



Group Treatment in a Community Setting for a Sexually Abused Child and a Non-Offending Caregiver: Case Study and Discussion

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Case Overview

This study presents the case of an 11-year-old fifth grade female (Amanda) and her mother (Mrs. J) who both completed the Project SAFE (Sexual Abuse Family Education) Group Intervention. Project SAFE is a manualized group treatment for sexually abused children ages 7-16 and their non-offending caregivers developed at the University of Nebraska-Lincoln (Hansen, Hecht, & Futa, 1998), and delivered at a local Child Advocacy Center. Amanda experienced contact sexual abuse by her 39-year-old stepfather on multiple occasions over a 4-year period. Amanda reported symptoms of anxiety, posttraumatic stress, and fear related to the victimization. Mrs. J also reported clinically significant internalizing problems for Amanda. Mrs. J presented with stress related to her role as a parent and feelings of depression and anxiety. Both Mrs. J and Amanda completed all portions of the 12-session group protocol.

Assessments

Both child and parent completed a breath of assessment measures at pre-treatment, completion, and at 3-month follow-up. Child report measures include the Children's Fears Related to Victimization (CFRV; Wolfe & Wolfe, 1986); The PTSD scale of the Children's Impact of Traumatic Events-Revised (CITES-R; Wolfe et al., 1991); the Revised Children's Manifest Anxiety Scale (R-CMAS; Reynolds & Richmond, 1985); and the Multidimensional Anxiety Scale for Children (MASC; March et al., 1997). Parent report measures include the Child Behavior Checklist (CBCL; Achenbach, 1991); Child Sexual Behavior Inventory-3 (CSBI-3; Friedrich et al., 1992); the Sense of Competence (PSI-SO) and Restriction of Role (PSI-RO) scales of the Parenting Stress Index (PSI; Abidin, 1986); and the Global Severity Index (SCL-90-R-GSI), Depression (SCL-90-R-D), and Anxiety (SCL-90-R-A) scales of the Symptom Checklist-90-Revised (SCL-90-R; Derogatis, 1983). In addition, both parent and child completed Weekly Problem Scales (WPS-C and WPS-P, Sawyer, Hansen, & Flood, 2006) to assess multiple domains of child functioning.

Results

- Amanda's anxiety symptoms, posttraumatic stress symptoms, internalizing problems, and fears related to the victimization decreased from pre- to post-treatment and from post-treatment to follow-up.
- Mrs. J's stress related to her role as a parent decreased. She reported an increase in her sense of competence as a parent and a decrease in experiencing a restricted role as a parent. Mrs. J also reported decreases in Global Severity of psychiatric symptoms and in Depression and Anxiety.
- Both Mrs. J and Amanda tended to report few problems on the WPS. This was likely due to underreporting by both Amanda and Mrs. J, and possible mild developmental delays that interfered with Amanda's abilities to accurately self-report her feelings.
- In addition to the treatment effects, as measured by administered assessments, both Amanda and Mrs. J reported a high level of satisfaction when asked to evaluate Project SAFE upon treatment completion.

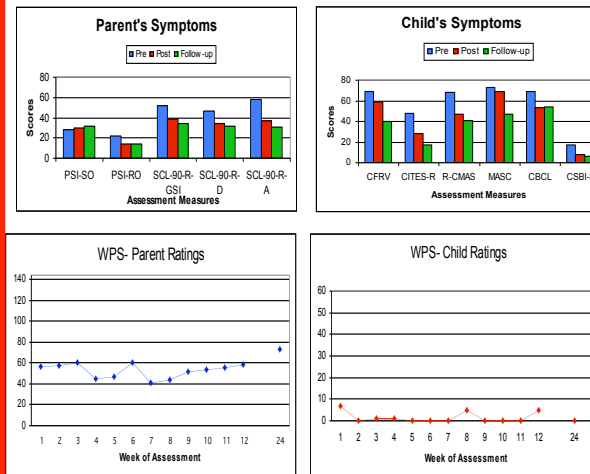
Treatment Overview: Project SAFE

- Treatment groups for victims with parallel groups for non-offending caregivers.
- Inclusion criteria for treatment are flexible, allowing the opportunity for the majority of children seen at the CAC, including those presenting as asymptomatic, to receive psychoeducation and treatment.
- Weekly sessions focus on support, psychoeducation about abuse and prevention of revictimization, and coping skills.

Weekly Treatment Modules

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

Results



Treatment Implications

- **Importance of broad assessment:** As is evidenced in Amanda's case, children who experience sexual abuse often display a wide range of symptoms. Therefore, it is important to utilize a variety of well-validated assessment measures and information from multiple sources to gather a complete picture of the effects of the abuse (Tavkar et al., 2004).
- **Importance of broad treatment:** Flexible treatment protocols designed to address a wide range of reactions and symptoms are important for addressing the heterogeneous symptom presentations found among sexually abused children (Sawyer et al., 2005).
- **Benefits of providing parallel treatment for non-offending caregivers:** As was the case with Mrs. J, caregivers of sexually abused children often experience decreases in psychological functioning following abuse that can be addressed in parallel group treatment. Also, children often benefit from caregiver support and involvement in treatment (Cronch et al., 2007).