



Project SAFE Services for Sexually Abused Youth and their Non-offending Caregivers:

Treatment Strategies and Challenges

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Child Sexual Abuse - Prevalence and Symptom Presentation

Child sexual abuse (CSA) continues to be a prevalent problem. Child protective service agencies in the United States reported that in 2002, 1.2 children per 1,000 experienced sexual abuse (U.S. Department of Health and Human Services, 2004). In 2002, Nebraska reported 5,527 substantiated cases of child abuse and neglect. Of those cases, 412 involved sexual abuse. Incidences of CSA may in fact be greater if we consider the effects of under-reporting and the failure to substantiate cases of CSA.

Children who have been sexually abused may display a range of symptoms, including anxiety, depression, sexualized behavior, low self esteem, post-traumatic stress symptoms, interpersonal relationship difficulties, and behavioral problems (Kendall-Tackett, Williams, & Finkelhor, 1993; Paolucci, Genius, & 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. Although we cannot change or influence the static factors of the sexual abuse (e.g., severity, duration, and relationship to perpetrator), there are dynamic factors that are associated with negative outcomes, such as distorted cognitions, negative attributional style, and family functioning.

Project SAFE (Sexual Abuse Family Education) addresses these amenable factors through treatment services for both the child and adolescent victims of CSA, their non-abused siblings, and their non-offending caregivers through three programs: Project SAFE Group Intervention, Brief Family Intervention (BFI), and Parent Support and Education Session (PSES).

Project SAFE Group Intervention

Project SAFE Group Intervention originated at the University of Nebraska – Lincoln in 1996. It is a cognitive-behavioral standardized treatment program for sexually abused youth (ages 7 to 16), their non-abused siblings, and their non-offending parents or caregivers, and is offered free of charge. Parent, child, and adolescent groups are 90-minutes long and meet on a weekly basis for 12 weeks. These groups focus on support and education for prevention of revictimization and coping with the recently disclosed sexual abuse. The sibling group is a 6-session group lasting 90 minutes that meets concurrently with the other groups. This group focuses on prevention of sexual abuse for non-abused siblings. 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 Group Treatment Modules

Week 1: Module 1 – Welcome & Orientation	Week 9: Module 8 – Understanding My Feelings About What Happened
Week 2: Module 2 – Understanding and Recognizing Feelings	Week 10: Module 9A – Learning to Cope With My Feelings-I
Week 3: Module 3 – Learning About Our Bodies	Week 11: Module 9B – Learning to Cope With My Feelings-II
Week 4: Module 4 – Standing Up for Your Rights	Week 12: Module 10 – Goodbye
Week 5: Module 5 – My Family	
Week 6: Module 6A – Sharing What Happened-I (A)	
Week 7: Module 6B – Sharing What Happened-I (B)	
Week 8: Module 7 – Sharing What Happened- (Offenders)	

Comprehensive assessments are conducted at four different time periods using a wide variety of well-validated parent and child report measures. Assessment periods are: pre-, mid-, post-, and 3-month follow-up. The most recent evaluation indicated that 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 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, Child Protective Services, 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 non-offending caregivers.
- ❖ Separate therapists meet with the parent and each child for approximately 60 minutes each session.

Treatment Challenges

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| <ul style="list-style-type: none"> ❖ Practical Challenges <ul style="list-style-type: none"> • Transportation • Financial concerns (e.g., SES, loss of income) • Childcare concerns ❖ Accessibility to services <ul style="list-style-type: none"> • Waiting list • Location ❖ Developmental considerations <ul style="list-style-type: none"> • Cognitive capacity • Intellectual functioning ❖ Cultural differences <ul style="list-style-type: none"> • Language barrier • Values and beliefs ❖ Stigma of sexual abuse/level of shame <ul style="list-style-type: none"> • Felt by the child • Felt by the family • Projected by others onto the child and family ❖ Heterogeneity of victim symptom presentation <ul style="list-style-type: none"> • Full spectrum from asymptomatic to severe | <ul style="list-style-type: none"> ❖ Complexity of the family situation <ul style="list-style-type: none"> • Level of family cohesion • Number and severity of life stressors • Social isolation • Conflictive family relationships • Supportiveness of family relationships • Nature/quality of parent-child relationships • Physical abuse or neglect of children • Mental health of family members ❖ Familial challenges specific to sexual abuse <ul style="list-style-type: none"> • 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 ❖ Therapist related challenges <ul style="list-style-type: none"> • Knowing your role with the family or child • Understanding who needs services • Determining what services to provide or which areas to target – sexual abuse related topics or other environmental concerns (i.e., domestic violence, parental mental health, substance abuse) |
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Treatment Strategies for Challenges

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| <ul style="list-style-type: none"> ❖ Consider your location issues and/or challenges <ul style="list-style-type: none"> • Accessibility • Child-friendly environment ❖ Create a strategy for crisis situations <ul style="list-style-type: none"> • 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) ❖ Offer a variety of treatment services to meet a diversity of client needs. <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • Utilize them when you have questions and concerns about your clients ❖ Utilize age-appropriate treatment interventions <ul style="list-style-type: none"> • Children are not just "little adults" ❖ Assessment <ul style="list-style-type: none"> • To assist in obtaining a complete picture of the symptoms and difficulties resulting from the sexual abuse: <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> ❖ Flexibility <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 ❖ Know your strengths and weaknesses as a clinician <ul style="list-style-type: none"> • Don't be afraid to refer! • Consult, consult, consult. ❖ Involve multiple family members <ul style="list-style-type: none"> • CSA effects more than the victim ❖ You are the expert, don't be afraid to talk to the family about: <ul style="list-style-type: none"> • 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 |
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For more information about Project SAFE, call (402) 472-8795 or email Genelle Sawyer at gksawyer@hotmail.com