



Sexual abuse counselling and prevention program

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The Children's Protection Society has recently published a five-year review of its Sexual Abuse Counselling and Prevention Program. The following article is a brief summary of the findings outlined in the report.

In 1993, the Children's Protection Society established the *Child Sexual Abuse Treatment Program* to work with children and young people who had been sexually abused, and their non-offending caregiver(s).

In 1994, separate funding was sought from Health and Community Services (now the Department of Human Services) for the establishment costs of an additional program, the *Adolescent Sex Offender Treatment Program*, to provide quality assessment and therapeutic services to children and young people with sexually abusive behaviours.

Child Sexual Abuse Treatment Program

This program focuses on the needs of sexually abused children, adolescents and their non-offending caregivers, with the aim of providing an integrated and comprehensive child sexual abuse treatment service. Major objectives are; to establish a treatment service for all family members affected by child sexual abuse, including the victim, non-offending caregiver, siblings and offender; to work with families and educate the community to prevent sexual abuse; to develop an effective model of practice; and to prevent sexual abuse and re-abuse of children in families where abuse has occurred.

In the first five years of service, consultation was provided in relation to three hundred and ninety-five sexually abused children and young people. Five hundred and thirty-four children and young people agreed to attend the program for assessment and/or therapeutic services. The following section comprises a brief summary of information provided by these clients.

Client characteristics

The average age of clients at referral was 9.1 years. The average age at onset of the abuse was 6.7 years. This indicates a delay between onset of the abuse and referral. The majority of clients were female (60 per cent). However, a greater proportion of clients were male than would be expected on the basis of national statistics (Angus and Woodward 1995). The Department of Human Services and parents/caregivers constituted the greatest source of referrals (37 per cent and 39 per cent respectively). Clients sexually abused by a parent or sibling were likely to have been referred by a Department worker, whereas parent referred clients were likely to have been abused by an extended family member or a well-known, non-familial person (non-significant trends).

Perpetrator characteristics

The mean age of perpetrators was 28 years (SD=16 years; range 5-80 years) and one-third of all perpetrators were 18 years of age or younger (32 per cent). The overwhelming majority of perpetrators were male (96 per cent) and well known by the client (99 per cent). Parents/'substitute' parents (37 per cent), extended family members (20 per cent), and well-known, non-familial people (25 per cent) constituted the largest proportion of abusers. Siblings/'substitute' siblings were reported as the perpetrator of the abuse in 11 per cent of cases.

At the time of referral, only 14 per cent of all perpetrators had been sentenced. Whilst more than a quarter of clients had not reported the abuse to the relevant authorities (28 per cent), reports to the police often resulted in no further action (16 per

cent). The outcomes of reports to the police were not known for 29 per cent of clients.

Abuse characteristics

At case closure, approximately one quarter of clients indicated that they had been abused on one occasion (26 per cent); almost one third had been abused for a period of up to six months (29 per cent). Nevertheless, 15 per cent of SACPP clients indicated that they had been abused for two to five years, and seven per cent had been sexually abused for more than five years. The longer the duration of the abuse, the more likely that it involved some form of penetration, and that the perpetrator used physical force (significant relationships, $\alpha = .05$).

Irrespective of age or gender, the most prevalent offences reported by SACPP clients at case closure were penetration (52 per cent) and non-penetration contact offences (33 per cent). However, it should be noted that clients who disclose penetration offences have generally experienced other less intrusive forms of sexual abuse. Of note, almost one-third of clients were referred to the SACPP as a result of sexualised behaviours or physical and behavioural indicators of victimisation (30 per cent).

Parental reaction to disclosure

In the majority of cases, SACPP clients were believed and supported by their mothers in the post-disclosure period (75 per cent). Similarly, most fathers believed their child's disclosure of abuse and were supportive in the post-disclosure period (78 per cent). Nevertheless, the absence of parental belief and/or support in approximately one-quarter of cases is a matter of considerable concern. Research and clinical experience indicate that familial reactions can have a strong mediating influence on the impact of sexual abuse and the child's subsequent recovery. Research into the factors influencing parental reactions is required.

Abuse-related symptomatology and problem behaviours

The Children's Impact of Traumatic Events Scale – Revised (CITES-R) was used to examine abuse-related symptomatology, and the Achenbach Child Behaviour Checklist (CBCL) was used to examine broad problem behaviours.

At intake, mean CITES-R scores indicated that most clients, irrespective of gender, experienced high rates of abuse-related symptomatology (for example, intrusive thoughts and avoidance) coupled with elevated levels of anxiety associated with the outside world. Nevertheless, consistent with the findings regarding parental reactions to disclosure, most clients felt high levels of social support and believed they would be able to avoid re-victimisation.

Clients who were assessed twice on the CITES-R evidenced a significant decrease in intrusive thoughts, sexual anxiety, levels of self-blame, perceived vulnerability to negative life events, and anxiety associated with the outside world. Moreover, perceived levels of social support were significantly greater at second assessment. These findings indicate a significant reduction in the immediate and shorter-term impacts of sexual victimisation.

At intake, the majority of clients were rated in the 'clinical' or 'clinical-borderline' range of CBCL scores by parents (68 per cent), teachers (37 per cent) and youths themselves (57 per cent). These ratings indicate that, at intake, a large proportion of clients evidenced extremely high levels of internalising (anxiety, depression, somatic and withdrawn behaviours) and externalising (aggressive and delinquent behaviours) symptoms.

A comparison of first and second assessment (repeat assessment conducted approximately six months after intake) CBCL scores for clients with 'clinical' or 'borderline-clinical' scores at first assessment indicated a significant decrease in both internalising and externalising symptoms as reported by both parents and youths. Of note, both parents and youths reported a greater proportion of the externalising symptoms at second assessment. Findings from the CBCL are congruent with changes reported on the CITES-R – that is, negative feelings associated with the abuse are being directed towards the self to a lesser degree.

Adolescent Sex Offender Treatment Program

The Adolescent Sex Offender Treatment Program is seen as the first step in giving young abusers the opportunity to take responsibility for their behaviours and make the changes necessary for preventing the harm caused by the victimisation of others. A pilot project has been designed and implemented to provide a specific sex offender assessment and treatment program for adolescent sex offenders residing in Metropolitan Melbourne. Ages are between ten and seventeen years and in all cases offenders must have been reported to the police.

Treatment aims include assisting adolescents to accept responsibility for their behaviour and facilitating adolescents' understanding of thoughts, feelings and behaviour. Strategies are developed to enable the adolescent to break the offending cycle and provide education around empathy, social skills, interpersonal relationships, and human sexuality, as well as to support and encourage a safe and non-offending lifestyle. The overall objective of the program is to prevent adolescents from committing further sexual offences. Many of the techniques involved are derived from cognitive behavioural therapy as well as psycho-educational methods.

In the first four years of service, consultation was provided in relation to one hundred and forty-two children and young people with sexually abusive behaviours. Two hundred and three children and young people agreed to attend the program for assessment and/or therapeutic services. The following section comprises a brief summary of information provided by this latter group of clients.

Client characteristics

The average age of clients at referral was 13.5 years. The average age of clients at the onset of their abusive behaviours was 12.0 years; almost two-thirds were 10-13 years of age when they began sexually abusing others (60 per cent).

Department of Human Services workers (53 per cent) and education/ welfare agencies (18 per cent) were responsible for the majority of

The Sexual Abuse Counselling and Prevention Program is funded through the ANZ Trustees by the Truby and Florence Williams Trust and the WCF Thomas Charitable Trust.

referrals, and 20 per cent of clients were self-referred (that is, parent, self or relative contacted SACPP staff).

At intake, only a small proportion of clients had been charged (9 per cent) or sentenced (7 per cent). Investigations were pending for a quarter of all cases and almost a half of all cases reported to the police resulted in no further action (43 per cent).

Victim characteristics

Two-thirds of all victims were 9 years of age or younger (68 per cent); the average age being 8.8 years. Only 4 per cent of clients had sexually abused an adult. The average age difference between clients and their most recent victim was 6.4 years.

The ratio of male to female victims was 3:7. Male victims were generally younger than female victims. All adult victims were female. Strangers constituted the smallest proportion of victims (8 per cent).

The majority of clients had abused a sibling / 'substitute' sibling (43 per cent), someone well known to them (that is, non-familial) (35 per cent), or an extended family member (9 per cent).

Abuse characteristics

At case closure, more than half of all clients reported that their most serious abusive behaviours involved some form of penetration (54 per cent) and more than one-third reported non-penetration contact behaviours (35 per cent). When compared with clients whose most recent victim was female, a greater proportion of clients whose most recent victim was male indicated that the abuse involved some form of penetration (71 per cent and 48 per cent respectively – case closure figures).

The average duration of the abuse, as reported at case closure, was approximately fifteen months. One half of clients had abused multiple victims; the average number of victims abused by these multiple abusers was 5.7 victims. The longer the period of time the client had been abusing others, the greater the number of known victims and the more likely the most recent offence involved some form of penetration (non-significant trend).

In the overwhelming majority of cases, the abuse had taken place in the joint home of the client and the victim (48 per cent), the victim's home (18 per cent), or the client's home (10 per cent).

Changes in problem behaviours and aggression

The Achenbach Child Behaviour Checklist (CBCL) was used to examine broad problem behaviours and the Buss Perry Aggression Questionnaire (BPAQ) was used to examine aggression, anger and hostility.

At intake, a substantial proportion of clients were rated in the 'clinical' or 'clinical-borderline' range of CBCL scores by parents (75 per cent), teachers (77 per cent), and youths themselves (46 per cent). These ratings indicate that, at intake, the majority of clients evidenced extremely high levels of internalising (anxiety, depression, somatic and withdrawn

behaviours) and externalising (aggressive and delinquent behaviours) symptoms.

A comparison of first and second assessment (repeat assessment conducted approximately six months after intake) CBCL scores for clients with 'clinical' or 'borderline-clinical' scores at first assessment indicated a significant decrease in both internalising and externalising symptoms, and total problem behaviours as reported by youths. Unfortunately, parents' reports did not reflect this decrease in problem symptoms and behaviours.

For reasons outlined in the main report, the BPAQ was only used as a measure of change. A comparison of intake scores



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with those obtained approximately six months later indicated a significant decrease in Verbal Aggression (the instrumental component of aggression; $p < 0.05$), and a substantial decrease in Hostility (the cognitive component of aggression; $p < 0.10$). These changes were in line with those expected on the basis of the aims of the therapeutic process.

Prevention

The final section of the five-year review is devoted to a series of comparative analyses, including sibling incest cases and the history of victimisation in young people with sexually abusive behaviours.

Sibling incest

The findings of this report indicate that sibling incest is a very serious issue. Sibling incest often involves very young and prepubescent children. In approximately two-thirds of all cases the abuse involved some form of penetration; offences perpetrated against male victims were more likely to involve some form of penetration. In many instances, physical force was used to perpetrate the abuse. Almost one-third of all cases of sibling incest had occurred for a period of more than one year.

History of victimisation

More than half of the adolescents referred to the program for sexually abusive behaviours reported a history of victimisation at case closure (54 per cent); most had been abused by a family member (a parent, sibling, extended family member). Clients with a history of victimisation tended to abuse younger children ($p < 0.10$). They were significantly more likely to indicate that they had used coercion as a part of the abuse. They were also more likely to report that the abuse they had perpetrated against another child had involved some form of penetration (62 per cent compared with 48 per cent of non-abused clients).

Overall, the findings were consistent with the notion of an 'intergenerational cycle' of abuse (Ryan 1999) and highlight the importance of investigating the relationship between

victimisation and subsequent development of sexually abusive behaviours.

Conclusion

The two programs described above have now been combined into the Sexual Abuse Counselling and Prevention Program. The new name reflects the integrated nature of services provided to victims and young perpetrators of sexual abuse.

The Sexual Abuse Counselling and Prevention Program is in a unique position to gather information from both victims and young perpetrators of sexual abuse due to the integrated program model. It is most important to study this information to determine how we can improve therapeutic responses to the impact of child sexual abuse and also to prevent sexual abuse in the future.

Numerous recommendations and strategies are detailed in the five-year review document, and plans are already underway

to develop several of the recommendations made. Funding is being sought to continue research, particularly in the area of sibling incest. The Children's Protection Society would be very pleased to hear from other agencies or people with an interest in this work to share and exchange ideas.

References

Angus, G. & Woodward, S. (1995), *Child Abuse and Neglect in Australia 1993-94*, Child Welfare Series No. 13, Australian Institute of Health and Welfare, AGPS, Canberra.

Ryan, G. (1999), *Web of Meaning: A Developmental-Contextual Approach in Sexual Abuse Treatment*, Safer Society Press, Brandon, VT.

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Copies of the full report may be obtained at the cost of \$25.00 (including postage and handling) from the Children's Protection Society. Phone: (03) 9458 3566.



We welcome your contributions to this Newsletter

The *Child Abuse Prevention Newsletter* is published twice a year, in March/April and September/October. If you think you have articles or other items of relevance which would interest our readership, we would like to hear from you.

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Title and headings: a short abstract of the main emphasis of the article should follow the title, and succinct headings throughout are required for the purpose of guiding the reader.

Referencing: the Harvard (author–date) style of referencing is used.

Biographical note: items should be accompanied by the author's name and affiliation.

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