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THE EFFICACY OF GROUP TREATMENT FOR SEXUALLY ABUSED DAUGHTERS AND THEIR MOTHERS

by

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The undersigned certify that they have read, and recommended to the Faculty of Graduate Studies for acceptance, a thesis entitled, "The Efficacy of Group Treatment For Sexually Abused Daughters And Their Mothers" submitted by Eva Janine Helpard in partial fulfilment of the requirements for the degree of Master of Social Work.

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ABSTRACT

The purpose of this study was to investigate the efficacy of a newly developed group model of intervention for mother-daughter dyads in cases where the daughter had been sexually abused. A small sample of 8 mothers and daughters participated jointly in a 10 week group at Catholic Family Service in Calgary, Alberta. It was hypothesized that participation in a communication and problem-solving skills training group would improve the relationship between mothers and daughters. More specifically, it was hypothesized that skills training would improve communication, empathy, self-esteem and problem-solving abilities for mothers and daughters.

To test these hypothesis, mothers and daughters were administered the Family Assessment Measure (Skinner, Steinhauer, & Santa-Barbara, 1983) and the Coopersmith Self Esteem Inventory (Coopersmith, 1981) before and following participation in the group. Additionally, a post-group interview questionnaire was administered in an effort to obtain qualitative information regarding participant's perceptions of their group experience.

Statistically significant differences (at the .1 level) was found by employing the paired t-test. The results indicated that participation in the group program significantly decreased pathology in communication, empathy and problem-solving in the families as indicated by the FAM General subscale. Additionally, the post-group interview questionnaire indicated favourable impressions of the group

experience for both mothers and daughters. All were 'mostly' and 'very' satisfied with the group and all said that they would recommend the program to others in need of similar help.

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INTRODUCTION

Child sexual abuse is a serious and widespread problem currently affecting many children and their families in Canadian society. It is recognized that sexual abuse and other forms of abuse can leave emotional or psychological scars that remain long after any physical effects of the abuse have cleared (Gagliano, 1987). These scars may well be transcending generations, leaving future children vulnerable to sexual abuse. According to Bagley and King (1990), victimized girls are likely to internalize their trauma resulting in depressed, self-defeating and self-destructive behaviours. There may also be a greater likelihood of victims acquiring partners who perpetuate their abuse as suggested by the research of Goodwin, McCarthy, and DiVasto (1981) who found that 24% of mothers in families identified as physically and\or sexually abusive had a prior history of incest in contrast to 3% of mothers in a non abusive comparison group. Additionally, Cole and Woolger (1989) suggest that the incidence of intergenerational repetition of child sexual abuse increases when the victim lacks a positive relationship with her mother. Therefore, the mother-daughter relationship becomes an important consideration when intervening with child victims of sexual abuse and researching the intergenerational cycle of child sexual abuse.

Although few empirical studies were found regarding the characteristics of families in which children have been sexually abused, the literature suggests dysfunctional family patterns and describes the mother-daughter relationship as particularly estranged (Herman & Hirshman, 1977; Sagatun & Prince, 1989). Skill

deficits, such as problem-solving, communication, empathy and role definition have been found in the mother-daughter relationship where sexual abuse by the father has occurred (Hoagwood & Stewart, 1989; Sgroi, 1982). Given that many of the mothers themselves were abused as children, we can sympathize with these deficits. However, the result may be that the mother is unable to protect, to understand or to provide the emotional caring that the sexually abused daughter so desperately needs, thus perpetuating the cycle of abuse.

Once father-daughter sexual abuse has been disclosed, the father may leave the home or the child will go into protective custody. It is usually the decision of the non-offending parent as to which occurs. If the perpetrator leaves the home, services and treatment would ideally be geared towards helping the mother and daughter. Treatment focused on the mother-daughter dyad is proactive as it may intervene in a multi-generational cycle of dysfunctional relationship patterns. Unfortunately, very little information exists in the literature regarding interventions and treatment approaches to working with the mother-daughter dyad.

Therefore, the purpose of this study is to evaluate the efficacy of a group model of intervention for mother- daughter dyads where the daughters have been sexually abused. It is anticipated that this intervention will enhance the mother-daughter relationship by positively effecting communication, problem-solving, empathy and self-esteem. It is further hoped that this intervention will allow the mothers and daughters to become more competent in the use of these skills and

therefore, decrease chances of another repetition of intergenerational child sexual abuse.

This thesis proposes an educational/experiential group model of intervention for mother-daughter dyads where the daughters have been sexually abused. A literature review focuses on the characteristics of mothers and daughters and specifically on the mother-daughter relationship. Typical problems experienced by mothers and daughters are explored. These problems include skill deficits such as communication and problem-solving. Additionally, a summary of the theoretical explanations in the literature that describe the etiology of the problems in the mother-daughter relationship will be provided.

The implications for treating mother-daughter dyads following disclosure of child sexual abuse are described. These include the treatment needs for this dyad, clinical interventions currently utilized for the mothers and daughters, and a rationale for providing group treatment. The author proposes an innovative approach to working with mothers and daughters which is based on the Life Skills Model (Saskatchewan Newstart, 1973). An argument is made for the use of this experiential/educational group treatment approach with its strengths and shortcomings over traditional psychotherapeutic models of interventions which more commonly utilize a combination of individual and family therapy.

The current research, conducted at Catholic Family Service in Calgary, Alberta, evaluates the efficacy of this approach. The study used both qualitative and quantitative measures with mothers and daughters who participated jointly in

a ten session group based on the Life Skills Model. Finally, implications for practise and recommendations to others working with mother-daughter dyads in practise and in research are suggested.

CHAPTER ONE

THE IMPACT OF CHILD SEXUAL ABUSE

This chapter reviews the literature on child sexual abuse which includes definitions that relate directly to the impact that sexual abuse has on the child and it's relevance to the current research. The characteristics of the victims of abuse, their mothers and the family as a whole are described. Included is a overview of some of the problems encountered between mothers and daughters and theoretical explanations of the etiology of these problems. The purpose of this chapter is to introduce some of the current issues and problems which are identified in the literature as it relates specifically to the mother-daughter relationship in cases where the daughter has been sexually abused.

With a vast array of literature describing the effects of child sexual abuse, there is a need to define this concept. Considerable confusion exists regarding the definition of child sexual abuse. A variety of definitions have been advanced and few reflect the same condition. Some definitions are too narrow, some too broad and others too vague. The Alberta Child Welfare Act (assented to May 31, 1984) Section 1, subsection 3(c) states that a child is sexually abused if the child is inappropriately exposed or subjected to sexual contact, activity, or behavior. It is operationally defined as follows:

> "Child sexual abuse shall include any sexual intercourse, sexual molestation, exhibitionism or sexual exploitation involving a child, that could be a violation of the Criminal Code or render the child in need of

protection under The Child Welfare Act. This includes both intra-familial and extra-familial child sexual abuse" (Statement on Child Sexual Abuse, 1984, p.3).

The Law Reform Committee of Canada (1978) is more specific and defines sexual abuse as:

"The exposure of the child to sexual stimulation inappropriate for his age and role- the sexual exploitation of a child who is not developmentally, capable of understanding or resisting the contact; or a child or adolescent who may be psychologically or socially dependent upon the perpetrator" (Falconer & Swift, 1983, p. 61).

This definition, although more specific, is unclear in what defines sexual stimulation and how this stimulation is considered to be inappropriate for the child's age and role. The Children's Aid Societies (1979) is more clear in it's definition of child sexual abuse:

"Sexual abuse is the use of a child (under 16) for the sexual or erotic gratification of a caretaker or other person, performed with or without resistance on the part of the child and with or without accompanying physical abuse. This may range from exposure and fondling to intercourse, incest and rape. Sexual acts between consenting peers are generally excluded from this definition" (p. 10).

While this definition is clearer, it may be too specific in stating that sexual abuse involves the use of the child for sexual or erotic gratification. Larson and

Maddock (1986) believe that some perpetrators can be classified as sexually abusing a child for the sole purpose of exerting their power and control over the child.

Nevertheless, all of the above mentioned definitions include incest as one of many forms of sexual abuse of a child. Most authors distinguish between incest and child sexual abuse whereby incest or intra-family child sexual abuse refers to sexual relations between biologically related family members and has been considered a social taboo in most societies (Bagley & King, 1990).

Further controversy exists over the impact of sexual abuse on victims dependent upon a number of different factors that can define sexual abuse. Specifically, Browne and Finkelhor (1986) review empirical studies that do not reach consensus as to the impact of sexual abuse on the victims and the duration and frequency of abuse, relationship to the offender, type of sexual act, degree of force and aggression, age at onset, sex of offender and other variables. However, they found trends in the studies that indicate that abuse by fathers or stepfathers has a more negative impact than abuse by other perpetrators. They also state the following in relation to different types of sexual abuse:

> "Experiences involving genital contact seem to be more serious. Presence of force seems to result in more trauma for the victim...when the perpetrators are men rather than women, and adults rather than teenagers, the effects of the sexual abuse appear to be more disturbing" (p.75). However, Berliner and Ernst (1984), argue that the impact of sexual abuse

on children can only be understood in the context of the children's perception of what has happened. The child's perception is limited by their developmental stage, the information they have about this kind of behavior, and the response once the abuse is known (Berliner & Ernst, 1984). It may be implied from their discussion that sexual abuse involves many types of sexual interference with various degrees of intrusiveness, duration and frequency. They appear to advocate for general definitions of child sexual abuse as they argue that each child will feel traumatized according to their individual perceptions of what has occurred.

The subjects involved in the current research had many different experiences of sexual abuse that included intrafamilial, extrafamilial and ranged from sexual touching or fondling to intercourse. Their experiences also differed in duration, frequency and severity of abuse. In all cases, these children were considered to have been sexually abused according to the definition offered by the Alberta Child Welfare Act (1984), as all of these children were under the protection of Alberta Child Welfare Department. It appears that although these children's experiences of sexual abuse differed, all had been traumatized by their experiences to various degrees. Symptoms ranged from extreme behavioural problems to interpersonal difficulties with friends and family. More important to the current study were the effects that the occurrence of sexual abuse had on the mother-daughter relationship. Therefore, although consideration was given to the differences of each child's experience, the definition of child sexual abuse remains according to the Alberta Child Welfare Act (1984) for the purposes of the current

research which focused specifically on interpersonal communication and problem-solving skills in the mother-daughter relationship.

Characteristics of the Sexually Abused Child

The literature on the characteristics of child sexual abuse victims, their families and the relationships between them, primarily focuses on intra-family child sexual abuse and rarely distinguishes between the characteristics of intra-familial and extra-familial child sexual abuse. There is a gap in the literature addressing characteristics of extra-familial child sexual abuse. Therefore, this discussion is dependent to a large extent on the clinical literature and research focused on intra-family child sexual abuse.

Bagley and King (1990) compare the consequences of childhood sexual abuse to those experienced by victims of major disasters. Drews and Bradley (1989) and Sgroi (1982), believe that, depending on the age of the victim and the nature and duration of the abuse, the child may display one or more of the following characteristics:

a) She may believe that she is inferior. She may lack conviction that she is competent and in control of her life and future because she has consistently failed to receive permission from her father to own and govern her own body.

b) She may have low self esteem, feel helpless and have suicidal ideation.

c) She may fear the dark and strangers. She may distrust all men.

d) She may fear abandonment by her mother and by society.

e) She may abuse substances, become truant and/or run away.

f) She may be failing grades, avoiding peer interaction and have an impaired ability to trust or to believe in the motivations of others.

In addition to these problems, children may experience poor body image, sleep/appetite disturbance, psychosomatic complaints, depressive symptoms and show signs of other behavioral or affective disorders (Sirles, Walsma, Barnaby & Lander, 1988). Bagley (1986) also cites studies that indicate that there are long-term personality problems including guilt, depression, anxiety and permanent impairment of self-image in the majority of female victims of sexual abuse. He adds that more acute personality problems such as chronic psychosis, self-mutilation, induced obesity and anorexia are probably evident in about five percent of the cases. These reactions among victims of sexual abuse attest to the traumatic impact of the experience (Bagley & King, 1990).

> "The ultimate argument against the sexual exploitation of children by adults is that in at least half of the cases, and perhaps in more than half, long-term and perhaps permanent impairment of mental health will result" (Bagley, 1986, p.39).

Many victims of sexual abuse remain untreated and may carry these self-defeating behaviours into adulthood. Alexander and Lupfer (1987), in their research (N=586) on family characteristics associated with intrafamilial and

extrafamilial sexual abuse, describe the adult survivor as having interpersonal difficulty with both men and women, sexual dysfunction, subsequent victimization and poor self concept. Orr and Downe's (1985) small research sample (N=20) report adult survivors as having problems with sexual feelings, family relationships and difficulty in their ability to master their environment. Drews and Bradley (1989) add their clinical impressions of victims experiencing paralysed emotions and lacking interpersonal skills such as empathic listening and responding.

In summary, the potential exists for daughters who are sexually abused to grow up having difficulty in everyday relationships, feeling isolated within their communities, believing that they are a small minority and having been singled out in their families (Deighton & McPeek, 1985). Many adult survivors of sexual abuse fear the parenting role and are reported to have inadequate parenting skills which leads to repeated reports of child abuse or neglect (Deighton & McPeek, 1985). Because a large proportion of mothers of sexually abused children were sexually abused themselves, the characteristics of adult survivors of sexual abuse are also relevant to the discussion of mothers of sexually abused children.

Characteristics of the Mother

Much of the literature on the characteristics of mothers in families where sexual abuse occurs are discriptive and based on clinical impressions rather than on research. The majority of the literature describes the mother in a family where the father has sexually abused the daughter as either weak and dependent or cold

and distant. The dependent mother is described by Koch and Jarvis (1987) as being in a symbiotic relationship with the daughter. Her dependency needs, coupled with inappropriate strategies to meet these needs create an atmosphere of vulnerability to incest (Koch & Jarvis, 1987).

Meiselman (1978) agrees that the mothers are dependent and that their own childish need for warmth and nurturance predominate. From her clinical experience and research, she suggests that the satisfaction of these needs is pursued even at the expense of the daughter. Due to their powerlessness and low self esteem, these women look to their family for gratification of the emotional needs which were unmet in their childhood (Hildebrand & Forbes, 1987).

Herman (1981) on the other hand, in her research on forty adult survivors of child sexual abuse, describes the mothers as emotionally distant. She frequently observed that the mother in families where incest occurs were ill, incapacitated, or for some reason emotionally unavailable to her husband and children. The families adapt to this stressful situation by reassigning many of the mother's traditional obligations to the oldest daughter (Herman, 1981). This situation is referred to in the literature as a 'role reversal' between mother and daughter and is recognized as being harmful to the daughter since it forces her to fulfil obligations that are inappropriate for her age and developmental needs (Herman, 1981).

James and Nasjleti (1983, p. 25-31) suggest four main categories or personality types of mothers in families where the child has been sexually abused.

1. The 'Passive Child-Woman Mother' who is extremely dependent and immature.
2. The 'Intelligent, Competent, Distant Mother' who appears to be a model mother, is intelligent and charming and is only able to relate to people on an intellectual level.
3. The 'Rejecting Vindictive Mother' who is openly hostile and threatening but is also intelligent and resourceful. This mother typically disowns her child upon learning of the incest.
4. The 'Psychotic or Severely Retarded Mother' whose mental illness incapacitates her to the degree of being unable to protect her children.

Much of this literature has been criticized as being unfair to the mothers of sexually abused daughters. Bagley and King (1990) point out that the question of responsibility versus blame is a common theme in the literature. For example Sgroi (1982) and James and Nasjleti (1983) suggest that mothers are responsible for failing to protect their daughters and for poor communication in the family. Women are chastised for not performing traditional roles (McIntyre, 1981). They are accused of not satisfying their husbands sexually, for not stopping the sexual abuse of their child and for 'escaping' responsibility by taking care of their own needs (Bagley & King, 1990).

The non-sexist approach, which emerged in some of the literature from 1978 onwards, perceives the child and mother as victims in the family in which sexual abuse occurs, rather than as contributors. Many mothers are unaware that sexual

abuse is occurring in the family and once the abuse is disclosed, many mothers take important measures to protect their daughters from further abuse. These facts are reported in a number of studies, however, appear to be overlooked in many recent publications attempting to describe mothers in families where a child has been sexually abused (Bagley & King, 1990).

There are many factors to consider in an attempt to understand the behaviour of those mothers who do not take steps to protect their daughters once learning of the sexual abuse. Studies have shown that many mothers are subjected to physical abuse by the fathers who are sexually abusing their daughters (Bagley & King, 1990). Additionally, as indicated previously, many mothers of daughters who were sexually abused were sexually abused as children themselves. "The continuation of her learned victimized behaviour is an important consideration in understanding her inability to protect her own children" (Bagley & King, 1990, p. 166).

Identified Problems in the Mother-Daughter Relationship

In an attempt to understand the etiology of the problems encountered between mothers and daughters, Finkelhor (1986) cites a large number of studies that indicate that poor relationships with parents, particularly with the mother, are common factors in families where the child is sexually abused. One study found that not being close to the mother was the variable that was most predictive of sexual abuse (Hildebrand & Forbes, 1987). DeYoung (1982) reported from his

sample that 79% of incest victims had hostile feelings toward their mothers and Meiselman (1978) found that 60% of her sample disliked their mothers.

The relationships between mothers and daughters in families where a child has been incestuously abused are described by Koch and Jarvis (1987) as alternating between excessive closeness and alienation. The closeness cannot be maintained because the daughter is not able to meet the mother's needs or expectations and whenever the daughter makes an autonomous gesture, the symbiotic relationship is threatened. When the mother cannot tolerate her daughter's independence, the daughter acts out in an effort to free herself.

Koch and Jarvis (1987) add that the mother and daughter are unable to negotiate an appropriate middle ground between extreme dependency and extreme isolation. The relationship never achieves a healthy balanced position of appropriate interdependence because in a symbiotic relationship, the mother is unable to perceive her daughter as a separate individual who is in need of protection.

Problems in the mother-daughter relationship are compounded with inadequate problem-solving and communication skills additional to inappropriate role definitions (Hoagwood & Stewart, 1989). Following disclosure of sexual abuse, the mother may be in a state of crisis and needing to make some major decisions about her life. The disclosure may come at a time when she is least equipped to make these important decisions. If the father leaves the home, the mother, who may be dependent, may turn to the daughter once again for support

and help. The daughter, in a state of confusion and crisis, is ill-equipped to deal with these kinds of problems. Add to this, an inability to communicate and the possibility that the daughter may harbour much anger towards her mother for not protecting her, and there is potential for added stress to a family already in crisis.

In summary, the mother-daughter relationship is described in the literature as dysfunctional and lacking in warmth, clear boundaries and roles appropriate to age. Poor communication and problem-solving abilities compound the problems mothers and daughters experience in their relationship.

Characteristics of Families Where Incest Occurs

To understand the problems experienced between mothers and daughters in families where the child has been incestuously abused, the family as a whole must be explored. The family in which a child has been sexually abused has typically been characterized as extremely enmeshed, and with parent-child role reversal (James & Nasjleti, 1983; Koch & Jarvis, 1987). Family members are often isolated from outside contacts and community resources and have been described as inflexible and averse to normal developmental change (Alexander & Lupfer, 1987).

Koch and Jarvis (1987) elaborate on their description of the enmeshed nature of families where incest occurs, stating that the family members are not self-defined and that they find it difficult to separate from one another despite the frequently hostile nature of their interaction. These relationships are considered

symbiotic because neither the parent nor the child acts as an autonomous or complete person, and neither believe that they can function independently of the other. Both parents are described as using the children to meet their emotional needs (Koch & Jarvis, 1987).

Alexander and Lupfer (1987) appear to contradict Koch and Jarvis when they perceive most families whose children are sexually abused are significantly less cohesive and adaptable than families of children who had not been abused. The article suggests that there is a lack of empathy on the part of both parents for their child. The child's reluctance to disclose the abuse to the other parent has been interpreted as revealing the depth of emotional distance (Alexander & Lupfer, 1987). However, these impressions of the family are also explained by Koch and Jarvis as reflecting the extent that an inability to achieve a healthy balance of interdependence likely results in the mother becoming extremely dependent on or isolated from her daughter. Perhaps it is this isolation that Alexander and Lupfur are observing in their impressions on the characteristics of a family where incest occurs. Alexander and Lupfer (1987) also suggest that father-daughter incest is associated with traditional family values in which children are seen as subservient to adults, and females are seen as subservient to males.

From her clinical experience, Sgroi (1982) describes poor communication among family members. Family isolation, denial and lack of empathy are said to contribute to poor communication and failure to communicate (Sgroi, 1982). A study conducted by Hoagwood and Stewart (1989) confirms many of Sgroi's

impressions. It measured dimensions of problem-solving, communication, roles, affective responsivity, affective involvement, behaviour control and general functioning in families where sexual abuse occurred. The results indicate that the sexually abused were more likely to report poorer problem-solving skills in their families, more role confusion and more pathological functioning than a comparison group of students who were not abused (Hoagwood & Stewart, 1989).

In summary, the literature suggests that characteristics of families where intrafamilial sexual abuse has occurred include role boundary confusion, role reversal between mother and daughter, affective enmeshment, rigid behaviour control characterized by male dominated family patterns, poor communication and problem-solving skills, family isolation and lack of empathy.

Theoretical Perspectives

The literature describes several theoretical perspectives on the etiology of intrafamilial child sexual abuse, however, for the purposes of this thesis, the focus of discussion is specific to the problems encountered between the mother and daughter in families where a child has been sexually abused.

Koch and Jarvis (1987) theorize that symbiotic attachment between mother and daughter in families where incest occurs is an unhealthy extension of the normal symbiotic attachment between mother and infant. This theory proposes that in early infancy, the child is unable to distinguish between self and not-self.

"If the mother is generally comfortable with her own sense of self and is

'self-confident', the mother/infant separation will occur in a relatively healthful manner and will allow for the development of self-confidence in the child" (p. 97).

However, as described in the preceding pages, mothers whose children have been sexually abused are generally seen as dependent and lacking self-confidence in a family that is typically male-dominated. Consequently, the mother who is not an independently-functioning, self-confident individual may experience the mother/infant symbiosis as extremely threatening (Koch & Jarvis, 1987). This inability to achieve a healthy balance of interdependence with her child will likely result in the mother becoming extremely dependent on or isolated from her daughter (Koch & Jarvis, 1987).

Conversely, the family systems perspective often describes the mother-daughter roles in the family as being reversed, so that the daughter assumes the mother's role and becomes the central female figure in the household (Finkelhor, 1986). This theory has been more recently considered 'mother blaming' since it suggests that "the conscious or unconscious sanction of the non-offending mother ... must contribute to the assignment of the daughter in her place to care for the sexual, affectional and nurturant deprivation of the father" (Finkelhor, 1986 p. 64).

However, systems theory should not be disregarded because of this one premise. The family systems perspective has suggested other critical dynamics, such as the importance of family communication as a component contributing to vulnerability to incest (Trepper & Barrett, 1986). Conflict avoidance, secretiveness,

hostility and double-binding communication patterns are commonly present in families where incest occurs. Dysfunctional communication patterns exist between the mother and daughter and often lead to avoidance between the two (Trepper & Barrett, 1986).

Developmental theory addresses the child's relationship with her mother in a family where incest occurs as being a disappointment (Boatman & Borkan, 1981). The rage the daughter feels towards her mother over her lack of protection and age-inappropriate demands often causes the child to lose her mother as an object of identification (Boatman & Borkan, 1981). The result of this may be evident in mother-daughter relationships where there is a lack of empathy, nurturance or understanding.

In summary, the literature identifies many problems which may be encountered between mothers and daughters when the daughter has been sexually abused. The characteristics of mothers and daughters and the etiology of the problems in their relationship were explored as necessary background material to identify the needs which may be addressed in treatment.

CHAPTER TWO

TREATMENT OF CHILD SEXUAL ABUSE

Treatment for families where sexual abuse has occurred encompasses many forms of interventions including individual, dyadic, family and group therapy. Many current child sexual abuse treatment programs recognize the importance of utilizing a combination of these modalities based on the identified treatment needs of the child, parents and family as a whole. The assessment defines the nature and severity of the sexual abuse and gives direction to planning an effective and appropriate treatment program. This chapter explores the current literature regarding various treatment approaches for families where sexual abuse occurs. A rationale for providing group therapy and group therapy specifically for mother-daughter dyads, as part of treatment for families where sexual abuse occurs, concludes this chapter.

Treatment Modalities

The choice of therapy for families where a child has been sexually abused depends on a number of different factors including the child's age, developmental level, sex, diagnosis and the availability of services (Boatman & Borkan, 1981). Additionally, different treatment approaches will be used depending on the assessment findings regarding individual family members' emotional statuses, the family's relational structure, interactional dynamics, boundaries and protection abilities (Larson & Maddock, 1986). The implications of these variables in the

assessment phase of treatment as they relate to therapy options cannot be explored fully within the context of this thesis. However, these variables must be taken into consideration when treatment plans for families where sexual abuse occurs are being considered.

Individual therapy is widely used for the victim, the mother and the perpetrator, in most cases prior to the provision of family and group therapy. Individual therapy is indicated when the child feels more comfortable discussing the sexual experiences in the presence of a trusted therapist rather than in the context of family therapy or in the group atmosphere (Boatman & Borkan, 1981). Generally, empathic, supportive and educative approaches characterize individual treatment with victims of both intra-familial and extra-familial sexual abuse (Larson & Maddock, 1986). The focus of treatment usually includes the improvement of the victim's self-esteem and mood, empowering the victim and enhancing her self-assertion, clarifying her self-definition and identity, and assisting her in expressing and dealing with her pain and anger (Barrett, Trepper, & Fish, 1990; Larson & Maddock, 1986).

Similar goals for individual treatment with mothers, who many consider to have been victimized, may also be realized prior to dyadic, family or group treatment. The initial provision for separate treatment for mothers and daughters interrupts the symbiosis of the incestuous families and allows the individuals to grow and to become stronger (Koch & Jarvis, 1987).

However, the risk of solely providing individual therapy is that it does not

necessarily help the children and mothers to overcome their feelings of isolation nor does it allow for work on the problems they have in relating to others within the family (Boatman & Borkan, 1981). There is also a risk that when the experience is shared with the therapist, it may re-create the conditions of secrecy associated with the incest (Boatman & Borkan, 1981; Drews & Bradley, 1989).

Other clinicians suggest that when individual treatment is complemented with group therapy, clients more readily accept the multi-dimensional impact of the incestuous events by weakening the alliance of secrecy through open sharing with others who suffer common conflicts (Drews & Bradley, 1989). Individual treatment alone does not offer the same opportunity to work through feelings of stigma, shame and fear associated with being sexually abused or being the mother of a sexually abused daughter that group treatment appears to provide.

Dyadic work with the mothers and daughters is only briefly addressed in the literature. Sirles, Walsma, Barnaby, and Lander (1988) describe dyadic work with mothers and daughters as helping them towards the goals of learning appropriate styles of communicating and relating. They believe that the dyad needs to work towards forgiveness and attempt to achieve a mutually beneficial relationship. Of importance is a need to develop an open alliance between the mother and child which includes planning strategies for protection (Sirles et. al., 1988)

Dyadic treatment for mothers and daughters can be extremely importantni the treatment for families where sexual abuse occurs. In situations where one parent (usually father or step-father) has sexually abused a daughter, the mother

and daughter often both feel victimized. Because the daughter will need to depend on the mother's ability to protect her from further abuse, and also because it is not uncommon for mothers and daughters to develop suspicions and animosities towards each other, dyadic intervention is important (Larson & Maddock, 1986).

With respect to the problem of role reversal, Boatman and Borkan (1981) identify a need for the dyad to relocate responsibility for parenting to the mother. To enable the daughter to assume the role of child, the mother needs to accept the role of mother. This may include teaching the mother parenting and problem-solving skills to enable her to adopt her role of mother and to help her to avoid a tendency to leave these responsibilities to her daughter.

When both mother and daughter lack open communication and affection for one another, dyadic treatment must then address these deficits. Both mother and child may need to learn basic interpersonal, communication and problem-solving skills to better enhance their relationship. Drews and Bradley (1989) identify the suppression of feelings as being a problem in the mother-daughter relationship and therefore, treatment might also include focus on the dyad's need to learn to express and accept each others feelings.

Other needs in mother/daughter dyadic treatment may be addressed when communication skills are the focus of intervention. These issues include the mother expressing her intention to provide care and protection to her children; discussing normal sexuality and developmental problems with the daughter; providing the daughter with the opportunity to explore her own feelings of self

worth, guilt and trust and; allowing the mother to act as a role model in communication in hope that the development of healthy relationships outside the family will occur. These issues have commonly been identified as treatment goals for the mother daughter dyad in sexual abuse treatment (Drews & Bradley, 1989; Sirles et. al., 1988; Boatman & Borkan, 1981; Kilgore, 1988).

Giarretto (1982a) and Koch and Jarvis (1989) believe that individual and dyadic therapy should precede family therapy in order to make appropriate assessments of the individuals prior to attempting family sessions. Giarretto (1982a) believes that one cannot enter into therapy with the family until there has been a clear assessment made of the individuals who compose the family. Depending on the theoretical perspective chosen, goals for family therapy may include the following:

1. Realignment of structural boundaries by
   - opening up the family's social boundary
   - strengthening the intergenerational boundaries
   - strengthening the interpersonal boundaries and
   - clarifying the intrapsychic boundaries.
2. Enhancing family communication.
3. Enhancing family conflict-resolution processes.
4. Enhancing family problem-solving processes.
5. Decreasing victims' shame and increasing self-esteem.
6. Reworking abuse of power issues.

7. Enabling the capacity for empathy.
8. Re-sexualizing the marital relationship and de-sexualizing all others.
9. Trouble-shooting other symptoms (Centre for Child & Adolescent Development, 1990).

In summary, multi-modal treatment perspectives are addressed in much of the literature and emphasize the need for all three (individual, family and group) modalities to help families where sexual abuse occurs.

Rationale for Providing Group Treatment

This discussion addresses the rationale for providing group treatment in general and identifies the advantages of implementing mother-daughter groups as part of a multi-modal treatment perspective.

The use of groups is becoming generally accepted in sexual abuse treatment programs (Orten & Rich, 1988). The power of the group to confront or to support is well documented in the literature. This power to support growth and to empower both mothers and victims, possibly accounts for the widespread use of groups (Orten & Rich, 1988).

Another major element of group therapy that makes it a treatment modality of choice for sexual abuse victims is the reduction of anxiety and isolation due to the presence of peers. Groups help to increase opportunities for sharing and learning about issues that are common to them all. Group members are validated in their experiences and feelings. If they come from isolated families, they are

given the opportunity to develop more support and allegiance with others outside of their families.

The practical considerations of utilizing groupwork include the fact that a greater number of clients can be served, and that members may perceive the group as supportive, thereby decreasing their resistance to coming into therapy (Carozza & Heirsteiner, 1983). Group therapy is commonly used as a supplement to individual and family therapy for these reasons.

For the victims of sexual abuse, groups have proven to be a very effective method of therapy. Group therapy lessens the victim's isolation, pain and guilt by allowing the children to share their experiences with other children who have been traumatized (Gagliano, 1987). It has the potential for offering peer support to pre-adolescent victims of sexual abuse (Boatman & Borkan, 1981). The shared experiences of individuals who have experienced abuse, and the subsequent potentially traumatic involvement with the system, including the police, courts, doctors, and foster care, promote group cohesiveness and help members overcome some fears of isolation and deviancy (Boatman & Borkan, 1981).

Gagliano (1987) describes girls in his groups becoming more assertive because they practised assertiveness within and outside of group.

> "Girls who formerly chose isolation and withdrawal as a method of coping with incest become considerably more outgoing and sociable....girls who were extremely hostile were able to temper their reaction to frustration in a much more rational manner" (p. 104).

The advantages of providing group treatment to mothers are equally numerous. Groups provide mothers with a forum in which to share their isolating experience with peers (Hildebrand & Forbes, 1987). Mothers often feel isolated and alone in their problems. The group gives them the opportunity to enhance their support system which is especially necessary during times of change and crisis. Aside from this therapeutic aspect, the group performs an educative function, sharing information and learning new skills (Hildebrand & Forbes, 1987).

The benefits of providing group treatment to mother and daughter dyads are similar to those mentioned above. Not only might they benefit from support from other dyads who have similar experiences and problems, they might also learn from each other. The problems encountered between mothers and daughters as described earlier, are unique to this relationship, under these circumstances. Although these problems may be addressed in family therapy, the result may be that the mothers and daughters perceive their relationship problems as unique to themselves. In context, the group atmosphere provides the mothers and daughters with the opportunity to learn new ways of communicating, problem solving, dealing with conflict, enhancing empathy for one another and to learn more about each other in a supportive and safe atmosphere.

Modelling communication and problem solving skills is an effective way of learning and each dyad will potentially bring with them strengths which would allow the others to model after them. If the mother and daughter are learning these skills concurrently in a group, they can practise them in their own environments

and return to group to discuss problems or successes with the use of these new skills. This would hopefully assist the dyad to generalize new behaviours without the confusion or the fear of each other's changes which might be anticipated if mothers and daughters learned new behaviours in separate groups or from individual therapy.

Other benefits of providing group treatment for mother-daughter dyads include the opportunity for mothers and daughters to experience success in interpersonal problem-solving with the use of experiential group exercises. One of the major problems experienced by both mothers and daughters, as identified in the literature, is their feelings of low self-worth. Often these families have never had the opportunity to successfully interact with one another where both members feel understood and validated in their experiences. The group atmosphere would allow for the mothers and daughters to successfully interact and problem solve with careful coaching and support from other group members, thereby enhancing personal feelings of self-worth. The group atmosphere also allows for flexibility and creativity in structure and exercises. Mothers and daughters have the opportunity to try new behaviours in interpersonal communication with mothers and daughters other than their own. This may allow the individual mothers and daughters to try new behaviours while their daughter or mother observes and, hopefully, understands better their strengths and weaknesses.

Possible problems might be anticipated with this group focus. These are discussed briefly here, as they were important considerations in the undertaking

of the mother-daughter group which will be discussed later in detail. Some of the problems are similar to those associated with providing family therapy as the sole intervention for mothers and daughters.

The mother and daughter may not feel comfortable expressing their feelings or problems in the company of the other. The goal of building trust within the group would have to be met prior to any self-disclosure or participation in group exercises (Drews & Bradley, 1989). This task might be compounded with the necessity to build trust between the dyads, as well as with the other dyads in the group. With a false sense of trust, the clients may risk too much and become vulnerable without genuine support (Drews & Bradley, 1989).

A more practical problem with conducting this type of group includes the fact that, following disclosure of the sexual abuse, many dyads are experiencing crisis and a multitude of changes in their lives. The limitations of the group are that it cannot address these numerous issues, nor can it affect the realities of their home environments (Boatman & Borkan, 1981). The dyads may perceive the group as an additional burden rather than as an opportunity for growth and change if they are in the midst of a crisis or are attempting to make many changes in their lives.

Another obstacle may be the dyads' fears of disclosing in a group, and concerns about what the other may disclose about themselves. Incest continues to be perceived as taboo and attempting to engage mothers and daughters who may have kept this secret for a long time and are genuinely fearful of others

knowing, would be difficult at best.

In conclusion, the group experience for mother and daughter dyads may have many benefits if the above difficulties can be overcome. A mother has the opportunity to learn and teach skills to her child in a supportive, safe environment. The child has the opportunity to learn and teach skills to her mother, thereby providing the opportunity for more open communication between them. In effect, this experience may provide the dyads with the means to minimize the chances of repetition of another cycle of abuse to occur.

CHAPTER THREE

A PROPOSED TREATMENT MODEL FOR A MOTHER-DAUGHTER DYAD GROUP

Problems identified in the mother-daughter relationship such as communication and problem-solving deficits, can be addressed by the Life Skills Training Model. This chapter will define the main premises of the Life Skills Training Model and will establish its relevancy to the mother-daughter population. The role of the leader is explored in an effort to operationalize the concepts discussed. Giarretto's humanistic approach to treatment will be described as a conceptual framework within which the Life Skills Model can be applied as a component of treatment for sexually abused daughters and their mothers. Finally, the group process of the Mother-Daughter Relationship Enhancement group is summarized and emphasizes critical elements of the group content that relate to issues pertinent in the literature.

The Life Skills Training Model

The Life Skills Training Model was designed as an experiential/educational model for groupwork by the Saskatchewan Government's Department of Manpower and Immigration in 1972. It focuses on behavioral techniques in it's attempt to develop new behaviours through experiential learning rather than by defining and treating specific problems. The course was designed to train people in interpersonal and problem solving skills which could then be used and applied to their everyday lives. The objective is that participants learn a small class of

behaviours that are transferable to a variety of life situations and experiences. Students meet specific behavioral objectives by experiencing the course content affectively, cognitively and behaviourally.

The Life Skills model addresses the deficits experienced by many individuals in the areas of interpersonal skills and communication. It is an intervention that can offset dysfunctional aspects of inadequate role modelling (Life Skills Training Centres, Ltd., 1973). Those individuals who were raised in environments where, because of inadequate role modelling, they were not able to learn basic communication and problem solving skills are appropriately served with this model of group experience.

According to the model, a life skill must have three characteristics. It must be clear in description, have a purpose as either a communication or problem solving technique and it must have certain standards by which people judge their acceptability.

The model is also based on five assumptions (Life Skills Training Centres, Ltd., 1973).

1. Interpersonal and problem solving skills exist as identifiable and describable behaviours.
2. Some people will be able to model these behaviours for others.
3. People will be able to imitate and to practice these behaviours on their own.
4. As people practise new behaviours, they learn through group feedback which ones work more appropriately, and so can choose more effectively.

5. Once participants have practised behaviours and are aware of their use, they can transfer them to situations outside the training session.

The Life Skills participants begin at their own level of skill use. Some will have more deficits while others will be more skilled in the behaviours to be learned. When members choose to use appropriate behaviours, they are reinforced by the coach and other group members. When they choose to use inappropriate behaviours, they are given feedback on how these behaviours affect others. This feedback allows the individual to evaluate her behaviours. She begins to realize that by performing certain skills, she has the opportunity to experience more open and honest relationships with others.

Participants can act on the information they receive or they can choose not to change their behaviours. The idea of choice is important, as many dysfunctional behaviours may have developed out of a perceived need to survive a situation or experience. The intention of the course is not to take away, criticize, or disallow behaviours. It is based on the premise that the participants have the opportunity to become more aware of the effect that their behaviours have on others. With this information, they can decide for themselves what behaviours they wish to change. Participants have the safety of the group and the experiences and support of the facilitator and other group members, to try new behaviours. It is not enough that the individual have knowledge of a skill, they must be able to demonstrate the use of the skill and then transfer its use outside of the group for change to be effective.

Each session in a course based on the Life Skills Model has five distinct phases. The first phase is referred to as the "Stimulus". With the purpose of the learning needs for this session in mind, the leader stimulates each member in the group. This can be done by many different means. The use of films, an exercise or role play, a spontaneous discussion, etc., are all means for stimulating group members to respond to the course content during that session.

The second phase is referred to as the "Evocation". Once group members have been introduced to the course content for the session, they then reflect on their feelings about the event. The "Objective Inquiry" is the third phase whereby the leader helps the members to make sense out of their experiences by bringing the discussion back to a known source. This includes materials from published work, newspapers, resource persons and the coach's manual. This phase of the lesson should expand or verify the knowledge the students already have (Life Skills Training Centres Ltd., 1973).

The fourth phase involves participants practising the new behaviour. Referred to as the "Skill Practice", the students become competent in the use of the new skill by practising it in the safety of the group with support and 'coaching' from the facilitator. It is the expectation that the student will continue to practise each skill throughout the duration of the group as subsequent skills presented build upon competence achieved in previous skills. For example, the skill of identifying and expressing feelings will need to be practised competently before the skill of giving feedback can be learned successfully.

The last phase of the lesson is that of "Evaluation". It is in this phase that group members are given the opportunity to evaluate the use of the skill for themselves. Group members and facilitators assess student progress toward achievement of the skills specified in the lesson objective. In some lessons, the students assess their development by means of discussion, analysis of videotape, providing feedback based on check lists, and by direct interaction with other students (Life Skills Training Centres Ltd., 1973).

Role of the Leader

The training is presented as a course with the group facilitator acting as a model of the skills to be 'coached'. It is the responsibility of the coach to have students respond to the course content cognitively, affectively and behaviorally. A cognitive response is an intellectual understanding of the concept to be learned. An affective response is how the participant understands the skill through his or her unique experience. For example, a participant may understand what steps are involved in listening (cognitive) and feel frustrated (affective response) because she may lack the discipline of concentrating when another is speaking to her. A behavioral response (psychomotor) would be demonstrated by a member actually performing the skill of effective listening.

Throughout the Life Skills Course, group members respond to increasingly difficult content in these three ways. It is the task of the coach to continually assess where a given individual is at in relation to skill usage and to offer feedback

as well as support. Over time, new behaviours are shaped by this process.

In addition to interpersonal relationship skills, the coach introduces the skills of problem-solving, as problems occur spontaneously within the group. The coach helps members to solve these problems by acknowledging that the problem exists, helping members to specify what the problem is, assisting them in choosing alternatives or solutions and implementing a plan of action and, finally, evaluating the results.

The ultimate goal of the therapist is to help the members to generalize outside of the group what they practise within the group (Drews & Bradley, 1989). Therefore, the use of skills is strongly reinforced within each session so that the repetition of these behaviours will become habit. This constant repetition of skill performance ensures that the members are actually using the skills and not just understanding them, the process which is considered to shape new behaviours and which goes beyond many other groups that may leave understanding at a cognitive or affective level.

From the previous discussion of mother-daughter relationship problems, the relevance of this intervention is clear. Many mothers and daughters lack interpersonal communication and problem solving behaviours because they were never given the opportunity to learn them. As a result, they are unable to feel understood, to resolve conflict between them and with other people who are important to them, to take appropriate steps to solve their problems, or to develop appropriate support systems.

Giarretto's Humanistic Approach

Giarretto's humanistic approach to treatment is described as a conceptual framework within which the Life Skills Model, as previously described, can be applied as a component of treatment for sexually abused daughters and their mothers.

Giarretto was a pioneer in the development of a more humane approach to treating victims of child sexual abuse and their families. He describes the goals of his humanistic approach as enabling self-awareness and self-management for victims and family members of child sexual abuse. In order for this to happen, Giarretto emphasizes the need for a multi-modal treatment approach. This section will discuss the main premises of this humanistic approach and will operationalize the goals of therapy with the use of the Life Skills Model as discussed previously. This will serve to place the Life Skills Model into the context of existing theory and treatment for victims of child sexual abuse and their mothers.

Giarretto (1982a) believes that the ultimate goals of an integrated psychosocial approach are to protect the child and to facilitate the reconstitution of the family where it is possible and advisable. Mother-daughter counselling is the key first step towards re-establishing a sound mother-daughter relationship in this reconstitution (Giarretto, 1982b). The counsellor is seen as a friend and teacher rather than as a therapist. Teaching the family how to develop the attitudes and skills for personal growth both within the context of the family and within society as a whole are the aims of an integrated psychosocial approach. Humanistic

empathy is the key to successful intervention; it is considered to be an attitude rather than a technique (Giarretto, 1982a).

The focus on the importance of working with mothers and daughters together is clearly established in Giarretto's model. However, instructions as to how to incorporate a humanistic approach are vague and difficult to operationalize. This is because the approach is described as an attitude rather than a technique. Conversely, the Life Skills Model emphasizes the use of specific techniques and skills in teaching mothers and daughters communication and problem-solving skills. The Life Skills Model thus moves beyond theory as it suggests a process which can be used by professionals for achieving the goals outlined by Giarretto's humanistic approach.

Giarretto's treatment procedure is usually applied in this order:

1. Individual counselling, particularly for the child, mother and father.
2. Mother-daughter counselling, which is described as key to the initial reconstitution of the family.
3. Marital counselling if the family wishes to be reunited.
4. Father-daughter counselling.
5. Family counselling.
6. Group counselling.

Giarretto (1982b) states that the general objective of the treatment plan is to rebuild the family around the essential mother-daughter core. The focus, then, must be to improve the relationship between mother and daughter before work

with the entire family system can ensue. As described in the previous chapters, the problems encountered between mother and daughter include interpersonal communication and problem solving deficits. Giarretto believes that the therapist must act more as a teacher and friend than as a professional psychotherapist, in an effort to address these deficits. Again, however, the therapist may be left wondering what to teach in interpersonal communication and problem solving skills and, specifically, how to help mothers and daughters to learn the skills.

The Life Skills Model breaks down interpersonal communication and problem solving skills into specific behavioral components which can be practised, used, taught and transferred to an individual's own environment. Each skill builds upon the last so that, in the end, the participants have a repertoire of behaviours that they can choose to use under different circumstances. For example, the mothers and daughters may have difficulty resolving conflict. The skill of 'fighting fairly' includes the use of skills such as listening, identifying assumptions, describing feelings and giving and receiving feedback.

The Life Skills Model fits well with the basic premise of the humanistic approach which helps people to communicate unconscious thoughts, feelings and behaviours. Implicit in this frame of reference is the need for individuals, within a family where the child has been sexually abused, to understand and to accept their thoughts, feelings and behaviours. They would also need to accept responsibility for their own actions.

The Life Skills Model acknowledges that for people to make a behavioral

change, they must also recognize their feelings and thoughts in relation to that behaviour. The process of learning new skills is clearly established in the lesson structure which takes individuals through affective, cognitive and psychomotor realms. The stimulus moves people from the psychomotor (behavioral) to the affective. The evocation explores the affect in relation to what just occurred. The objective inquiry brings in 'factual' information which moves into the cognitive realm and the skill practice allows participants to practice what they just learned, in the psychomotor or behavioral realm.

In summary, the Life Skills Model is based on many of the same premises that Giarretto's humanistic approach advocate for in treatment of victims of sexual abuse and their families. The Life Skills Model goes one step further than Giarretto in being able to operationalize the concepts and premises upon which the humanistic approach is based.

Development of the Mother-Daughter Relationship Enhancement Group

This section describes the process by which the Life Skills Model was adapted by the author to meet the needs of mother-daughter dyads as part of a study conducted at Catholic Family Service. It was originally thought that mothers and daughters might benefit from a Life Skills Training course, since it would provide them with the opportunity to practise new interpersonal behaviours which would likely be more effective in meeting their needs than some of the dysfunctional ones they had learned in order to survive their abuse or trauma.

Problem solving skills would provide coping strategies which were thought to enhance the relationship between the mothers and daughters. Information on distinguishing between functional and dysfunctional ways of interrelating would provide the dyads with information necessary to evaluate present and future relationships. In this way, skills training would act as a preventative measure to offset the mother's and daughter's potential to become involved in another dysfunctional family system.

The Mother-Daughter Relationship Enhancement group was adapted from the Life Skills Model in order to meet the needs of these mothers and daughters. It was conducted over ten sessions which were one and a half to two hours in duration with a 15 minute break for refreshments. All topics were presented according to the Life Skills Model such that the participants were stimulated about the topic, feelings about the topic were explored, information regarding the topic was presented, and time was given to practise the new skill within the group. Finally, each session was evaluated as to the appropriateness of what was learned for the individual's use outside of group. The following is a summary of the topics presented in each session:

Session 1: Introductions, establishing group rules and completing pre-tests on the FAM III and Coopersmith SEI.

Session 2: Facts and Assumptions.

Session 3: Listening Skills.

Session 4: Identifying and Describing Feelings, Brainstorming.

Session 5: Giving and Receiving Feedback.

Session 6: Affirmations, Fears and Assumptions.

Session 7: Emotional First Aid.

Session 8: Ten persons I am: Identifying Assumptions about Myself.

Session 9: Fighting Fairly.

Session 10: Termination, review and certificate presentation.

Some of the experiential exercises required the separation of mothers and daughters into two groups, the use of role plays, in-group skill practise with a mother or daughter other than one's own. All exercises involved the active participation of both co-facilitators in modelling and using the skills presented.

All sessions were developed and co-facilitated by the author and another graduate social work student. Most of the sessions were supervised by the author's practicum supervisor from behind a two-way mirror. All participants were aware of and consented to being observed. Additionally, all members signed a Consent form to participate in the research (see Appendix A).

Limitations

There are some limitations to using the Life Skills Model for this population which were taken into consideration prior to implementing the group. The first major limitation is the amount of training needed for group leaders to implement and guide participants through the process of learning the skills. To be a qualified

Life Skills Coach, a group facilitator must complete an intensive twelve week course in coach training and conduct two full sixteen-week, 240 hour Life Skills groups. Additionally, the group facilitator must be competent in the use of the skills, be able to model these skills at an advanced level and demonstrate an ability to reinforce the use of these skills in others. The process of guiding participants through the affective, cognitive and psycho-motor realms is one that is developed over hours of practise and receiving feedback.

Secondly, the Life Skills course as it was originally developed, involves over 240 hours of participant time, which is three hours per day for sixteen weeks. One must question the efficacy of a condensed version that was developed for mother and daughter dyads that involved ten sessions for 1 1\2 to 2 hours per session. Skill development occurs with practise and repetition of behaviours which takes time and commitment from the participants. However, with a weekly mother-daughter group the emphasis was focused on the mothers and daughters motivation to practise the skills at home rather than within the group.

Finally, recognition is also given to the differences between the mother's and daughter's abilities to learn and integrate new information. The daughters, who are between the ages of ten and eleven may be unable to fully grasp the ramifications of using these skills. The mothers may be more reluctant to experience the course with openness and with a degree of risk-taking. All of these limitations are important to consider when undertaking this type of group.

In conclusion, it was hoped that providing individuals with the opportunity

to learn new skills would enhance and improve more effective social interactions in their lives. Communication and problem solving skill usage can have the effect of empowering individuals to make needed changes in their interpersonal relationships. It was anticipated that mothers and daughters would have the opportunity to strengthen their relationships and to learn new ways of communicating and problem solving. Further, it was hoped that the effect of this learning would break the cycle of intergenerational repetition of child sexual abuse and bring about a sense of control in the victim's and their mother's lives.

Group Process

This section highlights the main elements of group process and content of the Mother-Daughter Relationship Enhancement group. The group focused on learning interpersonal communication and problem-solving skills. Since this is a unique approach to working with this population, the following discussion will introduce some of the main issues and events that occurred during various phases of the group process that was conducted at Catholic Family Service.

The initial phase of the group extended through the first few sessions and was utilized for setting out rules and norms, getting to know each other, starting to feel some identification with other members and outlining confidentiality. All group members were made aware that this group was for daughters who had been sexually abused and their mothers. However, the focus and goals of the group were to improve communication and problem-solving abilities in the mother-

daughter relationship. Therefore, disclosure of the sexual abuse was not an expectation, rather, it was left to the participant's discretion as to what was disclosed.

The primary purpose of the first stage of this group was to make members feel safe enough to ventilate their distress, negative feelings, conflicts and ambivalent feelings. When the group became more cohesive, structured exercises helped to achieve this goal. Exercises in trust, identifying assumptions and describing feelings provided a safe beginning to explore feelings towards one another.

The first three sessions were devoted to exercises that allowed members to get to know each other, explore their fears and anticipations about the group and to establish clear rules for confidentiality, group safety needs and individual needs. In the first session, mothers and daughters were asked to introduce their partner. Prior to the introductions, however, group members brainstormed possible facts that were thought to be important to include in the introduction. Brainstorming involves group members thinking of anything that comes to mind regarding the topic with the result that group members suggested introducing the name of their partner, what they do in school or work, hobbies, interests, family and so on. This process made members feel safe about including a few facts about their partner that all members felt comfortable disclosing. The co-therapists acted as partners and introduced each other as well.

Following the introductions, we talked about how we felt introducing our

partner and being introduced. Some of the mothers were quite surprised about the facts that their daughters brought out. Many felt relieved that the introductions were over and noted that they felt more at ease. The mothers and daughters were encouraged to talk about their fears about being in a group with their partners. Many felt concern about what the other might disclose about themselves. As a result, an important group rule was established: that we were to only talk about ourselves, unless we received permission from our partner to disclose personal information about them. We ended this session with more group rules that included: no hitting or swearing; what is discussed in the group, stays in the group (confidentiality) and; only one person speaks at a time.

As described in the literature review, the mother-daughter relationship is characterized as having many problems including difficulty in achieving a healthy, balanced position of appropriate interdependence (Koch & Jarvis, 1987). This enmeshment or alienation was taken into consideration in the initial phase of group as it might have prevented the daughters from actively participating in the exercises. Therefore, the first two sessions were structured with the mothers and daughters working in separate groups for part of the sessions. The daughters and mothers brainstormed about possible group rules separately during the first session and then the group was brought together and the lists reviewed.

This allowed the mothers to identify with and to begin to trust the other mothers; and the daughters to identify with and to trust the other daughters. The mothers had the opportunity to explore and discuss their fears of being in a dyadic group

with their daughters, as well as the opportunity to perceive their daughters as separate from themselves. The daughters had the opportunity to identify with others who had been sexually abused and, with the use of enjoyable activities, they began to develop trust.

Feelings, fears, expectations, and feedback about how the group was progressing were discussed openly during all sessions. These feelings and the feedback helped the author and co-leader to develop subsequent lessons and likely gave the group members a feeling of responsibility in the progress of their learning within the group.

The second session was devoted to distinguishing between facts and assumptions. The exercise involved developing insight into the degree that we make assumptions about what others feel, what their behaviours mean and what they are thinking. The dyads were encouraged to describe assumptions that they made about their mother or daughter. They then practised asking questions in an effort to gain more facts. As with all the sessions, emphasis was placed on practising and using skills at home, in an effort to transfer the skills taught in group.

According to the Life Skills model, there is a continued expectation by group members and leaders that specific, measurable change will occur by each member. After having learned and practised a skill such as asking questions or listening, the group members and leaders continued to reinforce the use of the skill within the group during subsequent sessions. This could be described as the

'working' phase of group, a time that many group members perceive as difficult.

To offset the possibility of restlessness and boredom by the daughters or mothers, emphasis was placed on ensuring that all members were actively involved in the group process and that exercises, when used, were interesting and enjoyable. Most of the mothers and daughters had not experienced many opportunities to share in mutually enjoyable experiences and there were benefits to encouraging laughter and humour. The learning became interesting and encouraged positive interactions between mothers and daughters.

The third session focused on learning listening skills. It is important that this skill be taught early in the group so that group members will begin to get a sense of empathy and genuine interest through utilizing this skill. Many participants were not aware of the basic listening skills such as body position and eye contact. However, the most valuable component of listening, as discussed by the members, was that of "I-thou". This involves the listener concentrating solely on the speaker from the speaker's point of view, and not on what the listener is thinking to herself. It involves that the listener identify what the speaker is feeling additional to the content, and acknowledge what is said and felt through verbal and nonverbal means. Many mothers and daughters acknowledged that this was especially difficult to practise when in conflict, however, they practised it continually throughout the group and at home.

The fourth and fifth sessions addressed the skills of describing feelings and giving and receiving feedback. These exercises involved role plays, brainstorming

and discussion. It was interesting that the daughters appeared much more competent in describing their feelings than their mothers, a fact that was acknowledged by the mothers as well. The mothers were not aware of how important it was that their daughters understood how they felt, additional to the daughter's feelings being acknowledged and understood. The activities were designed to help the participants develop insight into their feelings, thoughts and behaviours. Much of what was discussed involved relationship problems with their mother or daughter, disciplinary problems, feelings of loneliness, confusion and of being misunderstood, and conflict. The issue of sexual abuse was discussed when one of the daughters learned that she had to testify in court against the perpetrator. This occurred in the fifth session. The other daughters gave her support and information, based on their own experiences of testifying. This critical incident, which evolved naturally in the group, gave the participants a strong sense of identification with one another.

The sixth session on "emotional first aid" gave the group members specific skills in their ability to validate each others feelings when disclosed. One daughter, who had continually complained about her mother never having time to spend with her, began to understand the pressures that the mother was experiencing in being a student and a single parent. The mother learned that her daughter was feeling lonely and in need of her approval and support. This was one example of how the use of the skills brought out important issues and feelings that were processed and supported within the group.

The seventh and eighth sessions focused on affirmations, fears and assumptions, and conflict resolution. Group members were taught the importance of giving and accepting positives and how this improves feelings of self worth. Many mothers and daughters had feelings of low self worth which made it difficult to give positives to each other and to accept and believe them when given. One withdrawn and lonely girl flourished notably when other group members gave her positive feedback. The mother learned how important it was for her to recognise and acknowledge her daughter's strengths.

The ninth session dealt solely with conflict resolution. The group members learned that to be able to resolve conflict, they needed to be competent in all previous skills. It provided the group members the opportunity to review previous skills and to practise them in role plays and skits. Feedback on the use of the skills was given by all observers and all group members were encouraged to continue practising these skills at home.

The final phase of group, that of termination or ending, was a significant issue for mother-daughter dyads. The group experience offered the members the opportunity to confront their fears of termination. Therefore, planning for termination began early in the group by announcing the number of remaining weeks and allowing for response to this announcement. Discussion which emphasized the importance of endings, and the conscious planning that turns them into valuable memories, were initiated by the facilitator. All members were given the opportunity to describe what the group meant to her and to reflect on

her observations of growth and change in herself and the others. These discussions were initiated with the aid of structured exercises, however, it also occurred spontaneously in group discussions nearing the end of group. Additionally, since endings of relationships are perceived by this population as negative (Drews & Bradley, 1989), it was also beneficial to plan that the last session deal solely with issues of termination and new beginnings. Group members were asked to prepare a certificate for their mother or daughter separately and then to present the certificate in front of the group. The certificate included what each believed their partner learned in the group and how she felt about these changes. The presentation appeared to be a difficult task for some of the members, as feelings about the group experience and of termination were expressed. It appeared to be a very powerful and important exercise as it acknowledged the bond mothers and daughters felt while reflecting on mutual experiences shared within the group.

In summary, the group leaders of the Life Skills mother-daughter group believed it to be a positive and valuable experience for both mothers and daughters. The process and content of the group sessions allowed mothers and daughters to develop insight, to learn new skills and to practise them together outside of the group. It was a challenge to keep the mothers and daughters motivated to learn at the same level. The facilitators were concerned that the content would either be too simplistic for the mothers to remain interested, or that the content would be too complicated for the daughters to understand. However,

it appears that the information, which was kept simple, was both valuable and understood by mothers and daughters. The experiential exercises kept the members interested and challenged, and the content proved to be important for mothers and daughters to learn.

CHAPTER FOUR

METHODOLOGY

The author conducted an exploratory study on the efficacy of a group for mother-daughter dyads, based on the Life Skills Model. The "Mother-Daughter Relationship Enhancement" group was implemented at Catholic Family Service, Child Sexual Abuse Program in Calgary, Alberta. This chapter addresses the problems that were suggested by the literature in the research question and hypotheses. Following are the definition of terms and the research methodology, including a description of the sample, the research procedure, the measures used to test the hypotheses, and the data analysis. Finally, the limitations of this exploratory research are discussed.

Research Question and Hypotheses

Previous chapters have outlined the extent to which the literature has addressed problems encountered for sexually abused victims and their mothers. There is clearly a gap in knowledge regarding interventions appropriate to helping the mother-daughter dyad resolve these problems. Different theories suggest the use of various treatment interventions, however, very few empirical studies exist regarding the outcomes of these procedures.

The intention of the current research is to address the efficacy of a communication and problem solving skills group which is derived from the Life Skills Model, for use with mother-daughter dyads. The research utilized a

one-group pre-post quasi-experimental design which is considered exploratory research according to Campbell and Stanley (1963). Both quantitative and qualitative methods of inquiry were utilized in the study. Since the group was newly designed, the author hoped to gather as much information as possible from the participants about the utility of the group.

The major question posed in this research is: "Will communication and problem solving skills training (Life Skills) improve the mother-daughter relationship following disclosure of sexual abuse of the daughter?" More specifically, it is hypothesized that:

1. Skills training will improve self-esteem for both mother and daughter.
2. Skills training will improve communication between mother and daughter.
3. Skills training will improve empathy between mother and daughter.
4. Skills training will improve problem solving abilities for both mother and daughter.

In summary, it is expected that improvement in self-esteem, communication, empathy, and problem solving abilities will result in an improvement in the mother-daughter relationship.

Definition of Terms

The independent variable in this study is participation in a communication and problem solving skills training group. The dependent variables are empathy, self-esteem, communication and problem solving. These key concepts can be

nominally and operationally defined as follows:

The independent variable of communication and problem solving skills training can be nominally defined as an intervention based on the Life Skills Model (Saskatchewan Newstart, 1972). It is operationalized with the use of a group modality where the facilitator promotes the use of communication and problem solving skills in the management of one's life. The material found in the Coaching Manual (Life Skills Training Centres, Ltd., 1973) would allow participants to learn the following skills: Differentiating between facts and assumptions, listening, describing feelings, giving and receiving feedback, giving empathy, fighting fairly, negotiating a compromise, and problem solving with a system. Within the group context, the facilitator would not only utilize a didactic approach in providing new information on coping skills, but through direct interaction with mothers and daughters, model the appropriate use of these skills.

Empathy is nominally defined as the ability to understand fully what another is attempting to communicate. For the purposes of this research, it is considered to be similar to the concept of 'affective involvement' (Skinner, Steinhauer, & Santa-Barbara, 1983), a subscale of the Family Assessment Measure. Affective Involvement is operationally defined as the ability of a family to meet the emotional and security needs of family members, and the flexibility to provide support for family members' autonomy of thought and function. It refers to both the degree and quality of family members' interest in one another (Skinner et. al, 1983). Affective involvement is congruent with the manner in which empathy refers to

such behaviours as listening attentively, verbal following, giving feedback to the communicator about what they have heard and checking for assumptions by asking questions when they do not understand.

Self-esteem is nominally defined as a person's favourable appreciation or opinion of oneself (Coopersmith, 1981). It is operationalized in this research with the use of the Coopersmith Self Esteem Inventory. Coopersmith refers to self-image as the content of a person's perceptions and opinions about him- or herself. The positive or negative attitudes and values by which a person views the self-image and the evaluations or judgments he or she makes about it form the person's self-esteem (Coopersmith, 1981).

Communication is nominally defined as the imparting, conveying or exchanging of ideas or knowledge (Skinner, et al., 1983). The goal of effective communication is the achievement of mutual understanding, so that the message received is the same as the message intended (Skinner et. al., 1983). It is operationalized behaviorally such that effective communication would include the use of specific skills such as listening, verbal and non-verbal responding, giving accurate information, asking questions, giving and receiving feedback and describing feelings.

Problem solving is nominally defined as the ability to solve problems (Skinner et. al., 1983). It is referred to by Skinner et. al. (1983) as 'task accomplishment' which is a subscale in the Family Assessment Measure (1983). It is operationalized with the demonstration of understanding or defining the

problem, breaking it down into manageable components, brainstorming possible solutions, choosing a solution and evaluating the results.

Sample

Mother-daughter dyads, who participated in the group program and research, were selected through referrals from community agencies (see Appendix B). Four of the mother-daughter dyads were referred to the group by the Child Sexual Abuse Program at Catholic Family Services. One dyad was referred by a private agency, Coleman and Associates.

Selection was conducted on a first-come, first-serve basis, until there were a suitable number of candidates committed to attend the group. In all, five dyads began the group and four completed the course (Table 1 summarizes the characteristics of the dyads). One mother (dyad 1) had to withdraw from the group after the fourth session due to her mother's illness that required her to stay on the family farm outside of Calgary.

The daughters had all been sexually abused; two by their stepfathers or live-in boyfriends of the mothers; two by someone outside of the family but who was known to the family and; one by an individual unknown to the family. The daughters were ten ($N=3$) and eleven ($N=2$) years of age. All of the daughters were living with their mothers and involved in therapy outside of the group.

TABLE 1

MOTHER-DAUGHTER CHARACTERISTICS

	Age	Marital Status	Occupation	# of children	Perpetrator
DYAD 1					
Mother	30	Single	Homemaker	1	Common-law Husband
Daughter	10				
DYAD 2					
Mother	35	Common-law	Homemaker	3	Friend
Daughter	11				
DYAD 3					
Mother	38	Separated	Student	2	Step-father
Daughter	10				
DYAD 4					
Mother	29	Single	Homemaker	2	Unknown to Family
Daughter	10				
DYAD 5					
Mother	29	Separated	Student	2	Friend
Daughter	11				

The mothers ranged in age from 29 to 38 with a mean age of 32 years. Two mothers were students and three mothers worked at home looking after their children. Four of the mothers were single parents and one lived in a common-law relationship.

Measures

The current research involved the use of both quantitative and qualitative measures to address the previously described variables. The Coopersmith Self Esteem Inventories, both Adult and Children's versions, and the Family Assessment Measure were administered to mothers and daughters pre- and post-group. Additionally, a questionnaire was administered post-group in the form of a structured interview with the mothers and daughters separately. This provided qualitative information regarding the utility of the group's content and process.

Coopersmith Self Esteem Inventory

The Coopersmith (SEI) is described as being among the best known and most widely used of the various self-esteem measures (Johnson, 1976). The School Form was developed for children ages 8 to 15 and the Adult form was developed for those 16 and older. The School Form consists of 50 items measuring self-esteem and an 8-item Lie Scale. It is scorable on five scales: General Self, Social Self-Peers, Home-Parents, School-Academic, Total Self, and Lie Scales (Adari, 1984). The Adult Form was adapted from the School Short Form and includes language more appropriate for older persons. It is scorable on one scale, the General Self, and it correlates with the School Form in excess of .80 for three samples of high school and college students (N=647) (Adari, 1984).

The predictive validity of the Coopersmith SEI was estimated by correlating subscale scores of the CSEI through regression analysis (Adari, 1984). It reports

that the General Self subscale ($r = .53$; $p < .01$) was predicted by scores on Reading Achievement. The reliability of the Coopersmith SEI was demonstrated by several studies as cited in Adari's (1984) report. Test-retest reliability studies have reported correlations of .88 over five weeks and .70 over three years (Coopersmith, 1975). To estimate the internal consistency, Spatz and Johnson (1973, cited in Adari ,1984) calculated the Kuder-Richardson reliability estimates ($N = 600$) and reported coefficients in excess of .80. In summary, the psychometric information on both Adult and Children's versions suggest that it is appropriate for use with the participants in this study.

The Coopersmith SEI asks the respondent whether a given statement is 'like me' or 'unlike me'. For example 'It's pretty tough to be me'. On the Adult form, the scores are multiplied by four and the School form scores are multiplied by two, so that a totally positive self-esteem score is 100 and a totally negative one is 0. In most studies, the distributions of SEI scores were skewed in the direction of high self-esteem with the means generally ranging from 70 to 80 with a standard deviation of from 11 to 13 (Coopersmith, 1983). Coopersmith (1983) suggests that scores in the upper quartile (75 and greater) can generally be considered indicative of high self-esteem; scores in the lower quartile (0 to 25) indicative of low self-esteem and; the interquartile range (26 to 74) indicative of medium self-esteem (Coopersmith, 1983). The current research anticipated increases in scores of self-esteem from the pretest to the posttest.

Family Assessment Measure

The Family Assessment Measure (FAM III) designed by Skinner, Steinhauer and Santa-Barbara (1983), provides quantitative indices of family strengths and weaknesses. The current version consists of three components:

a) The General Scale, which focuses on the family as a system.

b) The Dyadic Relationship Scale, which measures relationships between specific pairs in the family. In this study the mother daughter relationship was the focus.

c) The Self Rating Scale, which measures the individual's (mothers and daughters) perception of her functioning in the family.

Theoretically, the Family Assessment Measure is based on a process model of family functioning that integrates different approaches to family therapy and research (Skinner, 1987). The model indicates that the overriding goal of the family is the successful achievement of a variety of basic, developmental, and crisis tasks (Task Accomplishment).

> " Successful task accomplishment involves the differentiation and performance of various roles (Role Performance); communication of essential information (Communication), including the expression of affect (Affective Expression); the degree and quality of family members' interest in one another (Involvement); and the process by which the family members influence and manage each other (Control)" (Skinner, 1987, p.440).

The Family Assessment Measure is a self report instrument that asks respondents to indicate whether they strongly agree, agree, disagree or strongly disagree with a given statement. Three booklets are given to each family member: (1) General Scale, (2) Dyadic Relationship Scale, (3) Self Rating Scale. The General scale attempts to measure the degree of family dysfunction on the subscales Affective Involvement (empathy), Communication and Task Accomplishment (problem solving) and others, in the family system as a whole. The Dyadic relationship scale measures the same variables however, in relation to one other member in the family. The Self scale measures these variables in relation to that person and how he/she perceives themselves.

The raw scores obtained for each of the subscales are converted into standard scores for both adults and adolescents using normative data from normal families (Skinner et. al. 1983). Skinner et. al. (1983) indicates that an increase in the raw score corresponds to an increase in the number of family problems reported. However, since raw scores can be misinterpreted, a comparison of the individual's score with the performance of other families from a normative sample may afford a better understanding. The normative sample provided by Skinner et. al. (1983) consists of 372 cases which are divided into adult and adolescent tables.

The scores in the FAM profile are normalized such that each subscale has a mean of 50 and a standard deviation of 10. Therefore, scores outside the range of 40 to 60 are suggested to indicate either very healthy functioning (below 40) or a disturbance in family functioning (above 60) relative to the normative data

provided (Skinner et. al., 1983). The current research anticipated decreases in subscale scores from the pretest to posttest.

Psychometric information on the FAM is documented in several investigations (Skinner, 1987). In one study, the FAM was administered to 433 individuals who represented 182 clinical and nonclinical families. Psychometric analyses examined the discriminatory power of each item, scale reliability, intercorrelations among scales and the influence of response-style biases (Skinner, 1987). The median internal consistency reliability was substantial at $\underline{r}$ =.93 for the 30 item subscales, and at $\underline{r}$ =.87 for the best 10 items selected for each subscale (Skinner, 1987). Skinner (1987) also reported intercorrelations among the content subscales that ranged from .55 and .79.

Skinner et al. (1983) described further psychometric investigation on FAM III using 475 families. Internal consistency reliability estimates for the overall ratings were: $\underline{r}$ =.93 on the General Scale; $\underline{r}$ =.95 on the Dyadic Relationship Scale and; $\underline{r}$ =.89 on the Self Rating Scale.

In summary, the strong psychometric evidence suggests that the Family Assessment Measure is a valid and reliable measure for the variables with which the current research is concerned. It is an appropriate measure for both adults and children over the age of ten. Additionally, the FAM allows for comparisons to be made regarding the differences and similarities that mothers and daughters perceive in their families, in themselves and in each other.

Post-Group Questionnaire

The post-group questionnaire (see Appendix C) was developed by the author to obtain qualitative indices of the participants' group experience. It was administered in a structured interview format to all the participants individually. The responses were recorded as they were communicated to the author.

The first five questions deal with the structure of the group sessions, requesting client's opinions regarding the duration of group sessions, the times, the number of people in the group, the snacks and break periods. The next three questions were adapted from Nguyen, Attkisson and Stegner (1983) "Assessment of Patient Satisfaction" questionnaire. These questions related to the degree to which the group members felt that the group met their needs; if they would recommend this program to others and; their general satisfaction with the group. The last six questions related to each group member's specific learning in the group; what she may or may not have learned; how she used the information; how this information either helped or did not help; what she felt about the exercises and activities in the group and; what she liked least and most about the group.

Procedure

Pre-group interviews were arranged with mothers and daughters together, in order to clarify the goals of the group, to answer any questions or concerns they had and to discuss issues of confidentiality. The research was also outlined to prospective participants in the pre-group interview. It was made clear that

involvement in the research was voluntary and that it was not contingent upon their participation in the group program. Each participant was informed of the purpose and nature of the research, what was expected from them, and confidentiality. The consent form was given for both mothers and daughters to read and sign (see Appendix A).

The pre-group interview also served to ensure that the candidates were suitable for this group. Criteria included: that they not be experiencing crisis at the time of interview; that they were not suicidal, psychotic or extremely depressed; that the sexual abuse had been disclosed and Child Welfare was involved and; that they were involved in individual or family therapy throughout the duration of the group.

Each dyad was asked to complete the pretest self- administered questionnaires of the Family Assessment Measure and the Coopersmith Self Esteem Inventory during the first group session. The daughters were taken to a different room and were given assistance by the co-therapist. The assistance involved reading the instructions aloud and helping the daughters understand certain words or the context of a question when needed. The mothers were also read the instructions aloud and all were given the questionnaires and corresponding answer sheets separately for completion. Each dyad was given a corresponding number for comparative purposes. No names were used on any of the forms.

At the conclusion of the group program, interview dates were set for

completion of the post-group self-administered questionnaires and the post-group interview questionnaire. These were held within two weeks of completion of the group program at either the participant's home or at Catholic Family Service. The mothers and daughters were once again separated for completion of the questionnaires. The post-group interview questionnaire was read aloud to the participant and the responses were recorded as they were verbalized. Once again, assistance was given in clarifying words or questions for the daughters.

Data Analysis

Following completion of the data collection, all scores were converted in accordance to the guidelines outlined in the manuals. Data analysis was performed using the Studentware Statistical Package for the Social Sciences (SPSS/PC Plus) Revised (Norusis, 1988).

Statistical analysis was computed by using the paired *t*-test on the pre- and post-test scores on each variable. The *t*-test helps to determine whether an apparent relationship between two variables is a true relationship that exists within the population, or is a product of chance (Weinbach & Grinnell, 1987). The paired *t*-test or 'dependent' *t*-test is used when the data is correlated or paired. In the current research, we are concerned with the changes in individuals over time. Therefore a paired *t*-test helps to determine if the differences in the scores of the scales in FAM and Coopersmith SEI, before and after the group, are significant or if they occurred by chance.

Tests of significance (alpha) were set at the .1 level. The alpha level influences the likelihood of statistical significance (Lipsey, 1990). In this research, the alpha level was set somewhat higher than usual because of the small sample size and in an attempt to balance the chances of protection against Type I and Type II errors. A Type I error is accepting the alternative hypothesis when it is not true and a Type II error is accepting the null hypothesis when it is not true. Cohen (1988) argues that in treatment effectiveness research such as the current research, it is more desirable to keep the likelihood of a Type II error low, even at the expense of accepting an increased probability of Type I error.

Increasing statistical power can occur with an increase in sample size and effect size. However, most applied research does not lend itself to these options. Cost, feasibility and availability of subjects restrict the researcher's ability to increase sample size (Cohen, 1990). If neither effect size nor sample size can be increased sufficiently to maintain a low risk of error, the only remaining option is to permit a higher risk of error (Cohen, 1990). The author, therefore, increased the alpha level to .1, which may be considered modest given the small sample size of 8.

Limitations

One of the major limitations to the current research is that the study used non-probability sampling, whereby participants were accepted according to appropriateness, availability and desire to participate, on a first-come, first-serve

basis. Random sampling would have allowed for generalizability of the research to other similar groups.

An internal and external threat to validity involves the possibility of testing effects. It is difficult to know if the pretest influenced the participants' response to the intervention or if the pretest affected the way the people scored on the posttest. One way to offset this limitation would have been to utilize a control group which would have ensured that any increases in the measures were not simply due to a testing effect. These procedures were not utilized due to the exploratory nature of the group at this point in time.

Another limitation to this research is that all of the participants were involved with Child Welfare and had been referred by an agency in which they were actively receiving individual and family therapy. Because of this multiple treatment interference, it is difficult to determine which treatment is responsible for the changes.

Because the research involved a study on one group of participants, the sample size was small. The relationship between sample size and statistical power is very close and poses a dilemma for treatment effectiveness research such as this, as there are practical concerns involved in increasing the sample size. It becomes difficult, with a sample size of 8, to expect not only to generalize the results, but to attain statistical significance.

Despite the limitations of this research, it was believed that the proposed study would elicit valuable exploratory information regarding the efficacy of a group

model intervention for mothers and daughters. Additionally, qualitative information was obtained to enhance the quantitative results through the use of the post-group interview questionnaire.

CHAPTER FIVE

RESULTS

The current exploratory research concerned itself with the effects of participation in a Life Skills mother-daughter group on the group members' self esteem, empathy, communication and problem solving abilities. Four mothers and four daughters, or a total sample of eight, completed the Coopersmith Self Esteem Inventory and the Family Assessment Measure before and after group treatment. This chapter analyses the results of the data, and includes a discussion on the qualitative information obtained through the post-group interview questionnaire.

Coopersmith Self Esteem Inventory

The Coopersmith Self Esteem Inventory was used to test the first hypothesis: Skills training will improve self-esteem for both mother and daughter. The CSEI data analysis displayed in Table 2, showed a mean score of 43.1 with a standard deviation of 10.3 in the pretest. This is indicative of moderate to low self-esteem as compared to a normative group where average self-esteem is reported to be between 70-80 with a standard deviation of 11-13. Although the average mean score improved to 51.75 in the posttest, this difference was not found to be statistically significant ($t = -1.32$, $p < .11$) contrary to the hypothesis that self-esteem would improve after participation in the group.

It is apparent that the individual self-esteem scores,(see Appendix D) show six of the eight respondents (including all of the daughters) reported an

improvement in their self esteem. One mother's score remained the same and another mother's score dropped dramatically. The latter was experiencing some major changes in her life at the time of the posttest, however continued in individual therapy following the completion of this group. The negative change in one person's self-esteem in the context of the small sample size, thus appeared to have affected the size of change for the entire group, especially since the t-test approached significance at the $p < .1$ level. Further research with a larger number of participants utilizing this variable is therefore recommended.

TABLE 2

COOPERSMITH SEI

Paired samples t-test: pretest posttest

	Number of cases	Mean	Standard Deviation	Standard Error
Pretest	8	43.1250	10.274	3.632
Posttest	8	51.7500	20.408	7.215

t-Value	Degrees of Freedom	One-Tail Probability
- 1.32	7	.113

The Family Assessment Measure

The Family Assessment Measure addressed the last three hypotheses: Skills training will improve empathy, communication and problem-solving abilities in the mother-daughter relationship. As discussed previously, scores in the Family Assessment Measure profile are normalized such that each subscale has a mean of 50 and a standard deviation of 10. Scores outside of this range are likely to indicate either very healthy functioning (below 40) or disturbance in family functioning (above 60) relative to the sample of normal families provided by Skinner et. al. (1984).

The converted scores in Table 3 indicate that many of the mean scores of the group participant's ratings range from the mid-50's to upper 60,s in the pretests with six of the nine subscales (Empathy, Communication and Problem-Solving) scoring higher than 60. This would support the literature indicating that many families in which a child has been sexually abused show dysfunctional patterns. However, the post-test group mean scores show that only one subscale (Self/empathy) remained above 60. Overall, the group mean scores dropped to within normal limits for all subscales, with the exception of one, (Self/empathy) from the pre-test to the post-test, suggesting evidence that the group had a positive impact on the participants.

TABLE 3

FAMILY ASSESSMENT MEASURE

PAIRED T-TEST

	Total Mean Score		T-Value	One-Tail Probability
	Pre	Post		
GENERAL				
Empathy	58.625	51.500	1.58	.079*
Communication	60.625	55.250	1.58	.079*
Problem Solving	65.375	49.625	2.78	.013*
DYADIC				
Empathy	56.750	51.250	1.18	.139
Communication	62.875	55.125	2.68	.015*
Problem Solving	59.125	55.375	1.03	.169
SELF				
Empathy	63.000	60.750	0.33	.374
Communication	60.875	57.250	0.72	.248
Problem Solving	61.500	56.875	0.80	.275

Indicated in Table 3, the Family Assessment Measure is comprised of three scales which assesses the family from three different perspectives. The General Scale includes 50 items and nine subscales. It focuses on the level of

health-pathology in the family from a systems perspective. This scale provides an overall rating of family functioning. Results of the paired t-test show that the three subscales with which this research is concerned with (Empathy, Communication and Problem-Solving) are significantly improved from pretest to posttest at the .1 level of significance, under the General scale.

The Dyadic Relationship Scale includes 42 items and seven subscales. It focuses on relationships among specific pairs (dyads) in the family. In the current research, mothers and daughters rated each other only on the Empathy, Communication and Problem-Solving subscales. Results of the paired t-test show that statistically significant improvements in group mean scores from pretest to posttest occur in the Communication subscale but not in the Empathy or Problem-Solving subscales. However, it was interesting that participants reported improvements in Empathy and Problem-Solving on the General scale, indicating improvement in these areas in the family as a whole. Most of the dyads were single parents which makes it difficult to find an explanation for this difference. However, it could be due to the Dyadic questionnaire seeking information that is more specific to a particular member of the family rather than general impressions of the family.

The Self-Rating Scale includes 42 items and seven subscales. It focuses on the individual's perception of his/her functioning in the family. In the current research, respondents were asked to evaluate their own empathy, communication

and problem-solving abilities within their family. As shown in Table 2, group mean scores are greater than 60 on all subscales (Empathy, Communication, and Problem-Solving), indicating some dysfunction in the pretest. Posttest group mean scores decreased to under 60 for the subscales Communication and Problem-Solving, however remained above 60 in empathy. There are no statistically significant differences on any of the subscales (Empathy, Communication and Problem-Solving) group mean scores from pretest to posttest, in the Self-Rating Scale.

The General Scale was the first questionnaire to be given to the participants in the pre- and post-tests. It was also the longest of the three scales to be given with 50 questions as opposed to 42 on the Dyadic and Self scales. This could be one reason why all three subscale scores were significantly different from the pretest to the posttest in the General scale but were not found to be statistically significant in the Dyadic or Self scales, with the exception of the Communication subscale under the Dyadic scale. Additionally, respondents may have been tired of answering questions by the time they completed the Dyadic and Self scales. Some of the questions on all three scales are similar which may have proved tedious, especially for the daughters.

Relevant to this discussion on differences in statistical significance between the General, Dyadic and Self scales, are the respondent's self-reports of moderate to low self-esteem, which was found in the Coopersmith SEI results. Perhaps this general feeling of low self-esteem suggests an inability to acknowledge their

strengths on the Self subscales, in particular. Additionally, it was found that, in general, the dyadic partner rated individuals lower (indicating less dysfunction) than they rated themselves on the variables Empathy, Communication and Problem-Solving, once again reflecting that the participants perceived themselves as less capable than what their partners rated them.

It appears that communication was the variable most influenced by this group program, as statistical significance was found under both the General and Dyadic scales. This affirms the program's intention and focus of material. This also corroborates information obtained from the post-group interview questionnaire where many respondents reported learning and using specific communication skills and found that the use of these skills helped them to understand and communicate better with their dyad partner. Mothers and daughters also reported enjoying the time they spent together in the group and that this time together was important for them. Perhaps this time together, added with improved communication skills, resulted in their reporting improvement in communication within their dyadic relationship as well as within the family as a whole.

It might be anticipated that when the dyads report improvements in communication additional to enjoying the time they spent together, that they would also report improvements in empathy. However, statistical significance in empathy occurred under the General scale only ($t = 1.58$, $p < .07$). This could be due to the participants not noticing a difference in empathy in their partner or in themselves, or it could be due to the small sample size. The group mean scores

for all of the subscales decreased, however, the decreases in empathy under Dyadic and Self scales were not statitically significant at the .1 level.

Statistical significance was also found in Problem- Solving under the General scale only ($t = 2.78$, $p < .01$). Again, there were decreases in the mean scores under the Self and Dyadic scales, however, these differences were not found to be statistically significant. The group program was designed to be flexible, according to the needs of the participants. As a result, some of the anticipated lessons on problem solving were not given due to time constraints and the participant's wanting more information and practise in the use of the communication skills. However, it would appear that increased communication skills lend themselves to improved problem solving abilities within the family as a whole. Nevertheless, we must also recognize the limitations of conducting a study with eight participants and be wary of drawing too many conclusions from this small sample.

To summarize the major quantitative findings, the results of the research indicate support for several of the research hypotheses. First, in relation to the hypothesis that skills training would improve self-esteem in mothers and daughters following group treatment, although the Coopersmith SEI mean scores increased from 43.1 to 51.75, this difference was not found to be statistically significant at the .1 level.

Second, in addressing the hypothesis that communication would improve between mothers and daughters following group treatment, the FAM Communication subscale scores in the General and Dyadic scales show a

statistically significant ($p<.1$) decrease from the pretest to the posttest. Interestingly, there is no statistically significant difference under the Self scale for Communication. However, the differences in the General and Dyadic scales indicates an increase in ability to communicate in the family as a whole and within the dyadic relationship between mothers and daughters.

In addressing the third hypothesis, that skills training would improve empathy between mother and daughter, statistical significance was also found in the mean scores for the subscale Empathy under the General scale. This would indicate that empathy in the family as a whole improved from pretest to posttest.

Lastly, for the variable problem-solving, there was a statistically significant difference between group mean scores pre- and posttest under the General scale, again indicating that in the family as a whole, problem-solving abilities improved.

Although all subscales (Empathy, Communication and Problem-Solving) under the General, Self and Dyadic scales showed differences in the mean scores pre- and posttest, there were no other statistically significant differences.

Post-Group Interview Questionnaire

In an effort to enhance the previously described quantitative results of the research, this section provides descriptive information pertaining to the post-group interview results.

The post-group interview questionnaire provided feedback on various aspects of the group structure and information on clients satisfaction with the

group, which may place the aforementioned results in context. There were five questions regarding the structure of the group (see Appendix C) and three questions pertaining to client satisfaction. Additionally, six open-ended questions were asked regarding individual learning. These questions are dealt with in detail in the next section. The following is a summary of group members' responses to the first eight questions.

Participants were asked to comment about whether they thought 10 sessions was sufficient, too long, or too short. Five of the eight respondents felt that it was too short, two thought that it was sufficient and one felt it was too long.

In terms of the time of day the group was held (from 6:00 to 7:30 p.m.), five of the eight respondents thought that it was "okay" and three felt that it "could have been longer".

In response to the question that asked group members how many people they would have liked there to be in the group, five respondents reported: "there were enough people", one person felt there could have been less people and two reported that they would have liked there to be more people in the group.

Regarding the snacks, which included juices, fruit, cheese and crackers, all respondents stated that they were good and the children particularly enjoyed them. The mothers were happy that snacks were provided as many of them did not have time to have supper before the group.

The last question on group structure asked about the break times. All felt that they were sufficient and timed right except for one daughter who wanted them

to be longer. Three people reported that the breaks allowed for them to talk among themselves and 'to get to know each other better'.

To evaluate the client's general sense of satisfaction with the group, members were asked: "To what extent has the group met your needs?" Responses were on a Likert scale, with 1 indicating that no needs have been met, to 4 indicating that almost all needs have been met. Two people responded (4), that almost all needs have been met; four people responded (3), that most needs have been met and; two people responded (2), that a few needs have been met.

A second question asked "If a friend were in need of similar help, would you recommend our program to him or her?" Six people responded (4) "Yes definitely" and two people responded (3) "Yes, I think so".

The last question on client satisfaction asked "In an overall, general sense, how satisfied are you with the service you received". Five people responded (4), "Very satisfied" and three people responded (3), "Mostly satisfied".

In summary, it appears that all group participants felt that they benefited from the group experience to some degree. Many felt that the group was too short in duration and that they would have liked to have had more sessions. All felt a degree of satisfaction with the group and all would recommend this group to others in need of similar help. The majority felt that most to all of their needs had been met by the group experience whereas the two who indicated that only a few of their needs were met, also reported wanting the group to be longer in duration.

Mother-Daughter Dyad Responses to Group

The following provides a more in-depth description of the mother-daughter dyads in the group, emphasizing their individual characteristics and progress throughout the group experience. An overview of their responses to the open-ended questions in the post-group interviews are also included in this section that serves to place the previous statistical analysis of the data into a more personal and clinical context. For the purposes of confidentiality, the participants are referred to as dyad 1, dyad 2, dyad 3 and dyad 4.

Dyad #1

This mother-daughter dyad was referred to the group by Catholic Family Service. The mother is a single parent of three children and she and her children all attend family therapy with another therapist. The daughter is aged 11 and the oldest child in the family. She had been sexually abused by a friend of the family. Both mother and daughter presented at the initial interview wanting to improve communication and to help them to deal with conflict. The daughter was initially reluctant to participate in a group, however, when she learned that the other children were the same age, she agreed to come.

Dyad 1 attended all ten sessions and showed some important changes in their behaviours towards one another over the duration of the group. The mother was initially quiet and reserved and the daughter seemed preoccupied when others

were talking. However, both became more active and involved in the exercises and group discussions by the third session.

Most of the information dealing with communication, empathy, identifying assumptions and conflict resolution was new to this dyad. They practised many of the skills in the group and reported using these skills with other family members. The daughter appeared to benefit a great deal from the group experience. Her self-esteem scores improved dramatically from 44 to 64. The mother also reported that she and her daughter were more communicative during disputes instead of "blowing up" and running away. She noted that her daughter was starting to express herself more to her.

In the post-group interview, the daughter reported that she learned many specific skills such as "feedback, listening, describing feelings and realizing that there are negative feeling words that are okay to use". She indicated that she used "I-thou, eye contact and relaxation" at home and with others. These are components of listening skills that were taught early in the group. I-thou refers specifically to the ability to concentrate only on what the other person is saying and not on what the listener may be thinking to themselves.

This daughter also indicated that she thought the activities in the group were "fun". As to what she liked most and least, she reported that she liked giving her mother the certificate at the end of the group the most, and what she liked least was "talking to mom in front of everyone once".

The mother stated that she learned to "deal with (her daughter) in some

ways: listening, eye contact and body posture". She indicated that she used listening at home more often and had to remember to keep eye contact when others talk to her. She said that this helped her because her daughter is able to express herself more to her. In response to the activities, the mother thought that they were interesting in that she was able to identify with what other group members said and she saw her daughter react well to the exercises. As to what she liked most and least about the group experience, she reported that she liked the people the most and she thought the "group was not long enough to deal with all that there is in communication".

Dyad #2

Dyad 2 was referred to the group by Catholic Family Service. The mother is a single parent of two children and she is currently attending college full time. The daughter, aged 11, was also the older child in the family. She had been sexually abused by her step-father. Both mother and daughter presented at the initial interview wanting to improve communication and they hoped that the other would be able to understand them better.

In this dyad, the daughter was very bright, outgoing and communicative. She was more interested in understanding the content than actually experiencing it, however, she was valuable to other mothers and daughters in her ability to interpret and explain the skills that were taught. The mother participated in group activities and showed care and insight when involved with other daughters.

However, the daughter was much more keen on doing homework exercises than the mother, as the mother reported being very busy with school work. Once again, it appears that the daughter benefitted from the group experience as her self-esteem scores improved from 50 to 64. The mother's self-esteem, low to begin with, improved from 36 to 48.

In the post-group interview, the daughter reported that she learned: "to talk about feelings", "feeling words", "feedback", "listening skills", "I guess almost everything". She said that she used listening, feedback and describing feelings at home. She reported that using these skills "helped me quite a bit to express myself and to listen to and understand my mom better". As to what she thought about the exercises, this daughter replied: "super". She reported that "it wasn't long enough" and "giving mom the certificate" were what she liked least about the group. As to what she liked the most, she replied: "Everything, especially being with the kids and different people".

The mother in dyad 2 reported learning "I-thou (most important)", "saying what you mean", and "saying that you understand how others feel and explaining how you understand". She said that she used I-thou, listening skills and body language at home. She reported that by using these skills, it helped her to see how important they were. "It made me aware of what I wasn't doing".

Regarding the exercises, this mother thought that they were: "great" and "excellent". As to what she liked least, she replied: "Rushing to get there". She

reported that what she liked most was: "Knowing that others had similar problems to me and my daughter, especially for (my daughter)".

Dyad #3

Dyad 3 was referred to the group by Catholic Family Service following disclosure of sexual abuse by the daughter a few months prior. The mother is a single parent of two children who had recently come to Calgary and was experiencing problems coping with the demands of parenting. The daughter had been sexually abused by a stranger and was having problems in school and at home, presenting with hyperactivity and behavioral problems. The mother initially presented as depressed and lonely, however, she was active in the group for the most part. Both mother and daughter wanted to improve their relationship. However, they pointed to the daughter's problems as being the primary cause of their problems. The Coopersmith SEI score of 21 at the pretest indicated the extent of the daughter's feelings of low self-worth.

This dyad attended the group regularly until the last three sessions at which time the mother stated that it was too difficult to get babysitters and to travel the distance by bus. However, many other problems were occurring in their home at this time. In group, the daughter created many diversions, interrupting others and having difficulty concentrating unless she was the centre of attention.

The mother had difficulty controlling the daughter's behaviours, and other group mothers intervened to offer support and help. However, as the group

progressed, the members allowed the mother and daughter to learn to resolve their own conflicts. As a result, the daughter became much less demanding of group time and was able to develop a close relationship with another daughter.

In the post-group interview, the daughter appears to have learned much new information whereas the mother indicates that most of the information was not new to her. However, the daughter seemed more competent in the use of various skills such as describing her feelings, giving feedback and listening. The mother understood the material cognitively, yet needed more time in practising and demonstrating these skills in the group.

The daughter indicated that she learned the skills of describing feelings, giving feedback and fighting fairly and "to be friends with everybody". She said that what she used at home was describing her feelings. She indicated that this learning helped her "not to fight, call names". Regarding the activities in group, she replied that they were "cool". What she liked least about the group was related to another girl in the group and what she liked most was the girl that she developed a friendship with.

The mother indicated that "most of the things we learned I had previously learned before". Interestingly though, her self esteem scores increased from 36 to 48. Regarding what she used at home, she responded "all of it". For the question that asks "in what ways did what you learn help or not help", she responded that it helped her to remember to use what she knew. She indicated that she thought the activities were "okay". What she liked least about the group

was the amount of travelling time. Lastly, what she liked most was "meeting new people and spending time with (her daughter)".

Dyad #4

This dyad was also referred by Catholic Family Service. The mother presented as needing help in dealing with her two pre-adolescent daughters, one of whom had been sexually abused twice, by a friend of the family and by another friend's teenage brother. In this case, the daughter was needing emotional support and someone to talk to regarding her feelings. The mother was not sure how to respond to her daughter's needs, feeling that she was unable to give her this support. Both had indicated that they needed help in resolving conflict, especially between the daughter and her older sister. The sister, who was twelve years old, had taken on many of the parenting responsibilities which was creating conflict in the family.

The daughter, aged 11, initially presented as shy and withdrawn. Her pretest Coopersmith SEI scores were 48, however, they increased substantially to 84 by the posttest. The mother's Coopersmith SEI scores decreased from 52 to 24 by the end of the group. This could be reflective of the many changes that she was experiencing in her family and at a job training centre, additional to recognizing the importance of taking on her parenting responsibilities. However, therapy continued with this dyad after the group to ensure that the mother was getting the support and guidance that she needed.

The mother and daughter both appeared to benefit from the group experience. The daughter stated that she learned how to talk to her mother. She said that she used eye contact at home to help her to listen better. For the question on how this learning helped or did not help her, she replied: "It helped because I can talk to my mom and I couldn't before". She thought that the activities in group were "fun". What she liked least about the group was that one dyad had to leave early on in the sessions. This shows the importance of these children being able to terminate with all group members, however, in this case, it was not possible. What this daughter liked most was that she "got to meet other people".

The mother indicated that she learned "to understand kids more and listening". She said that she used "I-thou" and "eye contact" at home and that this helped her to "open up more". Regarding the activities, she said that they were fun as they helped to learn more. What she liked least about the group was that the room was too small and the small size of the group. What she liked most, which was common to other group members, was getting to know other people with similar problems.

In summary, the opportunity to conduct post-group interviews, provided meaningful and important information regarding the efficacy of this group model of intervention. All mothers and daughters reported having benefitted from the group experience in their own unique ways. Some learned specific skills in communication, others enjoyed the time they shared together and yet others

benefitted most from meeting people who shared similar experiences. The post-group interview reinforced previously held beliefs that group work, for victims of sexual abuse and their families, is a viable and important component to treatment interventions.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

Social work involvement with mother-daughter dyads following the disclosure of child sexual abuse is a relatively new area of study. To the author's knowledge, there has been no research conducted that evaluates the efficacy of interventions with this population. However, many authors in the field identify the need to conduct this important research (Boatman & Borkan, 1981; Carozza & Heirsteiner, 1983; Cole & Woolger, 1989; Deighton & McPeek, 1985; Drew & Bradley, 1989; James & Nasjleti, 1983; Koch & Jarvis, 1987; Sirles et. al, 1988). This chapter briefly reviews the study and reiterates the conclusions which can be drawn from the research data. Implications for social work practise with mother-daughter dyads and recommendations for further study conclude this chapter.

Review of the Study

The current research was designed to explore the efficacy of a group model of intervention for mothers and daughters following disclosure of child sexual abuse. The literature suggests that there are many problems identified in the mother-daughter relationship including communication and problem-solving deficits, and a lack of empathy, which are compounded with low self-esteem in both mothers and daughters. Restoring the mother-daughter dyad should be considered a fundamental aspect of treatment (Everstine & Everstine, 1989). The literature also suggests the benefits of providing group therapy to victims of child

child sexual abuse and mothers of victims. Group therapy serves to lessen the traumatic influence of child sexual abuse by allowing children and mothers to share their experiences with other children and mothers who have been traumatized. Additionally, a group for mothers and daughters together lessens the isolating experiences and problems that they share, by recognizing that other mothers and daughters experience similar problems. The group atmosphere also allows for mothers and daughters to learn new ways of communicating, problem-solving and sharing with one another in a supportive and safe environment.

The Life Skills Training Model is an educational/experiential approach to working with individuals in a group atmosphere. It was designed to train people in interpersonal and problem-solving skills which could then be applied to the management of their personal affairs. The original Life Skills Training Course involves over 240 hours of participant time, three hours per day for 16 weeks. Emphasis is not only on learning the skills in communication and problem-solving, but also to become competent in the use of the skills through continual practise and feedback.

The current study involved adapting the Life Skills Model for use with mother-daughter dyads, in a ten session group program. Emphasis was placed on the participants' motivation to practise and use the skills taught with each other, outside of the actual group. Participants were selected by referrals obtained from community agencies that deal with child sexual abuse. Each dyad was interviewed prior to the group and were given information on the group content, process and

structure. The interview also served to ensure that the candidates were suitable for this group. Criteria included: that they not be experiencing crisis at the time of interview; that they were not suicidal, psychotic or extremely depressed; that the sexual abuse had been disclosed and child welfare was involved and; that they were involved in individual or family therapy throughout the duration of the group.

Mothers and daughters were asked for their written consent to participate in the research, however, this was not a requirement for them to participate in the group. Four dyads, or eight mothers and daughters completed the pretest posttest measures and participated in the post-group interviews.

The original research question asked: "Will communication and problem-solving skills training improve the mother-daughter relationship following disclosure of the sexual abuse of the daughter?" More specifically, it was hypothesized that:

1. Skills training will improve self-esteem for both mother and daughter.
2. Skills training will improve communication between mother and daughter.
3. Skills training will improve empathy between mother and daughter.
4. Skills training will improve problem-solving abilities for both mother and daughter.

The current research used the Family Assessment Measure to address the variables communication, empathy and problem-solving. The Coopersmith Self Esteem Inventory (Adult and Children's Versions) was administered pretest and posttest to address the variable self-esteem. Additionally, a post-group interview questionnaire was administered to each of the participants in an effort to gather

qualitative information on the efficacy of this intervention. The following section will briefly describe the results of these measures and will summarize conclusions from the data.

Conclusions

The results of the paired t-test, which compared the pre-and posttest group mean scores of the Family Assessment Measure and the Coopersmith Self Esteem Inventory, indicated statistically significant changes at the .1 level of significance, in Communication (General and Dyadic scales), Empathy (General scale), and Problem-Solving (General scale). There were no statistically significant changes in self-esteem or on any of the subscales (Communication, Empathy or Problem-Solving) under the Self scale.

The first hypothesis, that skills training will improve self-esteem for both mother and daughter is not supported by the current research. Although the Coopersmith SEI results show an improvement in self-esteem from pretest to posttest, these differences were not found to be statistically significant. However, consideration should be given to the fact that six of the eight respondents reported improvement in self-esteem, while one mother remained the same and one mother's score decreased substantially. This pattern would have affected the outcome of statistical significance in self-esteem for the entire group of mothers and daughters especially considering the small sample size of eight.

The second hypothesis, that skills training will improve communication

between mother and daughter, is supported with findings of statistically significant differences in group mean scores in Communication, under both General and Dyadic scales ($p<.1$). This is an important finding as communication skills development was the major focus of this group. As indicated in the post-group interviews, many of the children and their mothers reported learning and using various communication skills, such as listening, identifying and describing feelings and giving and receiving feedback.

Regarding the third hypothesis, that skills training will improve empathy between mothers and daughters, statistically significant differences occurred in the Empathy subscale under the General scale, indicating that the dyads perceived a reported improvement in empathy in their family functioning.

However, although the group mean scores decreased for empathy under Dyadic and Self scales, these differences were not statistically significant. This could be due to the small sample size involved in this research. The differences in the scores would indicate a need for further study with larger samples.

The fourth hypothesis, that skills training will improve problem-solving abilities for both mother and daughter, was supported with a statistically significant difference in the group mean scores found in the Problem-Solving subscale under the General scale ($p<.013$). Although this group did not address all of the intended lessons on problem-solving, various components of the skills involved were practised within the group including all of the communication skills, identifying assumptions and brainstorming. According to Skinner et. al. (1983), successful

task accomplishment or problem-solving involves a family being able to communicate with one another and have a degree and quality of family members' interest in one another (affective involvement or empathy). If the group members report an improvement in these areas, problem-solving abilities will more likely also be reported to improve. However, although differences in group mean scores occurred, statistical significance was not achieved for Problem-Solving under the Dyadic and Self scales.

In summary, it appears that according to the findings of the Family Assessment Measure, respondents noticed a significant decrease in family pathology in Communication, Problem Solving and Empathy under the General Family Functioning scale and in Communication under the Dyadic scale. There were no statistically significant differences found on scores from the Coopersmith Self Esteem Inventory. Conclusions regarding this information must take into account that all dyads were involved in individual or family counselling outside of the group.

Finally, the post-group interview questionnaire indicates favourable impressions of the group experience for both mothers and daughters. All were "mostly" and "very" satisfied with the group and all said that they would recommend the program to others in need of similar help. All respondents had favourable impressions of the group according to the post-group interview questionnaire. This, in itself, is important in establishing the value of conducting mother-daughter dyad groups.

Implications For Social Work Practise

The results of this exploratory research offer preliminary findings that are of consequence for social workers in the field of child sexual abuse. Social workers have recognized the value of conducting group programs for populations with varying needs. As a whole, the profession of social work has been innovative in its approach to working with families presenting with major social problems. In the field of child sexual abuse, however, many of these important innovative interventions have not been published and research is sadly lacking. At this point in time, there are serious limitations in our knowledge of how to best meet the needs of victims and their families.

This preliminary study offers some suggestions for work with victims of child sexual abuse and their mothers. First, there is a need to recognize the importance of focusing on this dyad for treatment. However, it should not be assumed that this is the sole intervention of choice for victims and their families. Much of the literature indicates that dyadic work should be a part, albeit an important part, of a therapeutic process that the family experiences. Additionally, each family brings with them different needs. Social workers need to be flexible in their approach according to the assessed needs of the families they work with. For those families in which dyadic work appears appropriate, the results of this study indicate that the group forum appears to be very beneficial. Not only do the participants have the opportunity to identify with and develop a support network with others with similar problems, they also have the opportunity to learn and practise new

ways of relating with one another. Social work as a profession must not forget the important contributions that group work has made in the field and to individuals.

This research also points to the importance of providing individuals with communication and problem solving skills. Social workers, as educators, can enhance relationships between mothers and daughters by providing them with the opportunity to learn and to practise interpersonal skills. This involves being able to demonstrate the use of these skills and encourage others, with feedback, to use and practise these skills on their own. It may involve social workers enhancing their education with additional training in group work and in communication/problem-solving skills training.

Perhaps the most important implication for social workers is the knowledge that more research is required in the field of interventions for victims of sexual abuse and their families. Preventative measures need to be taken to offset the dysfunctional relationships established as a consequence of child sexual abuse. Social workers need to take the time and make the effort to evaluate their practise for the benefit of victims of child sexual abuse, their families and for the profession as a whole.

Recommendations for Further Study

There are several suggestions for further research which arise from this exploratory study. The first is the need to replicate the research on this group to determine if an increase in sample size would have improved the outcome. With

the other research limitations in mind, a replication of this study with the inclusion of a control group, would improve the validity and reliability of the research and allow for stronger conclusions to be drawn from the data.

Another implication in terms of research is how this type of group might affect adolescent victims and their mothers. The current research focused on a population of daughters aged 10 and 11, however, adolescents often report more problems within their families as compared to the younger ones. There are many adolescent victims groups being conducted and perhaps further study might determine the differences in how victims would respond to a group with their mothers, according to their ages.

As the findings of this study are somewhat limited by the use of self-report measures, another suggestion for further research would be to utilize some objective behavioral measures. Although this form of data collection would enhance the findings of this type of research, it is recognized that they are difficult and expensive to administer. However, because the group focused on the learning, use and transfer of specific behavioral skills, it would lend itself well to this type of measure.

Additionally, variables other than communication, empathy, self-esteem and problem solving should be addressed in future research. The literature points to problems of enmeshment and role and boundary confusion as important issues to deal with when working with mother-daughter dyads. These variables could also be considered viable research interests for the practitioner. This study

points to a need for follow-up research on skill development and use. The time limited nature of the study and the design limitations do not allow for generalizations to be made regarding the long-term effects of this intervention.

A final recommendation is that further research is needed on the outcomes of all interventions used for victims of child sexual abuse and their families. Practitioners should be encouraged to publish descriptive information on their work in this field and especially on interventions for mother-daughter dyads.

Given the limited published material available on work with mother-daughter dyads after a disclosure of sexual abuse, the research reported in this thesis is seen as an exploration of one approach in a vast array of intervention options currently utilized by practitioners. The value of the current exploratory research may be found in the many questions it raises with regard to treatment effectiveness for mother-daughter dyads.

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APPENDIX A
Consent Form for Participants

Consent Form

The present study's intent is to gain a better understanding of how to help mothers and daughters improve their relationship once disclosure of sexual abuse has occurred. It is hoped that by furthering our knowledge in this area, we will be more effective in treatment and prevention of this problem. I ask your permission to use information from your scales, questionnaire and interview in my data. Your identity will be entirely anonymous in this data. The scales and questionnaire are identified by a number only. This information will be used for the purpose of my Master of Social Work Degree Thesis through the University of Calgary, for possible subsequent publication and for this agency in an effort to improve our treatment for mothers and daughters. Your cooperation and assistance in this study is completely voluntary and very much appreciated.

I understand that my and my daughter's name, address or any other identifying information will not be made public and will not be used for any other purpose except in this study. I give my permission to have the scores from my and my daughter's scales and the information from the questionnaire and interview used in this study by Eva J. Helpard.

Name of Parent:_____

Signature:_____

Name of Child:_____

Date:_____

APPENDIX B
Referral Form

MOTHER-DAUGHTER RELATIONSHIP ENHANCEMENT GROUP

Catholic Family Service will be offering a group for children who have been sexually abused (ages 10-12), and their mothers. The purpose of this treatment group will be to teach interpersonal, communication and problem-solving skills in an experiential, psycho-educational manner. The co-facilitators will be evaluating the efficacy of this intervention and, therefore, will request consent of the members to participate in a confidential study.

Dates/Times:

Feb. 4, 1991 - March 25, 1991:

Weeks 1 - 2: Monday and Thursday 6:00 - 7:30 pm.

Weeks 3 - 8: Mondays 6:00 - 7:30 pm.

Referral Process:

-Please contact Eva Helpard or Doris Chabot at 233-2360.

-Complete this form prior to January 23, 1991. Send to:

Catholic Family Service
Ste. 250 707 - 10 Avenue S.W.
Calgary, Alberta
T2R OB3

-Eva or Doris will contact the family and set up an appointment for a pre-group interview. Commitment to voluntarily attend all 10 sessions will be emphasized.

Child's Name: _____

Date of Birth: _____

Mother's Name: _____

Date of Birth: _____

Referring Agency: _____

Name: _____ Phone #: _____

Current Family involvement with other Agencies or Professionals:

1. _____ Phone #: _____
2. _____ Phone #: _____
3. _____ Phone #: _____
4. _____ Phone #: _____

APPENDIX C

Post Group Interview Questionnaire

Post Group Interview Questionnaire

1. Structure

   a. Do you think that 10 sessions was sufficient, too long, or too short?

   b. What do you think about the hours: 6:00 to 7:30 p.m.?

   c. How many people would you have liked to have in the group?

   d. How were the snacks?

   e. How were the breaks?

2. Client Satisfaction

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

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

   b. If a friend were in need of similar help, would you recommend our program to him or her?

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

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

      1. Quite disatisfied.
      2. Indifferent, mildly disatisfied.
      3. Mostly satisfied.
      4. Very satisfied.

3. Learning

   a. What do you think you learned in the group?

   b. Of what you learned, what did you use at home?

   c. Did what you learn help or not help you? How?

   d. What did you think about the activities in the group (ie: role plays, structured exercises etc.)?

   e. What did you like the least about the group?

   f. What did you like the most about the group?

APPENDIX D

Coopersmith Self Esteem Inventory
Converted Scores

Coopersmith SEI
Pretest Posttest Converted Scores

Dyad #		Converted Scores Pretest	Posttest
1	(daughter)	44	64
	(mother)	50	50
2	(daughter)	50	64
	(mother)	36	48
3	(daughter)	21	24
	(mother)	44	56
4	(daughter)	48	84
	(mother)	52	24
Mean Score		43.125	51.75

APPENDIX E

Certificate of Approval
by
The Research Ethics Committee
Faculty of Social Work

THE UNIVERSITY OF CALGARY

2500 University Drive N.W., Calgary, Alberta, Canada T2N 1N4

Faculty of SOCIAL WORK

Telephone (403) 220-5942

CERTIFICATE OF APPROVAL

by

THE RESEARCH ETHICS COMMITTEE
FACULTY OF SOCIAL WORK

The PROJECT entitled:

Proposed Intervention for Victims of Child Sexual Abuse and their Mothers

of Eva Helpard (student)

In the judgement of this Committee, has met The University of Calgary ethical requirements for research with human subjects.

Feb 1, 1991
Date

Christopher Bagley
Christopher Bagley, Ph.D.
Director of Research Services