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Guilt, isolation and hopelessness among female survivors of childhood sexual abuse: effectiveness of group work intervention☆

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Abstract

Objective: This study explores the effects of group work intervention on female survivors' senses of guiltlessness, affiliation and hopefulness.
Method: Secondary comparative analyses of a large quasi-experiment-based clinical data base were accomplished (Richter, Snider, & Gorey): group work intervention ($N = 78$) and a waiting-list condition ($N = 80$).
Results: Group work was found to have beneficial effects on adult female survivors' appropriate sense of guiltlessness for their childhood sexual abuse, as well as on their sense of affiliation and hopefulness. Consistent across the three outcome measures of guilt/guiltlessness, isolation/affiliation and hopelessness/hopefulness, 16 to 18 of every 20 such women who participated in group work did better than the average woman in the waiting-list comparison group. Moreover, these apparent clinical benefits were maintained for 6 months (all $p < .01$).
Conclusion: Such effects may be characterized as very large, and are generally larger than those previously observed in this field of practice that have typically been based on more general measures of depression, self-esteem or global symptoms.

Keywords: Sexual abuse; Survivors; Group work practice; Guilt; Isolation; Hopelessness

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[1] Both the 2nd and 3rd authors were Social Workers at the Catholic Charities of Buffalo, NY at the time the original group work practice and evaluation was accomplished.

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Introduction

People who have experienced the profound trauma of childhood sexual abuse are at much greater risk of experiencing various developmental challenges, mental and physical health problems, and familial or social problems-in-living. Given that such abuse is most typically repeatedly perpetrated by a father on a daughter between the ages of 5 and 15, it is difficult to imagine how such horrific childhood experiences could result in anything but the most dire consequences over the course of a victim's life. In fact, it is a resounding testament to their strength and resilience that many such women survive and some even thrive. A better understanding of the factors that bode for such success among survivors—this study's aim—would go a long way toward facilitating practice with them.

In our clinical experience with female survivors of childhood sexual abuse, one of every four have identified themselves as a recovering alcoholic or drug addict, nearly a third have reported a diagnosis of anorexia nervosa or bulimia, and approximately two-thirds of them have had some other problem with food such as compulsive eating or obesity (Richter, Snider, & Gorey, 1997). Also, nearly half of the survivors we have met at intake may be categorized as moderately to severely depressed. Tragically, but perhaps not surprisingly given the nature of their trauma as well as the breadth of sequelae they have endured, one third of them have made at least one suicide attempt. Moreover, our experience with survivors seems substantially similar to that of other practitioners and researchers. For example, depending on the clinical or community comparison, women sexually abused in childhood have been estimated to attempt suicide four to nineteen times more often than others (McCauley et al., 1997; Mullen, Martin, Anderson, Romans, & Herbison, 1996). The prevalence of this sentinel event in survivors' lives, not to mention the probable prevalence of unidentified successful suicides, underscores the importance of our continued commitment to ongoing learning about how to best serve them.

Integrative reviews on the effectiveness of group work intervention with female survivors of childhood sexual abuse that included research from the 1980s through the mid-1990s (de Jong & Gorey, 1996; Richter et al., 1997), as well the most recent controlled studies of such practice (Saxe & Johnson, 1999; Stalker & Fry, 1999; Westbury & Tutty, 1999) have, in aggregate, reached the following conclusions. As compared with a typical comparison group member's, three-quarters of the intervention group members scores improved on such general conceptual measures as depression, self-esteem or global symptoms. And furthermore, these differences were maintained at 6– to 12–month follow-up. The potential preventive impact of such alleviation of depression, for example, is clear. However, recent theorizing has suggested the probable primacy of other emotions and behaviors. Three central constructs have been identified: inappropriate guilt and shame, a sense of isolation or aloneness, and hopelessness. Certainly, these constructs will have great face validity for anyone who has worked with survivors. Their construct validity is supported by known, and typically strong associations with the experience of childhood sexual abuse, alcohol or illicit drug abuse, eating disorders, and suicidal behaviors (Andrews, 1997; Beautrais, Joyce, & Mullder, 1999; Feiring, Taska, & Lewis, 1996; Gibson & Hartshorne, 1996; Gladstone, Parker, Wilhelm, Mitchell, & Austin, 1999; Hewitt, Norton, Flett, Callander, & Cowan, 1998; Joiner & Rudd, 1996; Kessler & Bieschke, 1999; Lester, 1997; McMillen & Zuravin,