

SITUATION/TRANSITION GROUP
FOR
PARTNERS OF WOMEN
WHO WERE SEXUALLY VICTIMIZED
AS CHILDREN OR ADOLESCENTS

BY

ANN R. DOIGE

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

MASTER OF SOCIAL WORK

SITUATION/TRANSITION GROUP
FOR PARTNERS OF WOMEN
WHO WERE SEXUALLY VICTIMIZED
AS CHILDREN OR ADOLESCENTS

BY

ANN R. DOIGE

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

MASTER OF SOCIAL WORK

⊗ 1985

Permission has been granted to the LIBRARY OF THE UNIVERSITY
OF MANITOBA to lend or sell copies of this practicum, to
the NATIONAL LIBRARY OF CANADA to microfilm this practicum
and to lend or sell copies of the film, and UNIVERSITY MICRO-
FILMS to publish an abstract of this practicum.

The author reserves other publication rights, and neither
the practicum nor extensive extracts from it may be printed
or otherwise reproduced without the author's permission.

Table of Contents

<u>Title</u>	<u>Page</u>
Acknowledgements	3
Abstract	4
Childhood Sexual Abuse Victims and the Partners: A Review	6
Developmental and Cultural Factors in Working With Male Partners: A Review	16
Male Victimization	16
Small Group Interventions: A Review	32
Obstacles	42
S/T Groups for Partners of Women Who Were Sexually Abused in Childhood And/Or Adolescence	47
The Exploratory Group: Method of Intervention	57
The Situation/Transition Group	60
Outcome of Intervention	68
Common Group Findings	73
Discussion	76
Conclusion	78
Appendix "A"	81
Appendix "B"	83
Appendix "C"	85
References	87

Acknowledgements

This practicum was completed under the supervision and direction of Professor Derek Jehu and under the auspices of the Psychological Service Centre, University of Manitoba.

A most important thanks goes to Professor Jehu who, in freely extending his knowledge and skill, provided an atmosphere where learning became an art and a joy.

Recognition is due to my family but especially to my son, Todd, whose love and concern provided the supportive environment necessary to make the project possible.

Special thanks are due to my fellow students at the Psychological Service Centre, especially Reid Hartry who, as my co-therapist, generously provided his time, knowledge and support.

My gratitude goes out to the partners who volunteered for this project. They allowed me to enter their lives and share in their hopes, their dreams, their joys and their disappointments within their own intimate relationships.

Abstract

A review of the literature on abuse reveals that the incidence of childhood sexual victimization with the accompanying traumatic devastation are both immediate and longterm (Briere, 1984; Butler, 1978; Finkelhor and Browne, 1984; Gelinas, 1983; Herman, 1981). The longterm needs of the victim are being addressed through development of services and treatment modalities (Faria and Belohlavek, 1984; Gordy, 1983; Herman and Schatzow, 1982; Jehu et al, 1984/85; McGuire and Wagner, 1978; Sgroi, 1982; Tsai and Wagner, 1978). Acknowledgement of the victim's plight is now becoming public domain through the press and radio. Nevertheless, little attention has been given to the individuals who have formed intimate longterm relationships with the adult victim. These individuals - the partners are oft-times seen in the content of social relationships that are problematic around the issue of trust, closeness and sexual dysfunction (Briere, 1984; Butler, 1978; Faria and Belohlavek, 1984; Gelinas, 1983, Jehu et al, 1984/85; McGuire and Wagner, 1978; Tsai and Wagner, 1978). There is little or no literature concerning partners in terms of their own difficulties, concerns, or possible need for services. This practicum developed a support/transition (S/T) group for eight men who were living with sexually victimized women in treatment at the Psychological Services Centre. The treatment package was designed in response to a need identified by Jehu et al (1984/85) of including the partner in treatment. The goals of the group were three-fold: (1) the alleviation of isolation and feelings of being different, (2) to

provide mutual aid and support as well as to improve psychological functioning and effectiveness, and (3) to assist the partner to understand, accept and adapt to the altered relationship with the victim as she changes in therapy. The group met once a week initially for a six week period, then resumed two weeks later for a ten week period. Each time period was followed by an individual meeting of one or two hours with one of the group therapists. Follow-up concluded three months later. Leadership was supplied by two co-therapists, male and female. The effectiveness of the group was evaluated by the use of an Evaluation Questionnaire specially designed for this study. The results of the study indicated the S/T group was successful in assisting the partners to achieve, in varying degrees, the three goals of therapy. They felt more prepared to meet the new demands placed upon their marital relationship by the positive results of their wife's therapy. It is the recommendation of this study that S/T groups continue to be offered and to focus upon the therapeutic needs of the partner while the victim is in treatment.

Childhood Sexual Abuse Victims and the Partners:

A Review

Relevance to Practice

It has been stated by Russell (1984) that when an incident of abuse is disclosed, there is likely to be more than one victim involved.

"The point here is that traumatic experience of sexual exploitation often reverberate through the lives of those who are close to the victim in many different ways. So the problem becomes much larger even than the number of girls and women who are directly personally victimized." (p. 287)

Professionals who work with those who are close to the victim such as spouses/partners must have, among other things, a comprehensive and broad knowledge of, and a sensitivity to sexual victimization. This knowledge is acquired, in part, through the study of relevant literature on sexual victimization.

Introduction

Child sexual victimization is currently being examined in a variety of public and professional arenas. While variations of incidences have been reported over the years extending from one in 1,000,000 children (Freedman, Kaplan and Sadock, 1975) to one in two or three children (Badgley, 1984; Russell, 1984). Similarly in terms of effects, authors have detailed destructive consequences (Briere, 1984; Briere and Runtz, 1985; Finkelhor and Browne, 1984; Gelinis, 1983; Gordy, 1983; Herman, 1981; Jehu et al, 1984/85; Rush, 1980; Russell, 1984; Sgroi, 1982).

Although the terms exploitation, abuse, victimization, misuse, molestation, rape, assault can be used interchangeably to refer to such destructive sexual behaviour, this writer is partial to the term "sexual victimization". Victimization particularly fits with the authority and power necessary for the offender to implicitly or explicitly coerce the child or adolescent into compliance. This is in keeping with Sgroi's (1982) definition of child sexual abuse:

"A sexual act imposed on a child who lacks emotional, maturational, and cognitive development...based upon the all-powerful and dominant position of the adult or older adolescent perpetrator, which is in sharp contrast to the child's...(adolescent)...age, dependency or subordinate position." (p. 9)

Furthermore, in this practicum report, the term partner will refer to the intimate significant other who lives with the woman who was sexually victimized as a child or adolescent. The adult partner will be their legal or common-law spouse.

Rates of Female Victimization

Consistent results have been produced by five different empirical studies in the United States. Herman (1981) stated that these surveys showed that one-fifth to one-third of all women have reported a childhood sexual encounter with an adult male. These studies were done by Alfred Kinsey et al (1953), John Gagnon (1965), Jedson Landis (1956), Carney Landis (1940) and David Fineklhor (1979). As well, Russell (1984) confirms the above showing that "over one-quarter...have experienced sexual abuse before the age of 14, and will over one-third...by the age of 18 years." (p. 194)

In Canada, the Badgley Report (1984) found that one in two females had experienced unwanted sexual acts. Badgley's definition of unwanted sexual acts comprises being exposed to being sexually threatened; being touched on a sexual part of the body, and attempts to assault or being sexually assaulted. Approximately four in five of these encounters first occurred when the individuals were children or youths.

Long Term Problems in Women Victims

As previously stated, sexual victimization has been described in many cases as destructive. In his study, Sexual Victimized Children, David Finkelhor (1979) reported that the majority of his respondents viewed their childhood sexual experiences as negative. As well, the subsequent impact on the victims is often reported to persist over long periods of time. Rosenfeld (1979) reported that patients with a history of sexual abuse were well represented among female psychiatric patients. He states that studies of delinquent adolescent women with severely deviant social behaviour yields high frequencies of a history of incest. Furthermore, Rosenfeld (1979) suggests that the full range of effects may be subtle and difficult to ascertain.

Sexual Problems

Gelinas (1983) suggests that the most frequently presented problem appears to be in the area of sexual maladjustment. More specifically, the women express concern with orgasmic dysfunction and difficulty

with sexual contact or conversely with a compulsion with sex in this area. This is substantiated by Briere (1984), Briere and Runtz (1985), Courtois (1979), Finkelhor (1979), Herman (1981), Jehu et al (1984/85), Meiselman (1979), Rosenfeld (1979) and Tsai and Wagner (1979). Further to this, Meiselman (1979) notes that present day sexual activities have the potential to trigger past negative reactions and guilt feelings which lead to a suppression of sexual response. Many will experience flashbacks of the previous victimization. Further, Browne and Finkelhor (1984) report on a study done by Fromuth (1983) which described negative self-labelling. Many victims see themselves as promiscuous despite little or no differences in the numbers of partners between victims and non-victims.

Emotional Problems

Other common longterm reactions prevalent in this population are depression, poor self esteem, feelings of inferiority, fear and anxiety (Briere, 1984; Courtois, 1979; Gelinias, 1983; Herman, 1981; Meiselman, 1979; Tsai and Wagner, 1978). Similarly, Herman (1981), Briere (1984) and Courtois (1979) report a sense of isolation and stigma. Suicidal behaviour and substance abuse are also prevalent (Jehu et al, 1984/85; Meiselman, 1979).

Interpersonal Problems

Furthermore, interpersonal relationships seen fraught with difficulties. Many have problems in relating with both men and women, difficulties with their parents, struggles around parenting such as being able to respond to the needs of their own children (Browne and Finkelhor,

1984; Meiselman, 1979; Herman, 1981). The main issue here appears to center around the inability to trust others, as at an early age, they were unable to trust significant others. This reaction to other people seems to center around caution, fear, hostility and a sense of betrayal (Browne and Finkelhor, 1984; Courtois, 1979; Jehu et al, 1984/85).

Browne and Finkelhor (1984) report that one of the most consistently confirmed longterm effects is the vulnerability to be revictimized later in life. Russell (1984) and Herman (1981) state that rape victims more often than not have abuse histories. The mature victim seems more likely to experience discord/abuse by husband or other adult partners (Herman, 1981; Jehu et al, 1984/85; Meiselman, 1979; Finkelhor, 1984).

Conclusion

With the passing of time, the impact of earlier victimization has increasingly intruded into the lives of not only the victims but also of those individuals who are close to them (Russell, 1984). The impact is seen in the victim's difficulties around sexuality, depression, guilt, poor self-esteem, fear, anxiety, suicidal tendencies, substance abuse, and a sense of isolation and stigma. Last but not least, the earlier sexual victimization makes for difficulties in the area of interpersonal relationships and leads to a vulnerability to be revictimized.

Partners and the Relationship

There is a paucity of literature dealing with the individual who is the spouse/partner of the abuse victim. Their individual needs and their views of the difficulties within the relationship are virtually

unknown. A review of the literature dealing with the victim's plight is necessary to gain knowledge about the partner and the relationship. In the main, the partner is only seen in terms of such a relationship (Briere, 1984; Butler, 1978; Finkelhor and Browne, 1984; Gelinas, 1983; Gordy, 1983; Herman, 1981; Jehu et al, 1984/85; Sgroi, 1982; Tsai and Wagner, 1978). Gelinas (1983) observes that:

"...incest is relationally-based sexual abuse; for its victims, the traumatic events occur within the family and by a parent's agency - with all this implies about betrayal of trust, exploitation and strained family relationships...the relational imbalances of incest have character - development and relational implications that last throughout the victim's lifetime." (p. 319)

The partner is often seen as a person who continues to abuse the victim, physically, psychologically and sexually (Briere, 1984; Butler, 1978; Gordy, 1983; Herman, 1981; Jehu et al, 1984/85). This abuse is often extended to include the victim's children (Browne and Finkelhor, 1984; Gelinas, 1983; Herman, 1981; Sgroi, 1982). The provision is, as Gelinas (1983) observes, that if the family setting is ripe and if the

"...father is needy and shows poor judgement, impulsively or a heightened sense of entitlement, the pursuit of his emotional needs puts father at a high risk for incestuous abuse of his daughter." (p. 321)

The picture darkens and becomes more complicated because the partner is often sought out by the victim. As stated by Herman (1981):

"...when these women did form lasting love relationships, they were often stormy and tormented. Never having learned to protect themselves, they seemed to have a predilection for men who were at best aloof and unreliable, and at worst frankly exploitative." (p. 100)

Sgroi (1982) confirms this as well in observing the disturbing

tendency of sexually victimized women to select mates who, in turn, were likely to abuse them and sexually exploit their children. Both Russell (1984), and Finkelhor and Browne (1984) comment on the vulnerability of these women to relationships in which they are physically, psychologically and sexually abused.

General mistrust of men by the victim surrounds the partner within their relationships (Tsai and Wagner, 1978). Finkelhor and Browne (1984) notes that this distrust - an opposite reaction to betrayal - is particularly directed at men and..."is a barrier to successful heterosexual relationships or marriages...(for)...marital problems among sexual abuse victims...may represent the surfacing of mistrust and suspicion." (p. 11)

Not only is the relationship often stormy and tormented but the victim rarely combines sex and affection with the same man (Gordy, 1983). Jehu et al (1984/85) recognize, as well, the difficulty around the longterm relationship. The major difficulty is with the closeness and intimacy involved in a sexual relationship over an extended period of time. One reason for this is distrust but so also is....

"the likelihood it may recapitulate the earlier traumatic experience with an offender who was emotionally close to the victim (Jehu et al, 1984/85, p. 12)."

The relationship between the victim and her partner becomes to the early childhood scene she knew so well. At times, the partner will come to resemble the victim's offender (Jehu et al, 1984/85). This is substantiated by Tsai and Wagner (1978) who report that a number of women in their groups came to realize their partners often... "bore personal characteristics similar to those of the molester." (p. 422)

Conversely, Herman (1981) observes that for many, marriage became a way out of the victimization. The partner is often the first person to be told of the abuse:

"A number of the men responded in a very caring and appropriate manner; they were angry at the fathers and concerned about the harm that had been done to the daughters." (p. 94)

Conclusion

A typology of a partner of a woman who was sexually victimized as a child can be extrapolated by examining the marital relationship between he and his woman. What essentially emerges from the literature is an individual who is aloof, unreliable, exploitative, needy, impulsive, shows poor judgement and is socialized to view aggression and sex as intertwined. In addition, the partner often reminds the victim of the offender and in some cases is quite similar in many ways to the offender.

The literature discloses a relationship where difficulties abound with issues of closeness, intimacy and sexuality. Many relationships are doomed from the very beginning. As closeness and intimacy increases, former feelings associated with the former victimization is reactivated. The sense of being betrayed, of coming to expect abuse and disappointment in intimate relationships, of being abandoned and of being exploited surfaces in most social relationships, but more so in intimate relationships, (Jehu et al, 1984/85). Kaplan (1979) regards this relationship pattern as a fear of intimacy.

According to a Jehu et al (1984/85) study, the victims in treatment and their partners reflect relevant literature in that....

"...every client in the series who was married or living as married was experiencing discord with her partner, and almost half of these women were being oppressed and/or physically abused by her partner." (p. 18)

This is reaffirmed by Briere (1984), Herman (1981), Meiselman (1979) and Russell (1984).

Glimpses of the Family Scene

There are indications that the entire family unit will inevitably suffer the cruel and crippling consequences of having a victimized individual in their midst. Russell (1984) has noted that the traumatic experiences of sexual exploitation often reverberate through the lives of those who are close to the victim in many different ways.

Furthermore, Freeman (1981) argues convincingly for the utilization of a general systems perspective as a foundation for understanding the family system.

"...it is extremely important to be able to understand the individual in the context of...(her)...family system, and ...is also important to understand how each subsystem interconnects and influences each larger system, and vice versa." (p. 32)

Due to the paucity of literature regarding sexual victimization and its effects on the family, a very brief review of the literature as it centers around the crisis known as alcoholism will be used as a basis to understand the family centered around the prior victimization. The term sexual victimization or abuse will be inserted where appropriate.

Steinglass (1980) suggests that partners select each other with the unconscious notion of setting the stage for a life centered around alcoholism (victimization). Cultural values regarding alcohol and its use (sexual victimization) predetermine marital partner selection, though Steinglass (1980) suggests that most people do not anticipate a life organized around

alcohol (abuse) at the time they take their marriage vows. Obviously, fusion and emotional expectations are at work here.

Brill (1981) notes a tragic result for the partners of the alcoholic (abused person) in that a change in the functioning of one partner results in a compensatory change in other family members. Family members come to depend upon the alcoholics continued drinking (victim's continued suffering). The reactive partner begins to decompensate as the drinking (victimized) member gets better. Partners unconsciously often seek to sabotage treatment. Steinglass (1980) confirms this in remarking on the increase in separation/divorce when the wet partner becomes dry (when victimized individual receives treatment).

Furthermore, Brill (1981) states that alcohol-abusing (victimized) families usually have difficulties around the establishment of clear and consistent behavioral role models and mastery of interpersonal relationships especially the area of intimacy attainment. According to Davis (1980) self-help (support) groups are needed to reinforce and sustain the family during time of change, especially change brought about by therapy, within a family member who has a well established drinking (victimization) problem. Al-Anon (support groups) provides that extra support to keep the partner going when their partner's subsequent change causes complex and subtle changes within the relationship.

Often, despite the dry state (treated state) the family continues to be organized around alcohol (abuse). This is done through participation in A.A., Al-Anon (support groups, citizen advocacy). Reading materials and family discussions continue to revolve around topics of alcohol (abuse) according to Steinglass (1980). Hopefully the family will move from a total preoccupation with alcohol (abuse) to a state of physical, subjective and emotional state free of alcohol (sexual victimization).

Developmental and Cultural Factors in Working with Male Partners:

A Review

A study of the literature would not be complete without a review of developmental and cultural factors relevant to the male partner. First, it is a time of transition where values which have given our society its structure and meaning, appear to be slowly shifting. Yet, cultural and developmental issues, based upon such values, are powerful forces, shaping not only our ways of thinking and doing but our ways of being as well, giving form to both the conscious and unconscious content of our inner lives (Rubin, 1983; Zilbergeld, 1978).

Rubin (1983) reports that such factors color how we think about our lives, how we plan to live them and what we come to expect in our interactions with each other. Secondly, relevant factors become more complicated for these male partners who come to the realization that they, too, have been sexually victimized as a child or adolescent. It follows that the relevant literature identifying such factors would form, in part, the basis for effective clinical intervention.

The relevant developmental and cultural factors will be discussed under the headings of male victimization, violence and masculinity, aggression and sexuality, male relationships and intimate relationships.

Male Victimization

Rates of Male Victimization

Despite the explosion of research and literature on the sexual victimization of young female children, the literature on young males is sparse. In 1948, Kinsey et al did not even see fit to request this information in their survey of 5,000 men.

Yet, Landis (1956) found 30% of 467 young men reported sexual

encounters with an adult which usually involved physical contact. Finkelhor (1979) found that out of a sample of 266 college men, 8.6% had a childhood sexual encounter. Meiselman (1979) found 11 males within her sample of 58 incest cases. Ellerstein and Canavan (1980) did a retrospective review of records on 145 sexually abused children. They found 16 (11%) were boys who had been victimized by a male. The boys were more likely to be assaulted in a public place and more prone to have received physical injury. De Jong et al (1982) also did a retrospective study of victimized children; 142 boys ranging in age from 6 months to 17 years. Their histories included attempted anal intercourse (78%) by known assailants (59%). The offenders were mostly male; 162 males and 2 females. Two-thirds were previously known to the victim; the younger the victim, the greater the likelihood of knowing the assailant. Finally the Badgely Report (1984) reports a surprising statistic of one in three males having been victimized. These findings are supported by Groth and Gary (1982) who conclude that "...boys are not immune from sexual assault...(and)...are the targets of reported victimization in almost a third of the offenses committed by male adults" (p. 146)..

Little statistical information regarding female victimization of young males could be found in the literature. Yet it does happen. Westermeyer (1978), Meiselman (1979), and Russell (1984) do report such victimization.

LongTerm Problems in Male Victims

Landis' (1956) study of the experiences of 500 children found that 81% of the male victims of adult sex offenders felt that no damage had resulted from the offence while 19% indicated temporary or permanent emotional damage. The offender was reported as being predominately male. This was increasingly

so as the young men reached 15 years or older. In Westermeyer's (1978) study of 32 psychiatric patients reporting incest, 11 were men. These boys or young men had been victimized by men as well as women. The presenting clinical problems concerned sexual identity (fear of being homosexual), anxiety, depression and sexual dysfunction (impotence). Difficulty was also expressed in the area of showing warmth to wives and children.

Meiselman (1979) and Russell (1984) suggest specific effects from mother-son encounters which vary from sexual dysfunction to behavioral problems such as setting fires and making sexual advances to children of either sex. As well, they report resultant effects from father-son encounters as developing a fear of homosexuality and pedophilic tendencies which quite often include their own children.

"The experience of sexual trauma or sexual abuse in childhood can cause an adult to be sexually interested in children."
(Russell, 1984, p. 239)

Regardless of the gender of the offender, Browne and Finkelhor (1984) state that clinicians often observe sexual preoccupation and repetitive sexual behaviour among young victims. Adolescent boys, especially will.... "become sexually aggressive and victimize their peers or younger children" (p. 7). Further to this, Butler (1978) and Deisher et al (1982) suggest a high risk of these young men of entering into prostitution.

Sarrell and Masters (1982) report on the sexual molestation of 11 boys by women. These men remember experiencing a multitude of emotions such as embarrassment, humiliation, anxiety, fear, anger or even terror. As well, confusion was felt, especially if the individual had responded sexually when forced or coerced. The prevalent longterm effects were a sense of being abnormal (inadequate as a man, i.e. passive, weak), fear of

being homosexual and sexual performance anxieties.

Finkelhor (1984) states that boys seem to be as effected, if not more so than girls, in the area of sexual self-esteem. More specifically, men seem to report high levels of dissatisfaction after current sexual experiences. A correlation between child victimization and adult homosexual activity does seem to be evident. Finkelhor (1984) found that boys victimized by older men were four times as likely to engage in adult homosexual behaviour. It is possible, however, that some boys are homosexually oriented before they are abused by men, rather than this orientation being entirely a result of their victimization.

Summary

It is evident that the literature on male victimization is sparse. What can be discerned centers around sexual identity, sexual dysfunctioning, pedophilic tendencies, behavioural problems and prostitution. Relationship problems appear ever so slightly through the disclosure of a difficulty in expressing warmth to wives and children.

The numerous intrapsychic problems following the victimization seems to carry over to affect the individual in his day to day functioning much as it does for the female, particularly in the area of sexual self-esteem. Sgroi (1982) states:

"...that sexual abuse is nearly always a profoundly disruptive, disorienting, and destructive experience for the child." (p. 35)

Finkelhor (1984) adds a cautionary note that longterm effects may be a result of other pathological elements such as psychological abuse, parental neglect, or family disorganization not only that of sexual victimization.

Victimization and Homosexuality

A certain amount of confusion exists between the notion of male same-sex victimization and homosexuality. The tendency in the literature is to presume that when an adult engages in a sexual activity with a child of the same sex, the activity is homosexual. This appears to be an inaccurate assumption (Kaufman et al, 1980; Kaufman, 1984). Groth and Gary (1982) regard a homosexual as a physically mature person who sexually prefers other mature age-mates of the same sex. Whereas, a pedophile is an adult who is sexually attracted to a prepubertal child. According to Groth and Gary (1982), 40 percent of child molesters express strong disapproval of adult homosexuality, many relate sexually to women, are married and have children while others confine their interest primarily to children. Homosexuality and child-molestation are not closely associated. The chances are that if the male offender is engaged in adult sexual relations, he is heterosexual; if he is not, he is a pedophile (Groth and Gary, 1982).

Victimization and Familiarity and Offender

The Landis (1956) study reports that 30.5% of the boys had known the offender while 68.0% had not. Finkelhor (1984) states that boys are usually victimized by someone outside the family. However, Ellerstein and Canavan (1980) states that although boys are equally prone as girls to assault in the home, boys are more likely to be assaulted in public places. De Jong et al (1982) differentiates between the younger and older male child. The young male is usually the target of assaults by relatives and acquaintances while the older child is usually the victim of strangers. For the older child, the experience is usually more violent, more physical with the victim, more resistant resulting in more trauma.

The general trend appears to be one where offenses against both boys and girls under nine years of age is committed by persons known to the child. Strangers are more often responsible for the abuse of children over 14 years. The overall experience of both boys and girls appears to be that if the offender was known to them, the effect of the trauma was more or less permanent in its effect. Groth and Burgess (1982) state that these encounters are instruments of control, retaliation, degradation or punishment.

Victimization and Masculinity

Nasjleti (1980) notes that the cultural definition of masculinity and the expectation of males does not provide for the expression of feelings such as dependency, fear, vulnerability or helplessness. Men are expected to develop aggressiveness, self-assertiveness, competitiveness and self-reliance. Goldberg (1977) observes that males are denied the privilege of being dependent on others, being spontaneous in the expression of feelings, being passive toward aggressiveness other than that from females, or permission to ask for nurturance. Nasjleti (1980) asserts that from early childhood, boys learn that masculinity means not depending on anyone, not being weak, not being passive, not being a loser in confrontation, in short, not being a victim.

A direct link to the reluctance to appear as a victim or ask for advice is the need to avoid appearing helpless or passive. The presentation as a victim of assault can be tantamount to admitting to be a stereotypic wimp i.e. homosexual, even though the boy may have been brutally forced into such activity. Obviously, many psychosocial and emotional factors play a part in a boys unwillingness to reveal sexual victimization. But Kaufman et al (1980) sees a preponderance of the controlled emotional reactions as a reflection of the gender role expectation that it is unmanly to express

emotion, even in the face of enormous physical and emotional trauma. Male rape victims infrequently report the assault and mask the nature of the assault. Yet, despite this outer blending of emotion, the underlying feelings expressed by male victims are quite similar to that of female victims (Kaufman, 1984; Groth and Burgess, 1980). The style is a controlled style where victims appear quiet, embarrassed, withdrawn or unconcerned.

Violence and Masculinity

Fasteau (1974) has come to the conclusion that men are brought up with the notion that lurking beneath the surface of every "real" man is the capacity, even an affinity, for violence. Violence is supposed to represent the primal, untamed base of masculinity. In developing the idea further, he suggests a myth exists which states that although violence must be kept under control, this restraint is costly. Such restraint of violence cuts men off from their masculine roots, from one of their deepest sources of male energy and dulls the basic animal vitality. "Real" men have a natural capacity for violence; equating violence to masculinity. Fasteau (1974) suggests that for the average man to lead a life devoid of physical risk and aggression, he will somehow feel less masculine:

"... men compensate for the gap between the male ideal of physical toughness and courage and the reality of their lives by displaying a distorted, compensatory toughness in other, often inappropriate, areas susceptible to simplistic polarization - resolving personal disagreements, with both men and women, child rearing practices;....(etc.)..." (p. 156)

Though large inter-cultural variations exist in the definitions of maleness, some core characteristics remain widely attached to males

in most cultures (Millett, 1970; Tiger, 1975).

"Males more than females incline to touch mastery of the environment and creative rather than reactive interference with physical and social realities."
(Tiger, 1975, p. 31)

The connection firmly exists between the control of human aggression, the control of the dynamic of male groups and the maintenance of male self-respect and confidence. To retain self-esteem, maintain a position of power and a sense of manly status, men retain the right to control aggression. The management of aggression is a complex process for men having to do with male bonding and the means of validation. One example is "a night out drinking with the boys" which seems to function as a means of validation..

Goldberg (1979) sees men having to live up to the image around masculinity. The hallmarks of "successful" masculinity seem to be firmly connected to the drive for power and control. This writer goes so far as to suggest that the masculine imperative, the pressure and compulsion to perform, to prove himself, even supersedes the instinct to survive. Also, men are seen as contriving, managing and justifying... the social structures surrounding the violent and aggressive violation of the rights and health of coerced persons (Tiger, 1975). Violence/aggression is deeply entrenched with the sense of self-esteem, power and manly status but also with male bonding and validation as a person.

Aggression and Sexuality

Diana Russell (1984) notes that..."for many men, it seems, aggression and sex are closely related...being aggressive is masculine; being sexually aggressive is masculine..." (p. 119).

Yet, the sex act is often the only intimate contact many adult men ever have with women. One negative consequence is the profound loss of the potential for intimacy. (Fasteau 1974).

The ultimate cost is the ability to have an intimate relationship with a woman while maintaining a position of power in that relationship (Millett, 1970). The mythical male, according to Fasteau (1974) is always less involved with the woman than the woman is with him, for a man cannot be dependent, especially upon a woman. Love and equality are not seen to be one of the values of the masculine ideal. Fasteau (1974) and Goldberg (1983) observe that men often develop a rigid and narrow idea of emotional control in personal relations. Thus if one strives for a liberated, equal relationship with all the perceived benefits and security of the traditional relationship, this makes for a volatile, fragile situation.

Fasteau (1974) regards the stereotype as that of a machine who wields his power over women effortlessly and magnamously. It is as if men are somehow removed from...discovering their passions, accepting them, rejoicing in them, meshing them as best they can with the world and living by them. As men struggle to keep their psychic distance from women and from their own feelings, sex develops a hostile edge. Thus stifling the freedom and spontaneity that makes sex personal and gives it meaning.

Russell (1984) agrees with the distancing between intimacy and sex for men. Men are trained from childhood to separate sexual desire from caring, respecting, liking or loving. Many men often regard women as sexual objects rather than as full human beings.

"Relationships are thin based upon the quantity and attractiveness of the partners rather than the quality and attractiveness of personalities as well as total relationships. Men do love and care for women but usually within the content of a relationship structured to preserve the male's sense of being different from and superior to the female. Whereas...female sexual socialization encourages females to integrate sex, affection, and love, and to be sensitive to what their partners want." (Russell, 1984, p. 120)

Boys are taught how to be a man. They come to value expressions of masculinity and devalue expressions of femininity. Balswick and Peek (1975) state that masculinity is expressed largely through physical courage, toughness, competitiveness and aggressiveness whereas femininity is expressed through gentleness, expressiveness, and responsiveness.

According to Zilbergeld (1978), emotions are not to be expressed nor allowed to be shown.

Male Relationships

Men seem to be most comfortable when a job needs to be done, a problem solved or an adversary engaged. But how long can conversations about business, politics or sports be fulfilling and nourishing? Goldberg (1979) suggests that men only seem to bond comfortably in pursuit of a tangible goal or in the defeat of a common enemy. There appears to be no basis of intimacy in order to reach out to other men. Anxiety over touching or any other form of sensual display, the controlled intellectualizing and the general lack of spontaneity and unself-conscious playfulness serves to make the companionship between men unsatisfying and highly limited (Balswick and Peek, 1975; Fasteau, 1974; Goldberg, 1979; Zilbergeld, 1978).

Further to this, men who publicly express feelings/emotions stand the chance of losing the respect of their peers and themselves.

Zilbergeld (1978) suggests that talking about feelings and concerns is considered a feminine trait.

Whereas doing is the only thing that really matters as men are supposed to be functional, working or thinking about how to solve the current problem. Personal reaction is considered dysfunctional except in the arena of playing games, drinking and combat. Fasteau (1974) regards male contact as rarely going beyond the external.

"Real" men are not to have doubts, fears, disappointments or even ecstatic moments. If he does, he must keep quiet about them. The point is to retain control over the situation. It is safer to endure silently or find an objective excuse, than to show vulnerability. Having learned that vulnerability is unacceptable, a man cannot turn to other men in a crisis or in genuine caring. As such, there is no basis of intimacy upon which to reach out to the other.

A man who finds himself responding to another man's needs and feelings with caring and warmth will be beset with anxiety and self-doubt. These doubts usually center around the notion of homosexuality. Thus each will keep a deliberate and self-protective distance from other men. As seen by Goldberg (1979):

"This is particularly unfortunate and destructive because it sets up such powerful barriers to supportive, loving friendships among men, which are absolutely imperative if he is ever to free himself from his dangerous emotional isolation and his inordinate and debilitating dependency on "his" women." (p. 249)

Intimate Relationships

Companionship and affection are of vital importance to intimate relationships between men and women.

Zilbergeld (1978) reminds us that we need to...understand, consider and communicate with others... (in order to...link ourselves with the rest of humanity)" (p. 385). The strength of the relationship can be questioned when it is built upon the basis of the previously described male mystique. The difficulty arises in obtaining closeness without compassion, tenderness, caring, trust, vulnerability - those very emotions denied to men. Again, the socialization of men has provided little to assist men in building the foundation of an intimate relationship.

The assumption is that the man and woman do not bring comparable expressive capabilities to make the relationship work. Fasteau (1974) suggests the system at work here is such that the women have to coax out the true feelings of their men and try to help them deal with those feelings without damaging his dominant position. Men do not give the emotional support they get as they have not learned how to extend such emotional support. As stated by Millett (1970) the relationship that takes place between men and women in the bedroom reflects the relationships between them in the world at large.

Men shoulder responsibility, self-discipline and a protective commitment to women and children according to Ehrenreich (1984). Each perform their role - women understand and men do. To this end, men have been as much as unquestioning and as obedient as women. Men are bound to their work as women to men forming the status quo for male-female relationships.

The position of men appears to be quite similar to that of women prior to the feminist movement. Zilbergeld (1978) notes that many men are unhappy with their situation within work, the sexual aspect of their lives, etc. Many suggest quite strongly that change is warranted and wanted by most

males (Balswick and Peek, 1975; Ehrenreich, 1984; Fasteau, 1974; Goldberg, 1979, 1983; Zilbergeld, 1978).

Though exciting and warranted, change with all its uncertainty is difficult and stressful. Stability and security is becoming a scarce commodity especially without the time honored boundaries that used to define male-female relationships. Ehrenreich (1983), Goldberg (1983) and Zilbergeld (1978) see the range of acceptable behaviour around the stereotype broadening but not without the price of confusion and turmoil.

Relationship Expectations

According to Sager (1981), the expectations that individuals have of their partners and what they themselves wish to give to the relationship and to the partner is oft times unknown, let alone expressed as well as explored by each. Not only are these concerns/needs/expectations usually not in the range of awareness but often irrational and unrealistic.

Determining factors are biological and intropsychic having developed from the familial and the broader cultural environment. As well, these expectations are usually relationship specific having to do with such individual concerns as communication, life-style, child-rearing, money, values, etc.

Such issues include power and control needs, closeness-distance, active-passive impulses. These unfulfilled, unconscious expectations usually make intense emotional reactions which are often puzzling and inappropriate. Thus, any change, large or small in the intimate relationship will provoke significant alternatives to the demands of one or both partners. Such is the basis of the individual and dyadic contract, according to Sager (1981).

Fusion in a Relationship

Kerr (1981) notes there are two natural forces which counter balance each other within the couple's contract. These separate forces are the expectations which pull towards individuality but also toward togetherness or fusion. The individuality force strives toward each becoming an individual in their own right. The togetherness force strives toward that sense of being connected to another person. Fusion is also the emotional pressure put on each to meet the needs of the other as well as to have each think and act in certain ways. The balance between these two needs are in constant motion continually checking and balancing one another. Kerr (1981) states that a feeling of too much togetherness with its accompanying sense of loss of self will trigger efforts to recover some individuality. The pressure will be felt both on the intrapsychic and dyadic levels mostly outside of each one's awareness.

According to Freeman (1981) individuals who have difficulty identifying themselves as separate from others will tend to use others as a way of defining themselves. The need will be strong to fuse with another in order to feel complete. Thus a need to be different, to view a situation differently will cause emotional turmoil within the relationship. To reduce the tension, the reactive partner will seek a reduction in the turmoil by either seeking out a different supportive relationship or redefine the relationship on a more appropriate level.

Unable to emotionally and sometimes intellectually define individuality, each partner is susceptible to the excessive influence of the other. The ideal solution is for differentiation. The more differentiated the partner, the more he/she is able to maintain a balance between individuality and

fusion. The more undifferentiated the partner, the more he/she is affected by what others feel and think, with a sense of being controlled through the need for approval, (Freeman, 1981).

In reality, all individuals are susceptible at different times to different states of the differentiation and undifferentiation continuum and state of anxiety or confidence predicts a different spot but mostly a development in one's sense of self dictates the degree of differentiation. One's sense of self, according to Kerr (1981) and Freeman (1981), dictates an individual's choice of friends and life partner. Often people marry partners who are at the same level of emotional health and state of differentiation. Freeman (1981) suggests that if a partner feels shaky and unsure, they will seek out someone who will give them a sense of security. The other partner will have been searching for someone to support as a way of feeling good about their own self.

Furthermore, Freeman (1981) notes that needs and expectation change with usually one changing more quickly than the other. This unequal rate of differentiation often causes a crisis with the resistant (reactive) partner seeking to undermine or sabotage the others progress. Of course, differentiation moves of one individual affects the total relationship.

Emotional Triangles

It is at this point where fusion/differentiation struggles cause the reactive partner to seek out an emotional attachment with a different individual at a higher emotional level. It would seem, according to Freeman (1981) and Kerr (1981), that the more undifferentiated or emotionally fused people are with each other, the more likely it is that they will operate in an emotional triangle. Triangulation provides the opportunity to avoid

working on self through the stabilization of ones own emotional feelings about the other partner by talking to a third party. This third party can be a therapist, friend or family member. Deeply fused individuals strive to maintain the relationship for their own emotional survival. Thus it makes sense for a therapist to work with both partners for if the active partner is working on self and the other is not, there is a good likelihood the relationship will end.

Conclusion

The scarce literature discloses that victimization is an issue for men as well as women. The older the boy, the greater the opportunity for an offense in public by a stranger with a greater degree of violence. Younger boys are more likely to be offended against by someone familiar with the effect of the trauma being more or less permanent.

Clinical problems include concerns around sexual identity (fear of being homosexual), anxiety, depression, sexual dysfunction (impotence), relationship problems and the potential for pedaphiliac tendencies. The few reports of mother-son victimization encounters disclose clinical problems of sexual dysfunction, behavioural problems such as setting fires and pedophiliac tendencies. It has been observed by Finkelhor (1984) that boys appear to be more affected than girls in the area of sexual self-esteem.

Nasjleti (1980) suggests that boys learn from an early age that to be a victim (hurt and helpless) is not masculine. Yet the underlying feelings expressed by male victims is quite similar to the female victim (Kaufman, 1984).

The myth is that beneath the surface of every "real" man is the capacity, even an affinity, for violence. Tiger (1975) observes that to retain self-esteem, maintain a position of power and a sense of manly status, men retain

the right to use aggression. Russell (1984) suggests that for many men, aggression and sex are closely linked while intimacy becomes separated from sex and identifies with the "soft" aspects of life, i.e. vulnerability, distress. Caring thus becomes a feminine trait.

Important supportive loving friendships are lost, for often men cannot turn to other men. Even relationships with women have a sense of distance, closeness without compassion as the dominant position has to be maintained. (Fasteau, 1974). Ehrenreich (1984), Goldberg (1983) and Zilbergeld (1978) suggest this truism as changing but not without confusion and turmoil. Therefore, the clinician who is working with the partner needs to be aware of relationship expectations between partner and the victim (Sager, 1981), fusion with that relationship (Kerr, 1981; Freeman, 1981) but especially the potential for emotional triangles between victim, partner and clinician.

Small Group Interventions:

A Review

Overview

This review is about groups - that mutual aid system which occurs when individuals come together for the purpose of helping one another. In particular, this review is about the need to clarify the therapeutic orientation of the Partners Group.

Therapy in groups has a long and varied history of alleviating pain, offering support and radiating hope. Lieberman (1980) notes that during different times and in different cultures the usual methods of healing were within a social or multi-person context. In our culture, people are often placed in groups to facilitate the healing process.

The reality is that we have been in groups all our lives be that with family, friends, or in less intimate situations. Schwartz (1961) notes the forces of mutual aid and peer group association is not a new tradition but a reclaimed tradition.

Schwartz (1961), Rose (1977), and Shulman (1979) regard groups as an alliance wherein individuals form not one but many helpful relationships in order to work on common problems. This is a helping system where each one needs the other as well as the leader. The assumption is that cure or change is based upon the examination and reworking of relationships within the group (Lieberman, 1980; Rose, 1977; Schwartz, 1961; Yalom, 1975). Lieberman (1980) further stresses this supportive environment facilitates the development of new behaviour within as well as outside of the group.

Self-Help Groups

Varying types of therapy and encounter groups are viewed as a social microcosm reflecting the larger society. Self-help groups and consciousness-raising groups view their groups as a social microcosm as well but without the emphasis upon the interaction between members. New behaviour is developed to be used not inside the group but outside. Self-help groups build upon the concrete - the identity with a common core issue (Lieberman, 1980; Borman et al, 1982). Borman et al (1982) observes that the possibility for growth and development in the meaning and quality of one's life through self-help is invaluable. The intent is to offer some form of service to the members be that service support, information, conditions for change or changing something "out there" -social advocacy. The main distinguishing factor here is that self-

help groups have been formed largely without professional guidance (Borman and Lieberman, 1976). This is a natural or spontaneous peer support system which has its own distinctive values and modes of helping.

Psychotherapy Groups

Psychotherapy groups are seen by Borman (1981) as being based upon the vague indistinct notion of growth and development. Yet, Lieberman (1980) observes that group therapy is explicitly based upon the medical model where members are seen as patients who exhibit "sick" behaviour, the cure is the resolution of psychological distress and the group is professionally led by a therapist. The main therapeutic element here is the exploration and reworking of the relationship between patient and therapist as well as between patients within the group. Psychotherapy is seen by Yalom (1975) as both art and science where the human encounter will always be a deeply personal, nonmeasurable, complex experience.

Behavioural Groups

Behavioural models of groups are based upon social learning theory. They seek to bring about individual change and development through the use of modelling, cognitive restructuring, shaping and so on within group dynamics and utilizing group intervention strategies. Specific behaviours such as anxiety, sexual disturbances, social skill deficiencies, depression, phobias, smoking, excessive eating, drug addition, etc. are all targets of change. Rose et al (1985) view the group process as a very beneficial mediating tool in cognitive-behaviour therapy providing corrective, evaluative feedback through the encouragement of broad participation of all members. The behavioural approach is seen as being

utilized to advantage not only in individual therapy but within the group setting as well.

Humanistic-Existential Group

Groups based upon the humanistic-existential perspective come under the headings of encounter groups, growth groups, sensitivity groups, gestalt groups and so on. These groups share a common view of the individual as a developing person with the goal being this individual's actualization of latent potential (Lieberman, 1980). Yalom (1975) notes that, though vague, the goal is usually for some type of change, be that change one of behaviour, attitude, degree of self-actualization, etc. The members are seen as participants rather than patients and the experience within the group is considered growth, not therapy. Lieberman (1980) further observes the group is led by a therapist who strives to assume the stance of a fellow group member rather than the status of a healing professional.

Situation/Transition Groups

In addition, Schwartz (1975) reports on "small discussion - education groups moderated by a trained leader...(which are)...used... for the mutual assistance of individuals who share some stressful life situation" (p. 744). He calls these groups Situation/Transition (S/T) groups; a conceptualization resulting from an extensive literature review around the use of small groups. It would appear that S/T groups do not seek to change "something out there" but seek to assist members deal on a personal level with an external life stress situation. The primary focus is mutual caring and coping, not necessarily that of intrapersonal change, growth, insight and so on, nor, education around group functioning. The assistance offered is categorized by Schwartz (1975) as suppression,

such as emotional support, universality (seeing that others are going through the same thing) and denial; expressive such as catharsis/ventilation; and neutral such as information-sharing and socialization.

"The group is reportedly seen by members as a relatively safe haven, a nurturing environment...where members can get support and acceptance from peers and a parental figure...a sense of community...(providing)...such a framework...(that)...can make an individual's feelings and reactions understandable and give meaning to events that would otherwise be confusing.

It is a place, also, where they can give support and feel more useful, despite the self-derogation they may experience as a consequence of their life change."

(Schwartz, 1975, p. 746-747)

Common Factors

Despite the apparent broad diversity across groups, Yalom (1975) found curative methods quite similar between behavioural, humanistic or dynamic modes of operation. Further to this, he developed those common curative methods into eleven primary categories. These categories are strikingly similar to the five common group capacities for personal change developed by Lieberman (1980) and as well to the nine mutual aid conceptualizations developed by Shulman (1979). It would seem that therapy groups which appear to be totally different often rely on identical mechanisms for change.

The eleven basic categories of curative factors as developed by Yalom (1975) are:

- 1) Instillation of hope
- 2) Universality
- 3) Imparting of information
- 4) Altruism

- 5) The curative recapitulation of the primary family group
- 6) Development of socializing techniques
- 7) Imitative behaviour
- 8) Interpersonal learning
- 9) Group cohesiveness
- 10) Catharsis
- 11) Existential factors

Instillation of Hope

Yalom (1975) asserts that all forms of therapy must be infused with a sense of hope/faith that the selected treatment mode will work effectively. Clients need to have continual contact with others who are at varying stages of improvement for it is important to observe the improvement of others. As well, the therapist must have conviction in himself and in the effectiveness of his group.

Universality

According to Yalom (1975), a powerful source of comfort in a therapy group is the discovery that each person is not alone/unique in having a particular concern or problem. In hearing others disclose concerns similar to their own, clients do have the opportunity for candid consensual validation. Each will continue to benefit from the perception of their similarity to others and from the sharing of deep concerns.

Imparting of Information

The educational process is both an implicit one through advice, suggestions or guidance from fellow group members and an explicit one through didactic instruction from the therapist. As seen by Yalom (1975), the explicit educational focus functions as the initial binding in a group through the provision of structure and function. But, the

implicit process begins early and continues throughout the life of the group. The main purpose of this advice giving is that it implies and conveys a mutual interest and caring.

Altruism

Yalom (1975) suggest that group members often find it a refreshing experience as well as a boost to their morale to find they can be of importance to others, not only through the reciprocal giving/receiving sequence, but also through the very act of giving. Members will often listen and absorb from each other, more so than from the therapist who retains the role of a professional, for the members can usually be counted upon to be quite spontaneous and truthful. Fellow members are important to each other as well for the simple but important act of being there and permitting each to learn about themselves within their relationships within the group.

The Corrective Recapitulation of the Primary Family Group

Almost without exception, Yalom (1975) regards each group member as having a history of a highly unsatisfactory experience within their primary family. Each group will come to resemble the family in many ways with the members interacting with each other and the leaders as they interact with siblings and parents. The important aspect here is that the early familial patterns and conflicts come to be relived correctly. Yalom (1975) asserts that behavioural stereotypes must be constantly challenged, and ground rules of reality testing, exploration of relationships, and testing out of new behaviours constantly encouraged. As the group members work out problems with therapists and fellow members, they are also working through their unfinished business.

Development of Socializing Techniques

The development of basic social skills is operational in all therapy groups. The group is often the first opportunity for accurate interpersonal feedback especially for those who lack intimate relationships. Yalom (1975) asserts there is often more than the simple recognition and deliberate alteration of social behaviour but also the development of some highly sophisticated social skills that will allow each to function more adequately in future social interactions.

Imitative Behaviour

Social learning does not just encompass direct reinforcement but imitation as well. Yalom (1975) observes that group members often benefit from observing the therapy of another individual with a similar problem. The individual learns from experimenting with new behaviour even if that experimentation is done vicariously. Though the imitative process is more implicit than direct reinforcement, it is important nevertheless.

Interpersonal Learning

Yalom (1975) suggests that interpersonal learning is broad and complex taking into account insight, working through the transference, the corrective emotional experience, as well as processes unique to the group setting. Of prime importance are the interpersonal relationships within the group for the need is always there for acceptance and fellowship with others. The group setting must offer opportunities to experience support, affect stimulation and reality testing. Yalom (1975) states that group members must obtain enough support from the group in order to be able to express themselves honestly and to work

through specific incidents, as well as to offer consensual validation. The group will, in time, develop into a social matrix for the participant members from which each can have the potential to learn and grow.

Group Cohesiveness

Yalom (1975) asserts that positive patient outcome is correlated with individual attraction to the group and also to group popularity, a variable related to group support and acceptance. Group cohesiveness, that attraction members have for their group and for the other members, produces positive attendance, participation and influenceability of members. It would appear that members of a cohesive group are more accepting of one another, more supportive, and more inclined to form meaningful relationships within the group. These conditions allow each member to express and explore themselves, to become aware of and integrate unacceptable aspects of self and to relate more deeply with others. This increases self-esteem.

Catharsis

Catharsis, the open expression of affect, is seen by Yalom (1975) as being vital to the therapeutic process. Without it, a group would become a sterile intellectual exercise. The strong expression of emotion is essential to the development of cohesiveness, to the conveying of a sense of liberation and of acquiring skills for the future.

Existential Factors

Yalom (1975) included issues such as responsibility, basic isolation, contingency, the recognition of our mortality and the ensuing consequences of the conduct of our lives within the category

of existential factors. To be more clear, he constructed the following five items:

- 1) Recognizing that life is at times unfair and unjust.
- 2) Recognizing that ultimately there is no escape from some of life's pain and from death.
- 3) Recognizing that no matter how close I get to other people, I still face life alone.
- 4) Facing the basic issues of my life and death, and thus living my life more honestly and being less caught up in trivialities.
- 5) Learning that I must take ultimate responsibility for the way I live my life no matter how much guidance and support I get from others.

(p. 84-85)

Yalom (1975) believed these factors play an important, but generally, unrecognized role in therapy.

A hard but essential lesson to learn in dealing with life's tragedies is to come to know what each individual cannot obtain from others. As such, Yalom (1975) believed that care must be taken to not translate the fundamental, concealed issues of life into interpersonal issues. The focus would be to confront these issues in order to increase life's meaning and purpose as well as to increase the ability to hear what cannot be changed.

In addition to Yalom's (1975) curative factors of groups, Lieberman (1980) conceptualized five and Shulman (1979) nine common capacities for facilitating personal change. Lieberman (1980) sees the development of cohesiveness, control of behaviour, definition of reality, the induction and release of feelings and the provision of a contrast for social comparison and feedback as essential. Shulman (1979) regards

the sharing and debate of ideas, discussion of taboo areas, universality, mutual support, mutual demand/expectation, individual problem solving, rehearsal of new skills and strength in numbers phenomenon as the mutual aid that are effective in groups. These somewhat similar factors are rather broad in comparison to the measure of precision and certainty that Yalom (1975) has developed in approaching a complex phenomenon through its basic components.

Lieberman (1980), Yalom (1975) and Shulman (1979) have refined an enormously complex process into similar simple basic components. Though the factors are presented as discreet entities, to a large extent each is interdependent; neither occurring nor functioning separately. Yalom (1975) stresses that though each curative factor operates in every type of therapy group, the interplay varies widely from group to group/session to session. In the same group, different individuals may benefit from different curative factors. The main issue to be considered here is that the process of therapy, similar across groups, is a complex human experience powerful enough to effect change.

Obstacles

Individual Needs

The main obstacle to impede the process of group therapy is paradoxically the very social system constructed to assist that process - group cohesiveness/mutuality (Shulman, 1979). Though necessary, a sense of a common goal impedes the realization of each member's personalized needs. The dichotomy between groups and individual needs serves at times to exclude one or more members. As well, there

is evidence to show that members who stay loyal to a sense of similarity induced by group cohesion are less likely to experience positive change (Lieberman, 1980).

Limited Therapist Influence

Group process is facilitated by the group therapist. This is not an easy task. Power and influence are considerably more diffused in the group setting than they are in a dyad. Influence becomes a product of how the social system functions; the result of group interaction not necessarily due to actions on behalf of the therapist. The sources of power and the ability to exercise it, to effect change, become complex issues for the therapist (Lieberman, 1980; Yalom, 1975).

Barriers to Communication

Open communication is necessary for the group to function effectively. There are barriers which make it difficult for group members to express their real feelings and concerns to each other. Shulman (1979) notes these barriers are but a reflection of the larger society which has developed implicit and explicit norms of behaviour as well as taboo areas which are designed to block open communication. Each member brings a part of this culture into the group making it initially difficult for members to talk to and to listen to each other around areas of concern (Yalom, 1975).

Conclusion

Group therapy, then, in order to facilitate the process of cure and change, must overcome three major obstacles. These are: the dichotomy between individual and group needs, the relative loss of therapeutic power and influence and the barriers to open communication.

The listing of these obstacles does not imply an exclusive list nor does it imply arguments against the use of groups, but does represent an awareness of difficulties as well as curative factors.

Solutions

The issue is how does the therapist maximize the group potential for members in each particular group? Lieberman (1980) reports that the ability of the therapist to gauge the feeling state and progress of the group members is essential as well as the ability to diagnose individual and group needs.

"One needs to know when to intervene, in what way, what needs to be done when the group is working well and when it is not, when it is being useful and when it is not." (p. 489)

Further to this, Yalom (1975) observes:

"The group therapist's job is to create the machinery of therapy, to set it into motion and to keep it operating with a maximum of effectiveness." (p. 105)

Underlying all of this is a consistent, positive relationship between therapist and group members. Yalom (1975) reports therapeutic techniques are most effective when experienced within an accepting and caring relationship.

In further discussing therapist's tasks, the framework developed by Yalom (1975) will be utilized.

Creation and Maintenance of the Group

Yalom (1975) notes that the therapist is responsible for bringing the group into being through the offer of professional expertise, setting the date, place and time of meetings and for deciding whether or not the group will be an open or closed group.

The selection and preparation of the members is also an important consideration. Lieberman (1980) reports that clinical observation and empirical research indicate that the expectation of individuals can be altered in a positive manner prior to the beginning of the group, thus influencing the functioning of the group especially in the initial stages. The task is to create a social system through the development of group cohesiveness. Yalom (1975) recommends that the therapist must intervene to deter any action, such as absences, subgrouping, or scapegoating, that threatens the integrity of the group, even to the point of removing a member for the good of the group.

Culture Building

The therapist must endeavour to shape the new social system into a therapeutic social system through the establishment of a set of behaviour rules/norms which will guide group interaction. Yalom (1975) observes that since the group is the agent of change rather than the therapist, the therapist must subtly build a group culture which will ultimately exert extensive therapeutic strength. Honest and spontaneity of expression must be encouraged in the group as well as a high level of involvement, non-judgemental acceptance of others, high levels of self-disclosure, a desire for self-understanding, dissatisfaction with present modes of behaviour and an eagerness for change.

Activation and Illumination of the Here-and-Now

Yalom (1975) reports that a major difference exists between therapy which seeks to effect change and that of self-help groups. The difference is the focus within therapy groups upon the here-and-now. This focus means that the group discussion does not dwell upon the past but upon

immediate events within the meeting. The group becomes more alive with all members more intensely involved providing a powerful focus on interpersonal learning. The therapist must steer the group into the here-and-now all the while commenting upon the process around such behaviour. The discussion centering around the here-and-now is shared by fellow members but the task of commenting on process belongs to the therapist alone. Process here refers to the relationship implications of interpersonal transactions (Yalom, 1975).

Co-therapy

Group therapy can be conducted by one therapist but according to Yalom (1975) the majority of therapists prefer to work with a co-therapist. Further to this, Rosenbaum (1983) suggests that co-therapy actually enhances group process and increases interaction.

Advantages

The advantages according to Yalom (1975) and Rosenbaum (1983) are that co-therapy makes available a source of support to each therapist in the face of the power of the group. As well, an effective interpersonal relationship is provided for the patients to learn from and to model. The co-therapists may compensate for individual weaknesses or specific inabilities thereby complementing each other. Co-therapy assures continuity of care in instances where one of the therapists is absent and allows each therapist to receive continuing feedback from a peer concerning the effectiveness-ineffectiveness of his/her work in therapy. The parallel of the group to the primary family situation is increased by presenting a male/female relationship which is reminiscent of the father - mother relationship. Finally, co-therapy expands the fund of creativity available

to the patient and the range of interventions, techniques and treatment ideas that may be utilized.

Hazards

Though advantageous, Bowers and Gauren (1981) suggest that there are potential hazards to co-therapy. The co-therapy relationship may become of prime importance to the therapists to the detriment of the treatment of group members. The group focus would be lost or diverted away from facilitating the member's work. The potential sharing between co-therapists to the exclusion of the group members prevents the opportunity to learn, directly and vicariously from the sharing that must take place between therapists and group members. Modeling, an important force in therapy, will suffer.

Yalom (1975) suggests that the therapists must have equal status in expertise. If equal status does not exist, tension and unclarity regarding leadership role will exist for both therapists and group members. As well, the co-therapists must be comfortable, open with each other and in agreement regarding style and strategy in the running of groups.

S/T Groups For Partners Of Women Who Were Sexually Abused

In Childhood And/Or Adolescence

The group under consideration regarding therapeutic orientation is a group for partners of women who were sexually abused as children. These women are currently in treatment which has the potential to produce changes. These are changes which need to be incorporated into the existing relationship. But also these changes may well improve or exacerbate their marital relationship. Each member had turned to the group for "support". These men were not going to the group necessarily

for therapy for they did not see themselves as the identified client. This role of identified client clearly belongs to their partners.

After running the group for a period of six sessions, a slight state of confusion developed, as to which kind of a group was this that the therapists were running. There was not a sense of comfort in applying the label of self-help. The group was not styled after such classic self-help groups such as Alcoholics Anonymous and Al-Anon even though there was a strong element within the group of the philosophy of self-help.

"It is an ancient philosophy which recognizes, develops and nurtures the strength of people to not only help themselves but also to reach out and help others to help themselves." (Borman et al, 1982, p. 1)

Self-help is a movement away from the reliance on the professional moving toward the old concept of neighbour helping neighbour and friend helping friend. The group in question had two therapists who sought to provide facilitation and structure. As well, group members expressed a concern for the therapists to further embrace the role of therapist. As spoken by one member, "You are there to provide that structure so that I can get on with taking care of my own needs.".

It would appear that the partner's groups did not qualify as a psychotherapy group. The members did not see themselves as patients in search of a "cure" not even a sense of development or growth. At times, insight was gained and issues confronted but the participants never lost sight of their primary goal of struggling personally with their stressful life situation. The members steadily persisted in viewing the therapists more as peers than therapists who were to "cure" them

of their psychological distress. As well, the therapists in wanting to build upon the strengths of each member rather than problemize events continually circumvented confrontation. The therapists provided an environment where the milieu was more supportive and facilitative than therapeutic. The members were not there to explore or rework their relationships within themselves, with each other nor with the therapists. The members sought to be free to develop and strengthen their individual defenses that they would find helpful in their own situation.

In addition, neither the behavioural nor the humanistic models seem to apply. The members did not participate with the goal to cognitively change their behaviour, attitude nor to develop/actualize their latent potential (growth). They came to verbalize and ventilate feelings in an effort to reduce tension and make affect more manageable within an atmosphere where reciprocity was possible. There was an effort to develop a cognitive framework around events and feelings that evolved from their shared life event but that framework was there to make each person's feelings and reactions understandable and to reduce confusion. To this end, information was shared, not necessarily to re-educate, but to further reduce their uncertainty and confusion.

As is evident, the partners group appeared to fit into the conceptualization for S/T groups advanced by Schwartz (1975). He discussed the use of small groups for the mutual assistance of those confronting a shared life event where the group does not seek to change something out there, nor to cure, but to assist on a personal level with an external life stress/situation. These groups are seen primarily as a preventative strategy designed to:

"mitigate the harmful effects of certain life events and thereby to reduce the likelihood of resultant illness or disability." (p. 744)

Coping With Shared Events

1) They are primarily oriented towards helping members cope more effectively with some shared internal event (Schwartz, 1975, P. 745).

The group in question came to fruition in response to a need identified by the members themselves and the therapists at the Psychological Service Centre who offer therapy to women who were sexually abused as children. Jehu et al (1984/85) saw the need, emphasizing the importance of including the partners in treatment.

The group participants live with women who, to a large degree, experience low self esteem, guilt and depression which often result in suicidal attempts and substance abuse. These women generally experience relationship difficulties with people in general and men specifically (Jehu et al, 1984/85). As well, they report experiencing a high degree of discord within the marital relationship. To add to the already stressful situation, Jehu et al (1984/85) considered that treatment for the previously abused women had the potential to further distress the marital situation through enhancing her self-esteem and increasing assertiveness. It was considered that efforts should be made to assist the partner to reach a degree of understanding, acceptance as well as adaptation to the new altered relationship. Thus the group was oriented primarily towards helping the partners cope with their shared external event.

Small Group Properties

2) Situation/Transition (S/T) groups have the properties of

small groups and meet regularly over a period of weeks or months (Schwartz, 1975, p. 745).

The partners groups met for one and one half to two hours weekly for a series of six weeks. Initially, seven members attended but over the course of the six weeks, two members dropped out leaving the membership at five partners. This proved beneficial as the group seemed to lend itself to a good balance of personal involvement. On evenings of less than five, the group became dyadic and interpersonal thus not necessarily conducive to group dynamics.

The length of each session of ninety minutes to two hours allowed for the unfolding and working through of the major themes. The once-weekly sessions appeared to allow for continuity as well as reflection upon the major issues in a process that resembled one continuous meeting.

Professionally Led Group

3) Situation/Transition groups are moderated by a trained leader (Schwartz, 1975, p. 745).

The male/female co-therapists provided a supportive environment within which each member could raise major issues and themes. They facilitated and strengthened the development of helpful defenses and strategies for coping with the shared life stress. The leaders also acted as resource advisors in the presentation of factual information around various issues and themes.

Supportive Environment

4) Situation/Transition groups offer social support, factual information about the shared life stress, and an opportunity for emotional interaction with others around the group focus (Schwartz, 1975, p. 746).

Partners group members found that verbalization and ventilation of feelings greatly reduced tension and made affect more manageable initially within the group but ultimately with life outside of the group. They became more aware of their concerns, but that awareness appeared to offer great relief for they no longer felt singled out, painfully lonely nor as personally inadequate. A sense of community developed as members felt they had found an arena where they were free to express themselves and where they could vicariously benefit from being with others who ventilated feelings and concerns they shared. New shared information assisted in the formulation of new strategies, gratification and greater self-confidence. The group provided a cognitive framework wherein an individual's feelings and reactions were made understandable and events were made meaningful, thus removing the confusion and the unmanageability of such events and feelings. Slowly new role definitions required by their possibly changed marital relationships were formulated through the offering by fellow members of these new points of view, advice, etc.

Value Free Group

5) Situational/Transition groups do not encourage nor require members to espouse a particular moral or behavioural value system (Schwartz, 1975, p. 746).

The group did not contract with, nor encourage members to espouse a particular moral or behavioural value system. As well, the leaders did not embrace particular psychological, philosophical or religious biases as to the approach used for the group. The members were free to bring about and build upon their own particular mode for responding to the stress at hand. Members found themselves tolerating unpopular views, i.e.: tolerance vs hatred toward their wife's offenders, with

the main focus toward developing a strong supportive community. A value system did become apparent in the form of a prohibition against the sexual exploitation/abuse of children. The partners felt that their current situational crisis, their particular pain, resulted directly from the abuse of their own partners when these women were children. They saw an infringement upon their own person.

Therapist's Issues

Schwartz (1975) notes that the task of running a group based upon the discussion of and support around common concerns and problems is a subtle and complex endeavour, for the contract between the members of the group and the therapist is quite nebulous. The problem defined in the S/T group is one that is external to the members thus closing the door on self-examination and self-disclosure. A firm contract between the members and the therapists only exists in terms of the personal concerns around the distressing stated external event. A sense of ambiguity and uncertainty surrounds the boundary around the group as the manner of functioning and the sense of direction is continually molded to the changing needs of the group members. Schwartz (1975) states that the therapists must continuously redefine and renegotiate their roles as well as the content and process of the group. The therapists must be continually aware that this is the member's group and the work is theirs.

More specifically, Schwartz (1975) views the therapist as attempting to facilitate discussion, keep discussion focused and minimize resistance and defensiveness. As in psychotherapy, the therapists will move the focus from outside to inside, from the abstract to the specific, from the generic to the personal (Yalom, 1975). Yet the focus will remain

with the opening up and expanding upon the personal here-and-now consideration of each one's external event, not the interpersonal relationships between members and therapists.

Interventions are reported to be nondirective, supportive, clarifying, facilitative, sympathetic and eliciting. Very rarely are therapists to interpret resistance or to probe conscious and preconscious notions, as the focus is to facilitate the development and strengthening of helpful coping strategies. Last but not least, the therapists encourage extra-group socialization to assist in the mitigation of the loneliness that appears to be a recurrent theme in S/T groups (Schwartz, 1975). This is an arena where one receives information, support, acceptance, and hopefully an increase in self-confidence. Schwartz (1975) observes that the goal is to offer a sheltered, structured social environment where people who feel singled out by their life event can meet with others, hear the same or similar difficulties and come to understand and find meaning in events that would otherwise be confusing.

Schwartz (1975) suggests there is a possibility the therapist may undervalue his/her contributions, for these contributions are not therapy as one considers therapy within the interpretive therapeutic methods of psychotherapy. The role of the therapist is less hierarchical and more informal than the therapy groups and as such contains less power and prestige. The professional is not operating from a contract of direct service but more from a nondirective, supportive, interventive stance.

The reality is the group is narrow in focus which sacrifices breadth and scope of treatment but, according to Schwartz (1975), permits a depth of focus and richness of detail within that same group

focus. As the group matures, greater leadership skill and sensitivity are required to permit the development of earlier issues into those which represent deeper and more personal meaning for all; i.e.: sexual identity, personal responsibility, dependency. Though narrow in focus, the group can expand each individual's cultural and social system network assuredly leading to a truer sense of community.

Conclusion

The partners group, although it operated according to universal principles of groups, functioned primarily according to the conceptualizations of situational/transition groups as developed by Schwartz (1975). This was primarily a preventative approach for the mutual assistance of members in coping with their own particular yet shared life stress. It was a small, time limited group run by co-therapists which met regularly for a period of six weeks while offering social support, factual information and an opportunity for emotional interaction with each other. This group as such did not encourage nor require members to espouse a particular moral or behavioural value system. Though narrow in focus and possessing a variety of difficulties for the therapists, the group provided a sense of continuity and community for its' members whereby:

"each person can satisfy his psychosocial needs for support and self-esteem, knowledge and control, group identification and social interaction --- (further to this) --- individuals who could call on an effective network of formal and information social resources outside the family had a more favourable outcome to the crisis --- than those who did not." (Schwartz, 1975, p. 749)

Rationale

The present practicum was developed to systematically evaluate a Situation/Transition (S/T) group designed for the partners of women

who are struggling to overcome problems related to childhood or adolescent victimization. The S/T group was a direct result of an identified need to include the partner in treatment. Jehu et al (1984/85) stressed the importance of including the partners in treatment as the already existing treatment programs for victims often produce positive changes in them which in turn may intensify an already difficult relationship. For example, when a victim receives intensive treatment to increase self-esteem and assertiveness, the partner should be offered a S/T group whereby the changes in the victim and the implications for the partner are understood and accepted.

In response to the perceived need and in the light of the paucity of the literature regarding assistance for the partner, an exploratory group for partners was run at the Psychological Services Centre. This group of four men met once a week for one and a half hours for four weeks with the expressed goal to ascertain need as well as common concerns. The concensus of group members and leaders was that a group for partners would be valuable.

The concensus of the group was consistent with an observation made by Schwartz (1975) that small groups can be mutually supportive for those faced with a shared external problem. He defines a situation/transition group as:

"...a place where members can get support and acceptance from peers, a parental figure...(as well as)...a place... where they can get support and feel more useful, despite the self-derogation they may experience as a consequence of their life change." (p. 746)

The Exploratory GroupMethod of InterventionSubjectsCriteria

Participants were obtained through the therapists for the victim. Each participant was provided with information regarding the group designed for partners. They were encouraged to attend with the provision that they were free to withdraw at their own discretion. Information disclosed within the group would be kept confidential within the Psychological Service Centre. No formal screening was undertaken. The only criteria was that the participants had to be the partner of a victim in treatment at the Psychological Service Centre.

Description of Sample

Four men were recruited for the Exploratory Group. Out of these four, there were no dropouts. The group participants were Caucasian and predominantly middleclass. Ages ranged from 30 to 40 years with a mean age of 36.25 years. Education varied from partial high school to university. Out of the four men, three were married and one living common-law. The participant who was living common-law had previously been involved in a relationship with a sexually victimized woman. Duration of present relationships ranged from 3 to 17 years with a mean length of 10.5 years. The victims ranged in age from 25 to 36 years with a mean age of 32.75 years. Three relationships involved nine children who ranged in age from 5 to 16 years with a mean age of 9.5 years.

Procedure

All of the participants were seen equally by the male and female co-therapists for the four times the group met as a group.

The exploratory group met for one and a half hours once a week for four weeks. The expressed goal was to ascertain need for a partner's group as well as common concerns. To this end, each session of minimally directed discussion was audio taped, then transcribed verbatim on paper. The Exploratory Group was evaluated at the end of the final session through the use of a Client Satisfaction Questionnaire (CSQ) (Appendix A).

Outcome is reported in the following questions from the Client Satisfaction Questionnaire (Appendix A):

- 1) How would you rate the quality of service you received in the group for partners.
- 2) Did you get the kind of service you wanted?
- 3) To what extent has the group met your needs?
- 4) If another partner had similar needs would you recommend our program to him?
- 5) How satisfied are you with the amount of help you received?
- 6) Have the services you received in the group helped you to cope more effectively with the difficulties arising from your partner's abuse?
- 7) In an overall general sense, how satisfied are you with the service you received in the group?

Outcome of Intervention

Out of the four participants, three completed the Client Satisfaction Questionnaire (Appendix A). The results can be seen in Table 1. Such results support the opinion that a partner's group would be efficacious in offering support, factual information and an opportunity for emotional

The Client Satisfaction Questionnaire (CSQ)

Exploratory

Group

N=3

Partner's Groups

Please help us to improve our groups for partners by answering some questions about the services you have received. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions. Thank you very much; we appreciate your help.

How would you rate the quality of service you received in the group for partners?	Excellent 2	Good 1	Fair	Poor
Did you get the kind of service you wanted?	No, definitely not	No, not really	Yes, generally 2	Yes, definitely 1
To what extent has the group met your needs?	Almost all of my needs have been met	Most of my needs have been met 2	Only a few of my needs have been met 1	None of my needs have been met
If another partner had similar needs, would you recommend our program to him?	No, definitely not	No, I don't think so	Yes, I think so 1	Yes, definitely 2
How satisfied are you with the amount of help you received?	Quite satisfied	Indifferent or mildly so	Mostly satisfied 2	Very satisfied 1
Have the services you received in the group helped you to cope more effectively with the difficulties arising from your partner's abuse?	Yes, they have helped a great deal. 2	Yes, they have helped somewhat 1	No, they really didn't help	No they served to make things worse
In an overall, general sense, how satisfied are you with the service you received in the group?	Very satisfied 2	Mostly satisfied 1	Indifferent or mildly satisfied.	Quite satisfied

Additional comments: The group helped me to understand that I'm not alone. This gives me hope.

interaction with others around a shared life event. This emotional interaction provided the basis for the Evaluation Questionnaire (Appendix B) used to evaluate the Situation/Transition Group.

The Situation/Transition Group

Method of Intervention

Subjects

Criteria

Participant criteria for the Situation/Transition Group was identical to the criteria for the Exploratory Group.

Description of Sample

A total of eight men were recruited for the S/T group. Three were the original four men from the Exploratory Group, plus four new ones. Out of these eight men, there were four dropouts; one after 3 weeks, one after 4 weeks, one after 7 weeks and one after 12 weeks. The three week dropout was due to extreme discomfort with the group content and structure. The four and twelve week dropouts were due to discomfort felt as they came to the realization that they had been victimized (non-sexual) while they were children. They had begun to identify more with the victims; the partners thus no longer felt they belonged in the group. The dropout at seven weeks had other commitments (night school). Since that time, he has disclosed to his wife and her therapist that he had a sexual experience with an older woman as an adolescent.

The group participants were Caucasian and predominantly middle class. Ages ranged from 25 to 40 years with a mean age of 33.1 years. One member on social assistance had not worked for the past three years.

Education varied from partial high school to university. Out of the 8 men, 6 were married and 2 living common-law. The 2 members living common-law had previously been involved in a long term relationship with, to the best of their knowledge, a sexually victimized woman. Duration of present relationships ranged from 3 to 17 years with a mean length of 8.7 years. The victims ranged in age from 22 to 45 years with a mean length of 31 years. All relationships, except three, involved 12 children who ranged in age from 5 months to 16 years with a mean age of 8.3 years.

Procedure

All of the participants were seen by the same female co-therapist (author) from the point of initial contact, including interviews, and group through to follow-up. The male co-therapist for the S/T group was different from the male co-therapist for the Exploratory Group.

The aims for the S/T Group were to normalize each participant's particular situation through the use of social support, factual information around the shared life stress and an opportunity for emotional interaction with others.

This group ran for six weeks, then for ten weeks. Each session lasted 1 1/2 hours. A two week break existed between the six week set and ten week set to clearly define the original contract of a limited set of sessions. Members had the option to continue from one set of sessions to the next or to take a break until group began another set at another time. The six week set will be described in the Course of Intervention as Set 1 and the ten week set as Set 2.

After the six and ten week set, each participant was individually

interviewed for 1 1/2 hours by the female therapist. The interviews were designed to increase rapport with each individual and to obtain informal feedback and evaluation from the member's perception as to the direction of the group. Additional evaluation was provided through the use of Evaluation Questionnaire (Appendix B).

Outcome is reported on the following questions in the Evaluation Questionnaire (Appendix B):

- 1) Talking with other men whose wives were sexually abused.
- 2) Hearing that other men whose wives were sexually abused were encountering similar difficulties to myself.
- 3) Feeling understood by other men whose wives were sexually abused.
- 4) Getting support and help from other men whose wives were sexually abused.
- 5) Understanding the difficulties my wife is experiencing.
- 6) Responding to the difficulties my wife is experiencing.
- 7) Expressing my feelings about things that trouble me.
- 8) Increasing my self confidence.
- 9) Reducing my feelings of being different from other men.
- 10) Having the opportunity to support and help other men whose wives were sexually abused.

Measures

Evaluation Questionnaire (Appendix B)

This scale is composed of ten items each to be rated on a five point Likert scale; not helpful, slightly helpful, moderately helpful, very helpful and extremely helpful. The questionnaire was designed

specifically for this study to elicit the partner's subjective evaluation of group helpfulness. It is self anchored and an all purpose measurement due to its inherent flexibility in measuring not only a wide range of situations as well as the degree of helpfulness of the group to each individual. This measure is, therefore, quite useful as a method of representing an accurate portrayal of the partner's degree of satisfaction in spite of a degree of reactivity.

Conclusion

This practicum, therefore, attempted to develop and evaluate a Situation/Transition group for partners of women sexually victimized as children or adolescents. Measure of outcome was provided by the Evaluation Questionnaire (Appendix B).

Course of Intervention

Set 1

Session 1

The co-therapists began by introducing themselves with some attention to personal and professional backgrounds. Next the confidential nature of all disclosed information was stressed. All sessions were to be audiotaped with such information being confined to the therapists at the Psychological Service Centre. Following a brief discussion around the group being a closed weekly group of 1 1/2 hours for a duration of 6 weeks, the men were asked to give a short introduction, including their name, marital status, number of children and some background concerning their partner's therapy. Next, there was a coffee break.

After the coffee break, the co-therapists presented the purpose and goals. Then, members who had been participants of the original

exploratory group provided a brief overall description of their experience within the original group. The members began to talk sharing fairly explosive feelings of helplessness, frustration and anger at the offender who had victimized the victim. The co-therapists struggled to allow expression of such feelings while providing a safe environment for all.

Session 2

Showned film: Incest: The Victim's Perspective (Appendix C).

Immediately, group participants began to vent anger at the offender with elaborate plans as to different forms of vengeance. There was no need to encourage members to ask questions, make comments, etc., as each was startled and delighted with the similarity of each ones feelings around the issue of victimization. The session was emotional with a sense of cohesiveness among the members. They requested to have group time resumed for sharing and discussion rather than viewing and discussing didactic material.

Session 3

The traumatic material of the previous evening appeared to be spent as members generally were quiet with two partners appearing somewhat anxious and depressed. The co-therapists provided structure around the here and now of the group with participants reaching out to care for each other.

Session 4

The co-therapists had made the decision to broaden the base of the group beyond the abuse through sharing of personal items such as interests, hobbies, work, etc. Four members came to the group session. They shared what was important to them; their own victimization both

physical and emotional. It was an intimate evening of close sharing.

Session 5

The evening began with a member who had disclosed his own victimization at last session, coming for a few minutes to share that he would no longer be attending the group. He had begun to find himself quite vulnerable within the group setting. He made the decision to receive individual therapy for his own abuse. Another member made the decision to withdraw due to his discomfort with what he perceived as the unstructured nature of the group which allowed explosion of anger and the monopolization of the group by a few individuals. This participant's opinions were relayed to the co-therapists by his partner's therapist. The remaining six participants quietly discussed their feelings around the absence of the two members. They perceived the absence of these two members as a loss.

Session 6

The participants in realizing this session was the final session began to deal in earnest with numerous unresolved issues. The sense of group identification was strong. The men negotiated for an extension of group sessions. Agreement was reached for a two week break with individual interviews. Then a group of 10 sessions would be held, same place, same time. Members were encouraged to meet informally without the co-therapists.

Initial Set of Interviews

Individual interviews allowed for greater personal reflections concerning each one's needs within the group. For all, the companionship of fellow members was a welcome addition to their lives. For some, the

anger expressed at the outset of group was still uncomfortable. They did not want the group to focus upon the anger to the detriment of other issues such as becoming knowledgeable about the offender. They needed to know that group was a safe place. All were requesting more structure and input from the co-therapists especially the male co-therapist.

Set 2

Session 1

Business matters, particularly around confidentiality, was discussed. A member made the decision to go to night school over the summer and thus would not be attending the group. A new member who had attended the initial Exploratory Group, but not the first S/T group, was introduced to everyone. Group summaries written by the co-therapists would be distributed to all members from now on.

Eagerness was evident as the group explored the well being of all group participants. It became clear that the focus was to not only deal with common concerns but to provide weekly support to the individuals who had suffered a crisis, large or small, during the previous week.

Session 2 to 7

Topics discussed in session 2 through 7 generally centered around the emotional and behavioural repercussion of their interpersonal relationships and sexual functioning with a partner who had suffered sexual victimization. Each week, all participants would share the story of their weekly events. The focus would be on the individual who had special needs on that particular evening. There was little or no struggle for the center of attention possibly due to the special sensitivity and cohesiveness between members. As well, the co-therapists sought to provide the necessary structure to facilitate discussion among all members. During

this period, the other member who disclosed his own victimization dropped out, expressing the difficulty he was experiencing in remaining in the group while realizing the extent of his own victimization. He came to the decision to receive individual therapy for his own victimization.

Session 8

The group members along with the co-therapists made the decision to shorten the group by one week as not all members would be able to attend the final session. It was important for all to attend the final evening as this evening was an informal, social evening. Disengagement was evident as no new issues were raised. For all, active concerns seemed to be in some stage of resolution. Group consensus centered around the theme of the importance of each individual. The individual had to be healthy in order to have a healthy relationship with the victim (their partner).

Session 9

The informal social evening was not held at the Psychological Service Centre, but at a mutually agreed upon restaurant. The aim was to prevent further discussion of concerns and to promote the enjoyment of each other's company. Initially, participants seemed uncomfortable with the new location and new focus, but within a short period of time everyone appeared to be enjoying the evening.

Final Individual Interviews

Each partner was interviewed once for 1 1/2 hours by the author within two weeks of the last group session. The sense of disengagement prevalent toward the end of the group sessions was displayed in all the individual interviews. Each shared personal history as requested by the therapist for the purpose of integrating group experience into their

own personal histories. Yet, each displayed a reluctance to go beyond the superficial generalities. This was appropriate considering that group was ending for the summer. Plus, the participants had not contracted with the co-therapists to go beyond "support" into "therapy". The main concern for all partners was that the group became a permanent option for all partners.

During the time period for the final interview, participant M, who had not attended the second set of group, revealed to his partner (victim) that he had had a sexual experience with an adult woman as a young adolescent. This partner expressed the belief that he had not been victimized but had experienced an initiation ritual. This information was shared with the victim's therapist.

The participant who had dropped out toward the end of the second set due to his own victimization was proud and pleased to inform this writer that he was formulating the design of a group for abused people. His group would be designed along the lines of groups with Alcoholics Anonymous. At the time of this writing (October 1985), the group, Abused Person's Anonymous had a mandate, a home (church basement), and a date for its first meeting.

Outcome of Intervention

Evaluation Questionnaire (Appendix B)

Final Session

All six partners expressed positive outcome as per the Evaluation Questionnaire. All the partners rated the helpfulness of the group as "slightly helpful", "moderately helpful", "very helpful" or "extremely helpful". Only one "not helpful" was recorded. This was an individual

Name: _____

Partner's Group: Evaluation Questionnaire

Final Session
S/T Group
N=6

69

Please help us to improve our program by answering some questions about the group you attended. Some ways in which this group may have been helpful to you are listed below. Please put a check mark in the column that best indicates how helpful it has been in each of these ways. We also welcome your additional comments and suggestions. Thank you very much; we appreciate your help.

	Not Helpful	Slightly Helpful	Moderately Helpful	Very Helpful	Extremely Helpful
Talking with other men whose wives were sexually abused				1	5
Hearing that other men whose wives were sexually abused were encountering similar difficulties to myself			1	3	2
Feeling understood by other men whose wives were sexually abused.			1	2	3
Getting support and help from other men whose wives were sexually abused		1		3	2
Understanding the difficulties my wife is experiencing		1		3	2
Responding to the difficulties my wife is experiencing		1	1	3	1
Expressing my feelings about things that trouble me				3	3
Increasing my self-confidence	1		1	2	2
Reducing my feelings of being different from other men			1	4	
Having the opportunity to support and help other men whose wives were sexually abused			1	2	3

Additional comments and suggestions: In my case, I believe that the partner's sessions should have started shortly after (or at the same time) as my wife entered her sessions.

who, struggling with a growing awareness of his own victimization, had reported a loss of self confidence. Results obtained from the partners on the helpfulness of the S/T group (see Table 2) confirms that the group was indeed helpful.

Individual Interviews

Similarly, all partners reported in individual interviews that they had gained a greater awareness and understanding of their own vulnerabilities and needs within the partnership with the victim. Each reported that participation in the group facilitated in their enjoyment of individual, dyadic and familial activities. They were more relaxed and less afraid of "rocking the boat" and no longer having to "walk on eggshells" with their partners. In painful situations, such as unsatisfactory sexual relationships, it proved helpful to know other men were encountering similar difficulties.

Evaluation Questionnaire (Appendix B)

Follow-Up

The follow up evaluations were sent and returned by mail three months after the final session of Set 2. Out of the six participants, five completed and returned the questionnaires. Three participants still viewed the group as "moderately helpful" to "extremely helpful". Two participants were of the opinion that the group was "not helpful" to "moderately helpful" to "extremely helpful". These results (see Table 3), though not as positive as at the final session, nonetheless confirms that the group was a positive experience for all.

Partner's Group: Evaluation Questionnaire

Follow-Up
S/T Group
N=5

71

Please help us to improve our program by answering some questions about the group you attended. Some ways in which this group may have been helpful to you are listed below. Please put a check mark in the column that best indicates how helpful it has been in each of these ways. We also welcome your additional comments and suggestions. Thank you very much; we appreciate your help.

	Not Helpful	Slightly Helpful	Moderately Helpful	Very Helpful	Extremely Helpful
Talking with other men whose wives were sexually abused			1	1	3
Hearing that other men whose wives were sexually abused were encountering similar difficulties to myself			1	2	2
Feeling understood by other men whose wives were sexually abused		2		1	2
Getting support and help from other men whose wives were sexually abused		2	1		2
Understanding the difficulties my wife is experiencing	1			1	3
Responding to the difficulties my wife is experiencing	1		2	1	1
Expressing my feelings about things that trouble me				3	2
Increasing my self confidence	1	1		2	1
Reducing my feelings of being different from other men	1		1		2
Having the opportunity to support and help other men whose wives were sexually abused		1		3	1

Additional comments and suggestions: This group was very helpful in that it gave me a better understanding of the issue at hand, the effects of sexual abuse on the women and also on their spouses. It also helped me to understand what causes some of the issues that arise in our household that I couldn't really get a grip on before.

TABLE 3

- The group atmosphere enabled me to cope with feelings of failure, of being useless when it came to dealing with my wife's situation. The weekly meetings became my "R & R" from the tensions of my daily life. Definitely a must, as part of the therapy program in dealing with sexually abused women.

- The group focused on the problems of spouses which was supportive and helpful. Unfortunately the group did not provide any information on the treatment process my wife was engaged in. In my case, this led to some very serious misunderstandings and conflict. I would suggest that part of each session be dedicated to developing an understanding of the treatment our wives are involved in.

- The husbands group was a very worthwhile experience. The experience (opportunity) is essential for understanding the problem of sexual abuse. The husband's group does not give solutions to the many problems - but it does provide many answers and much understanding. Such groups should be a mandatory component of the social welfare system.

- I feel that the partner's group would be of greater help to spouses if they were split, say, 50% on a particular issue (each week) and 50% on issues that we are going through at the time. Some structured topics might include: confrontation of abuse with family and its effects - pro and con, anger - ways to deal with and channel it, problems with sexuality in the marriage, etc.

Common Group Findings

For all the partners, the long term effects of their partner's victimization had unexpected and overwhelming consequences that seemed to touch upon every aspect of their lives. Each man felt that "it wasn't my problem originally, now it's something that affects both of us"..... "How come now I'm the guy that's got to suffer - I don't want to suffer." The quality of their own personal adjustment and interpersonal relationship were affected as seen by "I start to question myself, maybe I'm a bit of a loser all around" and "It seems that my wife is not responding to me but really responding to the guy in the past." For all, an additional consequence was the frightening realization that they felt very much like a victim, not only in a secondary but in a primary sense. It was as if they had been the victimized individual. "In a sense, he struck two people. He struck the wife and he struck us, too."

Each had formed and adjusted to an intimate relationship with a woman who had many problems often including feelings of guilt and depression, a negative self-image and problems in interpersonal relationships associated with an underlying mistrust of men and difficulties in sexual functioning. Now, the woman was receiving treatment with varying degrees of improvement in functioning. The partners described feeling a tremendous sense of being "left behind"..."Mostly, you feel you are a bystander"...."You begin to say well gee - where am I?"

Anger

Anger was experienced by all group participants and underlined so much of which and how each thought and felt. First, there was tremendous anger against anyone who would victimize a child, thus causing

damage that not only left its imprint on the victim but upon themselves and their children as well. The feeling was that..."it causes you pain and grief; causes the children pain and grief"... "I have anger that someone can do that"... "That one individual can almost destroy a person's life"... "like I would just love to throttle him"... "It might be good ongoing therapy if once a week you could punch him out." They identified very closely with the victim.

Secondly, a sense of outrage seemed to exist at observing the victim put aside the victim role. The participants felt left behind, no longer knowing where they fit nor knowing what to do within that relationship. The situation was "I don't know what to do anymore, she has changed so much" and "Things were more of an even keel before my wife started therapy"... "I do not know where I fit in now." They were angry at the loss of control over their lives. They somehow felt less of a man for it. "I feel that I could lose my wife over something that I have no control"... "I am changing my whole life"... "Am I a real man?"

In attempting to dissipate the anger so that the men could begin to deal with the underlying sense of victimization and loss, the co-therapists, initially, allowed expression of that anger. It was pointed out that being angry over losses was natural and contributed to their sense of victimization. Similarly, such anger may have motivated the men to seek out the S/T group and in that way facilitated self care.

Furthermore, it was stressed that each did, in fact, have control over many areas of their lives. Special attention would be needed to care for their own physical, spiritual and emotional requirements. Their anger would be utilized to mobilize their energies toward their own self

care. As observed by Jehu et al (April 1985):

"There are some circumstances in which anger can be advantageous to the client, and perhaps other people. For instance, he or she may control the level and expression of the anger, and it may be used to motivate the remediation of some wrong or inequity." (p. 12)

Negative Self-Concept and Depression

The statement "I start to question myself, maybe I'm a bit of a loser all around...typifies the feelings of uselessness and depression of many group participants. Each, somehow, felt responsible for their partner's difficulties. They wanted to alleviate these difficulties, yet felt inadequate in their ability to do so. Again and again expressions such as..."deep down inside I question whether or not she loves me"... "my partner still doesn't trust me...like in some cases I have not been able to function...(sexually)...because the thought of it...(abuse)... she moves the wrong way or tenses up and you think - I've done something that he did"...were heard in the group. These feelings appeared highly correlated with anger and feelings of victimization. Gradually such feelings lessened as each began to feel in control over some aspects of their lives. The general mistrust of men expressed by the victim (their partner) seemed to affect their own self-concept. "I don't feel like a real man." There were definite difficulties in knowing that men are usually the gender responsible for sexual victimization.

The presense of a male co-therapist assisted in the facilitation of self-understanding. As the male co-therapist participated in the general discussion on a compassionate and understanding individual, the men relaxed. Somehow they appeared to be re-affirmed as men.

Problems in Interpersonal Relationships

For all, problems in interpersonal relationships stemmed from one or more of the following factors.

Sexual Dysfunction

For most, difficulties around their partner's inability to have a satisfactory sexual relationship contributed to a sense of negative self concept and feelings of being out of control. "When my partner finds it difficult to have sex because of what happened in the past, deep down inside, I question whether or not she loves me" and "I feel that I could lose my wife over something that I have no control."

Communication - Isolation

For all, prior to the group, disclosure of personal feelings about themselves and their partnership in relation to the victimization was non-existent. Secrecy had become as much a problem for them as the victim. They did not know how to communicate honestly and openly with their partners. "I can't say anything because if I say anything, then I'm not being a good support for my wife."

This lack of communication and sense of isolation seemed to lead to feelings that their relationship was not normal. Typical were expressions such as...."It would be nice to have a normal argument where you could argue about something normal without it always going back to the abuse."

Discussion

The sense of group identification instilled by a common bond regarding the single issue of victimization played a major role in dispelling feelings of unique misery and isolation. This is affirmed by the response to the Evaluation Questionnaire (Appendix B) see Table 2. Talking to other men, hearing others were encountering similar difficulties, feeling

tendencies or smothering tendencies then...(comes)...the guilt feelings"...

"she is in the process of healing"..."I'm just an irritant to her"...

"how can I hurry up healing myself?"... An understanding of and response to the victim meant a realization that the partners were having difficulties of their own. The process was not easy.

"You know our lives are sort of intertwined but that doesn't mean if she sneezes I have to get a cold... So I'm not the white knight in shining armor. Basically perhaps, I needed to feed off of her situation to be able to help me in mine and to give me what I needed. So maybe through all of this I will be able to look at myself a little more realistically than before."

In taking a look at themselves during group time, then reflectively on their own, the participants started to formulate that they were attracted in some way to women who were victimized. "Could it be...in my case I looked for someone...that...(I)...sought out that kind of personality... I needed to be supportive and have someone to support."

For most of the men, anger, hopelessness and depression were replaced by a sense of their own rights and needs. Three respondents saw the group as being "extremely helpful" to "moderately helpful" in reducing feelings of being different from other men while one refused to respond and the other saw the group as "not helpful". They felt re-affirmed..."with who and what I am."

Hopefully, the victimization would not remain the focal point in their lives. Yet for three of the partners, victimization would remain the focal point for some time. Through the experience of sharing anger, fears and concerns with other men, their own victimization was realized. Two out of the three partners who realized their own victimizations made

the positive decision to seek out treatment for such victimization outside of the group. Group remained a place to explore and receive support.

It was not a place for "therapy".

It was the intent of the group to accept all partners who wished to participate in the group. Consequently, one partner with a psychiatric history was included. In this instance, some special support and structure assisted this individual to be a productive member who benefited from participation.

The co-therapists were committed to a time-limited format. Each member was free to drop out or rejoin as fitting to his life circumstances. The realization of a specific number of sessions stimulated members to work on the issues which originally brought them to the group.

Conclusion

The data indicated that the group was a place to bring personal concerns. To this end, the group was effective in assisting to 1) alleviate isolation; feelings of being different, 2) the provision of mutual help and support in dealing with their problems and in the improvement of psychological functioning and effectiveness, and, 3) the assistance in the understanding, acceptance and adaptation to the altered relationship with the victim in treatment. The group did not eliminate the problems for the partners but provided alternate coping strategies.

The advantages of the S/T group were demonstrated in the mutual assistance of those struggling with a shared life stress (Schwartz, 1975). In particular, participants were assisted in the coping on a personal level with their particular external situation - the long-term effects

of sexual victimization on their partner during childhood or adolescence. Because the men in this study attributed their present feelings of isolation, feelings of being different related to such long-term effects and the changes in the victim, such as self-esteem and increased assertiveness, it was hypothesized that assistance in the understanding of such long-term effects and an increase in the acceptance and adaptation to the altered relationship would prepare them to cope more effectively with such problems. The men experienced varying degrees of acceptance and comfort in the group which seemed to expand into their personal lives beyond the group.

The interview data as well as group content validated the ease with which group members could share their life events. However, the participants remained secretive about their own possible struggles as children. The participants who came to realize their own victimization as children or adolescents did not share these events beyond announcing that the victimization had occurred.

The group had only a limited impact in helping the partners reach a "deeper" understanding of themselves and their problems. Schwartz (1975) reports that S/T groups are not easily drawn into a desire or acceptance of psychotherapy.

Further, it was also hypothesized that the partner had sought out and formed a relationship with a woman who was functioning at the same emotional level as themselves. The partners were, therefore, not prepared to meet the new demands resulting from the women's overall increase in self-worth and self-confidence. Changes in the women's expectations for a more egalitarian relationship and changes in their

interests and future lifestyles served to exacerbate difficulties and upset the balance in both the marital and sexual relationship. Issues disclosed in group clearly related to dominance - submission defined as dyadic "competition with each other to dominate the marriage" (Jehu, 1979, p. 57).

However, in spite of those difficulties, the fine partners who remained in the group indicated a strong committment to make their marriage work and as well indicated a strong committment to their own personal health. Thus, it can be concluded the S/T group provided the beneficial, structured support as needed by the partners.

APPENDIX "A"

The Client Satisfaction Questionnaire (CSQ)

(Partners' Groups)

Please help us improve our groups for partners by answering some questions about the services you have received. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions. Thank you very much, we appreciate your help.

CIRCLE YOUR ANSWER

1. How would you rate the quality of service you received in the group for partners?

4	3	2	1
Excellent	Good	Fair	Poor

2. Did you get the kind of service you wanted?

4	3	2	1
No definitely not	No not really	Yes generally	Yes definitely

3. To what extent has the group met your needs?

4	3	2	1
Almost all of my needs have been met	Most of my needs have been met	Only a few of my needs have been met	None of my needs have been met

4. If another partner had similar needs, would you recommend our program to him?

4	3	2	1
No definitely not	No I don't think so	Yes I think so	Yes definitely

5. How satisfied are you with the amount of help you received?

4	3	2	1
Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Very satisfied

(OVER)

6. Have the services you received in the group helped you to cope more effectively with the difficulties arising from your partner's abuse?

4
Yes they have helped a great deal

3
Yes they have helped somewhat

2
No they really didn't help

1
No they seemed to make things worse

7. In an overall, general sense, how satisfied are you with the service you received in the group?

4
Very satisfied

3
Mostly satisfied

2
Indifferent or mildly dissatisfied

1
Quite dissatisfied

ADDITIONAL COMMENTS:

APPENDIX "B"

NAME: _____

DATE: _____

Partners' Group: Evaluation Questionnaire

Please help us to improve our program by answering some questions about the group you attended. Some ways in which this group may have been helpful to you are listed below. Please put a check mark in the column that best indicates how helpful it has been in each of these ways. We also welcome your additional comments and suggestions. Thank you very much, we appreciate your help.

	Not helpful	Slightly helpful	Modrate-ly helpful	Very helpful	Extremely helpful
Talking with other men whose wives were sexually abused					
Hearing that other men whose wives were sexually abused were encountering similar difficulties to myself					
Feeling understood by other men whose wives were sexually abused					
Getting support and help from other men whose wives were sexually abused					
Understanding the difficulties my wife is experiencing					
Responding to the difficulties my wife is experiencing					
Expressing my feelings about things that trouble me					
Increasing my self confidence					

APPENDIX "C"

Incest: The Victim's Perspective - Color film, 45 mins., 1980

This film is made up of numerous interviews of female victims who discuss their present day difficulties which they feel have resulted from their prior sexual victimization. Many concerns are expressed such as sexual dysfunctioning, difficult interpersonal relationships within their present relationships with their partners.

Producer: Community of Justice Initiatives of Waterloo Regions

Available from: University of Manitoba
Winnipeg, Manitoba

References

- Badgley, R. F., (Chairman), (1984), Sexual Offences Against Children, Ottawa: Supply and Services Canada.
- Balswick, J. O. and Peek, C. W., (1975), The Inexpressive Male: A Tragedy of American Society in Petras, J. W., Sex: Male/Gender: Masculine Readings in Male Sexuality, Alfred Publishing Co. Inc.
- Borman, L. D., Borck, L. E., Hess, R. E., Pasquale, F. L., (EDS) (1982), Helping People To Help Themselves, Self-Help and Prevention, New York, The Haworth Press.
- Borman, L. D. and Lieberman, M. A., (EDS) (1976), The Journal of Applied Behavioral Science, 12, 3 July, August, September, Special Issue: Self Help Groups.
- Briere, J., (1984, April), The Effects of Childhood Sexual Abuse or Later Psychological Functioning: Defining a "Post-Sexual-Abuse Syndrome", Paper presented at the Third National Conference on Sexual Victimization of Children, Washington, D. C.
- Briere, J. and Runtz, M., (1985), Symptomatology Associated With Prior Sexual Abuse: Clinical and Non-Clinical Samples, Manuscript submitted for publication.
- Brill, L., (1981), Family Therapy in The Clinical Treatment of Substance Abusers, 133 - 150, New York, The Free Press.
- Browne, A. and Finkelhor, D., (1984), The Impact of Child Sexual Abuse: A Review of the Research, Family Violence Research Program, University of New Hampshire.
- Butler, S., (1978), Conspiracy of Silence: The Trauma of Incest, California, Volcan Press.
- Courtois, C. A., (1979), Characteristics of a Volunteer Sample of Adult Women Who Experienced Incest in Childhood or Adolescence, Dissertation Abstracts International, 40, 3194A - 3195A, (University Microfilms No. 79 - 26, 514).
- Davis, D. I., (1980), Alcoholics Anonymous and Family Therapy in Journal of Marital and Family Therapy, January 1980.
- Deisher, R., Robinson, G., Boyer, D., (1982), The Adolescent Female and Male Prostitute, Pediatric Annuals.
- De Jong, A. R., Emmett, G. A., Hervada, A. A., (1982), Epidemiologic Factors in Sexual Abuse of Boys, American Journal of Diseases of Children, 136, 990 - 993.

- Ehrenreich, B., (1984), The Hearts of Men, Anchor Books, Anchor Press/Doubleday.
- Ellerstein, N. S. and Canavan, J. W., (1980), Sexual Abuse of Boys, American Journal Diseases of Children, Vol. 134, March.
- Faria, G. and Belohlavek, N., (1984), Treating Female Adult Survivors of Childhood Incest, Social Casework.
- Fasteau, M., (1974), The Male Machine, New York, McGraw-Hill Book Company.
- Finklehor, D., (1979), Sexually Victimized Children, New York: Free Press.
- Finkelhor, D., (1984), Child Sexual Abuse, New Theory and Research, London, Callier Macmillan Publishers.
- Finkelhor, D., and Browne, A., (1984), The Traumatic Impact of Child Sexual Abuse: A Conceptualization, Paper presented at the Fifth International Congress on Child Abuse and Neglect, Montreal.
- Freedman, A. M., Kaplan, H. L., Sadock, B. J., (EDS), (1975), Comprehensive Textbook of Psychiatry, 2nd Ed. Baltimore: Williams and Wilkins.
- Freeman, D. S., (1981), Techniques of Family Therapy, London and New York, Jason Aronson.
- Fromuth, M. E., (1983), Longterm Psychological Impact of Childhood Sexual Abuse, Doctoral Dissertation, Auburn University.
- Gagnon, J., (1965), "Female Child Victims of Sex Offenses" in Social Problems, 13.
- Gelinas, D. J., (1983), The Persisting Negative Effects of Incest, Psychiatry, 46.
- Goldberg, H., (1983), The New Male-Female Relationship, New York: New American Library.
- Goldberg, H., (1979), The Hazards of Being Male: Surviving the Myth of Masculine Privilege, New York: New American Library.
- Gordy, P. L., (1983), Group work that supports adult victims of Childhood Incest, Social Casework, 64.
- Groth, A. N. and Burgess, A. W., (1980), Male Rape: Offenders and Victims in American Journal of Psychiatry, 137:7.

- Groth, A. N. and Gary, T. S., (1982), Heterosexuality, Homosexuality, and Pedophilia: Sexual Offenses Against Children and Adult Sexual Orientation in Anthony M. Scacco, Jr. (ED), Male Rape: A Casebook of Sexual Aggressions, New York: AMS Press.
- Herman, J., (1981), Father - Daughter Incest, Cambridge, M.A.: Harvard University Press.
- Herman, J. and Schatzow, E., (1982), Time Limited Group Therapy for Women With a History of Incest, Paper presented at the 135th Annual Meeting of the American Psychiatric Association, Toronto.
- Jehu, D., (1979), Sexual Dysfunction, New York: John Wiley.
- Jehu, D., Gazan, M., and Klassen, C., (1984/85), Common Therapeutic Targets Among Women Who Were Sexually Abused in Childhood, Journal of Social Work and Human Sexuality; 3, 25-45.
- Jehu D., Gazan, M., Klassen, C., (April, 1985), Interpersonal Problems Associated with Childhood Sexual Abuse: Anger Control, An Intervention Program for Women Who Were Sexually Victimized In Childhood or Adolescence, Unpublished Manuscript, Psychological Service Centre, University of Manitoba.
- Kaplan, H. S., (1979), Disorders of Sexual Desire: And Other New Concepts and Techniques in Sex Therapy, New York: Brunner/Mazel.
- Kaufman, A., (1984), Rape of Men in the Community in Stuart, I. and Greer, J., (EDS), Victims of Sexual Aggression, Agincourt, Ontario, Van Nostrand, Reinhold.
- Kaufman, A., Divasto, P., Jackson, R., Voorhees, D., Christy, J., (1980), Male Rape Victims: Noninstitutionalized Assault in The American Journal of Psychiatry.
- Kerr, M. E., (1981), Family Systems Theory and Therapy in Gurman, A. S. and Kniskern, D. P., (EDS), Handbook of Family Therapy, New York, Brunner/Mazel.
- Kinsey, A. C., Pomeroy, W. B., Martin, C., Gebhard, P. H., (1948), Sexual Behaviour in the Human Male, Philadelphia: Saunders.
- Kinsey, A. C., Pomeroy, W. B., Martin, C. E., Gebhard, P. H., (1953), Sexual Behaviour in the Human Female, Philadelphia: Saunders.
- Landis, C., (1940), Sex in Development, New York: Harpe and Brothers.
- Landis, J. T., (1956), "Experiences of 500 Children With Adult Sexual Deviation" in The Psychiatric Quarterly Supplement Vol. 30.

- Lieberman, M. A., (1980), Group Methods in Kanfer, F. H. and Goldstein, A. D., (EDS), Helping People Change: A Test of Methods, 2nd Edition. New York, Pergamon.
- McGuire, L. S., and Wagner, N. N., (1978), Sexual Dysfunction Among Women Who Were Molested as Children: One Response Pattern and Suggestions for Treatment, Journal of Sex and Marital Therapy, 4.
- Meiselman, K. C., (1979), Incest: A Psychological Study of Causes and Effects with Treatment Recommendations, San Francisco: Tossey-Bass.
- Millett, K., (1970), Sexual Politics, New York: Doubleday.
- Nasjleti, M., (1980), Suffering in Silence: The Male Incest Victim in Child Welfare, Vol. LIX No. 5, May.
- Rose, S. D., (1977), Group Therapy: A Behavioural Approach, Englewood Cliffs, New Jersey, Prentice-Hall, Inc.
- Rose, S. D., Tolman, R., Tallant, S., (1985), Group Process in Cognitive Behavioural Therapy, The Behavioural Therapist.
- Rosenfeld, A. A., (1979), "Incidence of a History of Incest Among 18 Female Psychiatric Patients" in American Journal of Psychiatry 136:6.
- Rubin, L. B., (1984), Intimate Strangers: Men and Women Together, New York: Harper and Row.
- Russell, D., (1984), Sexual Exploitation, Beverly Hills, California, Sage Publications, Inc.
- Rush, F., (1980), The Best Kept Secret: Sexual Abuse of Children, Englewood Cliffs: Prentice-Hall.
- Sager, C. J., (1981), Couples Therapy and Marriage Contracts in Guyman, A. S. and Kniskern, D. P., (EDS), Handbook of Family Therapy, Brunner/Mazel, Inc.
- Sarrel, P. M., and Masters, W. H., (1982), Sexual Molestation of Men by Women in Archives of Sexual Behaviour, Vol. 11, No. 2.
- Schwartz, M. D., (1975), Situation/Transition Groups: A Conceptualization and Review, American Journal Orthopsychiatry, 45(5).
- Schwartz, W., (1961), The Social Worker in the Group: New Perspectives or Services to Groups, National Association of Social Works, New York.
- Sgroi, S. M., (1982), "A Conceptual Framework for Child Sexual Abuse", Handbook of Clinical Intervention in Child Abuse, Lenington, Heath.

- Shulman, L., (1979), The Skills of Helping: Individuals and Groups, F. E. Peacock Publishers, Inc.
- Steinglass, P., (1980), A Life History Model of the Alcoholic Family in Family Process, 19:3.
- Tiger, L., (1975), Man, Aggression and Men in Sex: Male/Gender: Masculine, Alfred Publishing Co., Inc.
- Tsai, M., and Wagner, N., (1978), Therapy Groups For Women Sexually Molested as Children, Archives of Sexual Behaviour, 7.
- Westermeyer, J., (1978), Incest in Psychiatric Practice: A Description of Patients and Incestuous Relationships, The Journal of Clinical Psychiatry, January, Vol. 39, No. 1.
- Yalom, I. D., (1975), The Theory and Practice of Group Psychotherapy, 2nd Edition, New York, Basic Books, Inc.
- Zilbergeld, B., (1978), Male Sexuality: A Guide to Sexual Fulfillment, Massachusetts, Little, Brown and Co.