Providing Treatment for Child Sexual Abuse Victims and Their Families:
A Model for Intervention in a Community Setting

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Child Advocacy Center (CAC) Model

- Developed in Huntsville, Alabama in 1985
- Prevent further victimization of abused children by protective systems
- Prevent negative consequences of repeated interviews
- Accreditation by National Children’s Alliance
- 378 CACs across the country (2005)
Child Advocacy Centers

- Safe, child-friendly environments
- Multidisciplinary teams
- Broad range of services provided
- Training and support for professionals
- More than 160,000 children served by CACs in 2005 alone
- Majority of cases involving child sexual abuse (70%)
Intervention in a Child Advocacy Center

- Benefits of providing mental health services in a CAC:
  - Child-friendly and familiar environment for therapy
  - Children referred immediately after disclosure
  - Facilitation of multidisciplinary collaboration
  - Training opportunities
  - Increased referral opportunities
  - Ability to examine treatment outcomes
Project SAFE
(Sexual Abuse Family Education)

- Coordinated through University of Nebraska-Lincoln
- All services provided on-site at the CAC in Lincoln, Nebraska
- Cognitive-behavioral treatment program
- Developed in 1996 by graduate students and faculty
- Treatment for child sexual abuse victims and their non-offending family members
Project SAFE
(Sexual Abuse Family Education)

- Psychological assistance immediately following disclosure
- Short-term treatment
- Assess needs, provide support, psychoeducation, and coping strategies
- Refer for long-term treatment if necessary
- Need for flexibility in services and variety of treatment options
Project SAFE
(Sexual Abuse Family Education)

- Parent Support & Education Session (PSES)
- Brief Family Intervention (BFI)
- Group Intervention
  - Non-Offending Caregiver Group
  - Child/Adolescent Groups
  - Non-Abused Sibling Group
Project SAFE
Group Intervention

- Cognitive-behavioral manualized treatment program
- Children ages 7-16, non-offending caregivers, and non-abused siblings
- 90 minute weekly sessions for a total of 12 weeks (6 weeks for Sibling Group)
- Provides support and education along 3 target areas: Self, Relationships, Sexuality
- Utilizes psychoeducation, problem-solving, skill building, and supportive techniques
Benefits of group treatment:

- Reduces feelings of stigma and isolation
- Opportunity to discuss and process abuse with others in similar situations
- Increases social support outside the family
- Develops and enhances social skills
- Provides opportunity for psychoeducation and treatment for asymptomatic victims
Benefits of including caregivers:
- Children benefit from caregiver support and involvement
- Psychoeducation
- Address common caregiver reactions
- Increase social support for caregivers
- Caregivers are kept informed of issues and topics discussed in child groups
- Caregivers learn effective parenting skills
Topics covered in all groups:

- Understanding feelings
- Sex education
- Assertiveness
- Responses to disclosure
- Impact on the family
- Sexual behaviors
- Sharing what happened
- Feelings about abuse
- Coping with feelings
- Offenders
- Prevention
Project SAFE
Brief Family Intervention (BFI)

- Developed in 2003
- Short-term (3-6 sessions) individual treatment
- Children ages 4-17
- Therapists meet with child/adolescent victims, non-abused siblings, and non-offending caregivers
- Manualized treatment protocol based on group
- Families who are not appropriate or not interested in group treatment
Project SAFE
Parent Support and Education Session (PSES)

- Developed in 2002
- One-time crisis session with non-offending caregivers
- Support and education immediately following disclosure
- Typical duration is 1-2 hours
- Many families go on to participate in the BFI or Group Interventions
Treatment Outcome Results

- Maintained gains at 3-month follow-up
- Increased basic sexual knowledge
- Increased self-esteem
- Reduced PTSD symptoms
- Reduced externalizing behaviors and anxiety
- Strong treatment integrity and inter-rater reliability
- 57 youth and 55 non-offending caregivers

Hsu, 2003
Treatment Outcome Results

- Sawyer, Yancey, Tsao, Wynne, Hansen, Flood, 2005
  - 69 youth and 69 non-offending caregivers
  - Strong treatment integrity and inter-rater reliability
  - Reduced externalizing behaviors
  - Reduced depression and anxiety
  - Reduced PTSD symptoms
  - Increased self-esteem
  - High participant satisfaction
Treatment Outcome Results

- Campbell, Wilson, Evans, Sawyer, Tavkar, & Hansen, 2006
  - 80 sexually abused youth and non-offending caregivers
  - 4 clusters: Behavior Problems, Highly Distressed, Moderately Distressed, Subclinical
  - Decrease in fear, generalized anxiety, PTSD
  - Decrease in internalizing and externalizing behaviors (all groups except Behavior Problems)
  - Subclinical remained consistent over time
Challenges in a Community Setting

- Insufficient therapy/work space
- Scheduling conflicts
- Lack of resources
- Need for flexibility and accommodation
Future Directions

- Future goals:
  - Evaluation of BFI and PSES interventions
  - Additional evaluation of Group Intervention
  - Coordinator located on-site at CAC

- Due to its flexibility, comprehensiveness, and ability to address heterogeneity of symptoms, Project SAFE offers a useful model for providing treatment for sexual abuse in a community setting


