

# **Project SAFE: A Child Advocacy Center-Based Modular Intervention for Families Victimized by Child Sexual Abuse**

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## **Introduction**

Child sexual abuse (CSA) has received increasing attention and concern in today's society as it continues to pose serious and pervasive mental health risks to child victims and their non-offending family members. Prevalence rates of CSA have largely relied on retrospective studies of sexual abuse victims, with estimates of approximately 20-25% of females and 5-15% of males having reported at least one episode of sexual abuse during childhood (Finkelhor, 1994). However, due to a multitude of factors, including inconsistencies in defining CSA and small sample sizes, prevalence rates continue to vary considerably, from 2-62% for women and 3-16% for men based on U.S. studies (Deblinger, Behl, & Glickman, 2006; Wolfe, 2006). According to the Child Maltreatment 2005 report (U.S. Department of Health and Human Services, 2007), incidence data obtained from the National Child Abuse and Neglect Data System (NCANDS) showed that nationally, the rate of children who have experienced sexual abuse per year from 2000 to 2005 has remained relatively stable, with about 1.2 children per 1,000 each year.

The impact of CSA on child victims has been described as heterogeneous, with short- and/or long-term sequelae that may include depression, posttraumatic stress disorder (PTSD), behavior problems, sexual maladjustment, and revictimization (e.g., Berliner & Elliot, 2002; Wolfe, 2006). Literature on non-offending caregivers has indicated that this group often experiences significant distress and challenges, including depression, anxiety, grief, and PTSD, as well as social and economic difficulties following their child's disclosure (e.g., Manion et al., 1996). Non-abused siblings also often experience significant difficulties, including feelings of isolation and stigma, in addition to possible risk of victimization (e.g., Baker, Tanis, & Rice, 2001). These heterogeneous presentations and negative consequences warrant the need for comprehensive mental health interventions that are better suited to address these varied concerns.

## **Child Advocacy Centers**

Child Advocacy Centers (CACs) are increasingly being utilized as initial access sites for mental health services for sexual abuse victims, either through the provision of referrals to community agencies, or on-site care. As community-based programs designed to be child-friendly facilities, CACs approach child maltreatment as a multifaceted community problem (Jackson, 2004). Through the coordinated effort of a multidisciplinary team (MDT), the benefits of the CAC model include more immediate responses to child abuse reports, reduction in the number of child forensic interviews, more efficient referrals to medical and mental health services, more successful prosecutions, and consistent advocacy and support for victims and family members (National Children's Advocacy Center, 2006a). Since the establishment of the first CAC in Huntsville, Alabama in 1985, there are nearly 600 established and developing CACs nationwide as of December 2006, and nearly 378 accredited or accreditation-eligible programs as of December 2005 (National Children's Advocacy Center, 2006b; Smith, Witte, & Fricker-Elhai, 2006). With the need for services for not only child victims of CSA, but also their non-offending caregivers and siblings, CACs may be the optimal locations for immediate on-site services within a convenient, accessible, and familiar environment, as well as prompt provision of referrals. While the majority of NCA-accredited CACs provide mental health services to children and non-offending parents, only about 51% provide these services on-site (Jackson, 2004). Further, little is known about the types of interventions implemented across CACs, as well as the availability of services or referrals provided to non-abused siblings.

### **Project SAFE (Sexual Abuse Family Education)**

After the establishment of the Lincoln/Lancaster County Child Advocacy Center in 1998, the need for prompt, on-site mental health services that would be accessible to child victims and their non-offending family members was evident. To respond to these needs, a local mental health program, Project SAFE established at the University of Nebraska-Lincoln in 1996 was offered on-site at the CAC beginning in 2000. Through Project SAFE, four different manualized cognitive-behavioral interventions are offered according to the needs of presenting families.

- The Project SAFE Group Intervention, developed in 1996, involves parallel group treatment for sexually abused children (ages 7-12), sexually abused adolescents (ages 13-17) and their non-offending caregivers over 12 sessions.
- The Parent Support and Education Session (PSES), developed in 2002, is a single crisis session to help parents cope with immediate problems following the child's disclosure of abuse.
- The Brief Family Intervention (BFI), developed in 2003, is a short-term, 3-6 session intervention that involves individual and family counseling for sexually abused children and their non-offending caregivers.
- The Project SAFE Sibling Group Intervention was developed in 2004 for non-abused siblings (ages 7-17) of victims of sexual abuse.

#### **Project SAFE Group Intervention**

Project SAFE Group Intervention is a standardized parallel group treatment for sexually abused youth, ages 7 to 16, and their non-offending caregivers. Separate groups for children, adolescents, and parents are conducted simultaneously for 90-minute sessions over 12 consecutive weeks. The Project SAFE Sibling Group Intervention, developed in 2004 for non-abused siblings (ages 7-17), is conducted over 6 consecutive weeks, in parallel to the second half of the Project SAFE Group Intervention for child victims and parents. While there are no formal age cutoffs for youth groups, the developmental level for each child is considered. Separate protocols are used for children and adolescents as they contain material that is developmentally appropriate for the respective group. Sessions incorporate psychoeducational, problem-solving, skill building, and supportive procedures.

Each group is conducted by two therapists, preferably two female therapists. However, male co-therapists have also been utilized, given the benefits of providing positive experiences for both female and male victims. All interventions are conducted by trained graduate student therapists who are supervised by licensed clinical psychologists. Each child group begins with "Check in" when each child shares with the group how his/her week went and ends with a "Circle Time," when the children and therapist state one good thing each group member did during the session. The "Circle Time" activity, led by one of the co-therapists, promotes children's positive self-esteem, helps provide a positive transition time, helps end the session on a positive note, and allows the lead therapist to check-in and talk to the parent group. Each parent group begins with a brief discussion of the child's behaviors at home during the previous week and ends with the lead child therapist checking in with the group. This check-in with the parent group affords the opportunity to discuss how the children reacted to that week's session material, answer any questions posed by the parents, and discuss any concerns the parent may have about their child directly with the child therapist. This check-in period is also useful in providing parents reassurance about how their children are doing in treatment, allowing parents to be informed on material that will be shared in the upcoming session, and to address any related concerns.

Table 1: Project SAFE Group Treatment Modules

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Module 1:	Welcome and Orientation
Module 2:	Understanding and Recognizing Feelings

Module 3:	Learning About Our Bodies
Module 4:	Standing Up for Your Rights
Module 5:	My Family
Module 6:	Sharing My Feeling About What Happened - Part I
Module 7:	Sharing My Feeling About What Happened - Part II
Module 8:	Understanding My Feelings about What Happened to Me
Module 9:	Coping with My Feelings
Module 10:	Summary and Goodbye

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In a recent examination of child and family outcome and social validity for the Project SAFE Group Intervention, post-treatment improvements in child behavior and functioning were demonstrated, based on parent report (Hsu, 2003). Children reported less post-traumatic stress symptoms, less anxiety, less negative perceptions of social reactions, less maladaptive abuse attributions, and increased basic sexual knowledge after treatment. Treatment gains were maintained three months after completion of treatment. According to subjective evaluations by parents and child/adolescent participants, treatment goals, procedures, and outcomes were shown to be relevant, acceptable, and helpful to the families. Additional research has also supported the effectiveness and social validity of the Project SAFE treatment program (e.g., Futa, 1998; Hecht, Futa, & Hansen, 1996; Hsu et al., 2001; Hsu, Sedlar, Flood, & Hansen, 2002).

### **Project SAFE Parent Support and Education Session (PSES)**

As the Group Intervention consists of closed groups and victims and families continue to present in need of services, the need for more accessible interventions for those in crisis became apparent. Thus, the Project SAFE Parent Support and Education Session (PSES) was developed in 2002, which provides a single crisis session to help parents cope with immediate challenges that commonly occur following the child's disclosure of abuse. Although manualized, the PSES affords more individualized and flexible treatment than the Group Intervention, with modules that are selected by the therapist to best meet the client's presenting needs and ranging in length from 1 to 3 hours.

Table 2: Outline for Project SAFE PSES Manual

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- Purpose of intervention
  - How will the sexual abuse affect my child?
  - How will the sexual abuse affect me as a parent?
  - What can I do as a parent following disclosure of sexual abuse?
  - What if my child and/or other members of my family need help coping with the sexual abuse?
  - Other topics (Intrafamilial sexual abuse, homicidal threats, and appropriate and inappropriate sexual behaviors)
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### **Project SAFE Brief Family Intervention (BFI)**

As the Project SAFE PSES intervention consists of a single session for only the non-offending caregivers, many families continue to have concerns about their sexually abused child and/or the non-abused siblings, uncertainties on how to approach topics directly with their children, and the need for multiple sessions for themselves. Thus, the Project SAFE Brief Family Intervention (BFI) was developed in 2003, as a short-term, 1 hour, three to six sessions, treatment that involves individual and family counseling for sexually abused children and their non-offending caregivers. Each BFI is conducted by a separate therapist for each family member, allowing for individualized sessions that meet simultaneously. Session topics included in the Project SAFE BFI are essentially brief versions of the modules noted in the Group Intervention. The BFI affords some flexibility in individualizing sessions. Further, the three to six sessions with a given family may be parallel and uniform in duration, or additional sessions, up to the maximum six allotted BFI sessions may be provided for either the parent or child based on individual needs. As all Project SAFE services are time-limited, referrals to community agencies are routinely provided to victims and non-offending family members after the termination of services, which include referrals for individual therapy that may be more abuse-focused, behavioral management skills for parenting, couples therapy, and family counseling. Families are also referred to the Project SAFE Group Intervention when appropriate.

Table 3: Parent and Child Modules for the Project SAFE Brief Family Intervention

Module 1	Parent:	What a Parent can do to Help a Child Cope with Sexual Abuse/How does Abuse Affect a Parent
	Child/Adolescent:	Introduction, Good vs. Bad Touches, Social Support
Module 2	Parent:	Possible Outcomes and Different Reactions to Feelings
	Child/Adolescent:	Feelings and Emotions
Module 3	Parent:	Coping with Outcomes
	Child/Adolescent:	Coping with Feelings
Module 4	Parent:	Coping with the System & Sexual Behavior Problems
	Child/Adolescent:	Going to Court, Good vs. Bad Secrets, Assertiveness
Module 5	Parent:	Why Offenders Offend
	Child/Adolescent:	Why Offenders Offend, Prevention of Future Abuse
Module 6	Parent:	Prevention/Termination
	Child/Adolescent:	Termination

### Benefits of Project SAFE Services

As a single type of intervention may not be appropriate or immediately available to individuals in need of services, having multiple treatments that can better meet needs in a prompt manner and through various modalities (e.g., individual, single session, group therapy) is necessary. Through the four different Project SAFE interventions, there is a greater ability to triage care as soon as possible based on individual presenting needs. In comparison to currently available local community resources, Project SAFE offers several unique advantages for families, including: free multiple-session therapy, parallel group therapy for non-offending family members, education tailored to help prevent revictimization, free child care for younger children, and flexible scheduling for appointments that include evenings. Project SAFE is also the only community resource available for non-abused siblings that addresses their unique emotional needs and offers support through group sessions with same-aged peers. Further, with increasing numbers of referrals for Spanish-speaking families, Spanish-speaking graduate students are actively being recruited to assist families throughout the Project SAFE services. Thus, Project SAFE offers services at the CAC at no cost that are otherwise unavailable and assists in creating awareness of the importance of psychological services for non-offending family members in addition to child victims after disclosure of sexual abuse.

In addition, the collaboration between Project SAFE and the local CAC is an expansion of the CAC mission. While the majority of CACs contract with community agencies to access mental health services for families, the present partnership allows CAC staff to immediately access on-site services, thereby avoiding such difficulties for clients as waiting lists, fees for services as many individuals may not have mental health diagnoses that would be have been covered through insurance, lack of access to free childcare, and transportation costs. As noted, providing the prompt opportunity to access these services within a CAC, a child-friendly location that is already familiar to the family, may be most favorable for identifying those in need, decreasing attrition in treatment, and providing prompt referrals as needed. Given the varied needs of those who present for mental health services on-site at CACs, Project SAFE may be a model program to implement throughout other CACs nationwide.

### References

- Baker, J. N., Tanis, H. J., & Rice, J. B. (2001). Including siblings in the treatment of child sexual abuse. *Journal of Child Sexual Abuse, 10*, 1-16.
- Berliner, L., & Elliott, D. M. (2002). Sexual abuse of children. In J. E. B. Myers, L. Berliner, J. Briere, C. T. Hendrix, C. Jenny, & T. A. Reid (Eds.), *The APSAC handbook on child maltreatment* (2nd ed., pp. 55-78). Thousand Oaks, CA: Sage.
- Deblinger, E., Behl, L. E., & Glickman, A. R. (2006). Treating children who have experienced sexual abuse. In P. C. Kendall (Ed.), *Child and adolescent therapy: Cognitive-behavioral procedures* (3rd ed., pp. 383-416). New York: Guilford Press.
- Finkelhor, D. (1994). Current information on the scope and nature of child sexual abuse. *The Future of Children, 4*, 31-53.
- Futa, K. T. (1998). *The development and initial evaluation of Project SAFE: A group treatment for sexually abused children and their non-offending parents*. Unpublished doctoral dissertation, University of Nebraska, Lincoln.
- Hecht, D. B., Futa, K. T., & Hansen, D. J. (1996). *Group treatment of sexually abused children and their nonoffending parents: Development and initial evaluation of a standardized treatment protocol*. Presented at the Association for the Advancement of Behavior Therapy Convention, New York City.
- Hsu, E. (2003). *Parallel Group Treatment for Sexually Abused Children and their Nonoffending Parents: An Examination of Treatment Integrity and Child and Family Outcome and Satisfaction*. Unpublished doctoral dissertation, University of Nebraska, Lincoln.
- Hsu, E., Davies, D. A., Nash, C. L., Sedlar, G., Holm, J. W., Holguin, J. C., Flood, M. F., & Hansen, D. J. (2001). *Parallel group treatments for sexually abused children and their nonoffending caregivers: Child and family outcome and satisfaction*. Presented at the Association for the Advancement of Behavior Therapy Convention, Philadelphia.

- Hsu, E., Sedlar, G., Flood, M. F., & Hansen, D. J. (2002). Child sexual abuse. In M. Hersen (Ed.), *Clinical behavior therapy: Adults and children* (pp. 449-473). New York: John Wiley and Sons.
- Jackson, S. L. (2004). A USA national survey of program services provided by child advocacy centers. *Child Abuse & Neglect, 28*, 411-421.
- Manion, I. G., McIntyre, J., Firestone, P., Ligezinska, M., Ensom, R., & Wells, G. (1996). Secondary traumatization in parents following the disclosure of extrafamilial child sexual abuse: Initial effects. *Child Abuse & Neglect, 20*, 1095-1109.
- National Children's Advocacy Center. (2006a). *The CAC model* [On-line]. Available: [http://www.nationalcac.org/professionals/model/cac\\_model.html](http://www.nationalcac.org/professionals/model/cac_model.html)
- Smith, D. W., Witte, T. H., & Fricker-Elhai, A. E. (2006). Service outcomes in physical and sexual abuse cases: A comparison of child advocacy center-based and standard services. *Child Maltreatment, 11*, 354-360.
- U. S. Department of Health and Human Services, Administration on Children, Youth, and Families. (2007). *Child maltreatment 2005*. Washington, DC: U.S. Government Printing Office.
- Wolfe, V. V. (2006). Child sexual abuse. In E. J. Mash & R. A. Barkley (Eds.), *Treatment of childhood disorders* (pp. 647-727). New York: Guilford Press.