// Research on Social Work Practice
http://rsw.sagepub.com/

Group Work Intervention with Female Survivors of Childhood Sexual Abuse

Nancy L. Richter, Elizabeth Snider and Kevin M. Gorey
Research on Social Work Practice 1997 7: 53
DOI: 10.1177/104973159700700103

The online version of this article can be found at:
http://rsw.sagepub.com/content/7/1/53

Published by:

http://www.sagepublications.com

Additional services and information for *Research on Social Work Practice* can be found at:

Email Alerts: http://rsw.sagepub.com/cgi/alerts

Subscriptions: http://rsw.sagepub.com/subscriptions

Reprints: http://www.sagepub.com/journalsReprints.nav

Permissions: http://www.sagepub.com/journalsPermissions.nav

Citations: http://rsw.sagepub.com/content/7/1/53.refs.html

>> Version of Record - Jan 1, 1997

What is This?

Downloaded from rsw.sagepub.com at Univ of Windsor Leddy Library on July 23, 2012

Group Work Intervention With Female Survivors of Childhood Sexual Abuse

Nancy L. Richter
Elizabeth Snider
Catholic Charities of Western New York

Kevin M. Gorey
University of Windsor

Closed process groups (15 sessions) cofacilitated by experienced post-MSW female social workers within a generalist problem-solving framework were offered to 115 survivors of childhood sexual abuse. This quasi-experimental study compared group work intervention with a waiting-list comparison group on measures of depression and self-esteem. Survivors who completed the group work intervention (86.6%) were significantly less depressed and had significantly improved self-esteem as compared with their wait-listed counterparts. Consistent across the three outcome measures at immediate posttest, nearly three quarters of the intervention group members' scores were less than the waiting-list group's average score. At 6-month follow-up (75.6% completed), the positive effects tended to be even larger.

People who have experienced sexual abuse as children are faced with a number of short- and long-term challenges. Fortunately, there has been a growing awareness of the problem, which has led to more resources for sexual abuse survivors (e.g., a growing number of treatment groups). In response to this need, social work practice with survivors has recently become the topic of burgeoning theoretical discussion, its efficacy conjectured particularly by group workers. However, few such workers have published the empirical

Authors' Note: Correspondence may be addressed to K. Gorey, School of Social Work, University of Windsor, 401 Sunset Avenue, Windsor, Ontario, N9B 3P4, Canada. This research was accomplished with the support of Catholic Charities of Western New York's Department of Metropolitan Services. The authors gratefully acknowledge the assistance provided by Rose Buscaglia and Phyllis Zaworski who cofacilitated half of this study's groups. We appreciate the assistance with data coding offered by Christine Wawrzynski. The supervisory assistance of K. Diane Greenaway, Blanche Shropshire, Denise Krause, and Adele Wawrzynek, along with the administrative assistance of Monsignor John J. Coniff (Director) and Michael Avanzato (Department Head of Metropolitan Services), is also gratefully acknowledged. We also wish to sincerely thank the women who participated in this study for sharing their strength, hope, and courage with us. An annotated bibliography with 126 references is available from the authors upon request.

Research on Social Work Practice, Vol.7 No. 1, January 1997 53-69
© 1997 Sage Publications, Inc.

Downloaded from rsw.sagepub.com at Univ of Windsor Leddy Library on July 23, 2012

findings of their work to date. The present study was accomplished with the hope of making a significant practical foray into this relatively new field of social work practice.

The prevalence of childhood sexual abuse has been reported to be somewhere in the range of 5% to 60% among nonclinical adult populations in North America (Bachmann, Moeller, & Benett, 1988; Bagley, 1991; Cahill, Llewelyn, & Pearson, 1991; Paris & Zweig-Frank, 1992; Siegel, Sorenson, Golding, Burnam, & Stein, 1987). This wide range of sexual abuse prevalence estimates may be explained by between-study differences on methodological (e.g., operational definitions of sexual abuse and response rates) and sample socio-demographic characteristics (Briere, 1992; Gorey, Rice, & Brice, 1992; Wyatt & Peters, 1986). The majority of the more rigorous studies in this field tend to place the magnitude of this problem's prevalence at 15% to 30%, and to suggest also that the phenomenon is probably experienced 2 to 3 times more often by females. Judging by even the most conservative of these empirical estimates, that is, that 1 of every 7 women has been sexually abused as a child, the extant problem is a significant one that clearly warrants the systematic attention of the social work profession.

Studies on the long-term impacts of childhood sexual abuse have found that one of the most common problems experienced by survivors is depression; two thirds to three quarters of them have experienced at least one clinically significant episode as an adult. Other problems that have been found to be associated with sexual abuse are low self-esteem, anxiety, stigmatization, and social isolation; engagement in self-destructive behaviors, including substance abuse and suicide attempts; problems with interpersonal relationships (issues of trusting others and parenting skill); sexual dysfunctions; vulnerability to revictimization; physical symptoms (headaches, asthma, digestive and reproductive problems); and other mental health problems such as post-traumatic stress disorder, borderline and other personality disorders, as well as multiple personality and other dissociative disorders (Bagley, 1991; Beitchman et al., 1992; Browne & Finkelhor, 1986; Cunningham, Pearce, & Pearce, 1988; Drossman et al., 1990; Murray, 1993; Wyatt, Guthrie, & Notgrass, 1992). Many of these prevalent problems may be expected to be highly amenable to a range of intervention modes typically employed by generalist social work practitioners.

Group Work With Sexual Abuse Survivors

Rationale for group work with survivors. Although individual treatment can play an important role in the healing process for the sexual abuse survivor,

Downloaded from rsw.sagepub.com at Univ of Windsor Leddy Library on July 23, 2012

group work offers several therapeutic advantages. The group experience gives survivors the opportunity to share their histories in a safe environment among others who have faced similar problems; consequently, their sense of isolation and stigmatization can be dramatically reduced. Yalom (1985) refers to this therapeutic factor as universality. Through the support and guidance that they provide for fellow group members, participants can develop their self-esteem by recognizing that what they say is valued by and beneficial to others ("altruism"—Yalom, 1985). Group work also enables participants to observe other group members at various stages of the healing process, which can instill hope (Yalom, 1985). Members begin to realize that healing is not a never-ending process. Moreover, group methods provide a vehicle for behavioral practice, and the group itself may become a social support network that, for many survivors, was not available previously (Alexander, Neimeyer, Follette, Moore, & Harter, 1989; Gil, 1988; Sprei, 1987).

Short-term groups, which typically range in length from 10 to 15 sessions, are often preferred to group interventions of longer duration for work with survivors (Alexander et al., 1989; Fowler, Burns, & Roehl, 1983; Herman & Schatzow, 1984). In addition to their being less costly, the therapeutic benefits of opting for time-limited work are threefold: (a) Agency resources may be more efficiently used to provide services to more people; (b) it is easier for the survivor, on both an emotional and practical level, to commit to a short-term group; and (c) group members' work toward individual as well as group goals is facilitated by their cognizance of the time-factor (Gil, 1988; Goodwin & Talwar, 1989; Hansen, Warner, & Smith, 1980; Knight, 1990; Kreidler & Hassan, 1992). This study evaluates a 15-session group work intervention.

Evaluation of group work with survivors. The empirical research on the effectiveness of group work intervention with survivors of childhood sexual abuse is scarce; the extant data of more than 50 papers is predominantly qualitative in nature (see Annotated Bibliography, available from authors upon request). This valuable theory-building work, though, has provided the means of tentatively inferring such intervention's efficacy. For example, such studies have consistently found that the vast majority of survivors (75-85%) report that their group work experience was "helpful," and furthermore, they report feeling "better about themselves" and "less isolated" even 6 months after group termination (Herman & Schatzow, 1984; Tsai & Wagner, 1978). These preliminary findings have essentially underscored the potential effectiveness of group work to ameliorate the psychosocial sequelae of sexual abuse experienced as a child.

The six more controlled quantitative studies in this field have extended the above inferences (Alexander, Neimeyer, & Follette, 1991; Alexander et al.,

Downloaded from rsw.sagepub.com at Univ of Windsor Leddy Library on July 23, 2012

1989; Apolinsky & Wilcoxon, 1991; Carver, Stalker, Stewart, & Abraham, 1989; Hazzard, Rogers, & Angert, 1993; Roberts & Lie, 1989; Threadcraft & Wilcoxon, 1993). Five of them offered brief group work (10 weekly sessions) and one evaluated more extended work (50 sessions); average effects of brief versus extended work did not differ substantively. A secondary summarization of their findings, obtained by weighting individual study effects by their sample sizes (Cooper, 1989), estimated that approximately 73% of the group work participants scored lower at posttest on operational measures of depression and psychological distress (and higher on indexes of self-esteem and self-worth) than they did, on average, at pretest. Furthermore, benefits seemed to be maintained at 6-month follow-up among participants of the two studies that included such assessment. In toto, the incremental lineage of research in this field, both qualitative and quantitative, tends to strongly support the notion of group work's efficacy with female sexual abuse survivors. However, even the six more methodologically rigorous studies in this field are limited in a number of ways: (a) Five of them have used pre-experimental designs (one group, pre-post) that leave such potent confounds as regression toward the mean uncontrolled; (b) the one quasi-experimental study that did use a comparison condition worked with a nonclinical sample (i.e., participants did not seek help of their own volition)—sampling was through a media canvas; (c) client samples have tended to be very small ($Mdn = 20$, $M = 31$); and (d) previous studies have tended to focus on merely statistical, rather than clinical or policy, significance. The present study will begin to fill some of these gaps in the research literature.

METHODS

This program of group work intervention with survivors of childhood sexual abuse (i.e., survivors) was accomplished between 1990 and 1994 under the auspices of a large nonprofit human service provider agency—Catholic Charities of Western New York. Furthermore, it built on extant agency resources; that is, external grant or other financial support were not specifically procured for it. These organizational caveats are stated explicitly at the outset because a number of this study's limitations as well as its strengths probably arise from them.

Samples and Quasi-Experimental Design

A total of 115 adult female survivors volunteered through their informed consent to participate in this study. The participants were routinely referred

Downloaded from rsw.sagepub.com at Univ of Windsor Leddy Library on July 23, 2012

by social workers or allied professionals in the community or from within the agency itself (Catholic Charities of Western New York has 16 offices within the Buffalo metropolitan area), or they were self-referred. Screening intake interviews obtained basic information such as a brief history of the sexual abuse and current psychosocial status to facilitate the determination of each woman's "group readiness"; that is, she met the following inclusion and exclusion criteria. At this point, the potential participants were also familiarized with the expected group process. Group work was contraindicated and thus not offered to women with current expressed suicidal ideation, to those who were abusing illicit drugs and/or alcohol, or to those women who were found to be actively psychotic or to have a mental health problem that would interfere significantly with the process of the group. Of course, those women who were excluded from this particular intervention opportunity were offered the full range of other agency services that were deemed more appropriate for them or were referred to another more appropriate agency. In addition to the already noted inclusion criterion of willingness and commitment to the outlined interventive course (15 weeks of group work with follow-up 6 months later), all participants (group work and waiting list) were required to be engaged concurrently in individual work with a professional social worker or allied psychotherapeutic provider. Though self-help support group involvement was not an exclusion criterion per se, none of this study's participants were concomitantly engaged in any such groups as Survivors of Incest Anonymous.

Four female masters-level social workers cofacilitated each of the 13 closed groups that were formed over the study period (approximately 4 groups per year over the first 3 years of the study). It ought to be noted here that the specific focus of this study, that is, group work with female survivors, was only one aspect of the four workers' practice responsibilities; they all concomitantly provided diverse services, ranging from income maintenance to psychotherapeutic work with individuals and families. Unfortunately, the demand for group work among survivors identified at intake could not always be immediately met. When this occurred, such consenting women, in addition to being offered all other appropriate agency services, were placed on a waiting list for the next available group opening.

Thirty-five women went directly to an available group, while the remaining 80 spent at least some time on the waiting list (ranging from 1 to 11 weeks, *Mdn* = 4). This resource problem may in fact be reframed as this study's central methodological strength. The waiting condition was conceived as a nonrandomized comparison group. Because women on the waiting list were offered a group experience as soon as one became available, 55 of the study participants spent at least some time in the waiting-list comparison group as

Downloaded from rsw.sagepub.com at Univ of Windsor Leddy Library on July 23, 2012

well as the intervention group. Seventy-eight of the 90 women who began a group completed it (86.6%), and three quarters of these completers ($n = 59$, 75.6%) responded to a mailed follow-up questionnaire (ranging from 6 to 8 months, $Mdn = 6.5$). The original research plan called for a 6-month follow-up period; in practice, though, some minor deviation from this plan did occur, and again, this was simply a consequence of the worker-investigators' relatively demanding direct practice workloads.

Group Work Intervention

The 13 closed process groups, which ranged in size from 4 to 10 members ($Mdn = 6$), met weekly for 15 consecutive sessions of 1½ to 2 hours. Each group was cofacilitated by one of two coworker teams; all four of the workers held an MSW, had post-MSW training in work with childhood sexual abuse survivors, and had 2 to 3 years of post-MSW direct practice experience at the study outset.

Proceeding from a generalist problem-solving framework, the groups were also goal driven (Compton & Galaway, 1989; Grief & Lynch, 1983; Landon, 1995). Workers facilitated members identification of individual goals early in the group process. Members' goals were recorded together in a singular process recording and referred to periodically during the course of the group. The benefits of this process were seen as two-fold: It facilitated the early identification of group members with each other, and it also facilitated members' observation of their progress across sessions. Group cofacilitators worked with individual members toward the establishment of focused goals that may be achieved or successfully progressed toward during the time-limited group. Such goals were then typically related to themes of the group process. For example, a common individual goal among this sample of survivors related to their identified problem of a lack of leisure activities or "fun" ("to learn how to play" or "to take better care of myself"). This individual goal coalesced the group process around the interrelated issues of anger, sadness, and grief (for having been denied the opportunity to be a child), which was directed toward identifying and working through the feelings, with an eye toward behavioral solutions (taking time to play) that could then be practiced at home.

The groups were somewhat unstructured, with workers directing focused activities as the group process emerged. Exercises ranged from reading relevant poetry, prose, or a chapter in *The Courage to Heal* (Bass & Davis, 1988) to bringing a photograph of themselves as a child to the group. Some structure was also provided by the workers' facilitation of a brief introductory and ending period of time during each session. At the beginning of the

Downloaded from rsw.sagepub.com at Univ of Windsor Leddy Library on July 23, 2012

sessions, each woman was given an opportunity to talk about her experiences of the previous week and to identify any relevant issues for group discussion. The ending process was intended to ground group members before leaving the session. It provided them with an opportunity to address any concerns they may have had regarding the work of the group on that particular day and to provide the group with a brief assessment of each member's emotional status before departing each other.

In the first session, the workers facilitated an exercise to help the group members get to know one another, group ground-rules were established, and a discussion of goal-setting (individual and group) was initiated. During initial group sessions, workers encouraged a supportive milieu where member's prevalent anxieties about group participation could be expressed and cohesiveness established. The central topics of subsequent sessions' work were primarily determined by the group members. There were a number of themes that typically evolved: member's personal experiences of sexual abuse (e.g., flashbacks), depression, self-esteem, anger, fear, grief (losses), personal relationships (trust, intimacy, sexuality), parenting, and the sharing of effective solutions as well as ineffective problem-solving attempts. As for the women's sexual abuse experiences, the workers gently and in a noncoercive way encouraged each woman to talk about what happened to her as a way of relieving the burden of the "secret." As the sharing occurred, the workers facilitated the process of emotional support among group members. Cumulatively, this process seemed to diminish most members' senses of isolation. Work directed toward termination was accomplished during the last few sessions. Progress toward or achievement of their individual goals and the establishment of informal social support among each other were reinforced. Group work successes were also reviewed as analogues for future individual successes.

Outcome Measures

This study's dependent or outcome measures were selected for a number of reasons: (a) They have conceptual linkages to the research on consequences of childhood sexual abuse; (b) other practitioners in this field have successfully used them in their intervention efficacy research; (c) their psychometric properties have been substantively documented; and (d) they are relatively brief, unobtrusive, and easy to use in typical direct practice settings. The interrelated constructs of depression and self-esteem were measured with the Beck Depression Inventory (BDI, a 21-item scale with a theoretical score range of 0 to 63), the Generalized Contentment Scale (GCS, 25 items, range = 0-100), and the Index of Self-Esteem (ISE, 25 items,

Downloaded from rsw.sagepub.com at Univ of Windsor Leddy Library on July 23, 2012

range = 0-100). The reliability or internal consistency of these scales (Cronbach's alphas of .86 to .95) and their criterion validities as assessed with concurrent and predictive methods (r = .72 to .83) have been found to be high to very high (Abel, Jones, & Hudson, 1984; Beck & Steer, 1984; Beck, Steer, & Garbin, 1988; Corcoran & Fischer, 1987; Nugent, 1994). Cronbach's alphas among this study's entire pretest client sample were .86, .89, and .94 for the BDI, ECS, and ISE, respectively.

After they gave their informed consent to participate, each client completed the three measures; typically, this took less than 15 minutes. Participants were then assigned to a group if one was available, that is, if one was beginning to be formed; otherwise, they waited for the next group to be offered (waiting list). When clients went from the waiting list to a group, they again completed the 71-item questionnaire that included the BDI, GCS, and the ISE. This assessment served simultaneously as their waiting-list posttest and group work pretest measurement. Those who completed the 15-week group work intervention were assessed immediately after the group's last session and again approximately 6 months later (follow-up).

Analysis and interpretation. This study's critical comparison across the three outcome measures was of the posttest difference between all those clients who completed group work (n = 78) versus all those who spent some time on the waiting list (n = 80) during the study period. The question of statistical significance was answered with the t test; moreover, and perhaps far more importantly, the question of clinical significance—the effect size or the magnitude of the between-group difference—was answered with Cohen's (1988) U_3 statistic. It is an intuitively appealing scale-free metric that is derived from Cohen's (1988) d index. For example, a U_3 of .75 comparing two groups' scores at posttest on the BDI would be simply interpretable as follows: 75% of the clients in the intervention group scored lower on the BDI than the average comparison group client.

It ought to be noted that during the analysis phase of this project a number of alternative critical comparisons were attempted. For example, those clients who completed the group work intervention condition only (i.e., were never on the waiting list, n = 23) were compared with those who never participated in a group (i.e., waiting list-only condition, n = 25), and also with themselves in a pre-post (no comparison group) pre-experiential design. Another comparison group that was constructed and analyzed was a longer duration waiting condition (i.e., more than 4 weeks on the waiting list, Mdn = 9 weeks, n = 35). The findings of these alternative comparisons were not found to be substantively different from those that from the design outlined above that included all of the data. This article parsimoniously reports the results and

Downloaded from rsw.sagepub.com at Univ of Windsor Leddy Library on July 23, 2012

and conclusions of the more comprehensive analytic design. Finally, missing data, a study limitation that again was resultant from the real-world constraints of doing practice research, offered another comparative opportunity—a quasi- or nonrandomized Solomon four-group design. Because of time and other agency scheduling or workload constraints, 21 clients did not complete the pretest questionnaire. These clients are not included in the overall design critical comparison described above; however, they did pro- vide some measure of control for the practice effect of repeated measurement.

RESULTS

Descriptive Profile of the Female Survivors

Demographic and comorbid profiles of the female survivors who completed the group work experience are displayed in Table 1; no significant differences were observed between the intervention and waiting-list groups on any of these characteristics. This sample of clients was typically in their 30s (52.6%), though they ranged in age from 23 to 61, never married (42.4.%), and White (91.6%). As for education, all except one of them graduated from high school, and approximately a third of them achieved a 4-year college degree or higher. Though a subsample of them were relatively affluent (27.3% with personal incomes of more than $30,000 per year), on average, their socioeconomic or income status seemed lower than would be expected of such a highly educated group (37.2% with personal incomes of less than $15,000 per year). Their socioeconomic vulnerability may be another consequence of the multiple problems-in-living that they have experienced as a result of their earlier sexual abuse. Consistent with previous samples of survivors, the participants of this study had had or continued to experience a number of prevalent problems. Approximately one quarter of them had a current mental health problem sufficient to warrant pharmacological intervention, and a similar proportion had been hospitalized at least once for such a problem. Many of these women had also experienced eating disorders such as anorexia or bulimia (20-25%), had had a problem with overeating and obesity (40-60%), and had abused illicit drugs and alcohol (15-25%). Not surprisingly, given the breadth of sequelae they have endured, one third of them had made at least one suicide attempt.

Clients' sexual abuse experiences. This study's sample of survivors may be characterized as severely abused, having typically experienced abuse at

Downloaded from rsw.sagepub.com at Univ of Windsor Leddy Library on July 23, 2012

TABLE 1: Client Demographic and Comorbid Characteristics[a]: Percentage Distributions

Demographic Characteristics	*%*	*Comorbid Characteristics*	*%*
Age ($M = 34.9$, $SD = 7.4$)		Current number of medications ($M = 0.8$, $SD = 1.0$)	
23-30	25.4	None	54.2
30-39	52.6	One	25.4
40-61	22.0	Two or more	20.4
Marital status		Current psychotropic medications ($M = 0.4$, $SD = 0.7$)	
Never married	42.4	None	72.9
Married	39.0	One	16.9
Divorced or separated	16.9	Two	10.2
Widowed	1.7	Ever psychiatric hospitalized	25.4
Racial group		Ever attempted suicide	32.2
White	91.6	Sexually assaulted as an adult	42.4
Native American	5.1	Ever have anorexia nervosa	25.4
African American	1.7	Ever have bulimia	18.6
Other	1.7	Ever a compulsive eater	61.0
Education (highest year completed; $M = 14.3$, $SD = 2.2$)		Ever obese	42.4
9-12	27.1	Recovering drug abuser	23.7
13-15	35.6	Recovering alcoholic	15.3
16	25.4		
17-20	11.9		
Employed	74.6		
Personal annual income			
Less than $10,000	16.9		
$10,000-$14,999	20.3		
$15,000-$19,999	18.6		
$20,000-$29,999	16.9		
$30,000 or more	27.3		

a. Description of the client sample ($n = 59$), that is, all of the group work intervention clients who completed pretest, immediate posttest, and 6-month follow-up assessment.

the hands of 2 to 3 (49.1%) male (91.3%) perpetrators ($Mdn = 2$ and $M = 2.8$) over the course of 9 years; the average age the abuse began was 6.4 years, and it ended at an average age of 15.4 (see Table 2). As for their relationship to the most frequent abuser, nearly two thirds of the survivors had been incestuously abused by immediate family members (37.3% by their fathers and 20.3% by brothers), and the majority of the other most frequent abusers were from among extended family relations (23.8%: uncles, stepfathers, grandfathers, and a cousin). Other frequent abusers were friends of the family (28.8%) and neighbors (16.9%). The clinical wisdom of others (Briere,

Downloaded from rsw.sagepub.com at Univ of Windsor Leddy Library on July 23, 2012

TABLE 2: Description of the Clients' Sexual Abuse Experience[a]: Percentage Distributions

Perpetrator Characteristics	%	*Intensity and Duration of Abuse*	%
Relationship of abuser		Number of abusers (*M* = 2.8, *SD* = 1.5)	
Father	49.2	1	22.0
Brother	32.2	2-3	49.1
Friend of the family	28.8	4	15.3
Uncle	27.1	5-7	13.6
Grandfather	18.6	Age abuse began (*M* = 6.4, *SD* = 3.8)	
Neighbor	16.9	1-3	32.2
Cousin	11.9	4-8	28.8
Stepfather	10.2	9-11	28.8
Mother	6.8	12-16	10.2
Aunt	3.4	Age abuse ended (*M* = 15.4, *SD* = 7.6)	
Grandmother	3.4	4-11	22.0
Baby-sitter	1.7	12-15	42.4
Clergy	1.7	16-20	25.4
Other	6.8	21-46	10.2
Most frequent abuser			
Father	37.3		
Brother	20.3		
Uncle	10.2		
Stepfather	8.5		
Grandparent	3.4		
Cousin	1.7		
Other	18.6		

a. Description of the client sample (*n* = 59), that is, all of the group work intervention clients who completed pretest, immediate posttest, and 6-month follow-up assessment.

1992), as well as our own, strongly suggests that recall bias does not potently confound this retrospectively self-reported client abuse profile. Moreover, memory repression, which may be a methodological issue of particular import when surveying nonclinical samples, is obviously far less germane here with this clinical one. Also, the consistent pattern of correspondence between other problems-in-living reported by them (see Table 1) and what is generally known about survivors bodes for the reliability and validity of this sample's recall.

Effects of Group Work Intervention

The central findings of this quasi-experimental study's critical comparison (group work intervention vs. waiting-list comparison group at immediate

Downloaded from rsw.sagepub.com at Univ of Windsor Leddy Library on July 23, 2012

TABLE 3: Outcome Measure Mean Scores as a Function of Group Status and Time Measurement: Magniture of Effect Size (Cohen's *d* and *U* statistics) by Dependent Measure

	Pre-Intervention		*Post-Intervention*		*Effect Size*	
Measure	M	SD	M	SD	d-*index*	U_3 *(%)*
Critical postintervention comparisons						
BDI***						
Group work ($n = 78$)	17.2	7.7	11.8	9.4	0.60	72.6
Waiting list ($n = 80$)	17.9	9.2	17.0	7.8		
GCS***						
Group work ($n = 78$)	48.3	14.6	37.1	16.6	0.64	73.9
Waiting list ($n = 80$)	47.8	14.1	47.2	15.0		
ISE***						
Group work ($n = 78$)	51.9	18.1	39.9	18.7	0.59	72.3
Waiting list ($n = 80$)	51.4	18.3	50.7	17.9		
Quasi-Solomon four-group design						
BDI**						
Group work, no pretest ($n = 12$)			12.1	7.0	0.81	79.1
Waiting list, no pretest ($n = 9$)			16.9	4.9		
GCS*						
Group work, no pretest ($n = 12$)			44.1	13.9	0.74	77.0
Waiting list, no pretest ($n = 9$)			52.2	8.0		
ISE***						
Group work, no pretest ($n = 12$)			45.8	13.1	1.18	88.1
Waiting list, no pretest ($n = 9$)			57.5	6.7		

NOTES: BDI = Beck Depression Inventory; GCS = Generalized Contentment Scale, measures the construct of depression; ISE = Index of Self-Esteem, measures the construct of "problem with self-sestem," that is, lower score is indicative of greater self-esteem.
1. These two groups did not differ significantly in a substantive nor in a statistical sense on any of the characteristics displayed in Tables 1 and 2.
2. Cohen's (1988) d-index = $M_{WL} - M_{GW} / SD_M$ (at posttest).
*$p < .10$. **$p < .05$. ***$p < .01$. One-tailed independent samples *t* test.

Downloaded from rsw.sagepub.com at Univ of Windsor Leddy Library on July 23, 2012

posttest) are displayed in Table 3. Survivors who completed the group work intervention were significantly less depressed (BDI and GCS) and had significantly improved self-esteem (ISE) as compared with their wait-listed counterparts: $t(156) = 3.80$, 4.01, and 3.71, respectively, all $p < .01$. In addition to these statistical findings, the magnitude of the observed between-group differences, which are more directly indicative of the intervention's clinical or practical significance, may be categorized as large; effect sizes (U_3) of .726, .739, and .723, respectively, were observed. Consistently, across all three of the dependent measures at immediate posttest, nearly three quarters of the intervention group members' scores were less than the waiting-list group's average score (the groups were equivalent on all three measures at pretest). These effects were not only maintained but tended, in fact, to be even larger at 6-month follow-up (U_3 of .819, .819, and .821, respectively, all $p < .01$). At follow-up, more than 80% of the group work respondents scored lower than the average comparison group member on all three of the dependent measures.

The data from among those study participants who did not complete the pretest assessment strongly suggests that the effect of practice or prior exposure to the measures is not a potent alternative explanation for this study's central findings (see the bottom half of Table 3); similar effects were observed among them (U_3 of 79.1%, 77.0%, and 88.1%, respectively). Furthermore, there seemed to be virtually no demonstrated practice effect with the BDI (postintervention comparison of group work members with vs. without the pretest and waiting-list members with vs. without the pretest), and only a small practice effect was observed for both the GCS and ISE, though it was similar for both the group work and waiting-list groups.

Adjunct interpretation using BDI clinical cutting-scores. The vast majority of this study's sample of female survivors were characterized minimally as mildly depressed at pretest (84.7% scored 10 or more on the BDI, i.e., they were mildly, moderately, or severely depressed), whereas 6 months later less than half of the group work participants (45.8%) could have been so characterized (follow-up/pretest prevalence ratio, *PR*, is 0.54; 95% confidence interval, *CI*, is 0.41 to 0.71). This finding suggests that group work intervention's experience is likely to prevent approximately half of the long-term sequelae associated with mild depression. As for moderate to severe depression (BDI scores of 19 or more), the intervention seems to have had an even larger impact, effectively eliminating such symptomatology among approximately two thirds of survivor participants (follow-up [16.9%]/pretest [44.1%] *PR* = .38; 95% *CI*, 0.21-0.69).

Downloaded from rsw.sagepub.com at Univ of Windsor Leddy Library on July 23, 2012

DISCUSSION AND APPLICATIONS TO SOCIAL WORK PRACTICE

Group work intervention was found to have large beneficial effects on female survivors' affect and self-esteem. As compared to survivors on a waiting list, study participants who experienced the 15-session generalist group work intervention were significantly less depressed and expressed significantly less "problems with their self-esteem" at 6-month follow-up. Nearly all of the group members (82%) scored lower on operational measures of these constructs (BDI, GCS, and ISE) than their average wait-listed counterpart did. Prevalent change in moderate to severe depression was most pronounced: At pretest nearly half of this study's female survivor sample were so categorized (44.1%), whereas at follow-up such prevalent depression had been diminished by nearly two thirds (16.9%). This study provides data that supports the more than tentative notion that group work has a significant impact on the prevention of the long-term consequences of childhood sexual abuse. For example, imagine if you will the preventive impact that would be realized across a number of life-space problems-in-living if two thirds or more of the experiences of severe depression were prevented among the population of female survivors. They would most certainly be at significantly decreased risk of experiencing any number of its deleterious mental, physical, and psychosocial effects, including suicide.

Anecdotally, group work also seemed to markedly reduce members' levels of guilt, shame, isolation, and hopelessness. Analysis of item subsets (e.g., 10 items from the three outcome measures—BDI, GCS, and ISE—compose the derived Guilt-Shame Scale) constructed to measure these concepts resulted in large to very large effects (U_3 of 80% to 99%); a future paper will report the detailed findings of such analyses. Some group members went on to confront their abusers. Members were also enabled, in many instances, to end destructive relationships and to enter into healthier ones. Furthermore, it seemed that the majority of the women who participated in the groups reached the "resolution and moving on" stage (Bass & Davis, 1988). With much less of their energy being spent struggling day-to-day with the effects of sexual abuse, they are more able to focus their energy on a variety of other life-affirming pursuits, such as their careers, continuing education, or reaching out to other survivors in need. For example, several of the women have organized a peer-support group for survivors, and others have spoken publicly in a variety of forums on the issue of childhood sexual abuse. Though anecdotal, these more qualitative indicators bolster and essentially cross-validate this study's central quantitatively derived confidence in the efficacy of group work intervention with female survivors.

Downloaded from rsw.sagepub.com at Univ of Windsor Leddy Library on July 23, 2012

Study Limitations and Future Research Needs

This study's methodological deficit of greatest potential concern arises from the fact that client group assignment (group work vs. waiting list) was not based on a truly random strategy. However, a number of its procedures as well as its descriptive findings tend to diminish the potency of this potential problem: (a) Group assignment was based on agency resource availability at intake (i.e., Was a group forming at that time?), and this agency characteristic is not likely to be associated with any client characteristics; (b) group assignment was not associated with time of the year; that is, intake month did not differ significantly between the group work and waiting-list client groups; and (c) the two groups were equivalent at pretest on the three dependent measures as well as on all of the assessed sociodemographic and abuse-related characteristics. The practical grouping strategy used in this study seems to have closely approximated a random one. Also, this study's use of a waiting-list comparison group may be criticized; ethical constraints notwithstanding, a no-treatment condition would be preferred. It ought to be recalled here that the previous qualitative and quantitative research in this field, when reviewed integratively in light of its strengths and limitations, provided substantial evidence in support of group work's efficacy with female survivors. This study was designed to add to the knowledge base in this field, but we believed from the outset that enough supportive evidence already existed to make a no-treatment condition unethical. And finally, it should be emphasized that the quasi-Solomon four-group aspect of this study's design was essentially a post hoc attempt to present all of the gathered data. Its presentation was intended as an interpretive adjunct only.

As with most of the previously published studies in this field, this one was accomplished with a relatively socioeconomically well-off and culturally homogeneous sample (well educated and nearly exclusively White). Future study is needed not only to extend the generalizability of this work to more diverse client groups but also to explore and identify any barriers that may act to prohibit service delivery to surviving women of color. A related issue concerns the generalizability of this study's findings over time. It followed participants for 6 months and assessed them on quantitative psychosocial measures. Longer follow-up periods that include both qualitative and quantitative measures are needed. For example, more extensive semistructured interviews with participants at 1, 2, or even 5 years postintervention would be very instructive. Funding for such a follow-up investigation with this study's sample is currently being sought.

Downloaded from rsw.sagepub.com at Univ of Windsor Leddy Library on July 23, 2012

REFERENCES

Abel, N., Jones, B. L., & Hudson, W. W. (1984). Revalidation of the index of self-esteem. *Social Work Research & Abstracts, 20,* 11-16.

Alexander, P. C., Neimeyer, R. A., & Follette, V. M. (1991). Group therapy for women sexually abused as children: A controlled study and investigation of individual differences. *Journal of Interpersonal Violence, 6,* 218-231.

Alexander, P. C., Neimeyer, R. A., Follette, V. M., Moore, M. K., & Harter, S. (1989). A comparison of group treatments of women sexually abused as children. *Journal of Consulting and Clinical Psychology, 57,* 479-483.

Apolinsky, S. R., & Wilcoxon, S. A. (1991). Symbolic confrontation with women survivors of childhood sexual victimization. *Journal for Specialists in Group Work, 16,* 85-90.

Bachmann, G. A., Moeller, T. P., & Benett, J. (1988). Childhood sexual abuse and the consequences in adult women. *Obstetrics & Gynecology, 71,* 631-642.

Bagley, C. (1991). The long-term psychological effects of child sexual abuse: A review of some British and Canadian studies of victims and their families. *Annals of Sex Research, 4,* 23-48.

Bass, E., & Davis, L. (1988). *The courage to heal: A guide for women survivors of child sexual abuse.* New York: Harper & Row.

Beck, A. T., & Steer, R. A. (1984). Internal consistencies of the original and revised Beck Depression Inventory. *Journal of Clinical Psychology, 40,* 1365-1367.

Beck, A. T., Steer, R. A., & Garbin, M. G. (1988). Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical Psychology Review, 8,* 77-100.

Beitchman, J. H., Zucker, K. J., Hood, J. E., DaCosta, G. A., Akman, D., & Cassavia, E. (1992). A review of the long-term effects of child sexual abuse. *Child Abuse & Neglect, 16,* 101-118.

Briere, J. (1992). Methodological issues in the study of sexual abuse effects. *Journal of Consulting and Clinical Psychology, 60,* 196-203.

Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin, 99,* 66-77.

Cahill, C., Llewelyn, S. P., & Pearson, C. (1991). Long-term effects of sexual abuse which occurred in childhood: A review. *British Journal of Clinical Psychology, 30,* 117-130.

Carver, C. M., Stalker, C., Stewart, E., & Abraham, B. (1989). The impact of group therapy for adult survivors of childhood sexual abuse. *Canadian Journal of Psychiatry, 34,* 753-758.

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum.

Compton, B. R., & Galaway, B. (1989). *Social work processes* (4th ed.). Belmont, CA: Wadsworth.

Cooper, H. M. (1989). *Integrating research: A guide for literature reviews* (2nd ed.). Newbury Park, CA: Sage.

Corcoran, K., & Fischer, J. (1987). *Measures for clinical practice: A sourcebook.* New York: Free Press.

Cunningham, J., Pearce, T., & Pearce, P. (1988). Childhood sexual abuse and medical complaints in adult women. *Journal of Interpersonal Violence, 3,* 131-144.

Drossman, D. A., Leserman, J., Nachman, G., Li, Z., Gluck, H., Toomey, T. C., & Mitchell, M. (1990). Sexual and physical abuse in women with functional or organic gastrointestinal disorders. *Annals of Internal Medicine, 113,* 828-833.

Fowler, C., Burns, S. R., & Roehl, J. E. (1983). The role of group therapy in incest counselling. *International Journal of Family Therapy, 5,* 127-135.

Downloaded from rsw.sagepub.com at Univ of Windsor Leddy Library on July 23, 2012

Gil, E. (1988). *Treatment of adult survivors of childhood abuse*. Walnut Creek, CA: Launch Press.

Goodwin, J. M., & Talwar, N. (1989). Group psychotherapy for victims of incest. *Psychiatric Clinics of North America, 12*, 279-293.

Gorey, K. M., Rice, R. W., & Brice, G. C. (1992). The prevalence of elder care responsibilities among the work force population: Response bias among a group of cross-sectional surveys. *Research on Aging, 14*, 399-418.

Grief, E. L., & Lynch, A. A. (1983). The eco-systems perspective. In C. H. Meyer (Ed.), *Clinical social work in the eco-systems perspective* (pp. 35-71). New York: Columbia University Press.

Hansen, J. C., Warner, R. W., & Smith, E. J. (1980). *Group counselling: Theory and process* (2nd ed.). Boston: Houghton Mifflin.

Hazzard, A., Rogers, J. H., & Angert, L. (1993). Factors affecting group therapy outcome for adult sexual abuse survivors. *International Journal of Group Psychotherapy, 34*, 605-616.

Herman, J., & Schatzow, J. (1984). Time-limited group therapy for women with a history of incest. *International Journal of Group Psychotherapy, 43*, 453-468.

Knight, C. (1990). Use of support groups with adult female survivors of child sexual abuse. *Social Work, 35*, 202-206.

Kreidler, M. C., & Hassan, M. (1992). Use of an interactional model with survivors of incest. *Issues in Mental Health Nursing, 13*, 149-158.

Landon, P. S. (1995). Generalist and advanced generalist practice. In R. L. Edwards (Ed.), *Encyclopedia of social work* (19th ed., Vol. 2, pp. 1101-1108). Washington, DC: NASW Press.

Murray, J. B. (1993). Relationship of childhood sexual abuse to borderline personality disorder, posttraumatic stress disorder, and multiple personality disorder. *Journal of Psychology, 127*, 657-676.

Nugent, W. R. (1994). An investigation of the dependability of clinical cutting scores using generalizability theory. *Journal of Social Service Research, 18*, 89-107.

Paris, J., & Zweig-Frank, H. (1992). A critical review of the role of childhood sexual abuse in the etiology of borderline personality disorder. *Canadian Journal of Psychiatry, 37*, 125-128.

Roberts, L., & Lie, G.-Y. (1989). A group therapy approach to the treatment of incest. *Social Work with Groups, 12*, 77-90.

Siegel, J. M., Sorenson, S. B., Golding, J. M., Burnam, M. A., & Stein, J. A. (1987). The prevalence of childhood sexual assault: The Los Angeles epidemiologic catchment area project. *American Journal of Epidemiology, 126*, 1141-1153.

Sprei, J. E. (1987). Group treatment of adult women incest survivors. In C. M. Brody (Ed.), *Women's therapy groups: Paradigms of feminist treatment* (pp. 198-126). New York: Springer.

Threadcraft, H. L., & Wilcoxon, S. A. (1993). Mixed-gender group co-leadership in group counselling with female adult survivors of childhood sexual victimization. *Journal for Specialists in Group Work, 18*, 40-44.

Tsai, M., & Wagner, N. N. (1978). Therapy groups for women sexually molested as children. *Archives of Sexual Behavior, 7*, 417-427.

Wyatt, G. E., Guthrie, D., & Notgrass, C. M. (1992). Differential effects of women's child sexual abuse and subsequent sexual revictimization. *Journal of Consulting and Clinical Psychology, 60*, 167-173.

Wyatt, G. E., & Peters, S. D. (1986). Methodological considerations in research on the prevalence of child sexual abuse. *Child Abuse & Neglect, 10*, 241-251.

Yalom, I. D. (1985). *The theory and practice of group psychotherapy* (3rd ed.). New York: Basic Books.

Downloaded from rsw.sagepub.com at Univ of Windsor Leddy Library on July 23, 2012