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Examining the Effectiveness of Cognitive Behavioral Group Theray (CBGT) to Treat Major Psychological Problems of Sexually Abused Institutionalized Children

Astedader Tadele (MA in Counseling Psychology)
Lecturer at Department of Psychology
Dire Dawa University

Moges Ayele(PhD)
Lecturer at School of Psychology
Addis Ababa University

Abstract
The purpose of this study was to intervene major psychological problems of sexually abused children through Cognitive Behavioral Group Therapy (CBGT) and seeing its' effectiveness. 28 participants aged 12-18 year old were selected purposefully based on inclusion criteria and randomly assigned into the control and treatment group, each with 14 participants. The research design was an equivalent control group pretest and posttest of an experimental design. Four standardized scales namely, the Children Depression Inventory(CDI), Child Posttraumatic Stress Symptoms Scale(CPSS) Rosenberg Self-Esteem Scale and Beck Anxiety Scale were used to measure the dependent variables at two occasions: pretest and posttest. Participants in the treatment group have received CBGT for twelve weeks, two days per week, 2:30 hours per session for a total of 24 sessions. The result indicated that sexually abused children found to have major psychological problems (Depression, PTSD, low Self-esteem and Anxiety). But those problems were significantly reduced and improved, depression (df=13, t=5.029, $p<0.05$) , PTSD (df=13, t=3.068, $p<0.05$), Self esteem(df=13, t=-2.639, $p<0.05$) and significant improvement in anxiety (df=13, t=5.407, $p<0.05$) as compared to the participants in control group after 24 consecutive sessions of intervention made. From these results it is concluded that through CBGT it is possible to improve the psychological wellbeing of sexually abused children.
Key words: Group CBT, Effectiveness, Psychological Problems, Sexually Abuse, Institutionalized Children

Introduction

Sexual abuse has always been present in the history of humanity as it appears in every sphere of social living and is a situation felt in the whole world.

Child Sexual abuse can be defined as the employment, use, persuasion, inducement, enticement, or coercion of any child to engage, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing any visual depiction of such conduct; or the rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children (The child Abuse Prevention and Treatment Act of the United States of America in Sattler, 1998).

Sexual abuse against children and teenagers is a major public health issue (Jonzon, & Lindblad, 2004).

The prevalence of sexual abuse history in the general population of global children has been difficult to quantify due to quantity and quality of the data available in the world, difference of definitions, information collection methodologies, notifications and legislations. Estimates have varied widely; data from scientific samples suggesting that anywhere between 6% and 62% of girls have experienced some form of sexual abuse (Finkelhor, 1994).

About 13 years past a study performed by the World Health Organization showed that 20% of women were victims of sexual abuse in childhood, and 30% of the first sexual experiences are forced (WHO, 2003). According to estimates which would go in line with this estimate, one in every four girls in the world are victims of some kind of sexual abuse before the age of 16 (Saywitz, Mannarino, Berliner & Cohen, 2000).

In Ethiopia, several empirical evidences indicated that the sexual abuse of children and adolescents is very prevalent. In line with this, one recent study conducted by African Child Policy Forum in five regional states (Amhara, Oromia, SNNPR, Tigray and Addis Ababa) covered the prevalence of abuse against children and adolescents in Ethiopia including sexual abuse. The findings from this study indicated the high rate prevalence of all types of sexual abuse including rape, sexual harassment and abduction in all the study sites with limited variations between urban and rural as well as between different cultural groups (MOLSA, 2010).

Conceivably the most comprehensive evidence comes from a publication of the African Child Policy Forum (ACPF, 2006) on the prevalence of abuse against girls, including sexual abuse, in Ethiopia. According to this study nearly seven out of ten girls in Ethiopia are sexually abused and three out of ten girls

will be abused at least once before reaching the age of eighteen while slightly less than half (46%) of the girls in the study reported that they were abused three to ten times.

Existing research documenting abuse related psychological problems within the children population has focused primarily on child sexual abuse. Findings have generally demonstrated that children with a sexual abuse history exhibit a wide range of emotional and behavioral problems (Briere & Runtz, 1988). Most notably, researches have consistently found that adolescent survivors of child sexual abuse report greater depression and general psychological distress more conduct problems and anxiety, lower self-esteem, and PTSD symptoms (Brown, Cohen, 1999). Furthermore, this kind of violence may also result a number of adverse psychological problems. Hence, the most frequently cited disorders resulting from sexual victimization according to literature are: depression, anxiety, post-traumatic stress, low self esteem, attention deficit and hyperactivity, and conduct disorder (Elliott & Carnes, 2001).

In addition though, among those females who are sexually abused have a heightened risk of developing depression, anxiety, low self esteem, aggression and posttraumatic stress disorder(Mc Leer, Dixon, & Henry, (1998) but these disorders do not encompass all symptoms experienced in sexually traumatized survivors (Kendall-Tackett,Williams,& Finkelhor, 1993).

Therapeutic approaches that have been researched scientifically for treating people who are victims of sexual abuse come from various different psychological models. Time limited same gender group therapy has been considered a cost effective method of providing services to an increased number of clients (Yalom, 2005), and group therapy has been identified as the treatment of choice when working with sexually abused children and adolescents (Lindon & Nourse, 1993). Irvin Yalom (2005) indicated that for survivors of childhood sexual abuse, group therapy provides benefits beyond what individual therapy is able to provide in that it results in increased empowerment and psychological well being (Westbury & Tutty, 1999).

However, researches into the psychological treatment of children and adolescents who have been sexually abused are relatively recent. Reviews of these studies have been published in the nearest past, most notably by David Finkelhor and Browne in 1985. However, the treatment of Psychological problems of sexually abused institutionalized children is very limited. Especially in Ethiopian the problem is even worsen with no study conducted in this specific area under discussion.

Methods

As part of applied research De Vos (1998) refers to intervention research as a moving new view of applied research in social science. Within the intervention research model, in this research an equivalent sample experimental and control group pre test-post test experimental design was employed. Participants in each of the treatment conditions were asked to attend a weekly 2:30 hrs group therapy session for 12 weeks with 8 sessions for each case. Two sessions per week are given. Out of 28 total samples 14 members were assigned to each group. The therapist has followed detailed manuals that specify the style and content of the Cognitive Behavioral Group Therapy (CBGT) treatments.

The study was conducted at 'Kechene' children's home which is found in Addis Ababa, Ethiopia. The aim of this institution is to make available protection and assistance to the female children who undergo violence, abuse, victims of trafficking, etc.

All female children in 'Kechene' children's home who have been sexually abused were the population of this investigation. A sample is thus the element of the population considered for actual inclusion in the study (Arkava & Lane, 1983). Hence, samples are taken on the due emphasis to: Child of age (12-18) years, sexually abused prior to the study, children naive to counseling and children willing to participate.

Based on the above criteria there were 38 sexually abused children in the institution at the time of investigation. Of those children, only 28 of them met the above criteria. Hence, 14 children were assigned to each group. Before the administration of the pre-test, the researcher has written the names of participants according to alphabetic order (A_Z). Then, after pre- test the investigator has assigned names in even number to one group and names in the odd number to another group. The main reason behind writing participants' name and assigning to groups based on even-odd number was just to allocate participants randomly in to the treatment or the control group so that, it would possible minimize the effect of confounding variables on the result of the investigation. Accordingly, using coin toss (head means even and tail means odd number) participants were assigned to treatment and control group. Therefore, comprehensive sampling technique was employed.

The independent variable is treatment with cognitive behavioral group therapy (CBGT for treatment group and no Cognitive Behavioral Group Therapy (CBGT) for control group. The dependent variables are: Depression, Posttraumatic Stress disorder symptoms (PTSDs), Self-esteem and Anxiety.

The questionnaire used during data collection was consisting of two parts: demographic data sheet and standardized scales to measure pre-and post intervention effects with Cognitive Behavioral Group Therapy (CBGT) on sexually abused children's problems (depression, anxiety, low self esteem, and PTSDs).

The Beck Depression Inventory, Rosenberg Self-Esteem Scale, Child Posttraumatic Stress disorder Symptom Scale, and Aaron Beck anxiety scale questionnaires were administered and scored.

The English version of Beck Depression Inventory, The Child Posttraumatic Stress Symptoms Scale (CPSS), Rosenberg Self-Esteem and Aaron Beck Anxiety Inventory were first translated in to Amharic version by the investigator. Then, its correctness and readability were improved by two PhD students of Amharic literature department. And its' validity was checked and confirmed by two PhD students of Developmental Psychology Department.

Pilot test was made on 8 participants with the central purpose of determining the reliability of instruments. Hence, after administering the instrument for the pilot samples, the responses were scored and assessed for its reliability by using Cronbach Alpha. The computation yielded reliability coefficient of 0.782, 0.715, 0.802 and 0.788 for Children Depression Inventory, Child Posttraumatic Stress Symptoms scale part one and part two, Rosenberg self-esteem scale and Beck's anxiety inventory respectively. The above coefficients of reliability undoubtedly prove that the instruments appear to be reliable.

The collected data was analyzed using the statistical Package for Social Science (SPSS) version 20. Descriptive statistics, such as frequency distributions and percentage were used to describe participants' demographic characteristics and prevalence of Psychological problems. Quantitative analyses of dependent and independent t-test were also used to compare the mean difference between the treatment and control group based on pre-test and post-test measures.

According to Zaaiman (2003) participants must be legally and psychologically competent to give consent and they must be aware that they would be at liberty to withdraw from the investigation at any time. Accordingly, Consent is obtained; Date and time of the data collection and group counseling is decided as per the convenience of the study participants and the institution; Participants are assured about the confidentiality. In addition participants were informed of their choice to withdraw at any point during the study period, if they needed to do so.

Results

Table 1: Socio -Demographic Characteristics of Participants (n=28)

Characteristics		**Treatment group(N=14)**		**Control group(N=14)**	
		Frequency	Percentage	Frequency	Percentage
Age	12-14	11	78.57	10	71.43
	15-18	3	21.43	4	28.67
Educational level	1-4	9	64.285	8	57.14
	5-8	4	28.57	5	35.71
	9-10	1	7.15	2	14.3
Time stayed in the institution	One week -6 Months	2	14.3	2	14.3
	7-12 months	7	50	7	50
	13-18moths	4	28.67	5	35.71
	Above 18 months	1	7.15	2	14.3
Time since abused	Less than 6 months	1	7.15	2	14.3
	7-12 months	7	50	4	28.67
	13-18 months	5	35.71	7	50
	Above 18 months	1	7.15	1	7.15
No of times Abused	Once	2	14.3	3	21.43
	Twice	7	50	7	50
	Three times	3	21.43	2	14.2
	More than three times	2	14.3	2	14.3

Source, researcher's Survey Data

As it can be seen from the above table 11(78.57%) of respondents in the treatment group and 10 (71.43%) of respondents from control group are at the age group of 12-14. Whereas 3(21.43%) of respondents in treatment group and 4(28.57%) in control group are at the age group of 15-18. Also in the above table, 9(64.28%) of respondents in the treatment group and 8(57.14%) in control group are at 1-4 grade educational background and 4(28.67%) of respondents in the treatment group and 5(35.71%) in the control group are at 5-8 grade educational level. Only 1(7.15 %) of respondents in the treatment group and only 2(14.3%) in the control group are at high school (9-10) grade level.

Similarly respondents were asked about the time they have spent in the institution. Accordingly, 2(14.3%) of respondents in the treatment group and control group reported that they have stayed for a week to six months. The same number which is about (50%) of respondents in the treatment group and in the

control group have replied as they have stayed for 7-12 months. Furthermore, 4(28.57%) of respondents in the treatment group and 5(35.71%) in the control group have replied as they have stayed for 13-18 months. Finally, 1(7.15%) of respondents in the treatment group and 2(14.3%) in the control group have replied that they have stayed for above 18 months.

Concerning the time since respondents have been abused, about 1(7.15%) respondents from the treatment group and 2(14.3%) from the control group have replied as they have been abused since less than the last six months and 7(50%) of respondents in the treatment group and 4(28.57%) in the control group reported that they have been abused since 7-12 months ago. On the other hand about 5(35.71%) of respondents in the treatment group and 7(50%) in the control group have replied that they have been abused since 13-18 months ago. Furthermore, only 1(7.15%) of respondents in both groups have been abused since before 18 months ago.

Moreover, the respondents were asked about the number of times they have been abused, accordingly, about 2(14.3 %) of from treatment group and 3(21.43%) from control group, 7(50%) of respondents from each groups, 3 (21.43%) from treatment group and 2(14.3%) from control group, 2(14.3%) from treatment and control group were abused once, twice, three time and more than three time respectively.

Table 2; Magnitude of Psychological Problems Participants (n=14 each)

Level		*Pre-test*		*Post-test*	
		Frequency	Percentage	Frequency	Percentage
Depression	0-10(Minimum)	-	-	6	42.86
	11-25(Mild)	7	50	6	42.86
	26-40(Moderate)	5	35.71	2	14.3
	41-54(Severe)	2	14.3	-	-
PTSD	0-15(Minimum)	1	7.15	7	50
	16-24(Mild)	7	50	5	35.71
	25-39(Moderate)	4	28.57	2	14.3
	40-58(Severe)	2	14.3	-	-
Self esteem	0-16(Low)	8	57.14	2	14.3
	17-25(Average)	6	42.86	12	85.8
	26-40(High)	-	-	-	-
Anxiety	0-16(Low)	7	50	6	42.86
	17-25(Average)	7	50	8	57.14
	26-40(High)	-	-	-	-

As it can be seen in the table 2, before treatment the participants in the treatment group, there were no respondents with minimum level of depression but 7(50%) have scored mild, 5(35.71%) have scored moderate and 2(14.3%) have scored severe level of depression. While, after the treatment 6(42.86%) of respondents have scored minimum and 6(42.86%) of respondents have scored mild level of depression. Only 2(14.3%) of respondents have scored moderate level of depression. Similarly, after treatment none of respondents scored severe level of depression.

Likewise, before the treatment about 6(42.86%), 7(50%) and 1(7.1%) of participants in the treatment group have scored mild, moderate and severe level of depression respectively with none of respondents with minimum level of depression before treatment. While, after the treatment 7(50%) of the participants have scored mild 5(35.71%) of participants have scored moderate, and only 2(14.2%) of respondents have scored severe level of depression with none of respondents under the category of minimum level of depression.

Similarly, before the treatment, about 1 (7.1%) of the treatment group participants have scored minimum, 7(50%) of respondents have scored mild, 4(28.57%) of participants have scored moderate and the remaining 2(14.3%) of participants have scored severe level of post traumatic stress disorder. While, after the treatment, in the treatment group 7(50%), 5(35.71%) and 2(14.3%) of respondents have displayed minimum, mild and moderate level of post traumatic stress disorder respectively with none of respondents with severe level of PTSDs after the treatment.

As to the PTSD level of respondents in control group before and after the treatment, 2(14.3 %) of respondents have scored minimal level of PTSD, 7(50 %) of respondents have scored mild and 4 (28.57%) have scored moderate and only 1(7.15%) of respondents have scored severe level of post traumatic stress disorder symptoms. While, after the treatment 2(14.3%) of respondents, 7(50 %) of respondents, 4 (28.57 %) and 1(7.15%) of respondents have displayed minimum, mild, moderate and severe level of PTSD levels respectively.

Self esteem level of participants in the treatment group before and after the treatment was also

assessed. Accordingly, before the treatment about 8(57.14%) of respondents and 6(42.86%) of respondents in the treatment group have scored low and average of self esteem respectively. And before the treatment there was no respondent with high level of self esteem. Whereas, after the treatment, 2 (14.3%) of respondents have scored low level of self esteem, 12(85.8 %) of respondents have scored average level of self esteem, and none of respondents have scored high level of self esteem even though the treatment has been given.

Concerning to the self esteem level of the respondents under control group before and after the treatment table 7, above shows, 7(50 %) of respondents lied both in low and average level of self esteem before the treatment. And there are no respondents with high level of self esteem. But after the treatment, about 6(42.86 %) of them have scored low level of self esteem and about 8(57.14%) of respondents have scored an average level of self esteem after the treatment and none of respondents scored high level of self esteem.

Regarding to anxiety level of the treatment group before and after the treatment, the treatment group scored, 1(7.15 %) of respondents had minimal, 8(57.14 %) of respondents had mild, 3(21.43%) of respondents had moderate and 2(14.3%) of respondent had severe level of anxiety before the treatment. Whereas after the treatment, 7(50%) of respondents had minimal and 7(50%) of respondents had mild level of anxiety. But there are no respondents with moderate and sever level of anxiety after the treatment.

As to the anxiety level of control group before and after the treatment 3(21.43%) of respondents, 7(50 %) of respondents, 2(14.3 %) of respondents and 2(14.3 %) of respondents before the treatment displayed minimal, mild, moderate and severe level of anxiety respectively. While, after the treatments about 4(28.57 %) of respondents had minimal and 7(50%) of respondents had mild and 2(14.3 %) of respondents had moderate level of anxiety. But only 1(7.15%) of respondents have scored the severely level of anxiety.

Table 3; Analysis of Independent t-test

Scores		**Groups**		**Mean difference**	***t***	**Sig.**
		Treatment	Control			
Depression	Pre-test	27.86	27.29	0.57	2.009	.329
	Post-test	21.93	27.21	-5.28	-3.102	.028
	Mean difference	5.929	0.08			
PTSD	Pre-test	26.66	26.75	-0.09	-.755	.462
	Post-test	18.50	26.00	-7.50	-2.186	.045
	Mean difference	6.562	.750			
Self esteem	Pre-test	18.50	20.36	-1.86	-1.818	.426
	Post-test	22.88	20.71	2.17	2.732	.047
	Mean difference	-4.375	.357			
Anxiety	Pre-test	21.36	21.43	-0.07	.259	.799
	Post –test	12.00	21.71	-9.71	-6.55	.000
	Mean Difference	9.357	-.286			

As it is shown in above table , the intervention for treatment group has brought a significance difference in depression scores over the treatment group in pre-post test. That is, in the treatment group mean score decreased by a 5.929 beside only 0.08 score decrease in control group after 20 sessions of intervention. The mean difference in depression scores for pre-test between groups was 0.57 whereas for post-test was -5.28. A 2-tailed significance test for the equality of means between groups indicated that there is statistically significant difference between control group and treatment group during the post-test at 0.05 level of significance (df=26, t=-3.102,Sig. 0.028) but there was no statistically significant difference on mean scores between groups in the pre-test score at 0.05 level of significance (df =26, t=2. 009,Sig.0.329).

Similarly, before the treatment the mean PTSD scores of the mean of treatment group was 26.66 while mean PTSD scores of control group for the pre-test is 26.75. The mean difference in posttraumatic stress symptoms scores between groups for pre test was -0.09. A 2-tailed significance test for the likeness of means indicated that there is no statistically significant difference between control and treatment group during the pre-test at 0.05 level of significance (df=26, t=-.755,Sig.0.462). But after the treatment, the mean PTSD scores of control group for the post-test is 26.00 while the mean score of treatment group is 18.50. The mean difference between groups for post-test is -7.50. A 2-tailed significance test for the equality of means indicated that there was statistically significant difference between control and treatment group during the post-test at 0.05 level of significance (df =26, t=-2.186).

As it is also depicted in table above, before the treatment, in treatment group the mean self-esteem score is 18.50 while the mean score of control group is 20.36. The mean difference for pre-test between groups is -1.86. Hence, a 2-tailed significance test for the means indicated that the mean self-esteem scores between control group and treatment group during pre-test is not statistically significant at 0.05 level

significance (df =26, t=-1.818, Sig. 0.426). Whereas, after the treatment, the mean self-esteem scores of treatment group is 22.88. While the mean self-esteem scores of control group is 20.71. The mean difference in mean self-esteem scores for post-test is 2.17. When the independent t-test is used to test the mean self-esteem scores between the control and treatment group, the mean self-esteem scores of the treatment group is higher than the control group with statistically significant at 0.05 level (df=26, t=2.732, Sig. 0.047).

Regarding to anxiety, before the treatment the mean anxiety scores of the treatment group is 21.36. While the mean score for control group before the treatment is 21.43. The mean difference in anxiety scores for pre-test between the groups is -0.07. Therefore, a 2-tailed significance test for the means indicated that the mean anxiety scores between control group and treatment group during pre-test is not statistically significant at 0.05 level significance (df =26, t=0.259, Sig. 0.799). After the treatment, the mean anxiety scores of the treatment group is 12.00. While the mean anxiety scores of control group is 21.71. The mean difference in anxiety scores for post-test is -9.71. When the paired t-test was used to test the mean anxiety scores between the control and treatment group, the mean anxiety scores of the treatment group was higher than the control group with statistically significant at 0.05 level (df=26, t= 6.55,Sig.0.000).

Discussion

There are many important things for researchers and counselors to consider when helping a survivor overcome psychological effects or symptoms of sexual abuse. The literature regarding the therapeutic process after disclosure has been made is limited and no specific treatment model is suggested (Kessler & Bieschke, 1999). Although no specific treatment model is used for sexual abuse survivors, researchers and clinicians have provided suggestions and important implications for researchers and counselors to consider. Kessler and Bieschke (1999) identified common treatment decision-making practices of therapists treating adult survivors of childhood sexual abuse. Their study revealed that regardless of the treatment mode, the therapists found it important to assess and diagnose the client presenting problems. The effects of childhood sexual abuse last into adulthood and counselors need to be well trained in practicing in different counseling approaches in order to provide the best services possible for psychologically wounded clients.

In this study the entire sexually abused children from both groups have noticed depression. This result is consistent with many preceding researches. For instance, according to a finding by Alter Reid & Massoth (1986), there is strong evidence that children with history of sexual abuse are associated with depression and are more likely to meet the diagnostic criteria for depression than children without sexual abuse history. Another study which goes in line with the findings of current study is a finding by Murrey and Truskowski (1993). According to them, the overlap between child sexual abuse and depression is substantial and one study of 119 diagnosed depressed women found that 44% reported a history of child sexual abuse. Moreover, there is also another study conducted about the prevalence of depression between genders. Accordingly, although abuse rates vary depending on the definition of child sexual abuse and the methods used to elicit this information, depression rates are always higher in girls and women than boys and men (Finkelhor, 1986).

In addition to all the above findings, According to Hartman (1987) depression is also been found to be the most common long-term symptom among sexual abuse survivors. Survivors may have difficulty in externalizing the abuse, thus thinking negatively about themselves after years of negative self-thoughts, survivors have feelings of depression, worthlessness and avoid others because they believe they have nothing to offer (Long& Thomas, 2006).

Ratican (1992) in his study on Sexual abuse survivors, identifying symptoms and special treatment considerations, describes the symptoms of child sexual abuse survivors' depression to be feeling down much of the time, having suicidal ideation, having disturbed sleeping patterns, and having disturbed eating patterns.

Succeeding to the provision of intervention by using Cognitive Behavioral group therapy(CBGT), the findings of the study revealed that the treatment group had low levels of the mean depression scores. Compared to the control group the treatment group has showed improvement on measures of depression.

In this investigation Beck's Child Depression Inventory (CDI) was employed. If the CDI is to be used to assess the presence of depression in a sample of problem behavior children, a cutoff 13 point is suggested. The difference on mean score of depression between groups reveals that intervening major psychological problems of children associated with sexual abuse namely depression by using cognitive behavioral group therapy was effective. In line with this, literatures have largely supported the efficacy of group CBT for adolescent in depression (Kaslow & Thompson, 1998). One study by Kaslow & Thompson (1998) found that a group CBT treatment was the most efficacious treatment for depressed female adolescents. It has repeatedly resulted in positive outcomes for treating depression in predominantly white female adolescent populations (Clarke, Horn brook, Lynch, Polen, Gale, Connor, 2002). Furthermore, group treatments for depression in sexually abused children have been found efficacious (Organista, 2000). Given the developmental stage of adolescence, peers are considered an important source of feedback and support

(Garneski & Diekstra, 1996) and thus, a group format may provide opportunities for peer support. Also, a group approach can provide a context for shared experiences in adolescence.

The finding in this investigation also has indicated that participants in both groups have PTSD with its frequency from minimum to severely levels. Beside this, many researchers have identified PTSD as a core manifestation of sexual abuse trauma because of the high frequency with which this disorder and related symptoms appear in sexually abused children (Kendall-Tackett, Williams& Finkelhor, 1993).

In addition, prior researches consistently have shown a strong relation between childhood sexual abuse and PTSD. Nock & Prinstein (2004) examined two specific PTSD symptoms on sexual abused children who completed measures of, Diagnostic and Statistical Manual of Mental Disorders (4th ed.) of PTSD symptoms. The analyses revealed a significant relation between childhood sexual abuse and the presence and frequency of PTSD. Moreover, study by Browne & Finkelhor (1986), found that PTSD is one of commonly reported sequel of sexual abuse in children and adolescents including trauma and stress related symptoms.

Ashcroft (2003, as cited in Warner, 2009) reported that in their study of 12 to 17 year old abuse victims in the USA about 10 per cent of girls had PTSD.

Saunders (1992), found significantly higher rates of lifetime PTSD in participants reporting contact sexual abuse and child and adolescent rape compared to participants reporting non contact sexual abuse experiences. Similarly, Rodriguez (1992) found that 72% of female adolescents from a clinical sample of sexual abuse survivors met criteria for current posttraumatic stress symptoms diagnosis.

To assess children of sexually abused PTSD the Child Posttraumatic Stress Symptoms Scale (CPSS) was used. If the Child Posttraumatic Stress Symptoms Scale is to be used to assess the presence of PTSD in a sample of problem behavior children, a cutoff 15 is suggested. Therefore in treatment group after treatment participants in the category of minimum increased from 14.3% to 50%. This shows that almost 35.71% of respondents are able to have minimum level of PTSD because of treatment with CBGT. In addition, 28.57% of participants had moderate level of PTSD before treatment but it is diminished in to 14.3% and there were 14.3% of respondents with severe level of PTSD before treatment but it also minimized in to no participant with severe level of PTSD after treatment.

Based on the independent t test value of both groups after intervention by using Cognitive Behavioral Group Therapy (CBGT), it was also found that there were significant differences between groups in PTSD scores.

Similar to the current finding different studies revealed that Cognitive behavioral treatment for PTSD has been promising. For instance Resick and Schnicke (1992) in their study on 19 sexual assault survivors who were at least 3 months post rape at the start of treatment reported significant improvements with CBT on depression and PTSD measures pretreatment to 6 months post-treatment. Therapy was conducted in group format over 12 weeks and a waiting list control group was also employed (n=20). Hence, rates of PTSD went from a pretreatment rate of 90% to a post treatment rate of 0% rates.

Most participants in this investigation have found low to average self esteem. This result is going well together with numerous studies which repeatedly noted poor self-esteem in children as a result of being sexually abused (Kuyken and Brewin, 1999; Briere and Runtz, 1988). Moreover, this statement is supported by Wickham & West, (2004), sexually abused children frequently have extremely low self-esteem. In addition, study by Bagley and Ramesy (1985), suggested that the experience of childhood sexual abuse reduces self esteem. Finkelhor and Browne (1985) link this effect to the negative connotations that are communicated to the child around the experiences and that then become incorporated into the child's self image. However, it has been shown that sexual abuse victims often experience guilt and self blame along with low self esteem possibly as a response to the stigmatization and internalized negative evaluation (De young, 1982).

In order to cope with and survive of sexual abuse, adolescents often suppress or repress their emotions, their affective range becoming strongly limited. This serves to protect the adolescent from painful affect, but makes the victim numb, removed, and distant from past experiences which interfere both with the adolescent's capacity to function and the adolescent's development of a sense of self (Wickham & West, 2004).

Sexually abused children have defended themselves from the abuse and the aftermath of the abuse, and paid a large price for it. As adults, they often find it difficult to reconnect with their feelings and experiences, and need help in developing a cohesive and stable sense of identity and positive self-esteem (Wickham & West, 2004).

To assess sexually abused children's level of self esteem Rosenberg Self-Esteem Scale was employed. Researchers considered scores of 17-25 to be average and the same range is considered as a cutoff point in this investigation. Therefore, before treatment, in treatment group participants with average level of self esteem were only 42.86% which then is changed in to 85.6%. This reveals that 42.94% of respondents were changed from their low level of self esteem in to average because of the intervention made by using CBGT.

A recent study published in *Behavioral and Cognitive Psychotherapy* indicates that cognitive behavioral therapy (CBT) group intervention may be helpful for women with low self-esteem, depression and anxiety. In the current study, researchers used a set of CBT based self help workbooks, *Overcoming Low Self-Esteem Self-Help Course* (Morton, Roach, Reid & Stewart, 2012), to implement group therapy in a recruited sample of 37 women with low self-esteem (as indicated by the Robson Self Concept Questionnaire (RSCQ)). The group met once per week for two hours, for a total of eight sessions. Final results revealed clinically significant improvements in self-esteem and mood, including decreased depression and anxiety scores at post-intervention. While the mechanism for change is not yet clear, the researchers hypothesized that the group experience, combined with their learning adaptive skills and gaining new perspectives via CBT treatment, enhanced participants' overall feelings of acceptance and increased confidence, both of which contribute to healthy self-esteem.

Anxiety was also another problem under investigation. In relation to this, different findings have suggested the relationship between anxiety and sexual abuse. For instance, a study compared the anxiety symptoms in Vietnam veterans' survivors of war and childhood sexual abuse and the study revealed that childhood sexual abuse is traumatizing and can result in anxiety symptoms comparable to symptoms from war related trauma (McNew & Abell, 1995). In addition, in a study of sexual abuse among adolescent girls aged 13-18 years, Pillay and Schoubben-Hesk (2001) found that abused girls scored significantly higher than non abused girls on scales of anxiety. Other researchers have suggested that children with a history of childhood and adolescent sexual abuse are more anxious. In addition, study by Briere & Runtz, (1988, as cited in Ratican, 1992); have showed that abuse survivors experience chronic anxiety, tension, anxiety attacks, and phobias. In relation to treatment approaches it is suggested that the CBGT approach is a collaborative effort between the client and the therapist to effectively target the client's anxiety (Heimberg, 1990).

Conclusions

Based on the findings of the study the following conclusions are made:

- All of the participants from both groups have experienced from minimum to severely level of Depression, PTSD, and Anxiety before the treatment.
- All of the participants from both groups have experienced from low to average level of Self esteem before the treatment.
- The treatment group showed a statistically significant reduction in the level of Depression, PTSD and Anxiety from pretest to post-test mean of Depression, PTSD and Anxiety scores after the completion of Cognitive Behavioral Group Therapy(CBGT). In addition participants in treatment group have significantly reduced their low level of self esteem after treatment.
- However, control group didn't show statistically significant reduction in the level of Depression, PTSD and Anxiety from pretest to posttest mean of Depression, PTSD and Anxiety scores.
- The control group didn't show statistically significant reduction in the level of low self from pretest to posttest mean of self esteem scores.
- In general before treatment children have been suffering with a psychological problems from its low form to severe form but all psychological problems considered in the investigation were significantly reduced. Hence, it is possible to conclude that group CBT is an effective approach to deal with sexually abused institutionalized children.

Recommendations

Based on the findings and conclusion above, the following recommendations are forwarded:

- In relation to psychological status of sexually abused children at 'Kechene' children's home, the results indicated that all of the participants had major psychological problems from minimum to severe level. In addition, all of them responded that they didn't receive any psychological counseling services from the organization and the researcher also observed that though there are some psychologists and social workers, there is no adequate number of counselors and counseling service center which is pleased for clients. Therefore, it is suggested that the organization should employ sufficient number of counselors and establish and arrange comfortable counseling service center to deliver psychological counseling service for the sexually abused victims who are suffering with psychological problems.
- It was also found that, sexually abused children have experienced major psychological problems (depression, posttraumatic stress symptoms, low self-esteem and anxiety). So, it is recommended that psychologists along with social workers, medical officers (nurses) and managing personnel in the institution should work together so as to make assessment and diagnose of sexually abused children's troubles and determine their status and then to plan the appropriate intervention strategies to support their development, finest growth, and function as competent individuals, family members and citizens of the nation.
- The results indicated that all of the participants responded that they didn't receive any psychological

counseling services from the organization and the researcher also observed that there was no enough counseling service and a counselor who could provide psychological counseling to sexually abused children who are found in the organization. Consequently, it is suggested that the organization should hire counselors and establish and organize counseling for the sexual abuse victims.

- Despite the fact that the results of this study is encouraging and positive, more research is still needed that counselor educators should encourage and promote continued research in various areas. Specifically, it is suggested that students of psychology should focus on researches which allow them to practice theoretical knowledge acquired in class in to real implementation. Since there are possibilities to make applied research in areas of counseling in different settings or with other groups of children, like imprisoned children, children with disabilities or drug addicts, because these children are at risk of suffering from psychological problems.
- The results of this study indicated that Cognitive Behavioral Group Therapy (CBGT) is as effective for treating sexually abused children experiencing depression, PTSDs low self-esteem and anxiety as measured by Children Depression Inventory, child post traumatic scale, Rosenberg Self-esteem Scale and Beck anxiety scale respectively. This is a good beginning in helping sexually abused children. Thus, counselors or social workers in developing psychological treatment plan for sexually abused children problems can use the findings of this study and theory of CBGT as a guide.
- It is the fact that from the start of modern education in Ethiopia to this moment we have been teaching, and learning psychology. However, the investigator believes that we have been applying it in a very limited manner. In terms of this truth the investigator would like to recommend for his fellows that, though as a psychologist we have two ways (applied and basic) to make a research so, it is better to make an investigation which is applied of kind. So that, we can intervene the existing psychological problems of society with the existing knowledge.

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