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# Development of Workshop for School Social Workers: A Framework for Addressing Sexually Abused Adolescents

Lisa M. Baird  
*Augsburg College*

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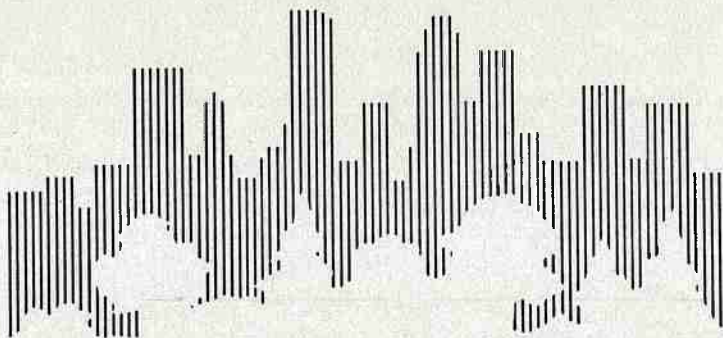
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**MASTERS IN SOCIAL WORK  
THESIS**

Lisa M. Baird

Development of Workshop for School Social Workers:  
A Framework for Addressing Sexually Abused Adolescents

1994

**MSW  
Thesis**

Thesis  
Baird

Augsburg College  
George Sverdrup Library  
Minneapolis, MN 55454

DEVELOPMENT OF WORKSHOP FOR SCHOOL SOCIAL WORKERS:  
A FRAMEWORK FOR ADDRESSING SEXUALLY ABUSED ADOLESCENTS

by

Lisa M. Baird

Augsburg College  
George Sverdrup Library  
Minneapolis, MN 55454

A Thesis

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for the Degree  
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Minneapolis, Minnesota

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MASTER OF SOCIAL WORK  
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MINNEAPOLIS, MINNESOTA

CERTIFICATE OF APPROVAL

*This is to certify that the Master's thesis of:*

Lisa M. Baird

*has been approved by the Examining Committee for the thesis requirements for the  
Master of Social Work Degree.*

*Date of Oral Presentation:* April 14, 1994

*Thesis Committee:* Clut Parker

*Thesis Advisor*

Mary Lou Williams  
*Thesis Reader*

Bill Suther  
*Thesis Reader*

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For David, my partner in this adventure (and all adventures):  
thank you for your belief in me.

## ABSTRACT OF THESIS

### DEVELOPMENT OF WORKSHOP FOR SCHOOL SOCIAL WORKERS: A FRAMEWORK FOR ADDRESSING SEXUALLY ABUSED ADOLESCENTS

Methodology: Program Development

LISA M. BAIRD

APRIL, 1994

The purpose of this project is to develop a training program to equip school social workers to work effectively with the growing population of adolescents who have suffered sexual abuse. The framework of the program focuses on empowering the victims to move from the mindset of feeling controlled by the victimization to utilizing their freedom to choose positive behaviors and taking responsibility for those choices, despite the suffering.

A workshop was developed for presentation to school social workers. The workshop educates social workers on a framework from which to address the adolescent victim. It presents an overview of sexual abuse, instruction on utilizing the framework, and application guidelines for use with individual students and small groups. The framework offers hope to both student victims and practitioners.

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## CHAPTER I

### Introduction to Study

#### Purpose of Project

The emergence of reported sexual abuse is unprecedented, causing the psychological equivalent of war for survivors and professional practitioners. It is a field that is very large and has many facets, such as the roles of the victim and the perpetrator, the effects (physical and emotional), and etiology. The nature of the abuse leads society to rightfully refer to the survivors as *victims*. By definition, a victim is one who is injured or subjected to suffering.

The purpose of this project is to develop a training program to equip school social workers to work effectively with the growing population (Kendall-Tackett, Williams, & Finkelhor, 1993) of sexually abused adolescents. The field of sexual abuse is extensive. This program will focus on the concept of empowering the victims to move from the mindset of feeling unworthy, to utilizing their freedom to choose self-affirming behaviors and taking responsibility for these choices, despite the suffering they have experienced.

I will propose that the social workers first validate the idea that the abuse was painful and in no way the fault of the victim. Second, that they empower the adolescent to accept

responsibility for the choices they make following the abuse, as these choices are in their control.

### Statement of Problem

The prevalence of sexual abuse is increasing (National Committee for Prevention of Child Abuse, 1992). Since 1976, the percentage of child maltreatment reports involving sexual abuse has increased rising from 7% to almost 15% of all reports in 1990. Exact statistics of occurrence are unavailable because of the numbers of incidents that go unreported, due to the embarrassing nature of the abuse. However, the statistics which do exist are astonishing. Retrospective surveys reveal great variation with 6% to 62% of females and 3% to 31% of males reporting to have experienced some form of sexual abuse. In a national survey of over 1,200 adults, victimization was reported by 27% of the females and 16% of the males (National Committee for Prevention of Child Abuse, 1992).

Sexual abuse can occur among all populations. However, there are certain characteristics in the reports of abuse that seem to point to a group of children who are at greater risk for this type of abuse to occur. Among the characteristics are: the absence of the natural father; absence of the mother; presence of a stepfather; ill or disabled mother; the presence of parental conflict; working mothers; and poor relationships with one of the parents ( Finkelhor, 1986; National Committee for Prevention of Child Abuse, 1992).

Victims of sexual abuse often feel shameful and have a low self-esteem (Check, 1989; Finkelhor, 1986; Kendall-Tackett, Williams, & Finkelhor, 1993). Research shows that these feelings lead victims to engage in self-destructive behaviors such as substance

abuse, running away, sexual promiscuity, and truancy (Cooney, 1987; Finkelhor, 1986; Sgroi, 1982). The victims report a number of reasons for the behaviors. One reason is that they feel that they are unworthy of friendships, love and acceptance due to the nature of the abuse, resulting in low self-esteem (Verleur, Hughes, & Dobkin de Rios, 1986). Therefore, they participate in any activity that will gain them attention and acceptance, even if it is negative.

Because of the effects of sexual abuse and its widespread occurrence, it is clearly a problem that is affecting many adolescents. The characteristics that elevate the risk for sexual abuse are also becoming more common (the presence of stepfathers and marital conflicts), thus leading experts to believe that the problem will only continue to rise (Finkelhor, 1986).

With the occurrence of sexual abuse increasing, professionals in the schools will also see more student victims on their caseload. It is difficult to know how to treat such a complex issue that has long-lasting and significant effects on its victims (Sgroi, 1982). After reviewing the literature, it is apparent that there is a need to equip practitioners with skills and concepts to apply to the growing population of sexually abused adolescents. Therefore, this project will focus on a framework for school social workers to apply when working with this population. Specifically, it will teach them to instill the concept that the student victims are free to make choices that will decrease the potential for pain in their lives.

### Definition of Terms

There are several terms that require definition according to how they will be utilized in this project. These terms are as follows: sexual abuse, victim, suffering, and self-esteem.

Definitions of these terms vary from researcher to researcher and study to study. The following definitions cited will be as they pertain to this particular project.

### *Sexual abuse*

This definition particularly varies from study to study. Variables to be considered in the definition are age of victim, age of perpetrator, relationship between victim and perpetrator, and type of abuse, among others. Check (1989), defines sexual abuse of a child as "...all forms of sexual exploitation of a child by an older person. Many degrees of sexual contact are covered by sexual abuse, including fondling a child's genitals, manual masturbation of the abuser by the child, masturbation by a male abuser against any part of the child's body, all forms of oral-genital contact between a child and an adult and penetration vaginally or anally" (p.18). Other definitions include the phenomena of noncontact abuse such as exhibitionism and solicitation to engage in sexual activity, where no sexual activity occurred.

For the purposes of this project, Check's definition of child sexual abuse will be used including all types of contact and noncontact abuse as well as verbal propositions. The term 'child' refers to anyone under 18 years of age. The previous definition referred to the abuser as 'adult'; however, the abuser could also be an older sibling or acquaintance. The key is that the victim is defenseless and confused as to the activity (Finkelhor, 1986). The program to be presented later in this project will be for adolescents (ages 14-18) who have experienced sexual abuse at some point in their lifetime, regardless of age at the time of abuse. The term 'sexual abuse' will pertain to all abuse, regardless of the relationship between the perpetrator and the victim.

### *Victim*

According to Funk and Wagnalls Standard Dictionary, *victim* is defined as one who is injured or subjected to suffering. Based on the review of the literature, the term victim

rightly defines one who is subjected to the experience of enduring such pain and suffering as sexual abuse which often results in emotional and physical injury.

### *Suffer*

The terms *suffer* and *suffering* will appear frequently throughout this project, as it is the specific aspect of sexual abuse that will be addressed in the training program. To suffer means to feel pain, to experience loss or injury. Suffering refers to the state of anguish or pain of one who endures misery and hardship. Victims of sexual abuse experience loss of many things, such as their childhood. Cooney (1987) states an example of lost childhood: "...is that they feel older than their peers...inside they feel different and separate from others who worry about what to wear to school tomorrow" (p. 67). Other losses include the trust and companionship they desire from adults, especially if the abuse was committed by a trusted family member or authority figure.

### *Self-Esteem*

Coopersmith (1967), defines self-esteem as "the evaluation which the individual makes and customarily maintains with regard to himself: it expresses an attitude of approval or disapproval, and indicates the extent to which the individual believes himself to be capable, significant, successful, and worthy" (p.4, 5). He summarizes by stating that "self-esteem is a *personal* judgment of worthiness that is expressed in the attitudes the individual holds toward himself" (p.5). Self-esteem is one of the most important aspects of the abused adolescent that is negatively affected because of the role that self-esteem has in all facets of the individual's life (Kendall-Tackett, Williams, & Finkelhor, 1993). If self-esteem is, as Coopersmith says it is, the extent to which one believes himself to be significant and worthy, then it is apparent why victims of such a demeaning act as sexual abuse feel they are unworthy of positive, self-supportive activities. They turn to self-destructive behaviors such as drug and alcohol abuse and promiscuity (Cooney, 1987;

Finkelhor, 1986; Kendall-Tackett, Williams, Finkelhor, 1993; Sgroi, 1982) in search of identity.

### *Shame*

For the purposes of this project, it is important to identify *shame* as a variable in sexual abuse as opposed to *guilt*. In sexual abuse literature, the two terms are often used interchangeably. Professionals who work with the victims of sexual abuse should note the difference between the two definitions. Fossom and Mason (1986) define shame as "an inner sense of being completely diminished or insufficient as a person. It is the self judging the self...A pervasive sense of shame is the ongoing premise that one is fundamentally bad, inadequate...unworthy, or not fully valid as a human being" (p. 5). Shame is a painful feeling that one develops about oneself as a person (Fossum and Mason, 1986). Where shame affects one's inner person and identity, guilt is a behavioral infraction (Fossum & Mason, 1986). Fossom and Mason (1986) define guilt as the regret of participating in a behavior that violated one's values.

### Framing the Issue

The purpose of this project has been stated as a presentation of a framework from which to address a growing population of sexually abused adolescents in our schools. In this section, the linkages between the theoretical framework of suffering (including freedom of choice and responsibility) and intervention with sexually abused adolescents will be discussed. The framework will provide an optimistic perspective from which the victims can view their future.

## Overview of Sexual Abuse

Sexual abuse is a complex problem that can affect anyone regardless of culture, class, race, educational level or any other demographic feature (Finkelhor, 1986). There has been extensive research and studies performed to investigate the etiology, effects, perpetrators and victims, yet the incidence of abuse continues to occur and appears to be on the rise.

Given the complex nature of sexual abuse, practitioners are not always clear on methods of treatment. They tend to look to supposed experts on the topic. According to Faller (1990), "the field is too new and the body of accumulated knowledge and skills is too small and inadequately tested for anyone to claim that he or she has *the answers*" (p. 5, 6). The field is far from having interventions that have proved themselves by passing the test of time. However, because the numbers of cases are growing rapidly, it is imperative that research continue while practitioners rely on information available to them at this time.

Child sexual abuse involves the infliction of a private experience onto children. It is frequently done by someone they trust, creating the need for the occurrence to be secretive and hidden. The numbers of victims, the high-risk characteristics and the effects are not fully known, given the nature of the abuse (Finkelhor, 1986). The following provides an overview of what has been gathered through research and literature.

### *Statistics*

As stated earlier in this chapter, the exact statistics of sexual abuse are unknown. The nature of the abuse is such that it has a tendency to go unreported. There are estimates that at least 50 percent of all sexually abused children never tell anyone about the abuse



(Faller, 1990). However, even when the abuse is concealed, the symptoms are very visible.

When abuse is reported, it can be classified under a variety of labels and categories, such as criminal charges, rape, child molestation, public disturbance, marital problem, domestic situation, child abuse, indecent exposure, prostitution, or runaway (Daugherty in Nelson, ed., 1986). With all the options under which the abuse can be classified, it is difficult for researchers to estimate the frequency and degree of occurrence.

### *Risk Factors*

In studying the problem of sexual abuse, one of the most important topics for research is to identify children who may be at high risk (Finkelhor, 1986). The ability to identify this group would be invaluable to the task of preventing the abuse from occurring. The characteristics that are made public due to discovery may not apply to all the undiscovered cases (Sgroi, 1982). For example, if the majority of the reported sexual abuse cases come from lower-class families with step-parents, it *could* be because these are the most easily detected cases. Unfortunately, sexual abuse can occur in any family regardless of class, race, gender, or family structure; yet, research has revealed some areas that appear to place some children at higher risk than others.

In essence, all studies that included men and women found higher circumstance of sexual abuse for women (Finkelhor, 1986). Exact ratios of the number of abused men to women vary from study to study anywhere from one to four and one to 1.5. In the earliest of studies, there were statistics that showed nine women to each man reporting sexual abuse (Finkelhor, 1986). However, in recent years, the number of reports involving men have increased substantially (Faller, 1990). Because of the higher risk of sexual abuse to women, more research and analysis has been done on the population.

Most studies report that the children are at higher risk for sexual abuse in the preadolescent period between ages 8 and 12. Some studies have revealed that there is an increase in liability at ages 6 and 7 and then another visible increase between the ages of 10 and 12 (Finkelhor, 1986; Sgroi, 1982). There could be discrepancies in this data because older children are more likely to report the abuse. That limitation is unsubstantiated at this time, though further research has been recommended. It is not surprising that this tragedy at such an influential age affects the child in so many essential areas of life.

There have been many studies done to research the factor of ethnicity in the risk for sexual abuse. No studies have revealed any difference between the African-American and the Caucasian population (Finkelhor, 1986). One study did reveal that there is a slight risk factor in the Hispanic population versus the Caucasian or African-American cultures. (Finkelhor, 1986). Sexual abuse does not limit itself to any particular race over another.

Social isolation as a risk factor is of great interest to researchers. Studies reveal that victims of sexual abuse report having few friends and little social experience (Finkelhor, 1986; Sgroi, 1982). This is of interest to researchers because they are unclear if the child was an easier target to the abuser due to loneliness and lack of social contact, or if the isolation occurred as a result of the child having such a painful secret to hide. The latter would make this factor an effect rather than a risk factor. It has been recommended that this aspect be researched further using more sensitive variables for measurement (Sgroi, 1982).

Both across and within studies, the structure of the family has shown the strongest connection to the incidence of sexual abuse (Finkelhor, 1986; Daugherty in Nelson, ed., 1986; Sgroi, 1982). For example, in many sexual abuse cases, the parents are reported to

be absent or unavailable; such as the child not living with biological parents at some point in their lives. Also, several studies reveal a common denominator of the mother being employed outside of the home (Finkelhor, 1986). In many cases, the presence of a stepfather has been repeatedly reported. In addition, another factor which recurs in several studies is the conflict between parents and child or conflict between the parents themselves (Finkelhor, 1986). It has been considered that several of these factors may occur as a result of the abuse. For example, the conflict between the child and parents could be a result of the abuse occurring, rather than a risk factor. Also, the absence of a parent could have occurred after the abuse was discovered. Sexual abuse is a hidden, secretive problem making it very difficult to study, therefore resulting in great difficulty for treatment or prevention.

Research has shown that sexual abuse is not limited to any particular race, class, gender or family structure. To prevent the occurrence of abuse, experts in the field have attempted to accumulate information that would identify the children who are at risk for becoming victims. However, because the abuse is of a hidden, secretive nature, the characteristics of the cases that go unreported are unknown.

### *Effects*

The effects that sexual abuse has on its victim have been the focus of countless studies. The studies reveal that victims experience various effects at varying degrees, though there are several common denominators regardless of the study (Finkelhor, 1986; Kendall-Tackett, Williams, & Finkelhor, 1993; Verleur, Hughes, & Dobkin de Rios, 1986). These frequently reported effects will be divided into the following general categories: physical, emotional and behavioral.

The physical effects of sexual abuse are painful and potentially permanently disabling. Depending upon the extent of the abuse and the age of the child, there could be extensive

physical damage done to young girls' reproductive organs or even a pregnancy. Some victims of sexual abuse contract sexually transmitted diseases and experience bedwetting or other disturbances of bowel or bladder (Daugherty in Nelson, ed., 1986). Obviously, these physical results could change the adolescent's life forever, especially in the event of pregnancy or incurable disease.

The emotional effects that victims of sexual abuse experience are numerous. Not every child reports the same combination of effects or feels them to the same degree as others (Kendall-Tackett, Williams, & Finkelhor, 1993). Researchers believe that there are variables that appear to influence the reported effects experienced, such as duration, relationship to abuser, and type of sexual abuse (Sgroi, 1982).

Examples of emotional effects reported by the samples are anxiety, fear, depression, withdrawal, and aggression (Kendall-Tackett, Williams, & Finkelhor, 1993; Sgroi, 1985). In addition to these outcomes being reported, low self-esteem has been one that is reported more than any other single effect (Daugherty in Nelson, ed., 1976; Finkelhor, 1986; Kendall-Tackett, Williams, & Finkelhor, 1993; Verleur, Hughes, & Dobkin de Rios, 1986). Using the definition proposed earlier, it is important to understand the concept of self-esteem and recognize its importance on the treatment of the adolescent victim of sexual abuse (Hiebert-Murphy, De Luca, & Runtz, 1992).

The anxiety, fear, depression, withdrawal and aggression must not be minimized. For example, the depression and withdrawal often results in the reporting of suicidal thoughts and actions (Kendall-Tackett et al., 1993). Many other complications manifest themselves in the life of adolescent victims due to these effects. It is difficult to identify which came first, the emotional or the behavioral effects. They are clearly related (Daugherty in Nelson, ed., 1976; Kendall-Tackett et al. 1993).

The impact that sexual abuse has on the behaviors of its victims is destructive to the adolescent. By engaging in these reported behaviors, long term consequences can be damaging and tragic. Studies reveal consistencies in the reporting of behaviors such as sexual promiscuity, substance abuse, self-injurious behaviors, learning difficulties, running away, illegal acts, inappropriate sexual behavior, to name the most common (Kendall-Tackett et al., 1993; Daugherty in Nelson, ed., 1976; Hiebert-Murphy et al., 1992). As adolescents display these behaviors, they often are unable to explain the reasoning for the desire to be delinquent and destructive to themselves.

The physical, emotional and behavioral effects are greatly interconnected. Researchers are unclear whether any of the effects precipitated others, but they do know that the effects seem to be progressive, meaning that one effect leads to another (Finkelhor, 1986; Sgroi, 1982). For example, the depression and low self-esteem could become so powerful that the adolescent victim reports suicidal thoughts (Sgroi, 1982).

Treatment must validate that the abuse and the physical and emotional effects are not the fault of the victim. The abused is in no way to blame for the pain caused by the abuser. However, treatment must incorporate the concept that the *behaviors* (which are described as effects) in which one engages are the victim's choice and will directly affect the outcome of their life and future.

Sexual abuse is a complex and relatively new field of research. The statistics, risk factors and effects are not completely clear because of the tendency for abuse to be concealed. The number of unreported cases is a mystery to researchers as is the effects on those victims not involved in the reporting. Research must continue in order to offer effective treatment and prevention for the phenomenon of sexual abuse.

#### Sexual Abuse Viewed as Suffering

To suffer means to endure pain, hardship and misery. Given the overview of sexual abuse presented, to experience sexual abuse is clearly to suffer. This section will discuss the theoretical framework of suffering and its linkages to the experience of sexual abuse as a possible treatment option.

Victims of sexual abuse live in a world of pain that is not strictly medical, but emotionally traumatic (May, 1991). May states that when working with the sexually abused "...if professionals are to help their patients, they must see clearly the variety of suffering their patients experience. For a child who has been sexually abused, the caregiver [social worker] must see the pain of the child's fractured self" (p.9). Sexual abuse is a large, complex field. This paper focuses on an intervention to heal the 'fractured self' by addressing the victim's suffering and their freedom to regain control of their life through their choices.

The concepts and theoretical framework of suffering will be based largely on the existential theory as well as by authors who have applied the same general concepts to pain and suffering in their own lives. As this section will reveal, the correlations between the framework of suffering and the nature of sexual abuse is irrefutable.

First, the general concept of suffering is that it is inevitable (Frankl, 1984; Hansel, 1985; Lewis, 1962). Regardless of how people may try to avoid it or escape it, everyone must experience suffering to some degree. Obviously, some will experience pain to a lesser degree than others, but that aspect is not important. The fact is that everyone will suffer at some point in their lives. It is their choice how they overcome the pain and from it what they derive (Frankl, 1984; Hansel, 1985; Lewis, 1962).

It is common for victims to blame the circumstances of life on the victimization when in actuality their life reflects their own choices. Victims of suffering are given the freedom to form attitudes and engage in behaviors that will affect the way their life

proceeds (Frankl, 1984; Lewis, 1962). Despite the painful circumstances, one is free to choose their attitudes and behaviors. Freedom to choose offers victims optimism and hope that they can control their lives and future.

With the freedom to choose one's own attitudes and behaviors, as all have, one must also accept the *responsibility* for the choices made (Yalom, 1980). When one accepts the responsibility for the choices made, the ability for one to blame others for difficulties is removed (Bugental, 1981). This concept of responsibility is simply to encourage the victim to be accountable for the consequences that occur following the events that caused the pain and suffering.

The existential theory also focuses on the concept of *guilt*. Fossum and Mason (1986), have distinguished between the concept of guilt and shame. When one feels responsible for behavior that violates their personal value system, one tends to feel guilty (Fossum & Mason, 1986). Fossum & Mason (1986) states that shame is "...the self judging the self...A pervasive sense of shame is the ongoing premise that one is fundamentally bad, inadequate, defective, unworthy, or not fully valid as a human being" (p. 5). Shame is an inner sense of being completely diminished or insufficient as a person (Fossum & Mason, 1986). As has been noted, guilt and shame are major emotions reportedly felt by the victims of sexual abuse (Cooney, 1987; Finkelhor, 1986; Sgroi, 1982). In some literature (including the previous citations listed), guilt and shame are used interchangeably, though they have differing connotations according to Fossum & Mason (1986).

Given the difference noted between guilt and shame, it seems to be more appropriate to refer to the feeling that is reported by victims of sexual abuse as *shame*, especially following the discovery of the abuse (Sgroi, 1982). It may be that the victim feels guilty while the abuse is continuing to occur because it is an activity that violates one's sense of

right and wrong (SgROI, 1982). However, as the behavior is discovered, society may inflict shame by reacting in a way that reveals the repulsive nature of the abuse. Shame, specifically, is reported in many studies as an effect that the child reports to have experienced (Check, 1989; Finkelhor, 1986; Kendall-Tackett et al., 1993; SgROI, 1982).

The linkages of these concepts and intervening with sexually abused adolescents are logical. First, to experience sexual abuse is clearly a suffering experience. The research on sexual abuse shows that victims of the abuse often become involved in self-destructive behaviors (e.g., substance abuse or sexual promiscuity) and report having a low self-esteem and shame. According to Coopersmith (1967), self-esteem is a 'personal judgment of worthiness', 'the extent to which the individual believes himself to be...significant...worthy'. With the nature of the abuse, the victim could experience a low self-esteem based on the fact that they endured such a degrading and violating form of suffering. If the adolescents personally judge themselves as unworthy, they will naturally feel unworthy of positive, self-edifying activities and will resort to self-destructive behaviors, just as the research reveals.

It is here that the concept of freedom of choice must be addressed. Despite the horrendous abuse and suffering these adolescents experienced, they are free to choose what types of behaviors in which they will engage. The adolescent victim is not responsible for the abuse but, according to the framework of suffering, *is* responsible for the choices made following the abuse. Victims of all types of suffering have a tendency to blame their current lifestyle on the fact that they were victimized. However, that is not accepting the responsibility that accompanies the freedom to choose the lifestyle (Frankl, 1984; Lewis, 1962).

To aid the adolescent sexual abuse victim in accepting responsibility and seeing themselves worthy of the positive behaviors and attitudes, their feelings of self-esteem



must be addressed. As adolescents begin to understand that the choice to engage in self-destructive behaviors is their own, it is hopeful that they will choose activities that are less destructive. As the self-destructive behaviors decrease, their self-esteem should increase, due to the fact that they are participating in more positive, edifying activities. As the self-esteem increases, the adolescents should have more interest in caring for themselves, thus choosing to eliminate self-destructive behaviors over time.

As practitioners, specifically school social workers, it is imperative to convey this message of encouragement to the victims. Research shows that victims of abuse tend to become abusers themselves or to form relationships with someone who is abusive (Finkelhor, 1986). However, if the concept of freedom to choose behaviors and attitudes can be relayed, the cycle can be broken.

### Research Questions

Through this thesis, the linkages will be shown between the nature of sexual abuse and the concepts of suffering, freedom and responsibility. Based on the linkages, a framework for addressing the victims will be given which school social workers can utilize in their work with adolescents.

The literature on sexual abuse is in abundance. However, much of it reports back to information based on studies done in the 1980's, such as the facts that sexual abuse is very difficult to research. It is complicated to adequately and thoroughly research and study a phenomenon that is not always visible to society (Sgroi, 1982).

Because the research on sexual abuse is relatively new and incomplete, the recommendations for treatment vary and have yet to surpass the test of time. This thesis will provide a framework for school social workers to utilize as they work with

adolescent victims of sexual abuse.

## CHAPTER II

### Review of Related Literature

#### Sexual Abuse

Sexual abuse became a public issue in the early 1960s, although the topic was not on the agendas of professionals until the mid-1970s (Check, 1989; Sgroi, 1982). Since then, the field of research and studies conducted have expanded greatly. However, because sexual abuse is a phenomenon that occurs in secrecy and is surrounded by shame (Faller, 1990), it is assumed that all studies are not representative of all victims and all situations that go unreported (Sgroi, 1982).

Sexual abuse has been defined many different ways, based primarily on the study or context in which it is used. The definition could be as detailed as Check's (1989) cited in chapter one. Another uncomplicated, all-encompassing definition is cited by Berliner & Stevens in Conte, ed. (1982) as "whenever there are sexual acts between adult and child" (p. 95) where the child is nonconsenting. Finkelhor (1986) states that anytime children and adults engage in sexual acts it is nonconsenting and coercive because children are unable to give fully informed consent based on their physical and psychological limitations.

Through a review of the literature, the following will delineate statistics, possible risk factors, the potential effects of sexual abuse, and indicators of possible abuse.

### *Statistics*

Sexual abuse is a phenomenon that is difficult to research and study because it is considered to be embarrassing and shameful (Faller, 1990). It is difficult to detect by professionals because there are usually no physical traces and the victim is fearful of reporting (Faller, 1990; Finkelhor, 1986). Therefore, the validity of the available statistics is questionable because of the inconsistency and reluctance of reporting.

Statistics that are actually collected are also debatable because of the system for collecting and reporting. For example, sexual abuse reported to police could be categorized under one of many different labels such as criminal charges, rape, child molestation, public disturbance, marital problem, domestic situation, child abuse, or prostitution (Daugherty in Nelson, ed., 1986). Given the numerous options for classification, the actual number of cases that could be considered sexual abuse becomes skewed (Daugherty in Nelson, ed., 1986; Faller, 1990).

Despite the limitations in the collection systems and the nature of sexual abuse, the statistics that are collected are appalling. In 1976, only 6,000 cases of sexual abuse were reported. By 1986, this figure had risen to 132,000 cases (Faller, 1990).

The National Committee to Prevent Child Abuse (NCPCA) reported a national increase of reported sexual abuse cases from 7% in 1976 to 15% (of all reported abuse) in 1990. Approximately 375,000 children were reported as sexual abuse victims to child protection services in 1990 (NCPCA, 1992).

Estimates have been made by NCPA as to the national incidence rate of girls as victims compared to the number of boys. Although the precise rate of sexual abuse remains unknown, it is estimated that one in four girls and one in ten boys are abused prior to age 18 (NCPA, 1992).

It is apparent that the field is difficult to research without questioning the representativeness of all the cases that either go unreported or are concealed under a different criminal charge category than sexual abuse. However, research reveals that sexual abuse of children is on the rise (Faller, 1990; Finkelhor, 1986; NCPA, 1992); therefore, it is crucial that research continue so as to assist, and eventually eliminate, this growing population (Sgroi, 1982).

#### *Populations at Risk*

It is essential that research of sexual abuse continue in the area of identifying children who are at increased risk of sexual abuse (Finkelhor, 1986). If professionals could identify this population, many potential victims could possibly be spared the pain. Unfortunately, no family is guaranteed exemption from feeling the effects of sexual abuse. It does not limit itself to any race, socioeconomic class, gender, or family structure (Finkelhor, 1986).

David Finkelhor and Suzanne Sgroi were instrumental in the early years of the publicity and research of sexual abuse. Sgroi has conducted various studies, including investigating the common attributes between abuse victims. Although she found many characteristics that seemed shared among victims, she is aware that these may not represent the undiscovered, unreported cases (Sgroi, 1982). The characteristics may appear repeatedly because those are the most easily detected cases.

Virtually all studies have revealed that abuse rates are higher for women than men (Finkelhor, 1986). Each ratio varies slightly from study to study, from 1 male to 4

females (NCPA, 1992) to 1 male to 1.5 females (Fitz, Stoll, & Wagner in Finkelhor, 1986). According to reports and studies, it appears that females are more at risk than males. Faller (1990) has found that reports involving male victims are increasing. As studies are conducted, these ratios may begin to change. Regardless, the exact ratio is, again, difficult to report due to the nature of sexual abuse and the reporting systems.

Many studies researching the risk factors of sexual abuse have focused on the age at which abuse is more likely. Almost all studies report that the children are most vulnerable between ages 8 and 12 (Finkelhor, 1986). Finkelhor (1986) cites several study results as follows: Finkelhor (1984), girls 10.2, boys 11.2; Russell (1983), girls 11.2; Wyatt (1985), girls 11.2 (ages reflect the mean or median). The first National Incidence Study of Child Abuse found the median age for sexual abuse to be 9.9 for boys and 9.6 for girls, with 22 percent of the boys and 23 percent of the girls reporting abuse before age eight (Finkelhor, Hotaling, Lewis, & Smith, 1990). There have been studies that indicate an increase in liability at ages 6 and 7 and then another visible increase between the ages of 10 and 12 (Finkelhor, 1986; Sgroi, 1982). There could be a limitation in these statistics regarding the increased ease of reporting at particular ages (Finkelhor, 1986). Further research has been recommended on these statistics.

Several studies have focused particularly on the area of identifying an ethnic group that is more likely to experience sexual abuse (O'Toole, Turbott, Napelka, 1983; Russell, 1986; Wyatt, 1985 in Finkelhor, 1986). Studies have consistently failed to acknowledge or identify any particular race that is at greater risk of incidence over another (Finkelhor, 1986).

A common area of interest for many sexual abuse researchers is social isolation. Finkelhor (1986) summarizes several studies revealing that victims of sexual abuse report having few friends and little social experience (Finkelhor, 1984; Fromuth, 1983; and

Peters, 1984 in Finkelhor, 1986). Social isolation raises researcher's interest because it is difficult to assess whether the child was an easier victim because of the isolation and loneliness, or if the isolation occurred as a result of the victim being ashamed of the abuse. The latter would lead researchers to consider social isolation an effect, rather than a risk factor. Sgroi (1982) recommends further research be conducted in this area using more sensitive variables.

Among the many studies researching risk factors, there has been a consistent connection between sexual abuse and the family structure and background (Daugherty in Nelson, ed., 1986; Finkelhor, 1986; Sgroi, 1982). The National Committee for Prevention of Child Abuse (1992) reports a general pattern of the absence of one of the biological parents. Finkelhor (1986) also states that there have been consistent reports given in studies of the victim's parents being absent or unavailable (including working mothers or an ill parent).

One of the factors that has been reported in the research most frequently is the presence of a stepfather (Algert & Borman, 1992; Finkelhor, 1986; Fromuth, 1983 and Peters, 1984, in Finkelhor, 1986). In addition to some form of absence of biological parent or presence of a step father, parental conflicts have also been cited as a risk factor (Finkelhor, 1986; Sgroi, 1982). It should be considered, however, that any of these risk factors listed could have occurred as a *result* of the abuse (e.g., marital problems could arise due to the abuse). Studies focusing on measuring the order of occurrence are necessary to determine the actual degree to which these factors elevate the risk or become effects of sexual abuse.

Clearly it is difficult to identify a particular population who is at high risk of sexual abuse due to the complexity of the abuse and the limitations to the studies. However,

further research in this area would be beneficial in the prevention strategies of sexual abuse.

### *Effects of Sexual Abuse*

Many studies on sexual abuse have focused on the effects that sexual abuse may have on its victims. Each study reports various effects experienced to varying degrees, though there are several common factors regardless of the studies (Finkelhor, 1986; Kendall-Tackett et al., 1993; Verleur et al., 1986). Behavior problems, sexualized behaviors, and poor self-esteem occurred most frequently among a long list of effects noted, but no single effect was repeatedly reported more than another (Kendall-Tackett et al., 1993). The effects will be reviewed in three general categories: physical, emotional and behavioral.

The physical effects vary greatly, depending on the extent and duration of the abuse (Cooney, 1987). Although specific numbers of victims experiencing certain physical effects are unknown, the list is somewhat consistent. Pregnancy, venereal disease and damage to reproductive organs are among the most severe and leave long-term destruction to the victim (Cooney, 1987). Physical effects that are more short term include bedwetting, disturbances of bowel and bladder, and difficulty sleeping and /or eating (Daugherty in Nelson, ed., 1986).

The emotional effects that victims of sexual abuse report are extensive. It is often the emotional effects being observed by professionals, parents, or acquaintances that bring the victim for the initial therapeutic intervention (Adams-Tucker, 1982). Through this intervention, sexual abuse is frequently disclosed. Studies revealing examples of repeatedly reported effects list anxiety, fear, depression, withdrawal and shame (Adams-Tucker, 1982; Algert & Borman, 1992; Cooney, 1987; Finkelhor, 1986; Kendall-Tackett



et al., 1993). Girls reported a more frequent prevalence of the emotional effects previously listed than did boys (Finkelhor et al., 1990).

These emotional effects affect all aspects of victims' lives and could persist throughout their lives (NCPCA, 1992). For example, if depression and its cause (sexual abuse) are not addressed, a victim could continue through life exhibiting the behaviors that may be secondary to the depression (Kendall-Tackett et al., 1993) such as suicidal ideation.

As previously stated, shame is a frequently reported emotional effect in the research (Adams-Tucker, 1982; Algert & Borman, 1992; Cooney, 1987; Finkelhor, 1986; Kendall-Tackett et al., 1993). May (1991) speaks specifically of the concept of shame as it affects sexual abuse victims: "In ordinary life, shame impels us to hide what we ought to hide....When something we normally take pride in behaves shamefully, we reflexively seek to hide it from view" (p. 13). The victim of sexual abuse (especially by a family member) suffers shame: sexual abuse has not only exposed one's body but one's family. Pride in oneself is very difficult to recover, resulting in the feeling of shame (May, 1991).

The effect of shame being experienced by sexual abuse victims is closely related to the reports of low self-esteem. If adolescents feel so shameful that they do not feel deserving of other's esteem, their own self-esteem will in turn decrease (May, 1991). (The concept of shame will be further reviewed later in this chapter).

Low self-esteem is another emotional effect that is consistently reported by sexual abuse victims (Algert & Borman, 1992; Finkelhor, 1986; Kendall-Tackett et al., 1993; May, 1991; Verleur et al., 1986). Many of the other effects (both emotional and behavioral) are considered by some to be a result of the adolescent reporting low self-esteem (Algert & Borman, 1992). Based on the definition of self-esteem presented earlier, it is understandable why this effect is thought by many experts to be worthy of the majority of focus -- from further research to treatment plans (Verleur et al., 1986). Self-

esteem is the personal judgment of one's self which is reflected through behaviors and attitudes (Coopersmith, 1967). This concept is significant in the discussion of behavioral effects.

The impact of the behavioral effects on victims of sexual abuse can be damaging and lead to cyclical, repeated patterns of abuse (Finkelhor, 1986; May, 1991). Studies reflect consistencies in the behaviors in which the victims report to have engaged. For example, sexual promiscuity, substance abuse, self-injurious behaviors, running away, and suicidal ideation (Adams-Tucker, 1982; Algert & Borman, 1992; Daugherty in Nelson, ed., 1976; Finkelhor, 1986; Hiebert-Murphy, 1992; Kendall-Tackett et al., 1993). Often adolescents engaging in such behaviors state that they have no regard for themselves or their own safety (Finkelhor, 1986). This correlates with the previously stated definition of self-esteem in that self-esteem is the extent that one feels worthy (Coopersmith, 1967). These adolescents engaging in such self-destructive behaviors have low self-esteem by definition and as found to be reported in the research (Adams-Tucker, 1982; Algert & Borman, 1992; Daugherty in Nelson, ed., 1976; Finkelhor, 1986; Hiebert-Murphy, 1992; Kendall-Tackett et al., 1993).

As noted in the review of the effects of sexual abuse, all are closely related and researchers find it difficult to know if some effects have in fact caused others (Finkelhor, 1986; Sgroi, 1982). This contributes to the fact that sexual abuse is a complex field which is in need of further research. Through the review of the literature, it was continuously noted that the older references (e.g., Finkelhor and Sgroi) were used as references, even in the newest of research (including the most recent publication of facts issued by the National Committee to Prevent Child Abuse). This ascertains that these instrumental researchers in the field were valuable. However, it also reveals that the field is in need of continuing research despite the difficulty and limitations described earlier.

Research must continue to assist professionals in developing further insight into treatment and prevention issues.

### *Indicators*

Various studies have found common indicators which may aid professional or laymen in identifying a possible victim suffering from sexual abuse. Examples of indicators include, but are not limited to, change in school performance, truancy, withdrawn or aggressive behavior, inappropriate sexual language or behaviors for age, running away, or avoidance of touch. (See Appendix for copy of a more complete indicator tool (Nelson, ed., 1976)). If professionals were equipped to identify possible victims, treatment could begin sooner, as it may otherwise be delayed due to the adolescent's reluctance to disclose the abuse (Faller, 1990; Sgroi, 1982).

### Theoretical Framework

The theoretical framework for the concepts on which the workshop will be based is primarily existential. The following is a review of the existing literature to support the linkages between suffering, freedom of choice and responsibility, including their relationship to an intervention for sexually abused adolescents. It is difficult to find empirical research to support these concepts using these exact terms (Yalom, 1980). However, there are studies researching similar concepts such as locus of control, referring superficially to the responsibility one accepts or rejects (Yalom, 1980). Nevertheless, existential theory that various authors have applied to everyday living (Bugental, 1981; Frankl, 1984; Hansel, 1985; Lewis, 1962; Yalom, 1980) have stood the test of time.

### *Suffering*

Lewis (1962) extensively studied the concept of suffering and pain (often used interchangeably). By definition, suffering means to feel pain, anguish, adversity; to experience loss or injury, misery or hardship (Lewis, 1962). Frankl (1984) survived ultimate suffering in a Nazi death camp and developed a theory of suffering that offers hope to those who have suffered to any degree. His theory of logotherapy and the concepts of existentialism state that everyone will experience some form of unavoidable suffering in their lives (Frankl, 1984; Hansel, 1985; Yalom, 1980). People will experience suffering in varying degrees, but pain is still felt by the victim. The challenge is for victims of painful experiences (regardless of the degree of suffering) to choose what they will derive from the circumstance despite the pain (Frankl, 1984). Hansel (1985) supports that by stating "Pain is inevitable, but misery is optional" (p. 55).

#### *Freedom to Choose*

The concept of 'optional' in reference to misery states that it is one's choice if they are miserable following the unavoidable, inevitable pain and suffering. Bugental (1981) believes that to be able to choose one's outcome is the ultimate freedom. Frankl (1984) agrees stating "...the last of human freedoms - to choose one's attitude in any given circumstances, to choose one's own way" (p. 86). The idea of choosing 'one's own way' encompasses the choice of creating one's own destiny, life predicament, behaviors and feelings (Yalom, 1980). According to Bugental (1981) "Freedom is the freedom to choose" (p. 23).

#### *Responsibility*

The privilege of having freedom to choose 'one's own way' requires the acceptance of responsibility for the choices (Bugental, 1981; Hansel, 1985; Yalom, 1980). According to Bugental (1981) responsibility is the attestation and acceptance that one is the *doer* in

contrast to taking the role of the *object* of what was done. Yalom (1980) states that one is responsible for one's chosen actions as well as the choice of failing to act.

When freedom to choose results in a choice of engaging in self-destructive behavior, the ability to accept responsibility becomes more difficult, yet remains necessary. Peck (1978) believes that we have difficulty accepting responsibility for our behavior because of the desire to avoid the pain of the consequences caused by the behavior.

To summarize the previous concepts, it is inevitable that everyone will experience some form of suffering to varying degrees. However, it is imperative that victims of suffering realize that they have the freedom to choose what behaviors they engage in and attitudes they develop, despite the suffering (Bugental, 1981; Frankl, 1984; Hansel, 1985; Lewis, 1962; Yalom, 1980). Because one is given the freedom to choose one's own way, one must accept responsibility for the choices made. Responsibility is bonded to opportunity and self-esteem (Bugental, 1981).

### Variables

There are several variables to be considered when discussing the linkage of freedom and responsibility to intervention with sexually abused adolescent. The following variables will be reviewed separately: self-esteem, shame, and cyclical patterns.

#### *Self-esteem*

Stanley Coopersmith studied the relationships between adolescents and self-esteem in great detail. He developed many renowned tools for measuring self-esteem. Coopersmith (1967) defines self-esteem as the evaluation one makes about oneself and discloses the extent to which one believes oneself to be capable, successful and worthy. It is a personal judgment of worthiness that is evident through one's attitudes and behaviors

(Coopersmith, 1967). In summary, one's behaviors and attitudes reflect the opinion carried about oneself.

A view of self and a sense of self-esteem develop gradually throughout life beginning in infancy. During early childhood stages (age 1) a child's self-esteem and view of self are based upon the reactions of others towards themselves (Clark, Clemes, Bean, 1980). The child begins to internalize all works and observed actions, whether positive or negative. Clark, et al. (1980) believes that pre-adolescence and adolescence are the most critical times in life involving the development of self-esteem.

Rosenberg (1979) states that self-esteem is important because it affects every facet of life. According to Coopersmith (1967) and Clark, et al. (1980) one's views of one's self affects the behaviors engaged in and the attitudes developed; thus, creating a cyclical process. For example, if an adolescent has developed a low self-esteem ("I'm worthless to everyone"), he or she will most likely engage in behaviors relative to the poor image (abuse substances resulting in legal ramifications). The result is a negative self-evaluation ("See, I'm no good - always in trouble") validating the original feeling of unworthiness (Clark, et al., 1980; Coopersmith, 1967).

Studies have revealed that self-esteem is developed early in life and is based primarily on the actions and words received from revered adults, primarily parents (Clark, et al., 1980; Coopersmith, 1967). Given this data, the effect that child sexual abuse has on the development of self-esteem is irrefutable. Algert & Borman (1992) report that the most significant damage of sexual abuse is to the adolescent's self-esteem.

### *Shame*

Finkelhor (1986) reports of several studies (Anderson, 1981; DeFrancis, 1969; DeYoung, 1982) where sexual abuse victims reported experiencing massive amounts of shame related to their abuse. Fossum & Mason (1986) refer to shame as a consuming

sense that one is inadequate, defective, unworthy, or somewhat invalid as a human. It is an inner sense of being very insufficient as a person.

Fossum & Mason (1986) feel that their definition of shame refers to humiliation so painful and embarrassment so extreme that one cannot face the world. According to Fossum & Mason (1986), "shame involves the entire self and self worth of a human being" (p. *xii*). Given this understanding of shame, it is evident why victims of sexual abuse would report experiencing the feeling of shame (May, 1991).

There are clear correlations between a poor self-esteem and the feeling of shame: feeling inadequate, unworthy, and humiliated to the point of pain (Coopersmith, 1967; Fossum & Mason, 1986). According to May (1991), victims of sexual abuse feel shameful initially because of the inner sense that the activity is wrong and cannot wholly excuse themselves for participating. As sexual abuse is discovered, others' reactions result in further shame, thus lowering the already low self-esteem (May, 1991).

Algert & Borman (1992) report that shame cannot be released until (through therapeutic measures) victims understand that they had no control over the abuse and are in no way to blame for any part of the experience.

### *Cyclical Patterns*

A third variable to be discussed is the concept of sexual abuse becoming a repetitive pattern in one's life. May (1991) reports that victims of sexual abuse often unknowingly encourage the abuse to occur in their own families. In a study done of imprisoned sex offenders, 75 percent reported suffering from sexual abuse as children and 80 percent of their wives reported being sexually abused as well (May, 1991).

Unfortunately, victims of child sexual abuse carry the training and emotions to repeat in their choices the pain the offender inflicted through their (the offender's) choices. By engaging in the self-destructive behaviors, sexual abuse victims tend to develop

relationships where abuse may reoccur (Finkelhor, 1986). It is imperative that victims of sexual abuse begin to choose behaviors that will create an environment where abuse will not occur. This will break the cycle of abuse.

### Treatment

There is no debate that victims of sexual abuse require specialized treatment and care (Sgroi, 1982). However, because research of sexual abuse is a relatively new field, treatment regimes have not been sufficiently utilized, tested and survived the test of time (Hiebert-Murphy, et al., 1992).

Studies have researched the effectiveness of group treatment focusing specifically on improving the female, adolescent victim's self-esteem using female therapists (Hiebert-Murphy, et al., 1992; Verleur, et al., 1986). Both concluded that pre- and post-testing revealed increases in the reported self-esteem. According to Verleur et al. (1986) his study focused on self-esteem because of the extensive research displaying low self-esteem as a frequently reported effect of sexually abused females. The change in self-esteem was attributed to several factors: female therapists, group and peer support, and continuous affirmation (Hiebert-Murphy, et al., 1992; Verleur, et al., 1986).

Faller (1990) states that treatment prognosis is positive, assuming certain variables are taken into consideration. She expands upon the need to validate the child's story (with obvious need to determine validity) and offer repeated reminders that the child victim is not to blame for the abuse. Faller (1990) also solidly supports the need to improve the adolescent's self-esteem in order to attempt to decrease the self-destructive behaviors so often reported by sexually abused adolescents.

### Linkages Between Theory and Sexual Abuse



Recognizing that sexual abuse leaves the victim with intense suffering, the destruction to the person is made even worse if they cannot hold to the idea that they can regain control of their lives through freedom and responsibility.

The definition of suffering includes concepts of misery, pain, anguish and the experience of loss. Based on the background and reported effects of sexual abuse it is clearly a suffering experience (May, 1991). According to Adams-Tucker (1982), "Suffering occurs with only a single episode of sexual victimization" (p. 1256). Because the definition of suffering clearly applies to the experience of sexual abuse and researchers utilize the word 'suffering' in their writings (Adams-Tucker, 1982; May, 1991), one must investigate the theories in existence involving the concept of suffering. Thus, the application of this theory to the intervention with sexually abused, adolescents.

Consistently, studies reveal that adolescents who have experienced sexual abuse report engaging in self-destructive behaviors such as suicidal ideation, sexual promiscuity, and substance abuse (Adams-Tucker, 1982; Algert & Borman, 1992; Daugherty in Nelson, ed., 1976; Finkelhor, 1986; Hiebert-Murphy, et al., 1992; Kendall-Tackett, et al., 1993). Related to the participation in self-destructive behaviors is the high report of low self-esteem. Coopersmith's (1967) definition of self-esteem states that self-esteem is the judgment of one's personal worth; the extent to which one displays worth and capability. The participation in self-destructive behaviors would display that the adolescent feels little self worth, low self-esteem. By deduction, if one suffers the humiliating experience of sexual abuse, they are likely to feel very little self-worth, therefore may engage in self-destructive behaviors (Kendall-Tackett et al., 1993). After all, if one feels worthless, one will not bother to take care of oneself.

Based on the theoretical framework presented on suffering, the victims of sexual abuse have the freedom to choose which attitudes they develop and behaviors they engage in,

despite the painful experience. This is not to belittle the pain, but it is to offer hope for a better life and the idea that the future is in their control, unlike the abuse. If the adolescent victims could understand that they were in control of the behaviors and activities they choose, and to choose constructive behaviors would provide them with a more positive self-esteem and life, they may actually make better choices.

With the freedom to choose the activities in which one becomes involved, comes the responsibility for the choices made. If the adolescents want to enjoy the freedom of choosing their own life path, they must also accept the responsibility for all choices made. This eliminates the possibility of blaming all bad situations on past suffering experiences but rather accepting that they made a poor choice.

## CHAPTER III

### Methodology

#### Presentation of Workshop

As the literature review displayed, sexually abused adolescents have a tendency to engage in self-destructive behaviors and report low self-esteem and shame. According to the research, both tendencies have an influence in the repeat of the abusive cycle (Cooney, 1987). As school social workers intervene with the adolescent victims of sexual abuse, it would be beneficial to expose the victims to the idea that the behaviors they engage in are their choice and to provide support for them to make choices that could possibly keep the abuse from reoccurring in their future within their own families.

In response to these findings, I have developed a workshop prepared for presentation to school social workers. It is a framework from which to address the students that offers hope and potential change to occur in their lives.

#### Workshop Development

Title: Freedom for the Sexually Abused Adolescent

Audience: Senior High School Social Workers (Grades 9 through 12)

Time Allowance: 6 Hours of Workshop Presentation

Purpose of Workshop: To offer a framework that school social workers can apply to their work with adolescent sexual abuse victims. The framework offers hope to the student victims for freedom to change their seemingly despondent lives. The social worker can also feel encouraged in that they have a framework of optimism to offer this troubled population.

Note to the reader: The workshop will be laid out and presented in six (6) segments, each lasting approximately 45 minutes. There will be an opportunity for a 15 minute break in most segments, unless discussion groups choose to continue the discussions through break until the beginning of the next segment. The following is written in narrative form as if being presented. For the ease of the reader, the segments are written in first person and will last between 15 and 20 minutes, although the following printed material appears shorter. Wherever text appears in italics, it is offering explanation to the reader of the paper.

### *Segment 1: Overview of Sexual Abuse*

Presentation: As you know, you as school social workers are finding yourselves intervening with students who are victims of sexual abuse more and more. Sexual abuse is a very complex field and we must approach our clients with special attention and proficiency. I will begin by presenting some background information on the nature of sexual abuse including risk factors, effects and indicators of adolescents who possibly have experienced sexual abuse. Although some of this may be review for many of you, I believe it is important that the groundwork be laid for the presentation of the framework. Also, I want to be sure that everyone in this room leaves here aware of the indicators of sexual abuse. There may be students who enter our offices with any number of presenting problems, yet the underlying issue (whether it is known to them or not) may

possibly be a history of sexual abuse. It is critical that school social workers be aware of indicators as well as a possible framework from which to address the difficult and complex issue. This framework is intended to be used in the daily crisis situations that result from the behaviors students choose. It is imperative that the school social worker understands that this framework is not meant to replace the necessary therapy that a victim and the family must receive in order to aid in the healing process.

First, sexual abuse has been defined in many different ways by as many researchers. However, for the purpose of this workshop, the definition will be 'any exploitation or sexual contact between a child and an adult'. Sexual abuse is not a new problem to recent society but has only been on the agendas of professionals since the mid-1970s. This makes the research and treatment ideas relatively new and in need of further research and testing. However, as research continues, so does the need for professionals to address this growing population as best they can.

Through this workshop, I hope to provide you with a usable framework which will assist you in your work with the sexually abused population. I want to make it clear that we as school social workers will be intervening with these students daily and usually in crisis' that arise in school -- this is where this framework will be appropriate. The victim of sexual abuse (and their family) will also require additional, in-depth therapy beyond what the school social worker will probably be able to provide. It is very important that as school social workers, referrals are made to the appropriate outside agencies to have this issue addressed in a therapeutic setting.

Sexual abuse is a humiliating experience that most often occurs between the child and a familiar adult. Frequently the adult is a family member or other trusted authority figure (such as a friend or neighbor). Because the child experiences humiliation and incredible violation of trust, the emotional damage incurred is indisputable. These factors also

make it very difficult to report to authorities. Depending on the circumstances, it could potentially cause family separations or irreparable damage to relationships. For these reasons, among others, it is very difficult to research the topic and know that the reports are inclusive and representative of all sexual abuse victims and situations. However, based on existing reports, I want to give you some possibilities of risk factors -- that is students or situations that may be more likely to experience sexual abuse. *(Use overhead transparency, Appendix B, to present list of risk factors and briefly explain each one):*

Risk Factors:

- 1) Women: Statistics vary, though based on a commonly referenced national study there is a ratio of one male for every four female victims. Reports of male victims are on the rise (Finkelhor, 1990).
- 2) Age: Again, studies vary but almost all state most that children are most vulnerable between the ages of 8 and 12 years old. The National Incidence Study of Child Abuse found the median age to be 9.9 years for males and 9.6 years for females.
- 3) Social Isolation: Adolescents who have few or no friends and peers or little social interaction.
- 4) Family Structure: a) Absence of one or both biological parents; b) Mother missing (for example, working outside the home or ill); c) Presence of stepfather; d) Marital conflicts; e) Conflicts between parents and adolescents.

Research has also revealed consistent reporting of various effects that adolescent victims experience as a result of sexual abuse. Although not all victims report all effects to the same degree, it is important to be aware of the possible effects that the victims may feel in order to approach them through the framework to be presented to you today. *(Use*

*overhead transparency, Appendix C, to present list of possible effects that victims may experience and briefly explain each one).*

Effects:

1) Physical Effects: Vary with the extent and duration of the abuse. Possibly pregnancy, venereal disease, damage to reproductive organs, bedwetting, disturbances of bowel and bladder, or difficulty eating and/or sleeping.

2) Emotional Effects: Fear, depression, withdrawal, shame (will be expanded on in following segment of workshop), low self-esteem (will also be expanded on in the following segment)

3) Behavioral Effects: Can be damaging; leads to the cyclical, repeated aspect of sexual abuse. The behavioral effects could be a result of the emotional effects (or vice versa).

Examples of behavioral effects: sexual promiscuity, substance abuse, self-injurious behaviors, running away, suicidal ideation. It is often the occurrence of these (or others) behaviors that initially brings the victims to social workers. The behaviors are probably the expression of the way the student feels about themselves (self-esteem) -- meaning if the student doesn't care about him or herself, they will probably engage in such self-destructive behaviors.

Lastly, I want to make everyone aware of possible indicators of students who may have experienced (or are currently experiencing) sexual abuse. Just being aware of these possibilities will assist us in the work we do with our students. Students may come into our offices for a variety of reasons, displaying a variety of symptoms. As professionals intervening in their lives, we owe it to them to be aware of potential victims so that we may be of service to them. *(Use overhead transparency, Appendix D, to present possible indicators of students who have been sexually abused)* This overhead is a nonconclusive

list, but in your packets you will find a more complete list of behaviors signaling a possible victim.

Indicators:

Physical Signs: Bruising, bleeding or infections in the genital/anal area. May observe an adolescent who has frequent urination or tugging at clothing around the genital area.

Behavioral/Attitudinal Signs: Suicidal threats, running away, pregnancy wishes, shy and withdrawn, change in school performance, truancy, fear of men or being alone, excessive hand washing, sexual promiscuity, avoidance of touch.

As you can see, the nature of sexual abuse makes the topic very complex and difficult to research. However, as school social workers, I encourage you to be familiar with this background information and research more about sexual abuse to better serve your students.

At this time, I would like to open this up for discussion. Please feel free to ask questions or offer situations of interest. Following the group discussion, please divide up into small groups within your tables (hopefully you are with other staff from your school or district) and discuss the frequency of which you are intervening with sexual abuse victims. Also brainstorm about other potential students that may seem troubled or exhibiting some of the indicators mentioned. Use the time to bounce ideas off of each other for assessment from other professionals.

Discussion: Open discussion for large group.

Application: 15 minutes

Break: 15 minutes



## *Segment 2: Self-esteem, Shame and Sexual Abuse*

Presentation: Sexual abuse has been described in the literature as *betrayal*. This concept of betrayal precipitates low self-esteem and shame often leading adolescents to engage in self-destructive behaviors. Through this section, I want to clarify the significant linkage between betrayal, low self-esteem and shame, and participation in self-destructive behaviors.

Betrayal refers to adolescent's realization that they have been engaging in an activity (sexual abuse) with an adult (often a trusted authority figure) who has instructed them to keep the activity a secret. This is a confusing message to young victims: If the activity is not bad, why must it remain a secret? This confusion eventually leads victims to realize that the sexual abuse activities are wrong. Too frequently, this realization is internalized and interpreted as "I am" wrong or bad. This confusion produces the shame that the victims report feeling.

Victims who experience shame often feel like they are wrong or bad, resulting in feelings of low self-esteem. To explain the connection between the betrayal, low self-esteem and shame, it is necessary to define self-esteem and shame. Self-esteem is the evaluation students makes about themselves. Self-esteem expresses an attitude of either approval or disapproval and the extent to which students believes they are worthy, significant or capable. It is a personal judgment of worthiness that is displayed through student's attitudes and behaviors towards themselves.

The definition of shame is very closely related to the definition of low self-esteem. Shame is a feeling of self-judgment; an ongoing assumption that one is bad, inadequate, unworthy or not valid as a human being (Fossum and Mason, 1986). One who has been shamed can be so painfully humiliated that it feels as if all dignity has been completely lost. Shame leaves a person feeling disconnected and set apart from others and themself.

In the literature on sexual abuse, shame is often used interchangeably with guilt. There is a difference between the two and I believe that it is significant that the distinction be clarified. Guilt is the feeling of regret about executing a behavior that violated one's value system. For example, an adolescent who steals a baseball from a sportshop may later feel guilty because he has always been taught that stealing was illegal and wrong. Stealing was a behavior that violated his value system yet could be corrected. This awareness and possibility of correction (perhaps through returning the baseball) could result in repair of the violation, meaning the adolescent may never steal again because of the guilt feelings felt. Guilt is based on a behavioral infraction (Fossum and Mason, 1986). Shame is a feeling about oneself as a person which affects one's identity. The adolescent feels this is impossible to correct.

It is important to differentiate between the two when working with the sexually abused adolescent. Victims of sexual abuse report feeling humiliated, alone, and worthless which are results of an inner feeling of inadequacy (shame). They do not report feeling as if they knowingly performed a behavior that violated their values (guilt).

The definitions of low self-esteem and shame have many correlations. Both are self-judgments of unworthiness and invalidity as human beings. It would be difficult to imagine a victim of sexual abuse feeling one without the other. The powerful dynamic of betrayal caused the low self-esteem and shame.

As the definition of self-esteem stated, one's worth and significance is expressed through their behaviors towards themselves. Therefore, if the adolescent feels unworthy, they will express it through self-destructive behaviors, such as suicide ideation, sexual promiscuity or substance abuse. This display of disregard for self verifies the adolescent places no value on their life or concern for their safety.

Victims will justify self-destructive behaviors by saying that the behaviors are beyond the victim's control. I believe that as social workers we can enable the victim to understand that the behaviors *are* in their control. We can offer them optimism by instilling confidence to make decisions about behaviors and accept responsibility for the consequences of those decisions. This will help the victim to view themselves as people of power despite the humiliating, painful experience of sexual abuse over which they had no control. Through the process of instilling control and power into the victims, they will regain their identity which was lost during the abuse.

Given the nature of sexual abuse, betrayal seems inevitable. The adolescent has been manipulated by an adult to participate in a morally wrong activity. The betrayal results in low self-esteem and feelings of shame which are expressed through self-destructive behaviors. As professionals, we must help the abused adolescent to value themselves so they will choose not to participate in self-destructive behaviors. The behaviors often lead the adolescent to relationships that create an environment for patterns of abuse to continue. If we can intervene with these adolescents, perhaps we can break the cycle of abuse.

I would like to open this topic up for discussion at this time and then you will divide into your discussion groups. In the groups I would like you to discuss several points: 1) your reactions to these ideas; 2) the impact that self-esteem and shame have on the student's life in general; and 3) the idea that if adolescent's self-esteem increased, their self-destructive behaviors would decrease. This 3rd point is a hypothesis that has not been researched as a cause and effect, but studies have shown that people with feelings of self-worth do not engage in self-destructive behavior.

Discussion: 15 minutes

Application: Discussion groups divide to discuss the suggested areas as well as other thoughts and ideas.

Break: 15 minutes

### *Segment 3: Sexual Abuse Viewed as Suffering*

Presentation: Adolescents who experience the pain of sexual abuse *suffer*. To be forced to endure the betrayal and the physical and emotional pain is a tragedy. In this segment, I want you to see the connection between a definition of suffering and the experience of sexual abuse. It will help you understand how this framework will clearly address the needs of the sexually abused adolescents in your schools.

To suffer means to experience loss or injury; to feel pain. It refers to the state of anguish or pain of one who has endured misery and hardship.

Let us break this definition down. Based on your knowledge and what has been discussed today, tell me what correlations you see between this definition and child sexual abuse. (*This will be an exercise to get workshop participants to apply the definition to their knowledge. They may give examples such as the following in italics, or I will prompt whenever necessary*).

1. To experience loss: *loss of childhood by participating in adult activities; meeting an adult's needs at a young age; having to fear the activity and worry about the next encounter, whereas their peers are worried about normal things such as clothing and friendships, etc.; feeling older than their peers; loss of a normal adolescent social life with peers due to the shame, humiliation or rules dictated by the perpetrator for isolation; loss of family (possibly divorce or removal from the home due to the disclosure of the abuse, depending on the roles family members played in the abuse).*

2. To feel pain: *Physical pain; pain of betrayal --not being able to trust adults, especially the perpetrator; pain of lying to others if necessary to cover up abuse; pain of loneliness as a result of the secrecy; pain of humiliation.*

3. Enduring of misery: *enduring an ongoing experience that causes feelings of betrayal, shame and physical pain; constant confusion of roles.*

The correlations between the definition of suffering and what we know about sexual abuse are endless. Each individual victim can name their own variety of losses and examples of miserable, painful feelings. To experience sexual abuse is to suffer, by definition.

The literature on the concept of suffering includes two ideas: 1) Some degree of suffering is unavoidable in our lives; and 2) Victims have the ability and freedom to choose what attitudes and behaviors one adapts despite their suffering.

This implies that everyone will suffer in their lifetime to varying degrees, but it is their option what attitudes and behaviors they adapt following the painful experience. Some will endure pain far worse than others, but their life destiny is still in their control. To suffer sexual abuse (or any suffering) is an extremely painful experience and this process of gaining control of their life will not be easy. Fortunately, it is hopeful and optimistic to think that despite the pain, the victim can be in control of the rest of their lives. Whereas, through the experience of the abuse, they were *not* in control. Introducing the concept of gaining control of one's future allows the student to drop the victim mentality and be liberated to *freedom*.

When adolescents have experienced sexual abuse, they have been betrayed and generally express low self-esteem as a result. The low self-esteem and disregard for themselves leads to self-destructive behaviors. Often, sexual abuse victims will blame their behaviors and attitudes on the fact that they have been victimized. Granted they

have been victimized in a horrendous way and healing is a lengthy process. Nevertheless, part of the process can include the idea that they can be in control their own lives despite the suffering. This allows the student to relinquish a blaming, victim mentality.

For a child to suffer such extreme physical and emotional pain as sexual abuse is unjustifiable. It is possibly the most damaging form of suffering I personally can imagine for a child to experience and for it there is no excuse. I would like you to keep this concept in your mind as we continue through this workshop: To experience pain and suffering is unavoidable in life, but to continue to live miserably is an option.

At this time, I would like to open this topic up for discussion. I encourage you to express feelings and questions regarding this idea of suffering and the outcomes we derive from the experience. Then, we will again break into the same small groups to continue with the discussion by means of more personal application. Please use the following ideas for the basis of your small group discussions: 1) Consider again an experience where you have suffered to some degree and think about the attitudes and behaviors you adapted following that experience (you may not want to share this openly, but consider it within yourself); 2) Consider how this concept may be applied to a victim of sexual abuse, specifically an adolescent. Remembering that we have not completed the presentation of the entire framework, I challenge you at this point to evaluate how this concept fits with your frame of reference towards sexual abuse victims.

Discussion: 15 minutes

Application: Discussion groups divide to discuss the suggested areas as well as other thought and ideas.

Break: 15 minutes

#### *Segment 4: The Freedom to Choose*

Presentation: To experience pain and suffering in life is unavoidable, but misery is optional. The word "optional" implies that one has the *choice* whether or not life will be miserable following suffering experiences. The concept of being free to choose one's own behaviors and attitudes is the focus of this segment. Sexual abuse is an extremely painful form of suffering, however, these victims still have the ability to choose their live's destiny. Fortunately, this ability was not removed from them.

Studies show that victims of sexual abuse report living miserable lives. They describe being suicidal, having a low self-esteem, and feelings of shame and isolation from family and peers. Victims also report engaging in self-destructive behaviors such as sexual promiscuity, substance abuse, prostitution and even sexual abuse against others (inflicting the very same pain that they felt). Engagement in self-destructive behaviors is often a way of alleviating the feelings of isolation. The behaviors also communicate that the adolescent places little or no value on themselves as human beings. The adolescents often blame their actions and behaviors on the fact that they have been abused and are not worthy of self-affirming activities.

Although adolescent victims will express a variety of reasons for engaging in these behaviors, the decision to choose such activities is still their own. No one and no event is making them act rebellious, delinquent or self-injurious. I believe that it is invaluable to make victims of sexual abuse aware of their freedom to choose their behaviors and attitudes, despite the horrendous suffering they have experienced rather than blame the abuse for their misery. The hope and optimism that this provides them with is extremely important. If victims could see that they are now in control of their life destiny (in contrast to the lack of control they had during the abuse), they may be encouraged and motivated to begin making positive changes.

Research reveals that sexual abuse tends to repeat itself in the victim's own relationships and families. As adolescents are making choices to engage in behaviors such as substance abuse or promiscuity, they are developing relationships that create an environment for the abuse to reoccur. As professionals, we must intervene in their lives and attempt to break the cycle. If adolescents could come to realize the power they have to choose self-affirming behaviors versus self-destructive behaviors, the cycle of abuse may be broken. It seems that if the students make choices that are not self-destructive, but create an environment of positive relationships, their self-esteem will increase. This would appear to greatly decrease the possibility that they will enter into destructive, potentially abusive relationships and will break the cycle of abuse.

At this time I want to stress a very important aspect to this concept as it relates to sexually abused adolescents. When applying this approach, it is absolutely necessary to provide adolescents with the constant reassurance that the abuse was in no way their fault and they are not held accountable for the experience. The point of this framework is to validate that the abuse was painful and inexcusable, but that the adolescent now has the freedom to take control of one's own life and break the destructible cycle of abuse. It is imperative that the victim of abuse, and their family receive intense therapy, which the school social worker may not have time to provide. This framework is intended to be used in the daily crisis situations that result from the behaviors students choose.

At this time, I will open the discussion for you to voice your comments, suggestions, concerns or experiences related to the idea that the adolescents have the freedom to choose their behaviors and life destiny, despite their suffering. Following the discussion, I would ask that you divide into your small discussion groups and continue this discussion. Please spend 5 to 8 minutes discussing the concepts. Then role play a scenario between a victim of sexual abuse and a school social worker. The social worker



should apply the ideas and concepts presented thus far. Evaluate the outcome: does the approach come easily? In what ways could a student challenge the concepts? This concept of freedom to choose will be overwhelming to the students, as this will remove the ability to blame others or the abuse for poor choices. However, it will allow the victim to take control of their own lives and destinies.

Discussion: 15 minutes

Application: Discussion among the small groups and role plays. *This application session will be given 30 minutes due to the addition of role play as well as I assume that there will be additional discussion time needed for the topic once in the small groups.*

#### *Segment 5: Acceptance of Responsibility*

Presentation: If the adolescent victim of sexual abuse has the freedom to choose which attitudes and behaviors they engage in, then they cannot blame the abuse or anyone else for the consequences of the behaviors. By having the freedom to control one's own life, one is responsible for the choices made.

I'm sure you can all recall times when students have participated in behaviors that resulted in discipline yet they blamed someone else or some other circumstances. Well, as we are telling these students that they are free to make their own choices, the idea to blame someone else does not make sense. Therefore, we need to discuss with them the concept of responsibility. If one is free to choose which behaviors one participates in, one must then accept responsibility for the outcomes, results, or consequences. It is easy to accept responsibility for a choice that brings on praise or admiration. But, responsibility is especially difficult when the outcome is painful or results in disciplinary action (for example, legal trouble).

When people have suffered sexual abuse, they tend to be referred to by themselves, and others, as victims. While they *are* victims, they tend to maintain that all difficulties in their life are a result of the victimization and that there is no escape. By holding onto the victim mentality, one is inclined to blame life's difficulties on the victimization, when in actuality they are the result of poor choices. It is not easy but, as professionals, we must liberate these adolescent victims from that mentality, by empowering them to acknowledge their freedom to make choices that compose their lives. The freedom to make choices puts them in control of their life rather than the victimization having the control. As a result of acknowledging their freedom to make choices, they can no longer blame anyone or any situation for the results of their behaviors. The behaviors are their choice, so they must accept the responsibility for the consequences, both positive and negative.

The context in which 'responsibility' is being used in this framework is critical in our work with sexually abused adolescents. The term is used to delineate the need to accept responsibility for the choices made following the abuse; not responsibility *for* the abuse. One of the most important roles we can play as social workers is to validate that the adolescents are in no way responsible for the abuse. All too often, the abused adolescent does not receive this validation from their family and this results in an increase in the feelings of betrayal and shame. Their responsibility begins after the abuse as they begin to make choices and take control of their own lives.

I would now like to allow time for open discussion. Following the large group discussion, I will request that you return to your small groups and continue the discussions, now adding the element of responsibility. Discuss the limitations and the strengths you may see in this framework. Lastly, please role play scenarios adding this element to the discussion between the social worker and the student. I encourage each

person to have the opportunity to be the worker. Always be sure there is an observer to provide suggestions and observations for further learning.

Discussion: 15 minutes

Application: *Again, I will allow more time for application (30 minutes) so that everyone has ample time to discuss as well as role play the scenarios.*

Break: 15 minutes

#### *Segment 6: Application to Practice*

Presentation: Now that we have heard the general concepts of this framework, I would like to suggest some situations or settings in which this could be applied. I have found that the concepts have the capability of being effective in a variety of settings from one-to-one counseling to small groups.

First, let's discuss how it could be utilized in one-to-one situations. In our daily practice in the schools, students with histories of sexual abuse enter our offices. They rarely come to discuss the abuse directly, but consequences that result from being involved in some sort of self-destructive behavior. Examples may be fear of being pregnant, having gotten in legal trouble, or feeling suicidal. We see them in crisis situations. In these crisis sessions, as well as those that are not a crisis, the concepts can be applied, even in short interventions. For example, a student comes into the office and informs you, the social worker, that she has been in trouble for substance abuse and possession. She is facing a court date. You are aware of her background of being sexually abused by a stepfather. In this intervention, you can attempt to get at the reasons the student is abusing substances to the point of being in legal trouble...why she would get involved in such a destructive behavior. More than likely the conversation will turn to a feeling of low self-worth and validity. At this point, the social worker could begin to discuss the student's freedom to choose which behaviors and attitudes in which she

engages. The intervention may never address the history of abuse, but the behaviors and choices are where you will have the opportunity to intervene with the students.

Research has shown that victims of sexual abuse have shown a decrease in the effects and symptoms of sexual abuse through peer support groups. If there are several cases that have known histories of sexual abuse, it may be appropriate to form a small group. As the facilitator, social workers would begin by encouraging the members to discuss the painful experience to the degree that they feel comfortable. It is important to spend sufficient time validating and discussing the pain and suffering the members had experienced. This may require more than one session by the time all members have felt comfortable to express themselves. It is at this time that the facilitator would present the concept of suffering and how the definition relates to their experiences.

When the group feels comfortable to move on, the facilitator could begin to discuss the framework with the group. Refer to choices they have made in terms of behaviors and attitudes. Relay the freedom of choice they have within themselves. It is important to draw the students in as much as possible and help them to see (through actual behaviors and experiences) that they actually are in control of the activities and behaviors they choose. As facilitators, it is important to engage the students in participation by having them relay their own choices as examples. Quite typically, the students will blame others or their past for the behaviors. This is the primary reason why this framework should be referenced. The students must accept that they have the freedom to choose or their lives will forever be run by others.

As the group continues over a period of time, the concept of responsibility must be brought to them. In conjunction with speaking about freedom to choose behaviors and attitudes, make them aware that they must accept responsibility for their behavior, because they made the choices.

The length of the group can be individual to the social worker. In a group built upon such a painful issue, be aware that it may take a couple of weeks to build trust among all members. Therefore, it may possibly be several weeks before the framework is even begun to be addressed. Also, as you are beginning to organize the group, take into great consideration who will be involved. I am assuming that the group list would be based on records of abuse or a student having actually disclosed sexual abuse. Consider such factors as how they relate to others, how open they are about the abuse, and is it possible that they would not want to be known by others as 'sexually abused'? One way to avoid some of the unknown is to create the group with the idea that is for discussing any painful issues in their lives. This way, the students have the option to disclose their abuse to the group. If others are sharing their experiences, it may open up the hesitant ones. On the other hand, if some students never choose to reveal their abuse, at least you know they are hearing the ideas and concepts and may apply them to their lives.

Also, I would recommend group members be of the same sex whenever possible. It is not a necessity, but members may feel more comfortable, although there has been no consistent research on this fact.

In both scenarios of individual and group interventions, the framework will be effective. It is important to know that the students will not accept the freedom and responsibility through just one or two interventions. It is vital that the students continue to hear the concepts and be reminded of their freedom to make choices that can improve their lives rather than destroy it. For future use, it may be effective to introduce this framework to teachers and parents as well, so that the hopefulness is consistently relayed to the students in all areas of their lives.

During the open discussion, I encourage you to bring up any questions, concerns or areas of strength regarding the material presented today. Then, I would like you to get

into your small groups for one final discussion. In the small groups, I encourage you to think of specific students that could benefit from this approach (remember to maintain confidentiality). Also, discuss the overall approach and the strengths or weaknesses you foresee. Process all that you have heard before you leave so that you have all questions clarified and you feel comfortable in addressing the students with this framework.

Discussion: 15 minutes.

Application: 15 minutes

Closure: Bring large group back together and close the seminar.

## CHAPTER IV

### Discussion, Implications and Applications

#### *Discussion*

This project sought to find linkages between the effects of sexual abuse and the concepts of suffering, freedom to choose one's own behaviors and attitudes and acceptance of responsibility for those choices. A workshop was then developed to provide school social workers a framework from which to address the adolescent sexual abuse victim. Through the literature on the concepts and the existing research on sexual abuse, clear linkages were made. Research for this project has shown logical reasons for addressing the adolescent victims of sexual abuse with this framework.

The research consistently reveals victims reporting shame and low self-esteem as effects felt resulting from abuse (Algert and Borman, 1992). The term 'self-esteem' refers to the judgment of oneself expressed through one's behaviors and attitudes. Shame is self-judgement that one is inadequate as a human being. Given the nature of sexual abuse and the relationship between the definitions of self-esteem and shame, it is understandable why both feelings are consistently reported.

Victims of sexual abuse report low self-esteem and shame; therefore, it is evident why their expression of themselves tends to be through self-destructive behaviors and

attitudes. As research has shown, adolescent sexual abuse victims often engage in very self-destructive behaviors, such as sexual promiscuity, substance abuse, and suicide (Algert and Borman, 1992; Finkelhor, 1986; Hawkins, 1986).

It is significant to acknowledge that victims of sexual abuse have suffered greatly. However, the framework presented in this project offers escape from victimization by instilling the concept of freedom. The adolescent victims are capable and free to make choices involving the behaviors in which they engage. By conveying this concept to them, the adolescents are offered hope of gaining control of their lives. Without this hope, adolescents are destined to a life of blaming their circumstances on the abuse, as if they have no control of their own lives.

The freedom to choose their lives' direction requires an acceptance of responsibility. This reference to responsibility refers to the victim's acceptance of the consequences incurred as a result of their choices. Responsibility in this study and context is not implying or suggesting that the victim accept responsibility for the infliction of abuse.

Many practitioners have a natural tendency not to hold victims responsible for any actions or behaviors because of their history of victimization. Without responsibility, victims have no identity of their own. They are forced to continue living with the identity of the victimization. Through this study, it has been shown that despite pain and suffering (victimization), misery (self-destructive behaviors) is optional.

School social workers must validate the extreme pain and suffering experienced from sexual abuse. It is imperative that the adolescent be continually assured that the abuse was not their fault and advocate for additional, intense therapy. However, school social workers can help the adolescent progress by instilling the freedom to choose their behaviors and life destiny following the abuse.



By instilling this freedom and capability into adolescent victims, the school social worker begins to free victims from a life of viewing themselves as victims of abuse forever. The freedom offers victims a chance at developing their own identity as a person rather than one the perpetrator developed through abuse.

School social workers can become easily discouraged as they continuously intervene with a growing number of victims in crisis. By encouraging the students to acknowledge their freedom of choice and accept responsibility for the choices, the worker can also experience a feeling of hope for themselves. Their hope is a result of knowing that they assisted victims to gain their own identity rather than foster permanent dependence on social workers because of victimization.

#### Implications for further use

The outcome of the project provided a workshop to be presented to school social workers. The goal was for the concepts to be considered through the the worker's provision of services to students who have suffered sexual abuse. While conducting the research and creating the workshop, it became obvious that school social workers are not the only influential population that could utilize this framework when working with these victims. The concepts must be reinforced with the students in all areas of their lives to increase the probability of their adoption of the concepts. Hearing it from others in their lives also delivers a consistent message to them. Therefore, the workshop is recommended for presentation to additional audiences. With alterations to the workshop it is recommended that the concepts be presented to several populations, such as teachers, parents and other professionals.

First, the teachers in the school would benefit from this presentation of concepts. Students often speak to their teachers regarding their problems and teachers frequently become involved in crisis' related to self-destructive behaviors. It would be valuable to

equip the teachers with a framework from which to address the students. In addition, the student may be in contact with both the social worker and the teacher. To have both resources speaking of similar concepts and ideas would be advantageous and effective for the student. Teachers may not always be aware that the behaviors they see in the students are related to the effects of sexual abuse that the student suffered, nor are the behaviors always effects of sexual abuse. However, it would be beneficial to provide the teachers with a framework to address their troubled students, regardless of the cause.

Another group which may benefit from learning the concepts are the student's parents. Depending on many variables (such as their role in the abuse, their support of the student, or the status in the student's life), parents may be seeking a way to help their children overcome the experience of sexual abuse. This element would also strengthen and reinforce the concepts in the student's mind, as they would be heard at school and at home.

The workshop could also be presented to other social workers or professionals who work with sexually abused adolescents, such as county social workers, physicians, or youth pastors. The concepts could be presented in a way that participants would not require a social work background in order to benefit from the workshop.

#### *Application to General Social Work Practice*

The concepts of having the freedom to choose which behaviors and attitudes one adapts despite their suffering appear to be basic and essential to the general practice of social work. Social workers spend their professional lives working with people who are victims of various suffering experiences, such as rape victims, divorce, HIV infections, substance abuse, child abuse, and long term care issues. When things are going well, there is no need for social workers. They often become involved due to some form of suffering pain and loss. Social workers could employ the general concepts presented to

assist all clients who have suffered. Regardless of the form of suffering experienced, it is still imperative that clients see themselves as having the freedom to make the choices involving attitudes and behaviors following the suffering. Without this concept, clients are likely to view themselves as victims for a lifetime. Clients deserve to be encouraged to utilize their freedom to live lives of self-affirming behaviors despite their suffering and painful experiences. Cultivating this freedom decreases their dependence on the practitioner and creates independence.

In working with clients who are victims to varying degrees, the most important assistance the social worker can provide is to liberalize the victim to access their freedom to make positive decisions and gain control of their lives. The social worker's role is to help the client help themselves.

## CHAPTER V

### Limitations

This project was created around concepts and a field that are slightly limited in their availability of literature and research. As a result, there are unavoidable limitations to this project.

First, the literature and research on sexual abuse proposes many limitations. The nature of the abuse make it a difficult field to research because there are unknown facts about unreported cases (National Committee to Prevent Child Abuse, 1992). Another limitation to the existing research and studies of sexual abuse is that much of the new literature reflects statistics and studies done as many as 13 years ago. For example, this writer contacted the National Committee to Prevent Child Abuse to obtain the most recent statistics and facts on child sexual abuse. The fact sheet, claiming to hold the most recent data, was dated 1992, and cited references such as Sgroi, 1982, Finkelhor, 1986, and 1990, and Conte, 1986. This verifies that although there is new research, it does not offer new insight to the phenomenon of abuse. The older studies continue to provide the important information.

Another limitation to this study is related to the literature of the framework. The concepts of freedom, choice, responsibility and suffering would be extremely difficult to

research statistically (Yalom, 1981) and measure their relatedness. Yalom (1981) recognizes that there are studies that research similar concepts such as locus of control (somewhat related to acceptance or rejection of responsibility) but not specifically to the variables mentioned in this framework. Therefore, the concepts have been based on literature that has endured the test of time and logic.

The field of sexual abuse is considered to be a relatively new field of research. Therefore, treatment and approaches have not been utilized long enough to adequately test their effectiveness. This presents a limitation of researching existing, proven treatments on which to base this workshop. New treatments and approaches to sexual abuse victims must be researched and tested in order to meet the needs of this growing population.

Because this is a newly developed workshop based on linkages found in the literature, the workshop has not been tested to prove its effectiveness in addressing the sexually abused adolescent. Further research cannot be done until the workshop has been presented. Due to the appropriate parameters of this study, the workshop could not be presented, allow practitioners time to apply the concepts, and evaluate its effectiveness with the students. This results in a limitation to the study.

In spite of the limitations to this study, the research reveals (a) a relationship between shame, low self-esteem, self-destructive behaviors, and cyclical patterns of abuse, and (b) a freedom/responsibility orientation providing a hopeful framework to both victims and practitioners.

## CHAPTER VI

### Recommendations for Further Research and Conclusions

Based on the limitations previously discussed, there are many areas where further research would benefit the field of sexual abuse and the theoretical framework.

In general, the field of sexual abuse is in need of more extensive, updated research. Most recent studies and researchers continue to refer to studies that are dated. Research is needed to discover the prevalence of sexual abuse in the nineties and investigate its recent trends in great detail. This information would aid in the ongoing development of treatment approaches and prevention strategies.

Another recommendation for further research is to conduct a study focusing explicitly on specific variables that seem to appear in all sexual abuse research such as the feelings of shame and low self-esteem. This would require extensive research on the two variables and sensitive tools to discover their presence and meaning. This current study and workshop touches on these variables and could be expanded upon through further research.

Pertaining to this current study, it is recommended that the concepts be applied with individual students who have histories of sexual abuse. Following termination, social

workers could conduct some form of assessment to determine the degree to which the concepts were useful or accepted by the students. It is then recommended that the research be taken one step further by retesting the same students one year after termination to determine if their choices reflect less self-destructive behaviors and attitudes and increased self-esteem.

It is recommended that the current framework also be applied to small groups of students with sexual abuse histories. The same methods of testing could be applied to the group members as was described for testing the effectiveness of the framework to the individuals. To advance the study, a comparison group of sexual abuse victims could be developed where the group curriculum was not based on the current framework. Following the conclusion of the groups, an assessment could be conducted to determine which group members chose less self-destructive behaviors and felt there was hope of gaining control of their own lives.

Also, it is recommended that the workshop itself be tested to evaluate the participant's reactions and acceptance level of the material. Assess whether the participants feel the information is applicable in their work with adolescent victims. Request feedback from the participants regarding a potentially more effective way to convey the information to the professionals.

It is also recommended that the workshop be presented to the groups mentioned in the fourth chapter, such as teachers, parents, and other social workers in various positions in the community.

The linkages between the suffering of sexual abuse and the freedom to choose the behaviors engaged in despite the suffering, has provided the writer with specific application to practice. It has given an optimistic framework from which to address these troubled adolescents. Whether or not the students are prepared to adopt the concepts,

they are grateful for an optimistic viewpoint and the idea that they can be in control of their own lives.

The writer also developed a group for students who had suffered some degree of pain (teacher-referred) and applied the concepts of the current framework. Although the group was not explicitly for the pain of sexual abuse, over half of the group disclosed their pain to be from sexual abuse. Due to the appropriate parameters of this project, it was impossible to study the overall effectiveness of the concepts. However, the students have expressed satisfaction and encouragement from the group. The students have responded well to the framework and generally will refer back to it themselves, especially during group.

This study has furthered the ways in which professionals can address the sexual abuse victim. The linkages between the deep pain of suffering sexual abuse, its effects (including self-destructive behavior), and the freedom to choose these behaviors and control one's own life has been shown. This presents a hopeful, optimistic outlook for the discouraged victim of the abuse. School social workers have a link to these victims that other professionals or family members may not have because they become involved in crisis situations resulting from poor choices. Therefore it is imperative that the school social worker is equipped to meet the immediate needs of the student. This framework provides hope and optimism to both students and professionals.



## Appendix

## Appendix A

### Indicators of Sexual Abuse in Children

The following physical and behavioral characteristics may be signalling that a child is a victim of sexual abuse. As with other lists of symptoms, some of the same signs may indicate other types of problems. Until recently, sexual abuse was not often considered as a possible reason for erratic or problem behavior. It is important to recognize that sexual abuse is a possibility when a child/adolescent exhibits several of the following behaviors.

#### **Physical Signs:**

Bruising, bleeding or infections in the genital/anal area. Physical symptoms may be manifested as difficulty in walking, sitting or urinating; scratching or tugging at clothing around the genital area; torn, stained or bloody clothing; genito-urinary complaints or infections.

#### **Behavioral/Attitudinal Signs:**

- \* Eating, sleeping and eliminating disturbances
- \* Recurrent physical complaints
- \* Withdrawn or aggressive behavior
- \* Tired, lethargic, sleepy appearance
- \* Fearful or suspicious of adults
- \* Sexually explicit language or behavior not appropriate to the child's age
- \* Regressive behavior such as whining, excessive crying, thumbsucking, wetting self
- \* Aversion to a particular person, place or situation
- \* Change in school performance, truancy
- \* Fear, worry, overly serious, depressed
- \* Anger toward or dislike of adults, authority figures
- \* Running away from home
- \* Suicide threats or attempts
- \* Behavioral defiance, sexual promiscuity, prostitution
- \* Substance abuse that is more than experimental
- \* Reluctance to undress for physical education
- \* Stealing, shoplifting
- \* Pregnancy wishes

Appendix A (continued)

- \* Interest in early marriages
- \* Attraction to older men or dislike of men
- \* Excessive hand washing, bathing
- \* Unreasonably restricted social activities or overly protective father
- \* Poor self-image, low self-esteem
- \* Fantasies about victimization or violence
- \* Alienation from family members, rejection of typical family affection
- \* Fear of strange men, strange situations, of being alone
- \* Overly dependent behavior
- \* Extreme avoidance of touch
- \* Abrupt change in behavior or personality
- \* Extreme over-achiever

Source: Nelson & Clark, ed., 1986 (p. 182).

Appendix B  
RISK FACTORS

- 1) Women
- 2) Age
- 3) Social Isolation
- 4) Family Structure

## Appendix C

### EFFECTS OF SEXUAL ABUSE

#### **1) Physical Effects**

Pregnancy

Venereal Disease

Reproductive Organs Damaged

Bedwetting, Disturbances to Bowel and Bladder

Difficulty Eating and/or Sleeping

#### **2) Emotional Effects**

Fear

Depression

Withdrawal

Shame

Low Self-Esteem

#### **3) Behavioral Effects**

Sexual Promiscuity

Substance Abuse

Suicidal Ideation

Self-Injurious Behaviors

## Appendix D

### INDICATORS OF SEXUAL ABUSE

#### Physical signs

- Bruising
- Bleeding
- Frequent Urination
- Tugging at Clothing Around Genital Area

#### Behavioral/Attitudinal Signs

- Suicidal Threats
- Running Away
- Pregnancy Wishes
- Shy and Withdrawn
- Change in School Performance
- Truancy
- Fear of Men/of Being Alone
- Excessive Handwashing
- Sexual Promiscuity
- Avoidance of Touch

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