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# Short-Term versus Long-Term Group Work with Female Survivors of Childhood Sexual Abuse: A Brief Meta-Analytic Review

Tanya L. de Jong  
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**ABSTRACT.** This meta-analytic review synthesizes the findings of seven published independent studies dealing with group work with female survivors of childhood sexual abuse, and compares the effectiveness of short-term versus long-term methods. Across-study summative findings were: (1) generally, group work has large beneficial effects upon female survivors' affect and self-esteem—three-quarters of the group participants improve; (2) no extant empirical evidence supports the differential effectiveness of either short-term or long-term groups; and (3) only one study to date has reported the size of long-term methods' clinical effect. In short, the question of the differential effectiveness of short- versus long-term group work with female survivors is not yet answerable with the extant research literature. Future research needs are discussed. *[Article copies available from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: [getinfo@haworth.com](mailto:getinfo@haworth.com)]*

Sexual abuse of children is a prevalent problem (15 to 30%), which is known to be experienced two- to three-fold more often by females. Extant

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An annotated bibliography with 126 references is available from the authors upon request.

evidence clearly illustrates the enduring deleterious sequelae of such abuse for the adult survivors (Bachmann, Moeller, & Benett, 1988; Bagley, 1991; Cahill, Llewelyn, & Pearson, 1991; Paris, & Zweig-Frank, 1992; Richter, Snider, & Gorey, in press; Siegel, Sorenson, Golding, Burnam, & Stein, 1987). Studies on the long-term impacts of childhood sexual abuse have found that one of the most common problems experienced by survivors is depression; two-thirds to three-quarters of them have experienced at least one clinically significant episode as an adult. Other problems which have been found to be associated with sexual abuse are low self-esteem, anxiety, stigmatization and social isolation, engagement in self-destructive behaviors including substance abuse and suicide attempts, problems with interpersonal relationships (issues of trusting others and parenting skills), sexual dysfunctions, vulnerability to re-victimization, physical symptoms (headaches, asthma, digestive and reproductive problems), and further mental health problems including borderline and other personality disorders, multiple personality and other dissociative disorders, as well as post-traumatic stress disorder (Bagley, 1991; Browne & Finkelhor, 1986; Cunningham, Pearce, & Pearce, 1988; Drossman, Leserman, Nachman et al., 1990; Murray, 1993; Wyatt, Guthrie, & Notgrass, 1992).

Many of these prevalent problems are expected to be highly amenable to a range of intervention modes, particularly group work methods. Every paper in this field purports the effectiveness of group work intervention with survivors of childhood sexual abuse; however, the extant data of these more than 50 papers is predominantly qualitative in nature (see Annotated Bibliography). This theory-building work has unequivocally inferred the general effectiveness of such methods. Furthermore, the relevant empirical research, both qualitative and quantitative, has emphasized short-term or relatively brief group work (see Table 1). The majority of the reported group work has been of less than three months duration—three-quarters of it, less than six months. The rationales for this emphasis on short-term groups have been three-fold: (1) minimization of client dependence; (2) maximization of client commitment to the work with an emphasis on clients' strengths; and (3) provision of a contrast to the lack of structure and boundaries typical of incestuous families (Drews & Bradley, 1989; Gil, 1988; Goodman & Nowak-Scibelli, 1985; Goodwin & Talwar, 1989; Herman & Schatzow, 1984; Knight, 1990). However, longer groups, through a process which offers continuity of support while enabling the development and maintenance of trust, may provide even greater opportunities to resolve long-term issues and problems (Cole, 1985; Gil, 1988; Knight, 1990; Kreidler & England, 1990; Kreidler & Hassan, 1992; Men-

TABLE 1. Duration of Group Work with Female Survivors of Childhood Sexual Abuse in the Extant Research Literature

Group Work Duration	Number of Studies	%
<i>Number of Weeks/Sessions</i>		
4-10	3	15.0
10-14	9	45.0
15-19	3	15.0
20-56	5 <sup>a</sup>	25.0
<i>Median = 10, Mode = 10(40.0%)</i>		
<i>Mean = 16.6, Standard deviation = 13.7</i>		

Note. *Short-term studies* (less than 20 weeks): Alexander, Neimeyer, Follette, Moore, & Harter, 1989; Apolinsky & Wilcoxon, 1991a; 1991b; Brandt, 1989; Carver, Stalker, Stewart, & Abraham, 1989; Cole, 1985; Drews & Bradley, 1989; Fowler, Burns, & Roehl, 1983; Goodman & Nowak-Scibelli, 1985; Herman & Schatzow, 1984; Knight, 1990; Richter, Snider, & Gorey, in press; Roberts & Lie, 1989; Threadcraft & Wilcoxon, 1993; Tsai & Wagner, 1978.

*Long-term studies* (20 or more weeks): Den Herder & Redner, 1991; Fisher, Winne, & Ley, 1993; Hall, 1992; Hazzard, Rogers, & Angert, 1993; Kreidler & England, 1990; Kreidler & Hassan, 1992;

<sup>a</sup>Three of approximately six months duration (20 to 25 weeks) and two of one year (50 to 56 weeks).

nen & Meadow, 1992). Furthermore, many clients—more than 50% in one study—expressed a desire for more sessions, indicating that 10 to 15 sessions were “too few” (Brandt, 1989; Cole, 1985; Tsai & Wagner, 1978).

The resolution of these arguments has implications for the allocation of resources for work with female survivors as well as for the implementation of effective strategies for work with them. We are not aware of the existence of any study which has systematically compared short-term and long-term group methods for work with female survivors. The present one will do so by means of a meta-analysis, that is, a comparison of the empirical research on the effectiveness of short-term methods versus that of longer-term group work.

## METHOD

Computerized data bases of *Psychological Abstracts*, *Social Work Abstracts* and *Index Medicus* were searched (1980 to the present) on the following keyword scheme: (group work or group therapy) and (adult or survivor) and (sexual abuse)—with a female population delimiter. Thirty-four content-relevant independent studies were retrieved; however, only seven of these provided data sufficient to calculate a scale-free metric or effect size indicator—Cohen's (1988) *d*-index. These seven studies com-

prise the sample for this meta-analysis; purely qualitative studies were excluded.

The  $d$ -index is easily calculable from reported means ( $M$ ) and standard deviations ( $SD$ ) (e.g.,  $d = M_{gp1} - M_{gp2} / SD_{(gp1 + gp2)/2}$ ) or from other commonly reported outcome statistics (t-test, F-ratio,  $\chi^2$ , and  $p$ -level with group  $ns$ ), and thus allows for ease of across-study comparison (Cooper, 1989). Effects were averaged across operational measures within studies; for example, two measures of depression reported in an original study would be averaged to produce one review outcome per study. The practical or clinical significance of each group work intervention was then estimated by transforming each  $d$  into another, even more intuitively appealing scale-free metric, that is, Cohen's  $U_3$  statistic. For example, a  $U_3$  of .75 comparing a group of clients at pre- and post-test on the Beck Depression Inventory (BDI) would be simply interpretable as follows: 75% of the client's BDI scores after their experience of the group were lower than their average score prior to the group.

## RESULTS

### *Sample Description*

Six of the seven studies which this review analyzes were accomplished in the United States; one was evaluated in Canada (London, Ontario). Nearly half of the group work was implemented by social workers (42.9%), the remainder by psychologists and psychiatrists. They typically (57.1%) had total sample sizes of less than 50 client participants (median = 27, range = 7 to 158) and for the most part (71.4%) used pre-experimental designs (i.e., one group pre-post, no comparison group), though two of them were quasi-experiments—nonrandomized designs with waiting-list comparison groups. The group work was predominantly short-term; six of the seven studies may be so categorized (four were of 10 weeks [sessions] duration and two were 15), while one group work model was long-term (50 weeks).

Very little descriptive information on clients was reported in the original studies. The five studies which did provide some such valid data suggest a range of clients. The typical or median female survivor was 34, though clients ranged widely in age from 18 to 64. Slightly more than half had been sexually abused by a natural father or male parental figure and reported intercourse as a part of their abuse history, while the remaining nearly 50% of them had been abused by a wide range of other people and had experienced various other sexually abusive behaviors.

**Short-Term versus Long-Term Group Work**

Table 2 displays results which underscore this review's central concern, that is, the equivocal response of the extant empirical literature to the question of the relative effectiveness of short-term versus long-term group work with female survivors of childhood sexual abuse. The average effect among the six short-term studies ( $d = 0.79$ ) was found not to differ significantly from the outcome of the one long-term study ( $d = 0.66$ );  $t(5) = 0.82$ , *NS*. Overall, these review findings strongly support the notion that group work is an effective interventive modality for work with this population of women. Irrespective of group work duration (short-term,  $U_3 = 78.5\%$  and long-term,  $U_3 = 74.5\%$ ), approximately three-quarters of the clients who participated in an intervention group did better (e.g., scored lower on depression or higher on self-esteem indices) than the average comparison group client (pre-experiment, themselves at pre-test or before the group work began; quasi-experiment, wait-listed group at post-test).

TABLE 2. Comparison of Short-Term versus Long-Term Group Work: Cohen's *d*-Index by Study Immediately After Group Termination

References	Short-Term <i>d</i> -index	Reference	Long-Term <i>d</i> -index
Alexander et al., 1989	0.30	Hazzard et al., 1993	0.66
Apolinsky & Wilcoxon, 1991b	1.08		
Carver et al., 1989	0.60		
Richter et al., 1995	0.61		
Roberts & Lie, 1989	0.75		
Threadcraft & Wilcoxon, 1993	1.38		
<b>Summary Statistics:</b>			
Mean <i>d</i> -index	0.79 <sup>a</sup>		0.66 <sup>b</sup>
Standard deviation	.39		.00
Cohen's $U_3$	78.5%		74.5%

Notes. (1) The short-term versus long-term between-group difference is not statistically significant;  $t(5) = 0.82$ , *NS*. (2) The group work was almost exclusively evaluated with standardized measures of depression or psychological distress (e.g., Beck Depression Inventory, Modified Fear Survey, Symptom Checklists, Zung Self-Rating Depression Scale) and self-esteem or social functioning (e.g., Adult Self-Perception Profile, Index of Self-Esteem, Social Adjustment Scale, Texas Social Behaviour Inventory): reported reliability coefficients (most were Chronbach  $\alpha$  assessments of internal consistency) range from .75 to .98, and validity coefficients (most were criterion validities assessed with concurrent or predictive methods) range from .72 to .92.

<sup>a</sup> Combined probability by the method of adding *z*s (Rosenthal, 1978),  $p < .001$ . Five of the six studies were significant at a minimum  $p < .05$ , except one, which approached this level ( $p < .06$ ).

<sup>b</sup> $p < .001$ .

Furthermore, this effect was maintained among the three studies which included a six month follow-up assessment ( $d = 0.66$ ,  $U_3 = 74.5\%$ ).

Two rather simple descriptive findings which may be gleaned from the tabular display are probably of particular import in the interpretation of the overall review finding of group work's effectiveness: (1) only one study has provided data sufficient to estimate the effect size ( $d$ -index) of long-term group work, and (2) the estimated effects of short-term methods ranged rather widely from a  $d$  of 0.30 to 1.38. Any number of factors related to the clients, group workers, specific methods or the setting, most of which are not coded in the original reports, may account for such effect size variability. Briefly stated, this review's central question is heretofore unanswerable. The existing empirical research does not allow for a confident inference on the differential effectiveness of short-term versus long-term group work with female survivors.

### DISCUSSION

Group work intervention seems clearly to have large beneficial effects upon female survivors' affect and self-esteem. Averaging across the reviewed studies, three-quarters of the study participants were improved as compared with their own pre-intervention status or as compared with a waiting-list comparison group. Furthermore, no evidence was found to support the notion that either short-term or long-term groups were more effective than the other. Given this lack of empirical confirmation for any differential benefits and the obviously lower cost of short-term group methods, cost-benefit considerations would seem to favor the use of short-term groups. However, a large caveat accompanies this inference. Only one study has reported the findings of long-term group work with female survivors of sexual abuse in a form which allowed for estimation of its practical clinical significance. Moreover, this study had a number of glaring limitations: its client mortality or loss to follow-up rate approached 50%, no comparison group was used, and it was not accomplished with a clinical sample—sampling was through a media canvas.

It would seem that those who currently espouse the relative effectiveness of short-term groups for work with female survivors of childhood sexual abuse are jumping the empirical gun. The clinical wisdom of some supports this notion, but the conjecture of others is that long-term methods are more effective. The extant *empirical* knowledge base is simply not capable of answering the comparative question. The filling of two basic research needs would go a long way toward answering this important question: (1) those who are currently engaged in this work, particularly

long-term group work, ought to empirically evaluate their practice and report their findings in the peer-reviewed professional press; and (2) a methodologically sound, randomized experimental comparison of short-term versus long-term group work with female survivors ought to be accomplished.

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