Applying Cognitive Behavioral Practices in a Child Advocacy Center: An Evaluation of a Brief Family Intervention for Victims of Childhood Sexual Abuse

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Introduction

Over the past four decades, a growing body of empirical evidence has linked childhood sexual abuse (CSA) to a variety of short- and long-term consequences including depression, anxiety, post-traumatic stress symptoms, substance use, impulsivity, aggression, suicide ideation, and a host of other negative outcomes (Briere, 1992; Finkelhor, 1995; Finkelhor, Pirog, & Wolak, 2001; Tyler, 2002).

Although CSA is a prevalent problem associated with a number of negative outcomes, not all children experience these negative consequences. This variability in response may be due to a number of factors including age of the victim, severity of the abuse, the relationship of the perpetrator to the child, and race/ethnicity (Finkelhor, 1995; Finkelhor, Pirog, & Wolak, 2001; Tyler, 2002). However, the majority of caregivers who have children who experienced CSA report that they experience significant distress and impact the entire family, including nonoffending caregivers. Specifically, research indicates that caregivers experience a variety of symptoms associated with the diagnosis of abuse including partner separation, emotional, financial, and physical loss in addition to current or critical legal litigation (Corcoran, 2004). Moreover, these symptoms are often accompanied by psychological distress including anger, depression, guilt, estrangement, grief, and secondary trauma (Defleming, Hatway, Linneman, & Stue, 1995; Maison, Medoff, Frenzel, & Lipsitz, 1996).

An extensive body of literature indicates that parent support following CSA disclosure is positively and significantly related to better emotional and behavioral adjustment in sexually abused youth (e.g., Elliot & Carnes, 2001). For instance, several studies have found that maternal support is critical in mediating the negative effects of CSA (e.g., Corcoran, 2004; Defleming, Stue, & Lipman, 1999). More specifically, available research suggests that parental involvement in CSA treatment effectively decreases externalizing behaviors and sexual behaviors, while improving adjustment in families after CSA has occurred (Corcoran, 2004; Saywitz et al., 2000). Thus, the incorporation of nonoffending caregivers may be a critical component of cognitive-behavioral treatment (CBT) for victims of CSA.

Although group treatment has been associated with improvements in coping strategies among the population (Bionte, Mahler, & Trettin, 2003), it is possible that providing a more, shorter, individualized treatment for families with specific needs immediately following disclosure will in turn be a beneficial step in the recovery process. Thus, the purpose of the current study was to evaluate Brief Family Intervention (BFI), a specific, shorter, CBT-based intervention program designed for the individual treatment of sexually abused children and their nonoffending caregivers immediately following disclosure. BFI addresses the most specific needs of families faced with the consequences of CSA and is comprised of several different components selected by the therapists according to the goals of each family. Further, BFI is small report as a venue to refer families for additional services to include group-based treatment specifically for CSA or individual therapy for the child or nonoffending caregiver for other presenting problems.

Evaluation of BFI focused on examining descriptive and demographic abuse history characteristics of the children and nonoffending caregivers who choose to participate and complete treatment. Additionally, different components of treatment provided during sessions were explored. Further, outcomes for both nonoffending caregivers and their children who completed treatment were assessed. Finally, nonoffending caregiver and child satisfaction with services provided were assessed.

Methods

Participants

Participants for the Brief Family Intervention consisted of 182 children and 90 nonoffending caregivers who were referred from a multiphased Child Advocacy Center to participate in the BFI. Participants were included if they completed treatment (n = 75, 41.8%) or were present for a minimum of five scheduled treatment sessions (n = 77, 42.3%). The majority of caregivers were biological parents (91.2%), with the remaining sample consisting of foster parents (2.2%), adoptive parents (1.9%), grandparents (2.2%), and caregiver and/or significant other (1.0%). The majority of the caregivers identified as European American (85.7%), African American (1.6%), Hispanic (4.0%), Native American (1.6%), and multiracial (8.3%).

Demographics

The child sample consisted of 52.5% who were females, 74.9% who were non-completers. Children ranged in age from 3.5 to 16.5 years old (M = 11.13 ± 3.00, N = 75). Approximately 30.3% were males and 69.7% were female. Children were identified as European American (82.4%), African American (1.3%), Hispanic (5.3%), Native American (2.1%), and multiracial (10.2%).

Discussion

Childhood sexual abuse is associated with a number of difficulties for the victims as well as the nonoffending caregivers. Therefore, it is important to provide services for these families immediately following disclosure of abuse. The aim of the current study was to examine a brief family intervention designed to provide short-term services to families directly following the disclosure of abuse.

Results of the study indicated that, although the intervention was brief, only lasting three to six sessions, brief family intervention and their children reported significant improvements in the child’s negative mood and behaviors. Additionally, nonoffending caregivers reported an overall decrease in their child’s problems from pre- to post-treatment. Furthermore, trends indicated that children reported improvement in well-being.

Examination of the components of treatment that were provided suggested that several components were provided to both families with children and those with adolescents. Specifically, the purpose of intervention, sensitivity and responding, education about sexual abuse, and symptoms of nonoffending caregivers and victims are all reported to be consistently covered in the CBI. Results indicated that these components are critical for the caregivers and families find most important and beneficial to the treatment process no matter the age of the child.

Results of this study also indicated that the nonoffending caregivers and children identified caring with caregivers over abuse history and prevention of future abuse. Examination of components of therapy that were most covered for the youth (Table 2) consisted of the purpose of intervention, social support, identifying feelings, and assessing for safety. Components that were most covered for all children consisted of the impact of the abuse on the family, coping with feelings related to the abuse, problem solving, naming self and others, assertive language, laud to others, and olives. The component that was most covered for adolescents consisted of the impact of the abuse on the family, coping with feelings related to the abuse, problem solving, naming self and others, assertive language, laud to others, and olives.

Research indicates that overall sexual abuse and nonoffending caregivers reported improved emotional functioning and improved expectations following the BFI (Table 3). Specifically, youth reported a significant decrease in the amount they felt the sexual abuse would impact their future. Furthermore, both nonoffending caregivers and children reported an overall decrease in their child’s difficulties from pre-treatment to post-treatment. Additionally, nonoffending caregivers and children reported an overall decrease in their child’s difficulties from pre-treatment to post-treatment. Finally, evaluation of nonoffending caregivers’ and children’s satisfaction of services was assessed utilizing descriptive frequencies. Overall, nonoffending caregivers and children reported that they would recommend these services to other families who are faced with difficulties following disclosure of sexual abuse. Further, according to the children’s report, the BFI was beneficial and had a positive impact for all children.