

A Group-Work Approach for Sexually Abused Preschoolers

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ABSTRACT. This article concerns the process of a particular group treatment approach for preschool-aged children who have been sexually abused. In the course of the group, the children are exposed to a combination of three components: education, experience, and free play. These three aspects help integrate the particular messages provided by the C.A.R.E. kit. Themes from the kit center on identification and discussion of issues related to sexual abuse, as well as prevention. This article focuses on one such group.

PRESCHOOL-AGED CHILDREN who have been sexually abused tend to struggle with their victimization in an internal manner. They do not have the cognitive development to make sense of such an experience, nor do they have the reasoning or verbal tools to reach outside resources. The trauma of abuse, grappled with at an inner level, may present outwardly in a multitude of symptoms such as undue anxiety, crying, nightmares, bedwetting and other regressive behaviors, withdrawal, hints regarding the abuse in the form of indirect messages, seductive behavior, self-destructive behaviors, excessive anger and temper difficulties, and physical effects (C.A.R.E., 1984). These symptoms, however, do not definitively identify the sexually abused child as distinct from those who have suffered other childhood trauma. Thus, professionals must rely on the child's ability to disclose the nature of the abuse so that safety as well as treatment issues can be addressed. In the assessment and treatment of sexually abused children, therefore, it is critically important that therapists provide those children with developmentally appropriate language and with awareness tools so that they may effectively explore their own victimization issues.

It has been common practice at our agency to offer family therapy to those families that have a child who has been sexually abused. In addition, we offer group therapy for that child. Typically, the preschool-aged child has access to play therapy or a combination of play and art therapy, depending on the unique characteristics of the particular case.

As the number of requests for service centered on child sexual abuse has steadily increased, especially throughout the 1980s, a definite pattern of service delivery and treatment issues has emerged. First, there was a distinct increase in the prevalence of families dealing with common and repetitive issues of sexual abuse. The nonoffending parents of children who had been sexually abused grappled in family therapy with recurring themes of guilt, anger, shame, confusion, frustration, and sadness. Second, because of the increase in the number of cases, a shortage of qualified professionals developed, and resources to address the longer delays for children waiting to receive individual therapy were in short supply. In both treatment arenas, it became increasingly clear to the therapists that pieces of the therapy process were being repeated numerous times in the agency's client-contact hours. From these observations, the therapists decided that a shift to group work was in order.

Critical to the success of this shift to group work was trust in the group therapeutic process, especially as it related to preschoolers. A highly structured framework was chosen to provide a psychoeducational experience for the children that would emphasize support and caring by peers, an experience not available in individual therapy. Although the therapists involved struggled with the concept that preschool-aged children could be developmentally able to be supportive of one another, they ultimately relied on this opportunity for the group members to learn and play together to provide a therapeutic milieu.

Objectives

The psychoeducational model was chosen because it combined structure to assuage anxiousness with freedom to facilitate increased spontaneity. Key ingredients of the model included the teaching aspect, which focused on identification and expression of feelings, and the experiential component, which was designed to consolidate learning at an age-appropriate level. In addition, a cognitive-behavioral approach was used to stress personal safety rules in an effort to prevent further victimization of these children who are deemed to be at risk of such a reoccurrence.

A Canadian firm, C.A.R.E. Productions Association of British Columbia, had produced a kit that satisfied the needs of the intended group. The C.A.R.E. kit, designed to educate young children about sexual abuse, contained excellent teaching units. It had proved most valuable in identifying sexually abused children among the agency's population and in providing the role of catalyst for the individual therapy process for previously identified sexually abused children. In this article, I

will describe how the C.A.R.E. kit was used in a psychoeducational group format for sexually abused preschool children.

Practical Considerations

The planners, who initially proposed the idea of a group for preschool-aged children, met to discuss the specifics of such a program. They agreed that two groups would be conducted in parallel fashion; that is, a nonoffending parent-support group would operate in the same time frame as their children's C.A.R.E.-kit group. This design addressed the practical issues of childminding and transportation and reinforced the point that the trauma was experienced not only by the child but also by the family.

Leadership for the group was also an agenda item. It was considered important that both groups operate under the coleader model that would offer a balance of the two perspectives of education and therapy. To achieve that balance, Donna Davis Popowich, an early childhood educator, and I, a family/group therapist with play-therapy experience, led the C.A.R.E.-kit group.

When making practical arrangements for the implementation of the children's program, we decided that the preschool classroom would provide the most appropriate setting because of the various play centers and a circle area that offered comfort with few distractions. The room conveys a sense of privacy and appeals to children. Because of the room's limited availability, sessions were to be held twice every week for 4 weeks. The adult group was scheduled to meet at the same time, and a 1-hour block of time was chosen as the best balance for both groups. The children's group would spend 20 minutes in the teaching component, 20 minutes in the experiential component, and an additional 20 minutes in free play. The size of the group would be limited to five, with a mix of the sexes. The ages of the group would range from 3 to 5 years.

Choosing the participants was the next step, and we issued a call for applicants to primary workers within our agency. Primary workers, in consultation with parents of their cases, assessed the appropriateness of their referrals, given the specifics of our group. We received five immediate referrals, all of whom were deemed acceptable.

The two leaders of the C.A.R.E.-kit group met in advance of the beginning of the sessions to discuss personal positions regarding group work, our individual approaches, strengths, and limitations. We reviewed the kit and planned our experiential exercises and established our evaluation measures. We were ready to begin.

Session 1

Tom (the names of all clients have been changed in order to protect their identity) and his mother were the first to arrive. Tom, aged 4 years, quickly found the play center and proceeded to pull out all of the toys. I took the opportunity to meet with Tom's mother, who expressed her concern about Tom's unruly behavior. She explained that Tom's verbal skills were minimal, that she had tremendous difficulty in handling his frequent temper tantrums, and that he was quite hyperactive. I agreed to keep her informed about his progress in the group and attempted to allay her concerns about how disruptive Tom might be in the group. Tom struggled to respond to his mother's redirection but managed to contain his behaviors. Tom invited me to play with him, and we spent a few moments together before joining the circle.

In the meantime, Sally, aged 5 years, arrived with her mother. They spoke with our coleader Donna, who showed Sally the classroom, and they remarked on the aspects that were similar to Sally's own preschool center. Sally spoke freely but showed some anxiety about being separated from her mother. With some reassurance, she was able to join the circle.

Four-year-old Jane seemed anxious and was very quiet. Although she looked at the different toys in the center, she moved directly to a chair in the circle after she said good-by to her parents. I sat with Jane for a few moments before the group was to begin, and we spoke of the doll she had brought with her.

Our fourth member, Frances, arrived. Because 4-year-old Frances had been to the classroom before, she was familiar with the environment and the staff. Frances, a bright and articulate young girl, had demonstrated potential for leadership.

David, who was to be the fifth member of our group, failed to appear for this first session. We learned later that his parents had decided not to follow through with this treatment modality for their son.

Our session began with games and songs designed to introduce the members of the group and to foster participation. A key to the success of the C.A.R.E. kit was a puppet that gave the children advice and showed them appropriate responses to difficult situations. In the first activity, the puppet played a cooperative game so that he could acquire a name. In our group, all the members were enthusiastic about the puppet. Tom was especially excited and remained focused during the puppet's presentation.

The C.A.R.E. kit's program, presented with verbal messages and discussion cards, begins with the theme: Everyone has feelings. Understanding and learning to talk about one's feelings are important aspects of personal safety (C.A.R.E., 1984). Our initial discussion focused on recog-

nizing different feelings, expressing those feelings, and expanding one's vocabulary around those feelings. The experiential component of our session included drawing faces with various expressions of feelings and completing such sentences as: I feel sad when . . . I feel happy when . . . I feel mad when. . . . The children, with the exception of Tom, concentrated on happy feelings. He spoke and drew about angry incidents, and his pictures reflected this mood in color and figure. Tom could not be specific about the content of the incidents about which he drew. Our session moved to a free-play segment and ended with a snack. We informally reviewed the day's lesson and conducted a closing circle.

Session 2

The children arrived for our second session looking somewhat apprehensive, yet curious, about what might take place. Tom was particularly excited about seeing the puppet again. Although our opening circle was designed for the members' participation, most of the children were content to watch and listen to the songs and games.

The theme for the second session was: Everyone has a body. This message placed emphasis on the fact that each person has a physical form that is both separate from others and unique (C.A.R.E., 1984). During the experiential segment, the children drew a full-body tracing, then colored it and cut it out. Sally presented as very rigid during this exercise and had great difficulty lying down. The decision to participate was left to her, and she chose to have the puppet help her. Although she did her best to relax, Sally continued to appear stiff throughout the drawing. She was very proud of her art work and developed a special relationship with the puppet. It is interesting to note that later, during the free-play segment, Sally replicated the full-body tracing experience with the dolls, and she played the role of soother and supporter.

During play time, dyads began to form among the members, and their interaction was becoming less strained as the children shared their toys and games. We ended the day's session with a snack and a closing circle of songs that helped them to identify and name the parts of the body.

Session 3

The children entered the classroom looking forward to our session. Frances was concerned about the puppet's continued attendance and was reassured that the puppet would arrive. The children greeted each other and spent a few moments showing parents the body tracing we had done previously. Tom was particularly proud of his work.

The group began the opening circle with a discussion about termination, including a count of how many sessions there were remaining. We then moved on to a game that focused on interacting with the next person. Jane had difficulty with this purposeful interaction, choosing only to interact with the puppet. Although Jane seemed to be a very bright and articulate child, she had yet to become verbal in the group. Nonetheless, she was very aware of, and attentive to, the process of the group.

The theme for this session was: Some parts of your body are private. This message defined private parts as those that are covered by a bathing suit (C.A.R.E., 1984). In the lesson plan, the emphasis is on naming the body parts and distinguishing between private and public parts. Tom seemed to be the most comfortable with the subject and spoke freely about the terms by which he knew the parts. Tom, however, was unaware of whether his own gender was male or female.

Both Jane and Sally appeared to be highly uncomfortable with this discussion. Jane became completely quiet and physically withdrawn, and Sally's speaking pattern accelerated to a high pitch and high rate of speed. Sally sought to distract the presenters with out-of-context questions and required redirection to the subject of discussion.

The experiential segment involved cutting labels of parts of the body, including the private parts, and pasting them to the full-body tracing. It is interesting to note that Tom continued to have difficulty deciding on his gender.

During the free-play component, Sally's play had a distinct shift from her previous play. She played in complete isolation from the others and was unusually rough in her treatment of the dolls. Her agitation decreased at snack time. Throughout the closing circle, Tom had difficulty controlling his acting-out behaviors and presented as regressed, with infantlike speech and a toddler's gait.

Session 4

Both Sally and Jane brought their dolls to the fourth session. Neither girl was prepared to surrender her doll, so in the opening circle, we talked about hugging our favorite things. This discussion related to the topic of the session: Different kinds of touching give you different kinds of feelings. This message is designed to encourage children to learn that their feelings can help them distinguish between positive, or appropriate, and negative, or inappropriate, touching. During the discussion, Tom described angry punching and hitting kinds of touches. In the course of talking about his feelings, Tom frantically began to move himself around

the room, settling only when he could sit with his arm around the puppet for comfort.

We sought to consolidate the day's lesson by having the children draw and explain a touch they particularly liked and one that they did not. Tom's aggression escalated during this segment. He was redirected to the hammer and peg toy, which he pounded for the duration of the free-play portion. As a group, we enjoyed a snack and a closing circle.

Session 5

Jane arrived 15 minutes late for the fifth session. Her mother explained that Jane had had one of her severe temper tantrums before leaving home. In the opening circle, Jane clearly declared that she was not going to participate in the day's session. We acknowledged her ability to label and express her feelings. During the opening circle, we reconsidered the issue of termination. The group counted the number of sessions remaining and talked about what it would be like to say good-by.

The theme for this session was: Some touching may confuse you and can be wrong. Our discussion centered on defining what the word confused meant. Following the plans of the C.A.R.E. kit, we suggested that children may be touched or be asked to touch someone else in a way that gives them a confused and uneasy feeling. Frances proved to be our most responsive member, contributing answers, questions, and examples, and the group began looking to her for leadership. Jane, in spite of her declaration, became quite animated and involved in the stories centered on the day's theme.

During the art segment, the children drew pictures and participated in discussions regarding what each child felt was a confusing touch. Sally's pictures were graphic and detailed, but the story accompanying her pictures was disjointed. The main feature, however, was a story of a dinosaurlike monster coming into her house when she was asleep and eating all the toys, clothes, and furniture in her room. Sally's story ended with her mother scaring the monster away before it could hurt Sally. Sally's voice, as she told the story, escalated in pitch and in speed. Sally excused herself to the free-play area, where she enacted a series of tender mother-infant scenarios. As usual, we ended with our customary snack and closing circle.

Session 6

The children arrived for this session, and we fell into our accustomed pattern. In our opening circle, we spoke again about termination and the number of sessions remaining. We continued this discussion until each

child could offer correct feedback about the planned termination process. The theme for the session was an elaboration of the previous message about touching that may confuse one. The focus was on defining concepts such as a trick, a bribe, and a secret. The lesson focused on the various ways an adult or teen-ager might try to persuade a child to become involved in sexual activity. It is at this time in the session that we most strongly reiterate that sexual abuse is never the child's fault and is always the big person's fault. Throughout the discussion, Sally sat on her doll and rocked in a self-stimulating manner. Tom's regressive behaviors were quite pronounced, including wanting to be babied by all members of the group. Frances presented as somewhat sullen and declared that she would not talk about this topic. Jane also refused to participate. Each child was then given a puppet and allowed to interact with the C.A.R.E.-kit puppet if each so desired. The reactive behavior declined, and all the children were able to explore their feelings about touching that is confusing and about how a big person might attempt to touch a child.

Because of the intensity of the session, we moved directly into the free-play period. The children's play had a frantic quality that soon evolved into more typical play patterns. All the children seemed anxious to see their parents, so we ended the session early with a quick snack and some comfort songs.

Session 7

We again reviewed the termination process during our opening circle. We also acknowledged how difficult the last session had been, especially in comparison with the others. The message for the seventh session centered on the three personal safety rules: You can say no; Get to a safe place; and Tell someone you trust. The rules, designed to encourage appropriate, assertive behavior, addressed the difficult concept of a child's objecting to an authority figure's wishes. Each child was able to practice saying "no" and rehearsed where he or she might go to be safe. The children selected the person to whom they might tell their problems.

This session appeared to be the most relaxed of all the sessions. The children colored pictures depicting each of the three rules. Sally announced that she had something to tell the puppet; yet when the puppet spoke with her, Sally changed her mind. Sally repeated this exchange with the puppet several times. Before they left, the children were reminded that the next session would be the last for the group.

Session 8

From the beginning of the session, the children demonstrated their awareness that this was the last time we would meet. During the opening

circle, we talked about what a special day it was. We talked about our feelings about saying good-bye to the beloved puppet, the other members, and the leaders. We predicted that we would miss each other. We reviewed our discussions, concentrating on the contents of the kit, including comments on our feelings, our bodies, and our private parts. We talked about good touches and bad touches and about the fact that sometimes people try to touch a child in a bad way. We stressed that being sexually abused is never the child's fault. We also practiced the three personal safety rules.

In a ritual of closing, the puppet presented each child with a poster from the C.A.R.E. kit and a personalized certificate for completing the kit. Each child spent a moment with the puppet to say good-bye. Then we had an extensive closing circle that formalized the good-bys among the members by means of songs and games.

Evaluation

Leaders of both groups felt it was crucial to debrief after each session. In addition, a formal debriefing meeting was scheduled to be held after the groups ended. The leaders reflected on how intensely emotional the experience had been for all who had participated. The therapists remarked that the children, who, for the most part, were cognitively aware that the puppeteer was indeed the source of action, still maintained their distinct relationship with the puppet character. All agreed that the puppet was the element critical to the success of the program. They noted that the puppet served each child in a multitude of roles: comforter, nurturer, source of fun, supporter, nonjudgmental affirmer, and listener.

The experiential component was also deemed a success because of its ability to encourage the children to produce art work through which they could explore and talk about their feelings. The therapists noted that no one had predicted the effect of the free-play segment. They agreed that the free play offered the most unique opportunity for the children to crystallize and consolidate the concepts explored at each session. It also afforded the group members a chance to interact in a way that was distinct from the structured, classlike teaching segment. The leaders also concluded that, in the future, if the group includes male and female members, the coleaders ought to reflect that mix.

Finally, each individual case was assessed for movement along the established continuum, and progress reports were drafted for primary workers. The continuum included these ratings:

- 5 Does not attend sessions
- 4 Disruptive behavior prohibits continued attendance

- 3 Attends sessions
- 2 Is attentive during sessions
- 1 Participates during sessions
- 0 Is able to demonstrate grasp of concepts offered
- + 1 Uses the experiential segment to explore feelings
- + 2 Uses play sessions to consolidate knowledge and insight
- + 3 Generalizes knowledge and insight to experiences outside of group
- + 4 Uses acquired knowledge and insight in a difficult situation with help of a trusted adult
- + 5 Uses acquired knowledge and insight in a difficult situation

Conclusion

The shift to group work to enhance both family and individual therapy for sexually abused preschoolers has proved to be an effective and fruitful movement. In our ongoing work, the C.A.R.E. kit and the group itself have been continually revised because of the diversity of our client population. With the increased experience of the leaders, we have also found that new questions and directions arise that are rich in potential for future exploration.

Acknowledgment

I would like to thank my coleader, Donna Davis Popowich, for her support and guidance throughout our shared group experience.

NOTE

Further information regarding the C.A.R.E. kit may be obtained from C.A.R.E. Productions of B.C., P.O. Box 183, Surrey, B.C., V3T 4W8, Canada.

REFERENCE

C.A.R.E. Productions Association of B.C. *C.A.R.E. kit: Lesson planning guide*. 1984. D. W. Friesen & Sons, Cloverdale British Columbia, p. 2.