other group member. Discuss responses to getting compliments.

.List of strengths. Ten things I like about myself.

...Tie everything together.

...New partners.

...Discuss homework (See Appendix E--Handling Your Feelings) and next weeks session.

Session 5: Cycle of Violence  
Danger Cues  
Protection/Power Plans

...Review practice and partner sharing. Go-around.

...Main activity:

1) Discuss cycle of violence in general terms. Use pie to correspond to Walker's Phase 1, 2 and 3 (drawn from Walker, L., 1979).

.Give a general outline of father, mother and adolescent's behaviour in each phase. Open to the group for their experiences and coping strategies in each phase.

.Discuss various types of abuse: physical, emotional and sexual.

.Brainstorm with the group on danger signs/cues to oncoming violence. Distinguish between physical, emotional and behavioural cues.

.Discuss protection possibilities at each phase. With a partner, formulate a protection plan.

...Tie everything together.

...Complete protection plan at home. Practice recognizing cues.

...Change partners.

Session 6: Family Trees  
Roles of Family Members  
Learned Helplessness Theory  
Recognizing Violence in Future Partners

...Review power plans. Group go-around.

...Main activity:

1) Draw your family tree. Explanation of the generational patterns of violence.

2) Discuss the roles taken in your family. Who was abusive to who? Who were you closest to? Who are you the most alike?

3) Present learned helplessness theory. Relate to member's behaviour as well as their mother's.

4) Possible signs of violence in prospective partners.

.Brainstorm with the group what to watch for.

.Discuss what "love" is. Does love justify violence?

...Tie everything together.

...Review next session and change partners.

## Session 7: Building Self-esteem

...Group go-around.

...Check on partner sharing.

...Main activity:

.Discuss how we measure our worth and how violence in our families may affect our beliefs about our value as human beings.

.What is important in judging what we are worth?

.What makes us feel good about ourselves?

.What can damage our self-esteem?

.Discuss improving how we feel about ourselves and why it is important to feel good about ourselves.

.Write ten positive statements about yourself.

.Discuss helping others improve their self-esteem. Why is that important?

.Role play giving positive feedback to others. How did it feel to give positive strokes and to receive them?

...Tie everything together.

...Explain homework (See Appendix E--Improving how you feel about yourself) and re-emphasize partner sharing throughout the week.

Session 8: Avoiding Conflict  
Assertiveness

...Group go-around.

...Review partner sharing. How did it feel to be called on the phone by your partner? Not to be called?

...Main activity:

.Discuss conflict producing situations in your lives. List examples of conflicts, arguments or fights you had lately.

.Discuss three skills that may help to reduce (not eliminate) conflict.

.Skill #1: Responding to criticism

.Note differences between well-meaning, helpful criticism and uncalled for personal attacks. Ways to respond to both.

.Practice examples given above in role plays. Focus on finding alternatives in responding to criticism.

.Skill #2: Admitting mistakes

.Why is it sometimes difficult to admit mistakes?

.Practice examples from the group and myself. Focus on direct ways to admit you are wrong. Remember that everyone makes mistakes.

.Skill #3: Standing up for yourself.

.Discuss differences between aggressive, assertive and passive behaviour. Examples.

.What are the advantages of being assertive?

.How does assertiveness affect self-esteem?

.Practice situations and alternative responses to each.

.Role play assertive skills.

...Tie everything together.

...Think of situations during the next week when you can practice these skills.

... New partners.

Session 9: Anger  
Decision-making

...Review practice.

...Group go-around.

...Main activity:

.1)Discuss definition and recognition of anger and its causes.

.When does anger become a problem? Discuss the positive and negative functions of anger.

.Differences between feeling, thinking and interpreting.

.Anger model (Novaco, 1975).

.Exercise on assumptions and effects of them.

.Describe self-talk. Discuss the irrationality of negative thoughts about oneself. Role play examples.

...Tie everything together.

...Practice self-talk during the week to reword negative thoughts about yourselves.

Session 10: Socialization  
Sex roles

...Group go around.

...Review self-talk experiences.

...Begin to think of a closing activity.

...Main activity:

.Discuss sex-roles, expectations in relation to violence  
in the family.

.Exercises:

- 1) Sex-role expectations--what words describe men,  
what words describe women, and what words describe  
the person you would like to be like. Do the  
latter correspond with the words describing men?
- 2) Cinderella story--how is Cinderella portrayed in  
the story? The wicked stepsisters? The prince?
- 3) The double standard--good boys versus good girls,  
bad boys versus bad girls.
- 4) Who am I? Explore the characteristics of both men  
and women that fit you.

...Tie everything together.

...Review next weeks session.

Session 11: Self-care

...Discuss planned activity for the last session.

...Group feelings about ending the group.

...Main activity:

.Discuss the importance of taking care of oneself.

.Some things that may help in this regard:

- 1)Relaxation exercises.
- 2)Physical exercise.
- 3)Making plans for the future.
- 4)Forming positive adult relationships.
- 5)Remember your strengths and the positives in life.

## Session 12: Wrap-up

- ...Discuss what was learned, what was enjoyed, what you learned about yourselves, what you found useful.
- ...Go over hopes and expectations from session 1 and get feedback on how those were met by the group.
- ...Fill out the evaluation form.
- ...Fill out the questionnaire.
- ...Sharing; last words; feedback from the facilitator in regards to the group as a whole and individuals.
- ...Any follow-up plans for members?
- ...Pizza and music.

Appendix B

Adolescent Intake Form

(As adapted from The Domestic Abuse Project,  
Minneapolis, 1983).

Name:

Parent's Name:

Birthdate:

Age:

School:

Grade:

Health History: (Illnesses, medication, allergies,  
contact with other helping agencies).

Home Situation

Are your mom and dad living together now?

If not, what kind of arrangement is there?

Who are you with?

How is that for you?

Who are you closest to in your family?

Why is that?

What kinds of things get you in trouble at home? (with brothers, sisters, mom, dad).

Who disciplines in your family? How?

Who gets the most angry in your family?

With who?

What usually for?

What do people look like in your family when they are mad?

Does discipline in your house mean physical contact?

Do you ever get hit? By whom?

When you do get hit, what is it usually for?

How often does this occur?

Who else in your family has difficulty getting along together?

What happens?

What is it like for you when other people in your family are having problems?

Are people in your family physically close?

Do they touch a lot?

Can you explain how that feels?

What happens when your mom and dad are angry with each other?

What gets them that way?

Do they hit each other?

Out of family relationships

How is school for you?

Do you usually go every day?

When you miss school where do you go?

What do you do?

What activities are you involved in in school?

Do your school friends come to your house?

Do they ask you to their houses?

How much time are you away from home?

Do you belong to any organizations outside of school?

Are your friends mainly school friends?

What do you do with your evenings?

Are you using alcohol?            Other drugs?

How much?                            How often?

Is anyone forcing you to take these?

Do you have any especially close relationships with anyone?

What do you have in common with them that you don't have with others?

What is the most important thing a friend can provide you?

When you and your friends have disagreements how do you settle them?

Does that usually work satisfactorily?

Do you feel better afterwards?

Do you ever have physical fights?

With who usually?

How do you feel about these?

Group Evaluation Form

- 1) Did the group help you? How?
  
- 2) What did you enjoy most?
  
- 3) What activities did you like the least?
  
- 4) What did you like most about the group leader?
  
- 5) What are some things the group leader could do better?
  
- 6) Would you recommend the group to a friend? Why or why not?

Rosenberg Self-esteem Questionnaire

Circle the one that you feel fits for you.

- 1) I feel that I am a person of worth, at least on an equal basis with others.  
1) strongly agree 2) agree 3) disagree 4) strongly disagree
- 2) I feel that I have a number of good qualities.  
1) strongly agree 2) agree 3) disagree 4) strongly disagree
- 3) All in all, I am inclined to feel that I am a failure.  
1) strongly agree 2) agree 3) disagree 4) strongly disagree
- 4) I am able to do things as well as most people.  
1) strongly agree 2) agree 3) disagree 4) strongly disagree
- 5) I feel I do not have much to be proud of.  
1) strongly agree 2) agree 3) disagree 4) strongly disagree
- 6) I take a positive attitude towards myself.  
1) strongly agree 2) agree 3) disagree 4) strongly disagree
- 7) On the whole, I am satisfied with myself.  
1) strongly agree 2) agree 3) disagree 4) strongly disagree
- 8) I wish I could have more respect for myself.  
1) strongly agree 2) agree 3) disagree 4) strongly disagree
- 9) I certainly feel useless at times.  
1) strongly agree 2) agree 3) disagree 4) strongly disagree

10) At times I think I am no good at all.

1) strongly agree 2) agree 3) disagree 4) strongly disagree

Appendix C

Adolescent Abuse Group

To:

From:

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Beginning the end of September, Cornelia Wicki, an M.S.W. student at Children's Home, will be offering a structured, time-limited group of about ten members for teenagers who have witnessed or experienced abuse in their families. There will be twelve two-hour sessions, held once per week in the early evenings at Children's Home. Topics to be covered include: exploring sex-roles; understanding the cycle of violence; learning about self-care and non-violent methods of problem-solving. The group is modelled after a "Youth Helping Youth" program offered in the United States and the format includes role plays, discussion and films.

Appropriate referrals should include either boys or girls between 11 and 18 years old who have experienced or witnessed physical abuse in their families. Referrals can be made by leaving a message for Cornelia at 786-7051. Cornelia will arrange to interview referrals for screening before they are admitted to the group.

Cornelia Wicki

Appendix D

Samples of Group Exercises

1) Family Emotion Table

Which emotions do you think were felt by these members of your family? How did you know?

	DAD	MOM	SISTER(S)	BROTHER(S)	YOU
FEAR					
HURT					
SADNESS					
JOY					
ANGER					

2) Questionnaire

The following are some ideas about violence in families.  
Circle the number that most closely matches your answer.

1) In a family, it is the man's right to discipline other family members however he chooses.

1.	2.	3.	4.
strongly disagree	disagree	agree	strongly agree

2) Getting hit is better than no attention at all.

1.	2.	3.	4.
strongly disagree	disagree	agree	strongly agree

3) Women or children provoke men to give them beatings.

1.	2.	3.	4.
strongly disagree	disagree	agree	strongly agree

4) Alcohol causes men to beat their wives or parents to beat their children.

1.	2.	3.	4.
strongly disagree	disagree	agree	strongly agree

5) Women and children deserve to get beaten or abused.

1.	2.	3.	4.
strongly disagree	disagree	agree	strongly agree

6) Abuse can be emotional "put downs" as well as physical attacks.

1.	2.	3.	4.
strongly disagree	disagree	agree	strongly agree

7) Some children like being abused.

1.	2.	3.	4.
strongly disagree	disagree	agree	strongly agree

8) It is against the law to beat someone in your family.

1.	2.	3.	4.
strongly disagree	disagree	agree	strongly agree

9) Children from violent homes sometimes end up beating their own children when they become parents.

1.	2.	3.	4.
strongly disagree	disagree	agree	strongly agree

10) People can learn ways of handling anger that do not include hitting.

1.	2.	3.	4.
strongly disagree	disagree	agree	strongly agree

11) Anger is OK to feel.

1.	2.	3.	4.
strongly disagree	disagree	agree	strongly agree

12) The way you are treated in your family has a great deal to do with how you feel about yourself.

1.	2.	3.	4.
strongly disagree	disagree	agree	strongly agree

3) Power Plan

- a) List ways you know that your dad (or you) is getting more angry or is under more and more stress.

Physical Cues:

Emotional Cues:

Behavioural Cues:

- b) When there has been violence in your home what have you done? What has worked?

- c) Make a plan you can follow if there should be another violent incident in your home. List names and phone numbers of people you would like to talk to.

- d) How will you recognize and express these feelings?

Anger

Fear

Loneliness

Hurt

## Appendix E

### Homework Samples

#### 1) Identifying your feelings

- a) Feel what is happening to your body. (Is your face red? Do you have a lump in your throat? Are there tears in your eyes?)
- b) Think about what has happened to you that might make you feel this way.
- c) Try to find the right name for your feeling. (Are you feeling angry, hurt, sad, surprised, happy?)

### Exercise

How did you feel the last time...

You looked at yourself in the mirror?

You got your report card?

You had a fight with your mother or father?

Your friends invited you to a party?

You lost something that meant a great deal to you?

2) Handling your feelings.

- a) Think about what you are feeling and what is happening to your body.
- b) Figure out different ways of showing how you feel: talking about it to a friend, writing in a diary, getting into a fight, crying, hitting someone.
- c) Think about what might happen if you did each of these things.
- d) Decide what the best thing to do is and then do it.

Exercise

Describe what happened the last time you got really upset or angry. Why were you angry? Did you feel anything else besides anger? What did you do? Could you have done something different that might have been better for you?

3) Improving how you feel about yourself.

a) Take 10 minutes every day and think about the good things you've done: studying for a test, helping a friend, doing a chore at home.

b) Don't think negative thoughts:

"I'm no good at..."

"I should have..."

c) Tell yourself that you're a pretty nice person.

d) Figure out one or two things you will do for yourself or others tomorrow.

### Exercise

For the next week, make up a chart for yourself and fill it in every day.

Good Things I Did Today:

Good Things I Will Do Tomorrow

4) Helping others feel better about themselves

- a) Listen to what people say about themselves.
- b) When they put themselves down, don't agree.
- c) Look for times to say something nice to them. Tell them how much you like them or what they do for you and others.
- d) Practice talking about positive things when you are with other people.

Exercise

Do you know people who are always putting themselves down? Do you like to be around them?

What could you do or say today that will help someone in your family feel better about themselves?