



Mental Health Services for Sexually Abused Youth and their Non-offending Caregivers: Treatment Strategies and Challenges

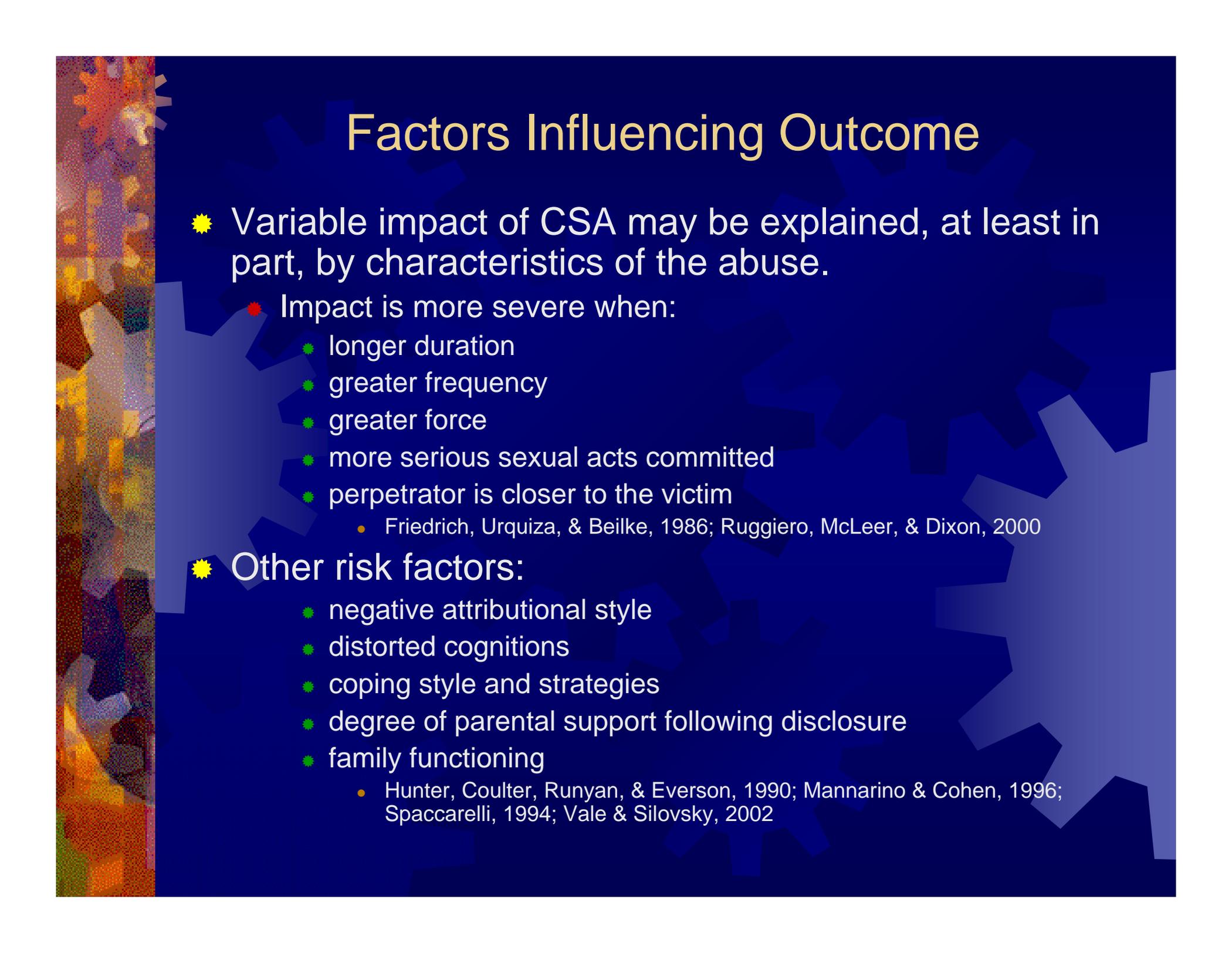
Genelle Sawyer, Thresa Yancey,
Stephanie Bruhn, and David Hansen
University of Nebraska-Lincoln

Child Sexual Abuse Prevalence

- ✦ In 2002, there were 5,527 substantiated cases of abuse or neglect in Nebraska.
 - ✦ 412 cases involved sexual abuse (210 females and 51 males, average age = 7.1)
 - ✦ Central Nebraska
 - 76 cases (32 females, 13 males, average age = 6.6)
 - ✦ Southeastern Nebraska
 - 93 cases (41 females, 11 males, average age = 7.2)
 - ✦ Estimates of 27% of females and 16% males experience one instance of sexual abuse
- ✦ Underreporting and failure to substantiate actual cases of abuse are likely to influence these figures, leading to widespread speculation that they are *underestimates* of actual occurrence.

Effects of Sexual Abuse

- ☀ Sexually abused youth display a considerable *breadth of symptoms*, including anxiety, depression, sexualized behavior, low self esteem, post-traumatic stress symptoms, interpersonal relationship difficulties, and behavioral problems (e.g., Kendall-Tackett, Williams, & Finkelhor, 1993; Paolucci, Genuis, & Violato, 2001).
- ☀ However, victimization *does not necessarily have an inevitable pattern or unified symptom presentation* for the majority of youth. Rather, there are a multitude of patterns at varying levels of severity.



Factors Influencing Outcome

- ☀ Variable impact of CSA may be explained, at least in part, by characteristics of the abuse.

- Impact is more severe when:

- longer duration
- greater frequency
- greater force
- more serious sexual acts committed
- perpetrator is closer to the victim

- Friedrich, Urquiza, & Beilke, 1986; Ruggiero, McLeer, & Dixon, 2000

- ☀ Other risk factors:

- negative attributional style
- distorted cognitions
- coping style and strategies
- degree of parental support following disclosure
- family functioning

- Hunter, Coulter, Runyan, & Everson, 1990; Mannarino & Cohen, 1996; Spaccarelli, 1994; Vale & Silovsky, 2002



Child Sexual Abuse and Treatment

- ✦ Cannot change or influence the static factors of the sexual abuse (e.g., duration, severity, relationship to perpetrator).
- ✦ However, the “other risk factors” associated with negative outcomes are dynamic in nature and amenable to change, particularly with appropriate treatment.



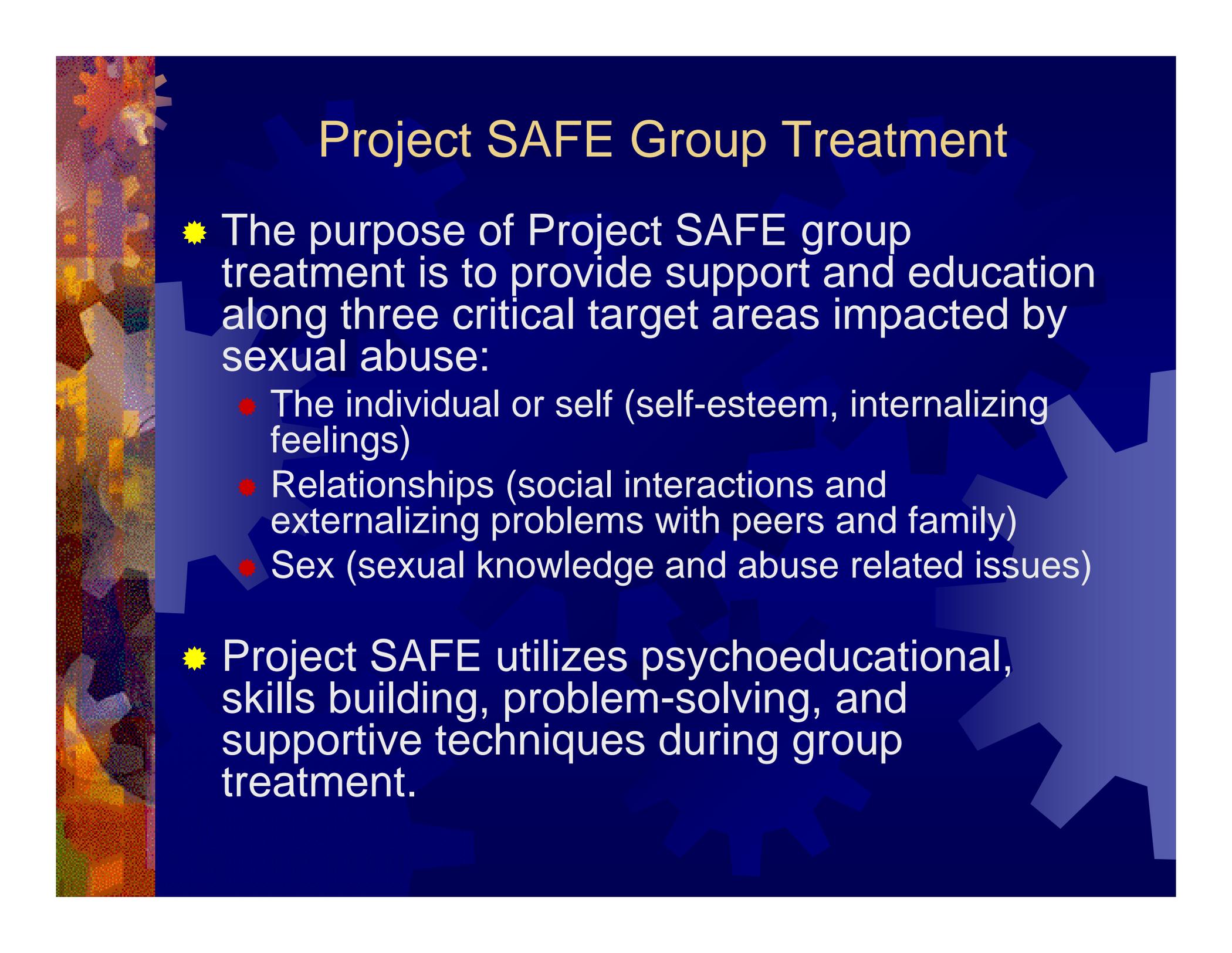
Components of Project SAFE (Sexual Abuse Family Education)

- ✦ Project SAFE Group Treatment
- ✦ Project SAFE Brief Family Intervention (BFI)
- ✦ Project SAFE Parent Support and Education Session (PSES)



Project SAFE Group Treatment

- ✦ Project SAFE Group Treatment originated at the University of Nebraska – Lincoln in 1996
- ✦ Project SAFE Group Treatment is a cognitive-behavioral standardized treatment program for sexually abused youths (ages 7 to 16) and their nonoffending parents or caregivers, offered free of charge
- ✦ Groups are 90-minutes long for 12 weeks and focus on support and education for prevention of revictimization and coping with the recently disclosed sexual abuse



Project SAFE Group Treatment

- ★ The purpose of Project SAFE group treatment is to provide support and education along three critical target areas impacted by sexual abuse:
 - The individual or self (self-esteem, internalizing feelings)
 - Relationships (social interactions and externalizing problems with peers and family)
 - Sex (sexual knowledge and abuse related issues)
- ★ Project SAFE utilizes psychoeducational, skills building, problem-solving, and supportive techniques during group treatment.



Benefits of Group Treatment for Children

- ✦ Children share feelings with peers with similar experiences
- ✦ Provides the opportunity to speak to and listen to other children who have experienced sexual abuse
- ✦ The group enhances peer relationships
- ✦ Reduces feelings of stigma and isolation related to sexual abuse
- ✦ Develops a social support system outside of the family
- ✦ Develops and enhances social skills
- ✦ Provides an educational and treatment opportunity for asymptomatic victims



Benefits of Group Treatment for Caregivers

- ✦ Parallel groups offer support for caregivers in a safe environment to share their experience with other parents who have also experienced CSA
- ✦ Parents can be apprised of any difficulties that come up during the children's group
- ✦ Group treatment helps prepare parents for potential changes in their children's behaviors (e.g., increase in assertive behaviors)
- ✦ Group treatment helps reduce the isolation of the family
- ✦ Parents learn specific skills to assist them in parenting their children



Project SAFE Group Treatment Modules

- ★ Week 1: Module 1 – Welcome & Orientation

- ★ The goals for the first session for children/adolescents and parents are:

- To explain and answer questions about group
- To introduce group facilitators and group members
- To establish group rules
- Build rapport; in children/adolescent groups utilizing “ice breaker” activities
- For parents: provide education on the prevalence and definitions of abuse

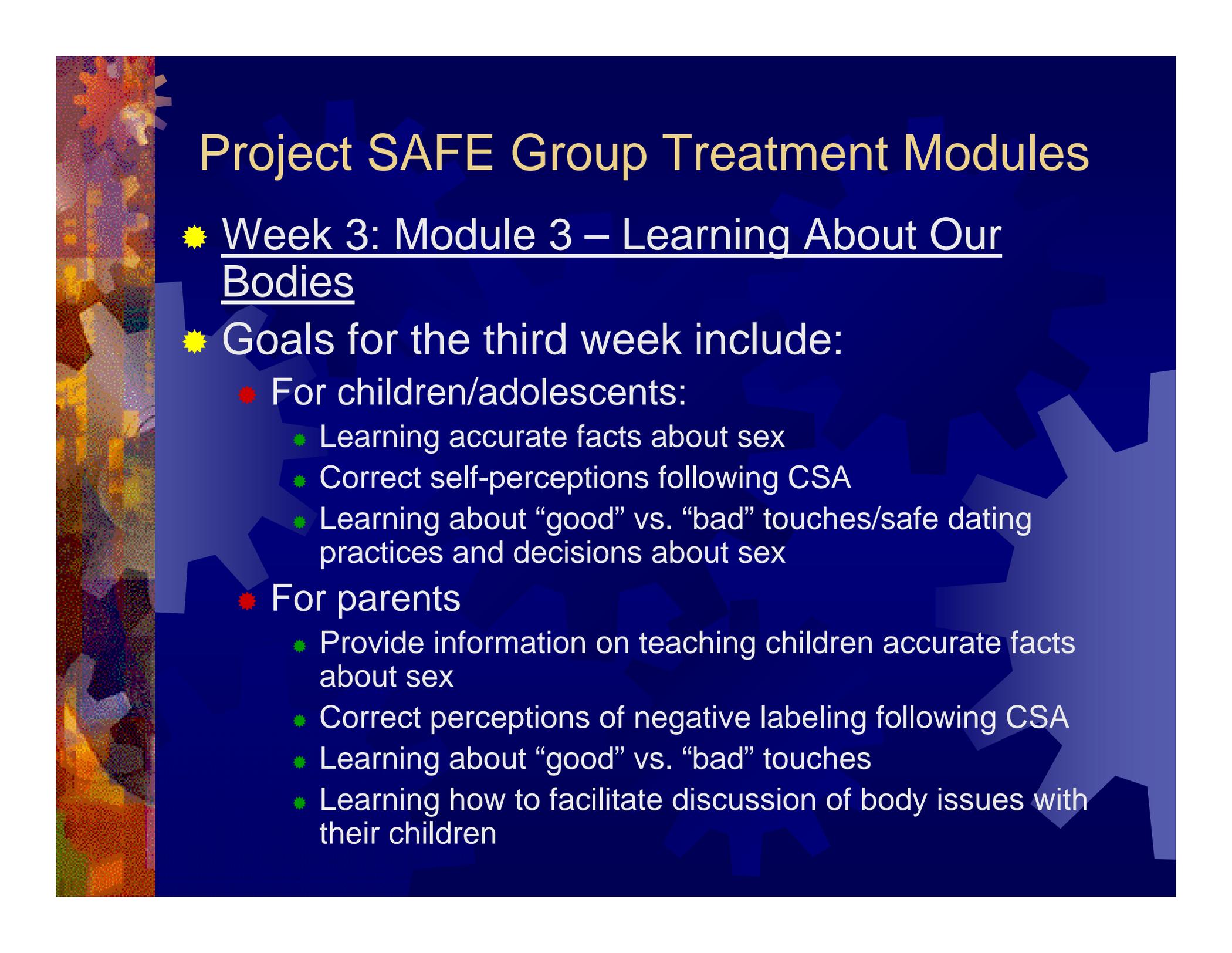


Project SAFE Group Treatment Modules

- ★ Week 2: Module 2 – Understanding and Recognizing Feelings

- ★ The goals for the second session are:

- Educate the groups about emotions and the relationship between emotions and behaviors
- For children/adolescents: discuss the multidimensionality of feelings and the range of feelings
- Examine the causes and consequences of feelings
- Develop ownership of feelings
- Coping with feelings



Project SAFE Group Treatment Modules

- ★ Week 3: Module 3 – Learning About Our Bodies

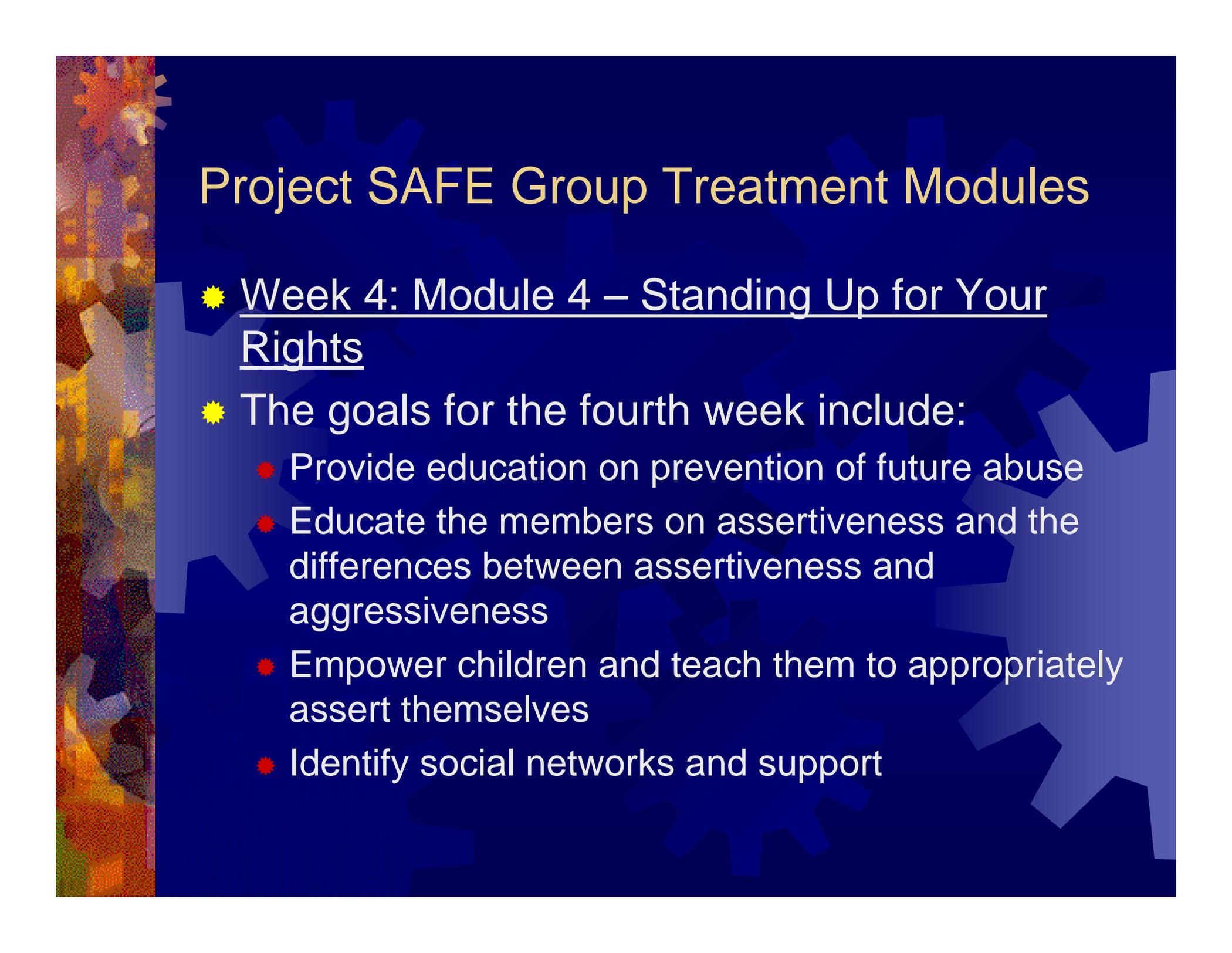
- ★ Goals for the third week include:

- For children/adolescents:

- Learning accurate facts about sex
- Correct self-perceptions following CSA
- Learning about “good” vs. “bad” touches/safe dating practices and decisions about sex

- For parents

- Provide information on teaching children accurate facts about sex
- Correct perceptions of negative labeling following CSA
- Learning about “good” vs. “bad” touches
- Learning how to facilitate discussion of body issues with their children



Project SAFE Group Treatment Modules

- ★ Week 4: Module 4 – Standing Up for Your Rights

- ★ The goals for the fourth week include:

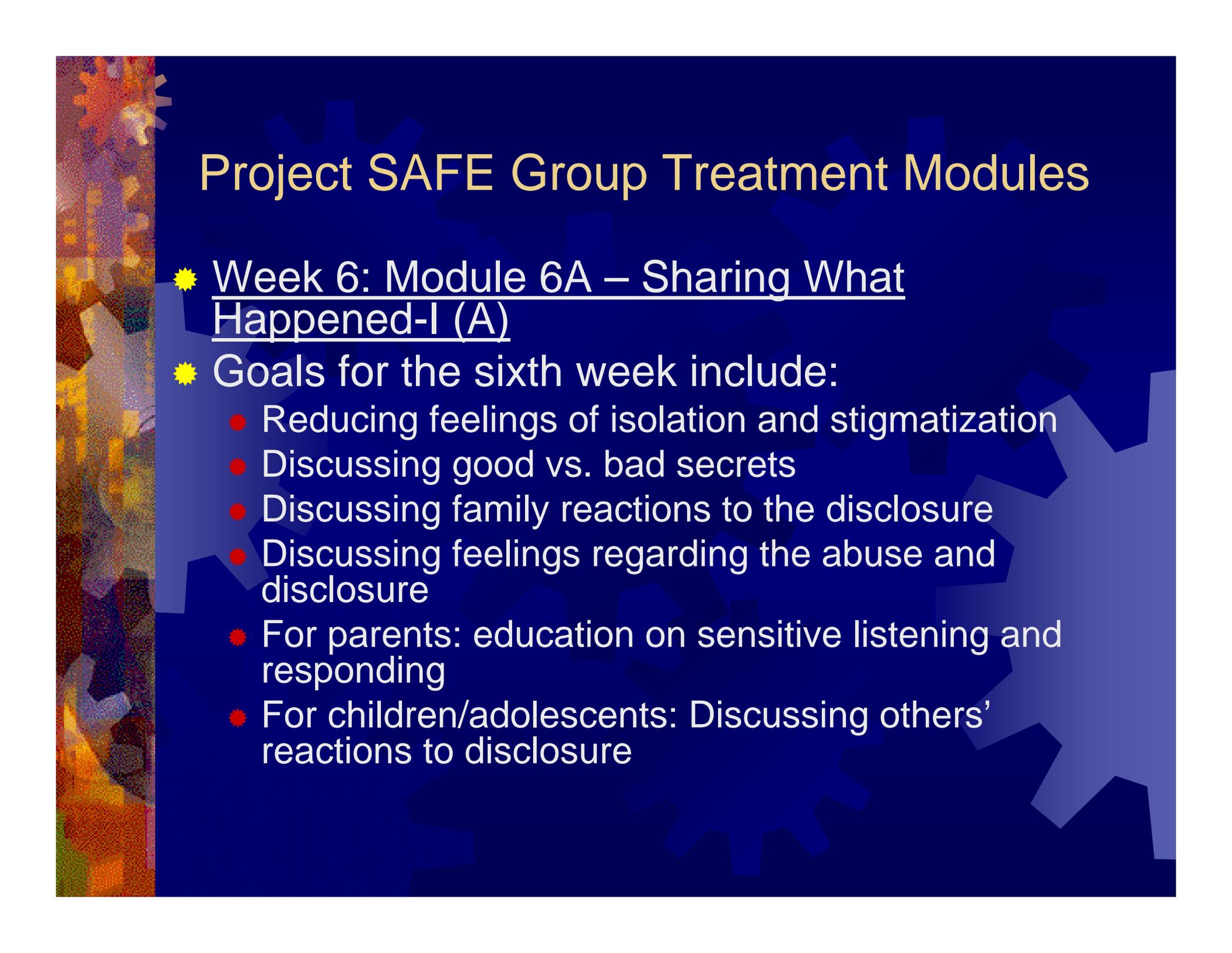
- Provide education on prevention of future abuse
- Educate the members on assertiveness and the differences between assertiveness and aggressiveness
- Empower children and teach them to appropriately assert themselves
- Identify social networks and support

Project SAFE Group Treatment Modules

★ Week 5: Module 5 – My Family

★ Goals for the fifth week include:

- Identifying family strengths
- Identify sources of social support
- Discuss family reactions to disclosure
- Discuss concerns when the offender is a family member
- Identify how the family has changed since disclosure
- For parents: discuss the effects of disclosure on parent's behaviors toward the identified child and siblings

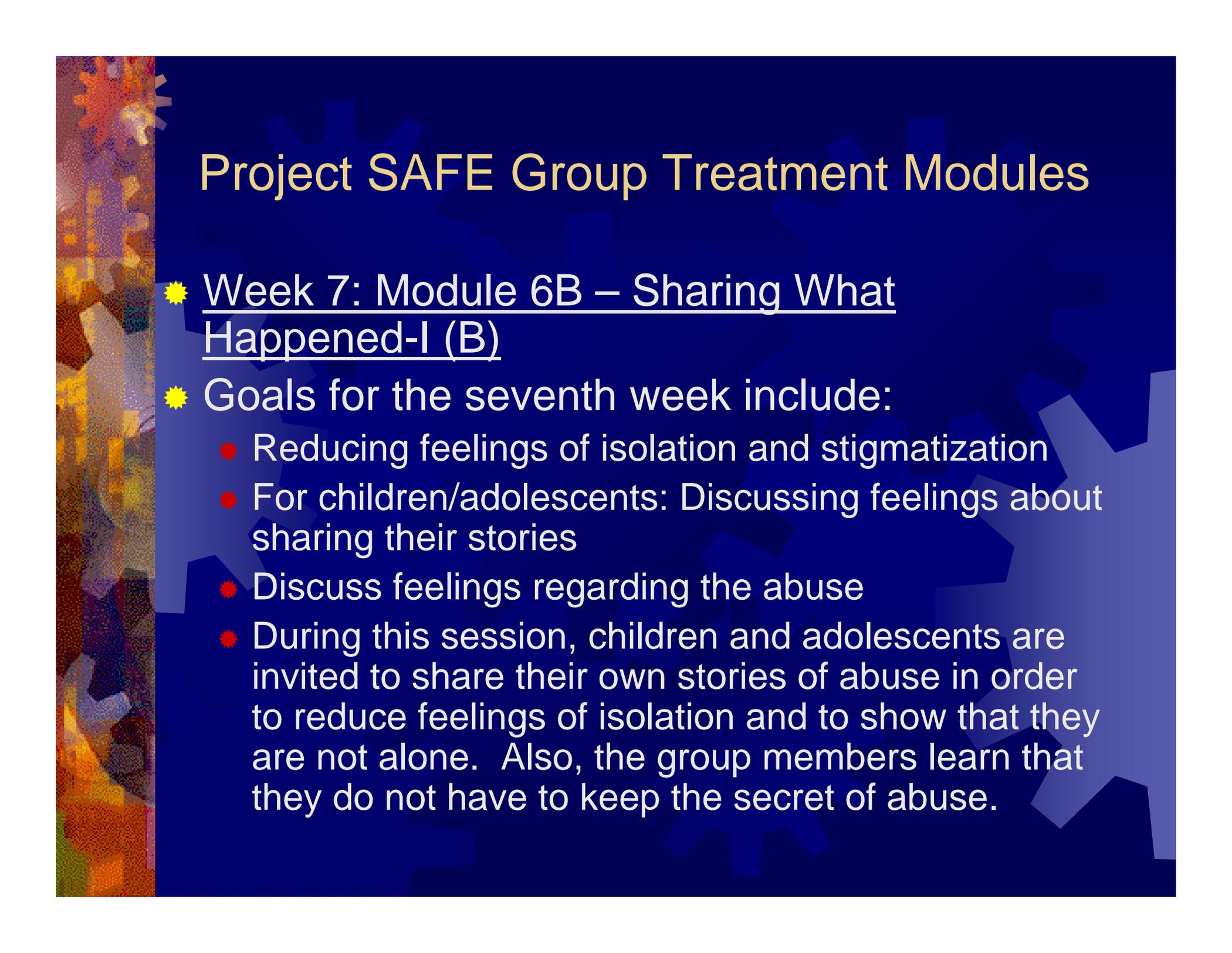


Project SAFE Group Treatment Modules

- ★ Week 6: Module 6A – Sharing What Happened-I (A)

- ★ Goals for the sixth week include:

- Reducing feelings of isolation and stigmatization
- Discussing good vs. bad secrets
- Discussing family reactions to the disclosure
- Discussing feelings regarding the abuse and disclosure
- For parents: education on sensitive listening and responding
- For children/adolescents: Discussing others' reactions to disclosure



Project SAFE Group Treatment Modules

- ★ Week 7: Module 6B – Sharing What Happened-I (B)

- ★ Goals for the seventh week include:

- Reducing feelings of isolation and stigmatization
- For children/adolescents: Discussing feelings about sharing their stories
- Discuss feelings regarding the abuse
- During this session, children and adolescents are invited to share their own stories of abuse in order to reduce feelings of isolation and to show that they are not alone. Also, the group members learn that they do not have to keep the secret of abuse.

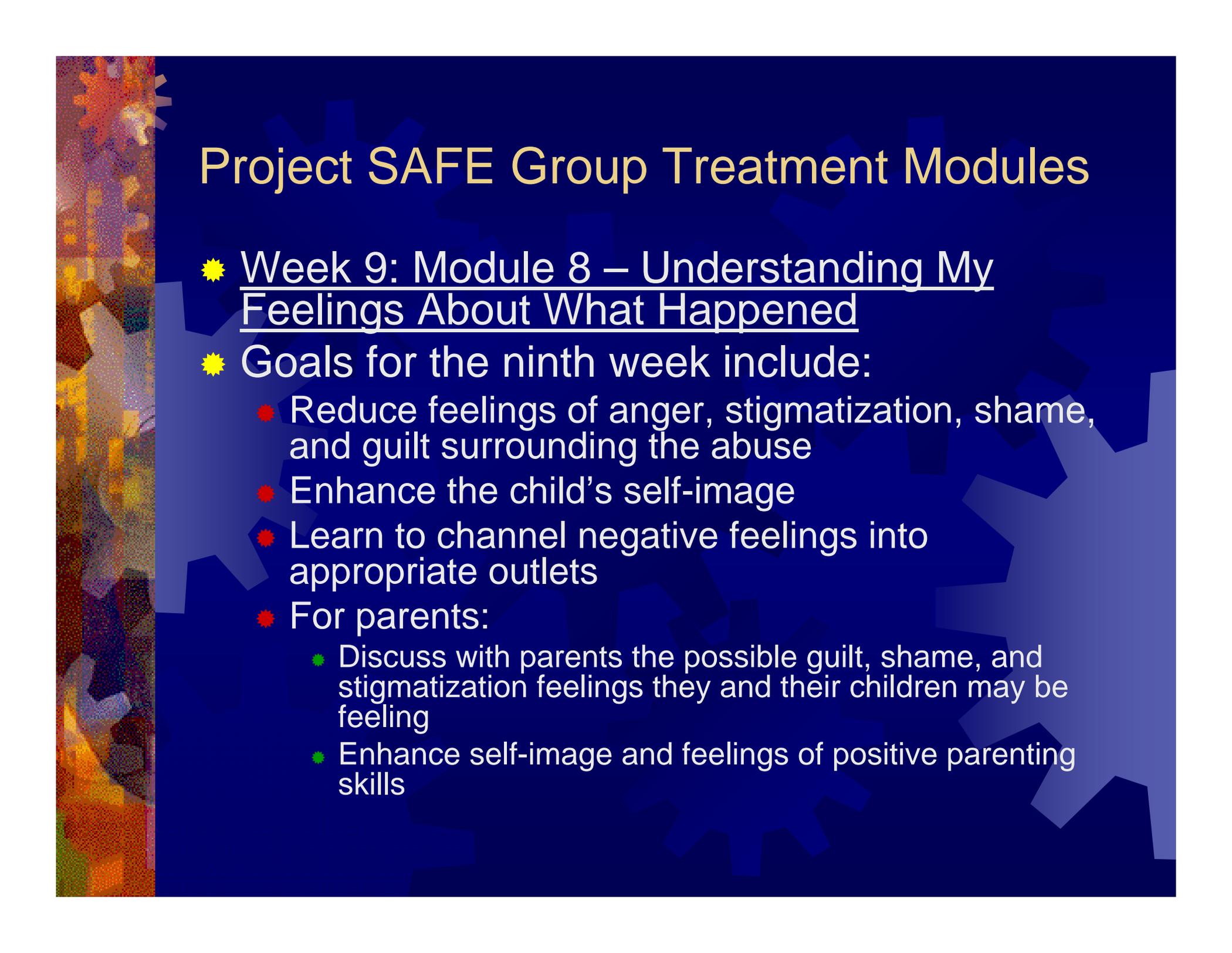


Project SAFE Group Treatment Modules

- ★ Week 8: Module 7 – Sharing What Happened-II (Offenders)

- ★ Goals for the eighth week include:

- Placing the responsibility and blame on the offender
- Providing education on why offenders offend
- Discuss feelings when the offender is a member of the family
- For parents:
 - Improve family cohesion
 - Improve family skills



Project SAFE Group Treatment Modules

★ Week 9: Module 8 – Understanding My Feelings About What Happened

★ Goals for the ninth week include:

- Reduce feelings of anger, stigmatization, shame, and guilt surrounding the abuse
- Enhance the child's self-image
- Learn to channel negative feelings into appropriate outlets
- For parents:
 - Discuss with parents the possible guilt, shame, and stigmatization feelings they and their children may be feeling
 - Enhance self-image and feelings of positive parenting skills

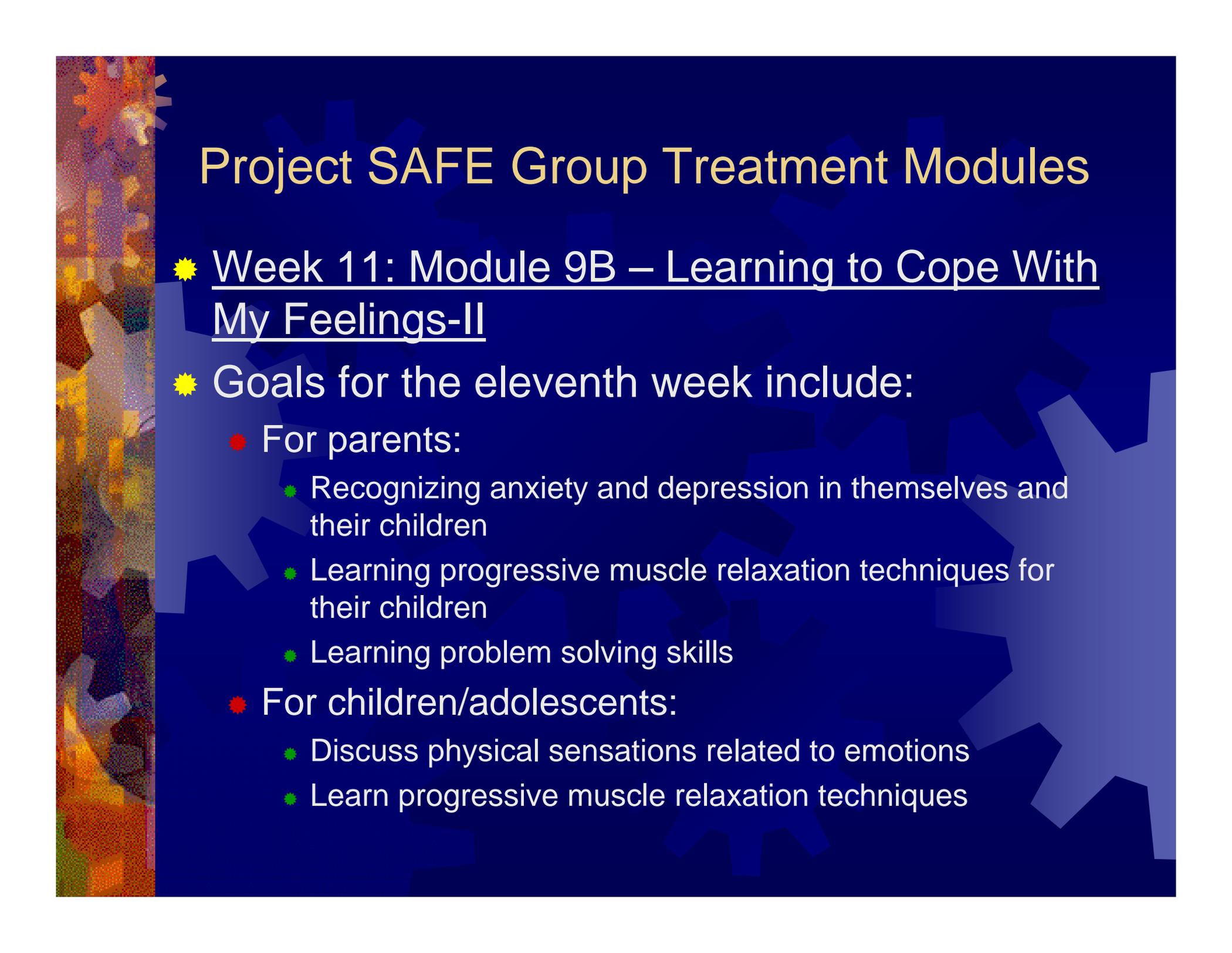


Project SAFE Group Treatment Modules

★ Week 10: Module 9A – Learning to Cope With My Feelings-I

★ Goals for the tenth week include:

- Identifying and reducing symptoms of anxiety and depression
- Discuss relationship between feelings and behaviors
- Educate children and adolescents on problem solving skills
- For parents:
 - Discuss the grief process
 - Understand the coping strategies used by members of the family
 - Increase positive coping strategies for the children and parents



Project SAFE Group Treatment Modules

- ★ Week 11: Module 9B – Learning to Cope With My Feelings-II

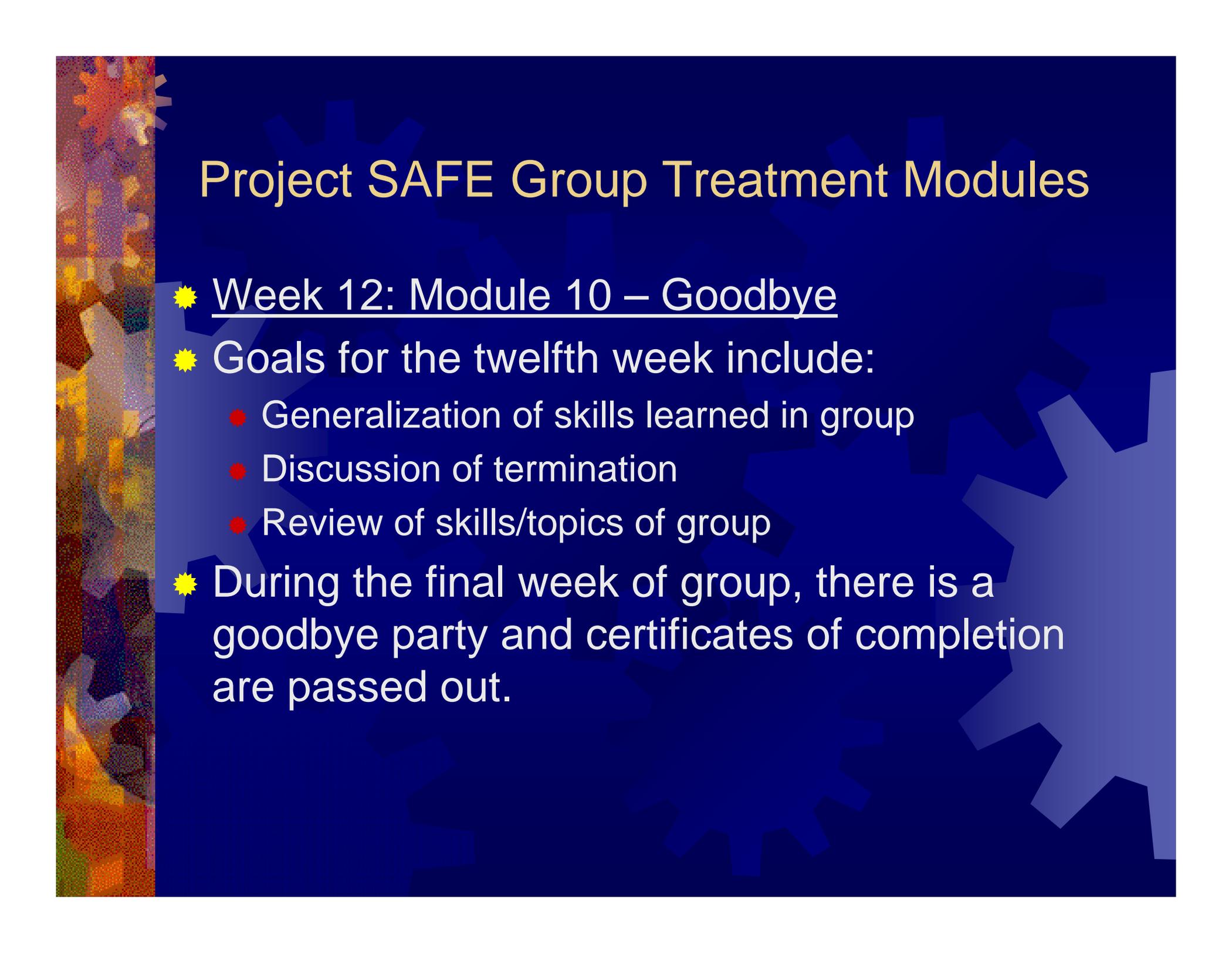
- ★ Goals for the eleventh week include:

- For parents:

- Recognizing anxiety and depression in themselves and their children
- Learning progressive muscle relaxation techniques for their children
- Learning problem solving skills

- For children/adolescents:

- Discuss physical sensations related to emotions
- Learn progressive muscle relaxation techniques



Project SAFE Group Treatment Modules

- ★ Week 12: Module 10 – Goodbye
- ★ Goals for the twelfth week include:
 - Generalization of skills learned in group
 - Discussion of termination
 - Review of skills/topics of group
- ★ During the final week of group, there is a goodbye party and certificates of completion are passed out.



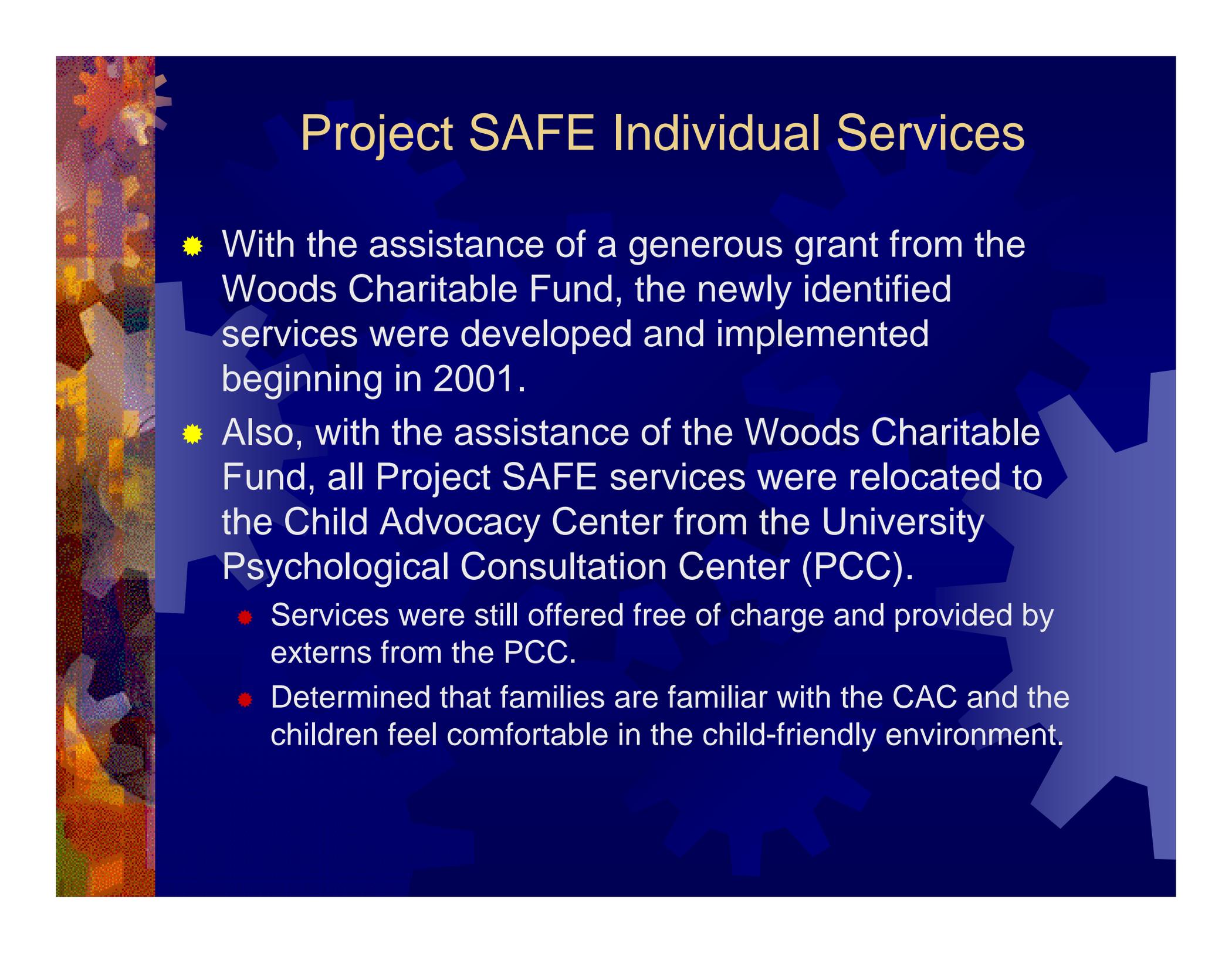
Project SAFE Group Treatment Program Evaluation

- ★ Comprehensive assessments at four different time periods using a wide variety of well-validated parent and child report measures.
 - Assessment periods: pre-, mid-, post-, and 3-month follow-up
- ★ Most recent evaluation indicated:
 - Parents reported a reduction in child emotional and behavioral symptoms.
 - Children reported less anxiety, less post-traumatic stress symptoms, less maladaptive abuse attributions, less negative perceptions of social reactions to sexual abuse, and increased basic sexual knowledge after treatment (Hsu, 2003).

Project SAFE Individual Services

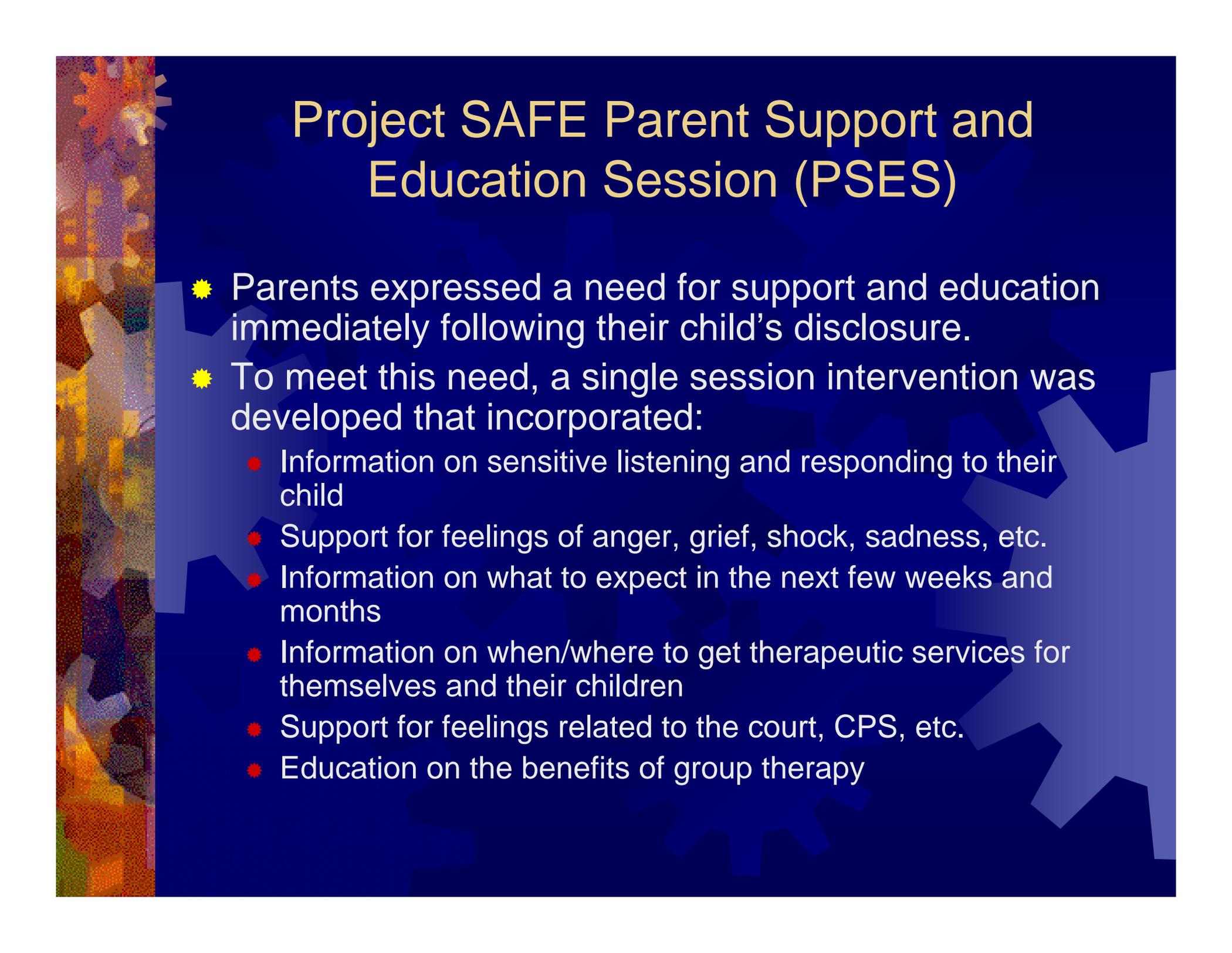
- ✦ Through a relationship with the Child Advocacy Center in Lincoln, further needs for treatment services for victims of sexual abuse and their families were identified.
- ✦ Some specific needs that were identified included:
 - The need for immediate services following the disclosure of abuse
 - The need for services for children younger than age 7
 - The need for services for families referred during an ongoing round of group treatment
 - The need for briefer services for individuals and families
 - The need for individualized services targeting the individual's current needs and concerns

**Families are welcome to utilize any or all treatment options



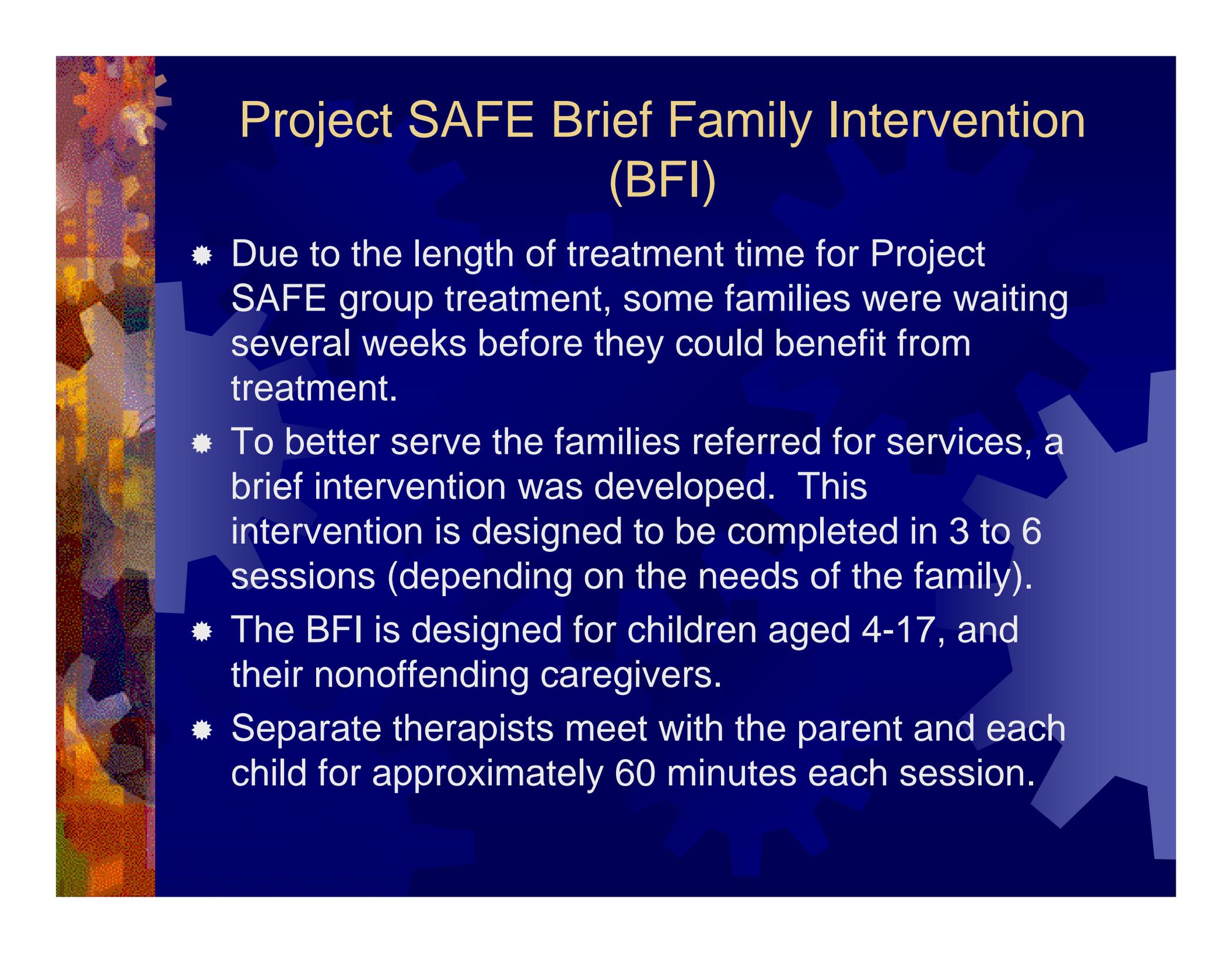
Project SAFE Individual Services

- ✦ With the assistance of a generous grant from the Woods Charitable Fund, the newly identified services were developed and implemented beginning in 2001.
- ✦ Also, with the assistance of the Woods Charitable Fund, all Project SAFE services were relocated to the Child Advocacy Center from the University Psychological Consultation Center (PCC).
 - Services were still offered free of charge and provided by externs from the PCC.
 - Determined that families are familiar with the CAC and the children feel comfortable in the child-friendly environment.



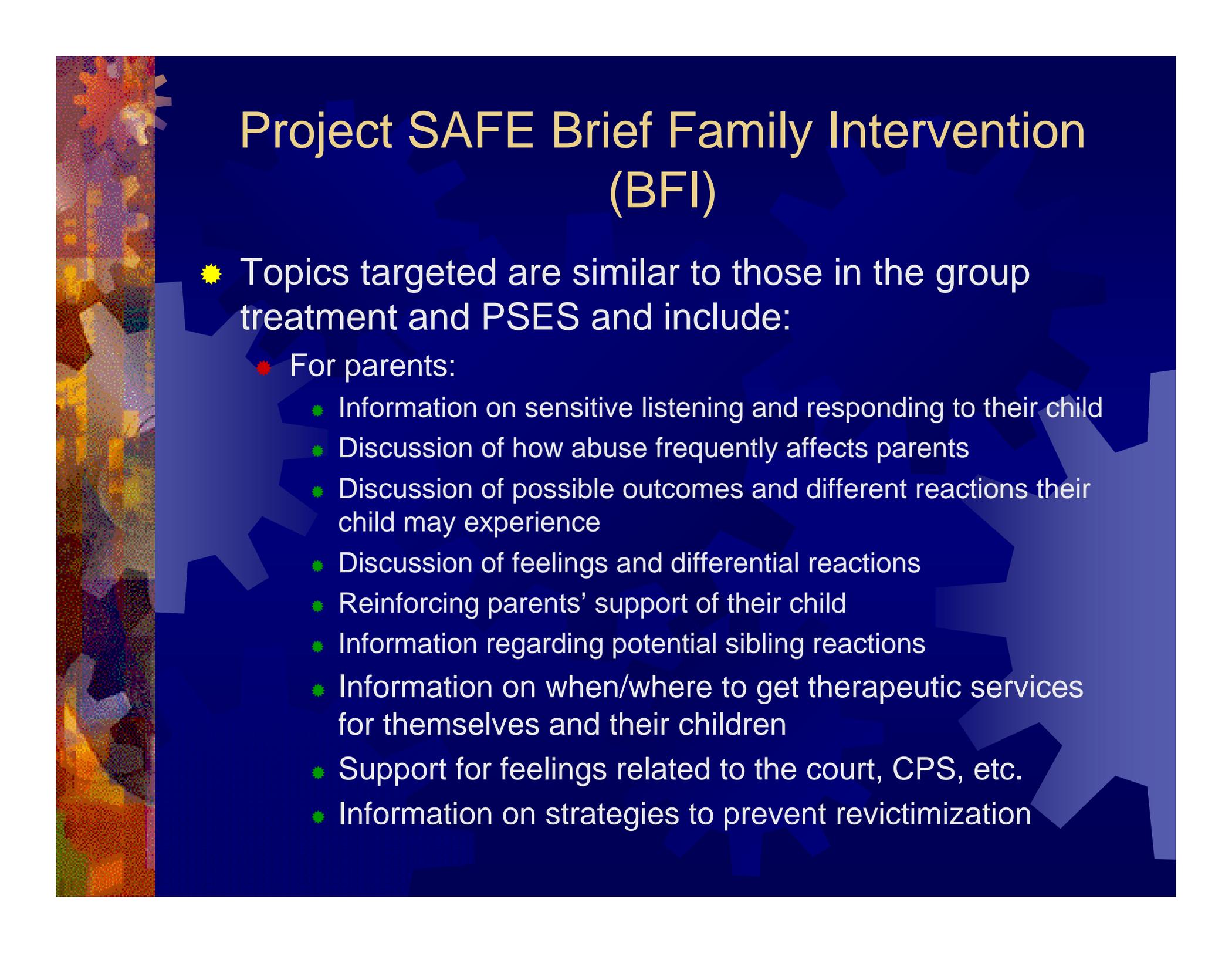
Project SAFE Parent Support and Education Session (PSES)

- ☀ Parents expressed a need for support and education immediately following their child's disclosure.
- ☀ To meet this need, a single session intervention was developed that incorporated:
 - Information on sensitive listening and responding to their child
 - Support for feelings of anger, grief, shock, sadness, etc.
 - Information on what to expect in the next few weeks and months
 - Information on when/where to get therapeutic services for themselves and their children
 - Support for feelings related to the court, CPS, etc.
 - Education on the benefits of group therapy



Project SAFE Brief Family Intervention (BFI)

- ✦ Due to the length of treatment time for Project SAFE group treatment, some families were waiting several weeks before they could benefit from treatment.
- ✦ To better serve the families referred for services, a brief intervention was developed. This intervention is designed to be completed in 3 to 6 sessions (depending on the needs of the family).
- ✦ The BFI is designed for children aged 4-17, and their nonoffending caregivers.
- ✦ Separate therapists meet with the parent and each child for approximately 60 minutes each session.

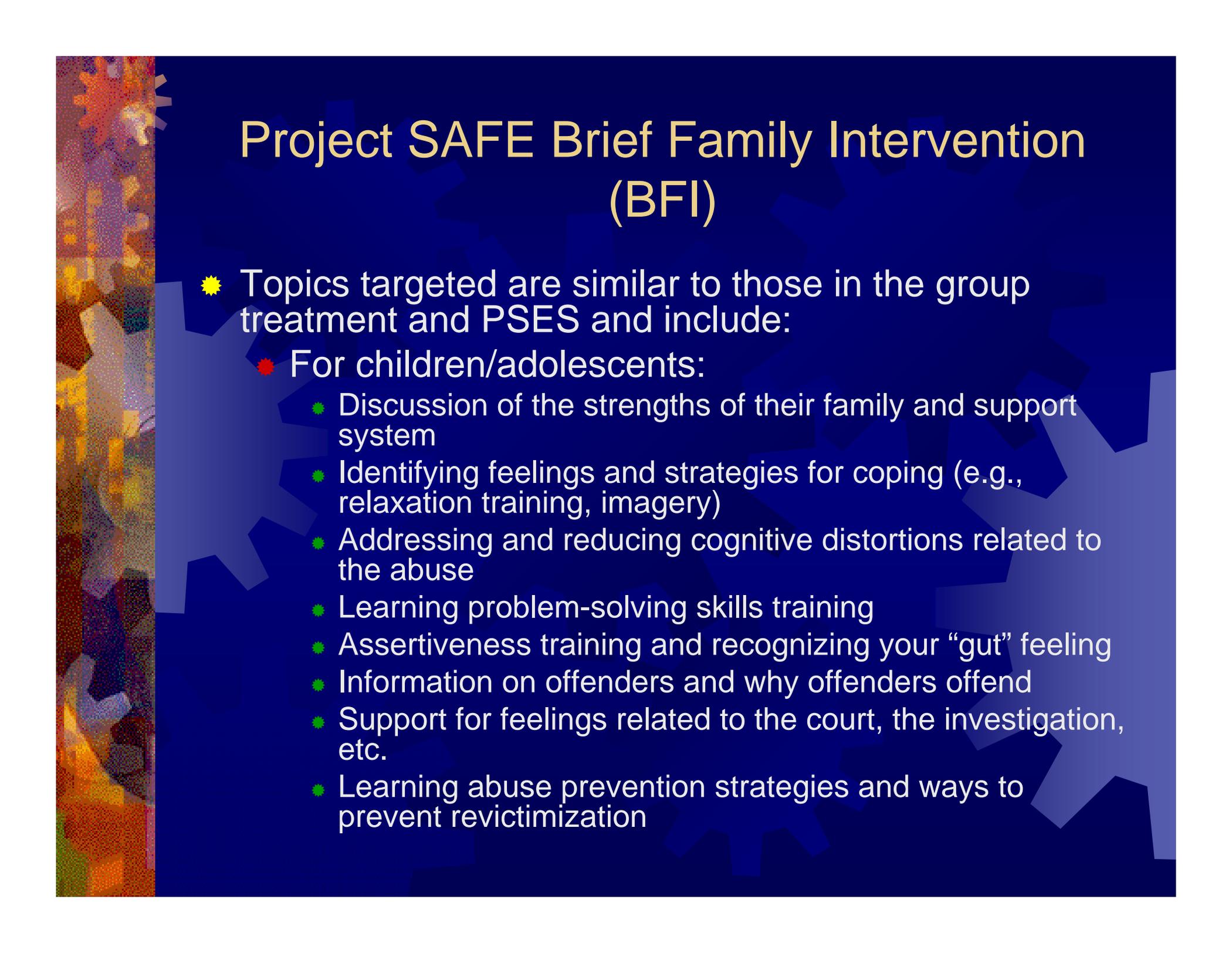


Project SAFE Brief Family Intervention (BFI)

☀ Topics targeted are similar to those in the group treatment and PSES and include:

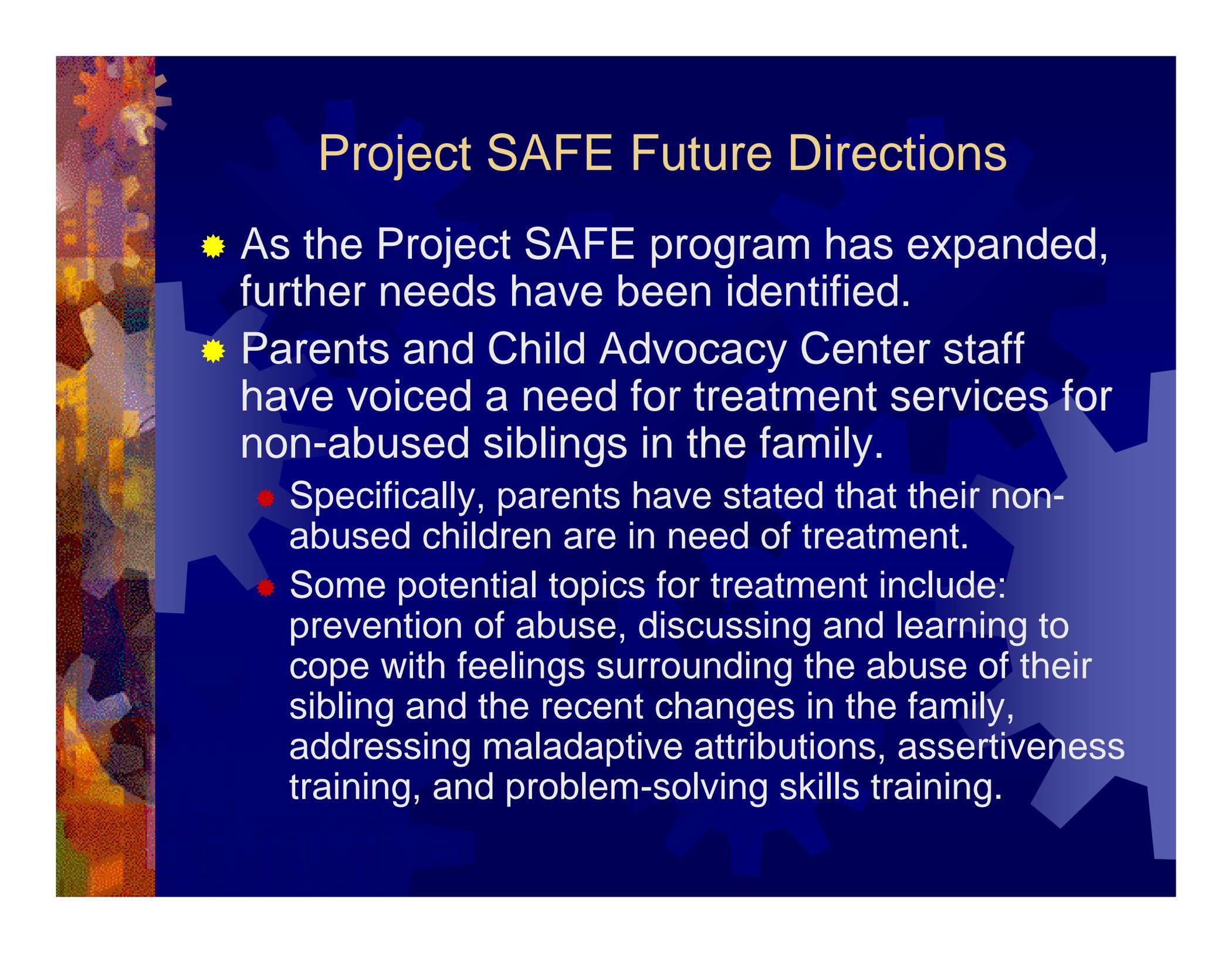
● For parents:

- Information on sensitive listening and responding to their child
- Discussion of how abuse frequently affects parents
- Discussion of possible outcomes and different reactions their child may experience
- Discussion of feelings and differential reactions
- Reinforcing parents' support of their child
- Information regarding potential sibling reactions
- Information on when/where to get therapeutic services for themselves and their children
- Support for feelings related to the court, CPS, etc.
- Information on strategies to prevent revictimization



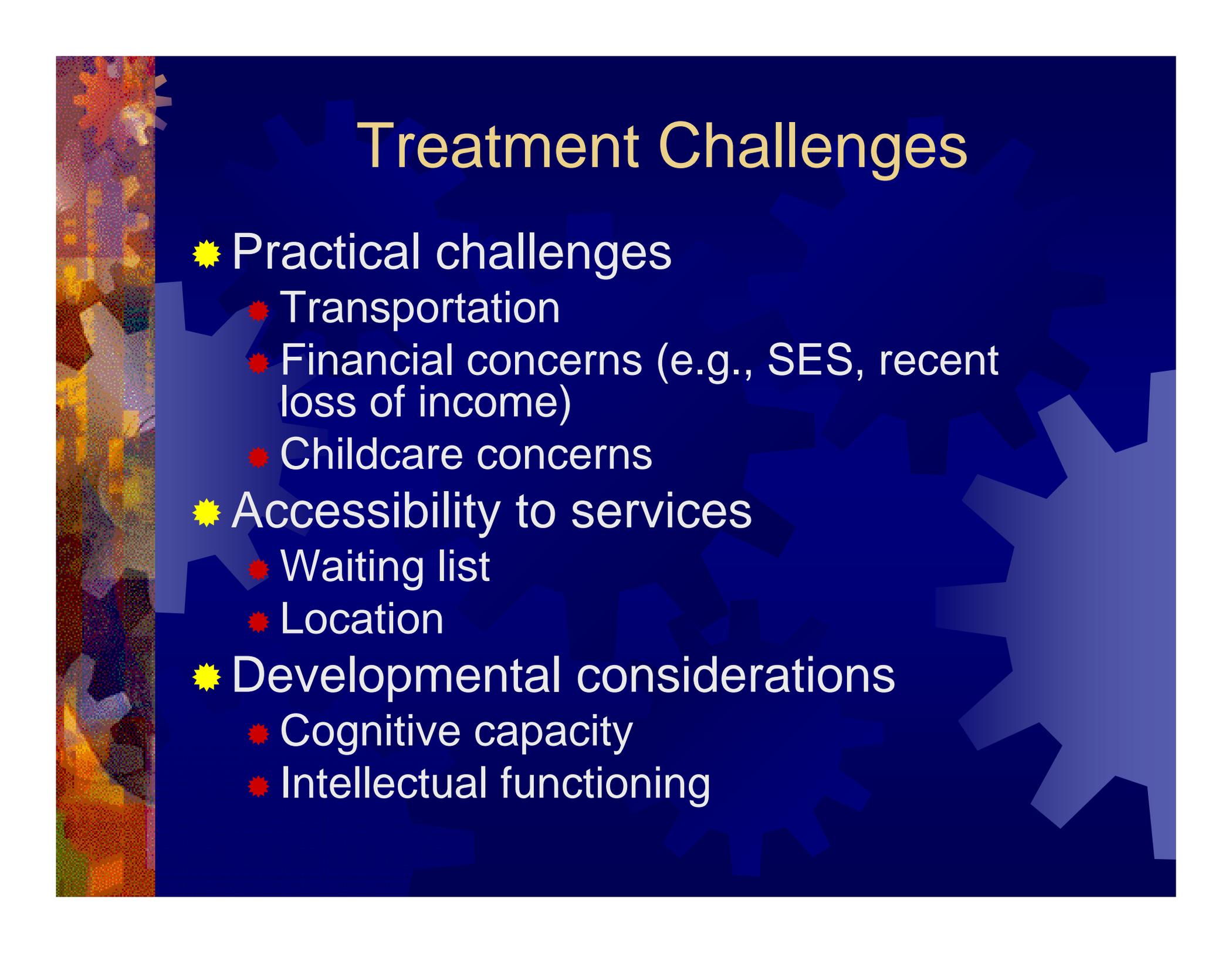
Project SAFE Brief Family Intervention (BFI)

- ☀ Topics targeted are similar to those in the group treatment and PSES and include:
 - ☀ For children/adolescents:
 - Discussion of the strengths of their family and support system
 - Identifying feelings and strategies for coping (e.g., relaxation training, imagery)
 - Addressing and reducing cognitive distortions related to the abuse
 - Learning problem-solving skills training
 - Assertiveness training and recognizing your “gut” feeling
 - Information on offenders and why offenders offend
 - Support for feelings related to the court, the investigation, etc.
 - Learning abuse prevention strategies and ways to prevent revictimization



Project SAFE Future Directions

- ✦ As the Project SAFE program has expanded, further needs have been identified.
- ✦ Parents and Child Advocacy Center staff have voiced a need for treatment services for non-abused siblings in the family.
 - Specifically, parents have stated that their non-abused children are in need of treatment.
 - Some potential topics for treatment include: prevention of abuse, discussing and learning to cope with feelings surrounding the abuse of their sibling and the recent changes in the family, addressing maladaptive attributions, assertiveness training, and problem-solving skills training.



Treatment Challenges

☀ Practical challenges

- Transportation
- Financial concerns (e.g., SES, recent loss of income)
- Childcare concerns

☀ Accessibility to services

- Waiting list
- Location

☀ Developmental considerations

- Cognitive capacity
- Intellectual functioning

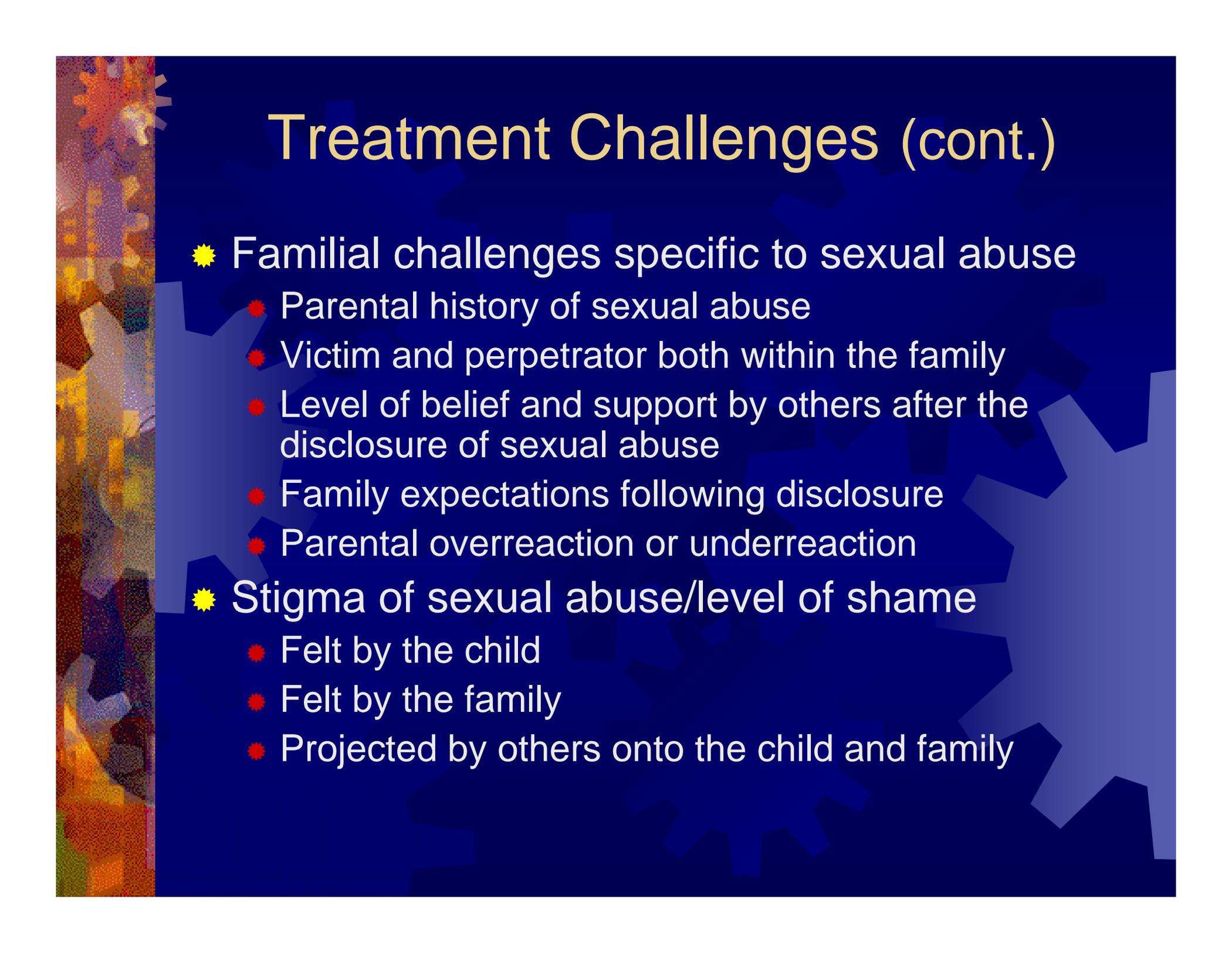
Treatment Challenges (cont.)

★ Cultural differences

- Language barrier
- Values and beliefs

★ Complexity of the family situation

- Level of family cohesion
- Number and severity of life stressors
- Social isolation
- Conflictual family relationships
- Supportiveness of family relationships
- Nature/quality of parent-child relationships
- Physical abuse or neglect of children
- Mental health of family members



Treatment Challenges (cont.)

- ★ Familial challenges specific to sexual abuse
 - Parental history of sexual abuse
 - Victim and perpetrator both within the family
 - Level of belief and support by others after the disclosure of sexual abuse
 - Family expectations following disclosure
 - Parental overreaction or underreaction
- ★ Stigma of sexual abuse/level of shame
 - Felt by the child
 - Felt by the family
 - Projected by others onto the child and family



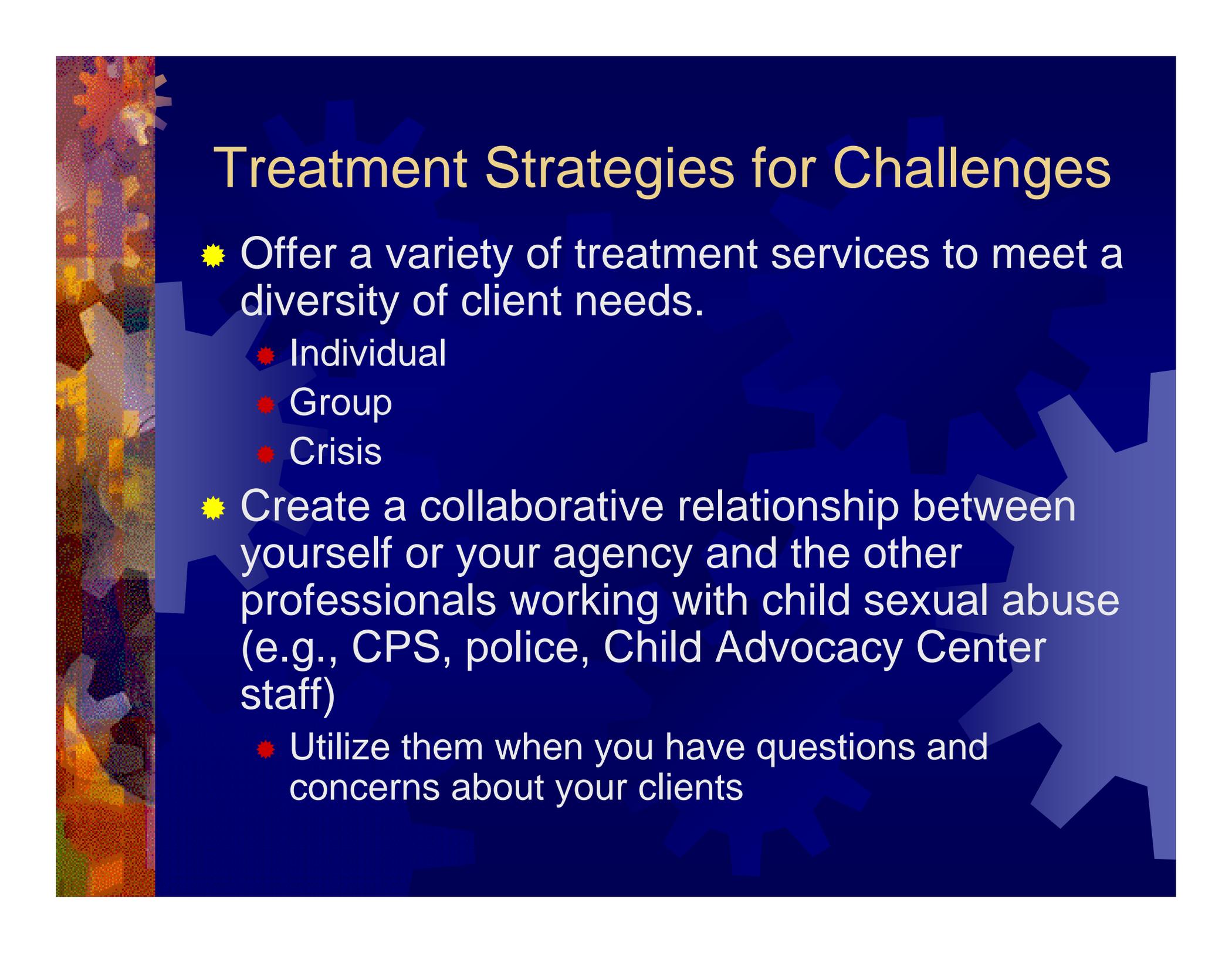
Treatment Challenges (cont.)

- ★ Heterogeneity of symptom presentation for the victim
 - Full spectrum from asymptomatic to severe
- ★ Therapist related challenges
 - Knowing your role with the family or child
 - Understanding who needs services
 - Child
 - Parent(s)
 - Siblings
 - Determining what services to provide or which areas to target
 - Sexual abuse related topics
 - Other impending crisis (e.g., domestic violence, parental mental health, substance abuse)



Treatment Strategies for Challenges

- ✦ Consider your location issues and/or challenges
 - ✦ Accessibility
 - ✦ Child-friendly environment
- ✦ Create a strategy for crisis situations
 - ✦ Families who have recently experienced sexual abuse are often in crisis and treatment facilities often have long waiting lists
- ✦ Be knowledgeable about other types of services in your area that families may need (e.g., economic, social support)



Treatment Strategies for Challenges

- ★ Offer a variety of treatment services to meet a diversity of client needs.
 - Individual
 - Group
 - Crisis
- ★ Create a collaborative relationship between yourself or your agency and the other professionals working with child sexual abuse (e.g., CPS, police, Child Advocacy Center staff)
 - Utilize them when you have questions and concerns about your clients



Treatment Strategies for Challenges

★ Assessment

- To assist in obtaining a complete picture of the symptoms and difficulties resulting from the sexual abuse:

- Utilize well-validated assessment measures designed to screen for common outcomes of sexual abuse (e.g., PTSD, anxiety, depression, sexual behavior problems)
- Obtain information from multiple sources
- Monitor symptom change and treatment efficacy

★ Utilize age-appropriate treatment interventions

- Children are not just “little adults”



Treatment Strategies for Challenges

✦ Flexibility

- Adapt treatment length and topics to the differing needs of the family and individual
- Follow the lead and needs of the family and individual

✦ Therapist education/training

- Know a variety of treatment strategies and techniques
- Be aware of the correlates and consequences of sexual abuse
- Attend conferences and seminars, read recent literature and journals, and talk with other professionals in the field



Treatment Strategies for Challenges

- ✦ Know your strengths and weaknesses as a clinician
 - ✦ Don't be afraid to refer!
 - ✦ Consult, consult, consult.
- ✦ Involve multiple family members
 - ✦ CSA effects more than the victim
- ✦ You are the expert, don't be afraid to talk to the family about:
 - ✦ Who should be in services
 - ✦ The need for additional services for the targeted individual or for additional family members
 - ✦ When services are no longer necessary



For more information about Project SAFE
Services or a copy of the group
treatment manual, send correspondence
to:

Genelle Sawyer, M.A.
University of Nebraska-Lincoln
Department of Psychology
238 Burnett Hall
Lincoln, NE 68588-0308
or e-mail:
gksawyer@hotmail.com