Breaking the Cycle of Child Sexual Abuse:

A Program for Parents

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As many as one in four children are sexually abused (The Center for Disease Control and Prevention, 2010). In the United States alone, 80,000 cases of child sexual abuse are reported annually; this figure does not consider the multitude of child victims who fail to report the incident (American Academy of Child and Adolescent Psychiatry, 2008). The Center for Disease Control and Prevention (CDC) defines sexual abuse as someone more than five years older than the victim exposing him/herself, fondling the victim, or having the victim touching the offender in a sexual way. Furthermore, sexual abuse includes attempted or actual vaginal, anal, or oral intercourse. Sexual abuse is usually committed by an individual whom the child trusts. These people can include parents, relatives, friends, child care workers, and coaches. Abuse disclosure is a very critical time in the family system.

Problems post-abuse for the victims and their families are most prevalent around the time of disclosure. Children whose parents react negatively to their child’s abuse have more mental illness symptoms as an adult (Roesler, 2004). Therefore, is it essential that the family system as a whole deal with the crisis. Once abuse is disclosed, homeostasis within the family has been disrupted (Mara & Winton, 1990) and caregivers are left with the stressful task of reconstructing their lives (McCourt, Peel & O’Carroll, 1998). Parents of an abused child may face grief but feel as though they need to remain strong for the well-being of the family. For the child victim’s future protection, the supportive caregiver must meet with the District Attorney, participate in court cases, and attend medical examinations. During this time the caregivers often are absent from their place of employment, resulting in reduced income. This lack of financial stability may also result in depression and greater emotional strain on the caregiver (Butterworth, Rodgers & Windsor, 2009).
Depression among caregivers may lead to increased familial problems. At this critical point in the healing process the family system may be experiencing cumulative problems. The outcomes, however, can be mediated by greater social support (Lee, Halpern, Hertz-Picciotto, Martin & Suchindran, 2006). A stronger social support network can help parents to manage their negative emotions so they can be mentally and psychologically available for their child victim (Berry & Letendre, 2004). Social support can be increased by attending caregiver support groups, and caregiver groups targeting child sexual abuse allow caregivers insight into the way others are coping with the traumatic event.

Caregivers need, and want, to talk about the experience, express their guilt and anger, tell their story, and to ultimately rebuild trusting relationships (McCourt et al., 1998). They desperately need someone to whom they can relate. McCourt et al. (1998) found the way parents cope with their victimized child is critical to the recovery of the child and the entire family. During the aftermath of this traumatic event caregivers also suffer--feeling completely isolated, guilty, fearful, and angry. For this reason, effective coping strategies and a powerful support system are essential to the well-being of the family. Accordingly, professionals have recognized that caregivers need extra help and have implemented programs to offer assistance.

Parents dealing with life stressors in the environment find caring for their social relationships taxing, but structured and educational support groups can enhance their support systems and coping skills (Berry & Letendre, 2004). This additional support, in turn, helps parents care for their children during stressful events. One program focused on ecological based behaviors, employing support groups that utilized a predetermined design and curriculum. An ecological viewpoint focuses on the way social relationships interact within the environment. Ecological based behaviors were targeted while the professional leader attended to building support systems.
and improving parenting skills. This specific study design, however, may have overemphasized education about parental skills and neglected education about essential personal attributes such as assertiveness and self-esteem.

Another attempt to determine whether caregiver support groups benefit the family was conducted during an evaluation of the Circle of Parents program. A program evaluation across four states confirmed that successful parent groups address issues in multiple areas (Falconer, Haskett, McDaniels, Dirkes & Siegel, 2008). In general, risk factors need to be decreased and protective factors need to be increased in order to reduce the potential for repeated offenses. Protective factors include promoting communication between individuals, showing families that their problems are not unique, and reducing barriers to other people. Falconer et al. (2008) found that caregiver support groups produced high satisfaction levels in the parenting role and also increased knowledge of community resources. The researchers suggested that future research employ multiple measures to evaluate parent support groups and confirm validity.

Another study looked at families of abuse from the systems level (Mara and Winton, 1990). Sexual abuse disrupts the equilibrium in families, and one method of successfully restoring homeostasis is through supportive, educational and therapeutic interventions, such as parent support groups. Mara and Winton’s (1990) major premise was that supporting and changing parental skills will positively affect the child victim. The researchers found the parent support group was effective at increasing parent education and changing behavior, therefore decreasing the child victim’s maladaptive behaviors. The researchers also suggested that many families would benefit from additional meetings past their intervention cut-off point of 13 weeks.

The family systems model, a theoretical background in psychology, reveals just how critical
crises can be for the entire family (Koman & Stechler, 1985). Family systems seek homeostasis (Weiner, 1948), or a balance (equilibrium) used to maintain stability. When homeostasis is threatened by a crisis situation of sexual abuse, family members may react using negative feedback or positive feedback. Negative feedback is a communication style bringing equilibrium back into the family system. Positive feedback, however, either changes the construct of the family or causes additional disruption. Facing disruption, the family system is unable to maintain homeostasis and may remain in crisis for a longer period of time. A family construct that is resistant to change needs assistance from a mental health counselor to discontinue the current disruptive pattern. Furthermore, in some family systems, the members are completely closed off, relying only on each other for support. Closed family systems become isolated when crisis occurs, putting them more at risk to experience the cumulative problems brought forth by sexual abuse.

Family members can become isolated when their boundaries are enmeshed (Walsh, 1995). Boundaries are lines that disconnect family members from outsiders. When boundaries are enmeshed, family members become too connected. In order for family systems to work appropriately they must remain stable while accepting change, and dealing with the aftermath of child sexual abuse requires accepting the change critical to healing. According to the family systems theory, families need to be exposed to a variety of outcomes. Utilizing hypothetical outcomes in the therapy process can demonstrate to families that there is not one right answer for every situation. Once the family has become rigid in their decision-making, dysfunction may occur keeping the family from resiliency.

Caregivers in a crisis situation need assistance developing the attributes of resiliency. Resilient families tend to survive crises better than nonresilient families, which is important to
breaking the cycle of child sexual abuse. Perhaps the key to defeating the pattern of abuse is leading the families down the correct path. At the end of the crisis, resilient families are stronger than they were previously. Characteristics of a resilient family include open lines of communication, flexibility, willingness to change and desiring for each member of the family to be satisfied. Resilient families also tend to have better problem-solving skills, better communication skills and increased tenacity (Walsh, 1996). Families dealing with a victim of child sexual abuse need to be strengthened so they can build resilience and ultimately overcome the crisis.

The Child Advocacy Center of Oswego County is a nonprofit organization that serves child abuse victims throughout the rural county in upstate New York. The CAC is located at 301 Beech Street in Fulton, New York. The Center is made up of a multidisciplinary team, creating an alliance across different professions to promote the healing process of the victim. Without the collaboration of the multidisciplinary team and the services of the Child Advocacy Center, the victims would experience more maladaptive outcomes. The agency helps remove perpetrators from the community. In doing so the victim and their family are started on a road of healing. Parents and guardians, however, need extra support during this time to foster parental support of their child victim’s needs and to keep their own grief from spiraling out of control.

While the Child Advocacy Center of Oswego County supports their child victims, the secondary victims need somewhere to turn. An additional support group specifically targeting caregivers could better serve the needs of secondary victims in the county by increasing their social support and improving their coping skills. Moreover, serving the caregivers indirectly provides the child victims additional support. Through this added support, the Child Advocacy Center could both end the cycle of abuse and build family resiliency in the process, so that
healthy family outcomes emerge from this traumatic time.

The present proposed support group for caregivers of child sexual abuse victims should be effective because it provides clients with education, prevention, coping skills and social support. The family systems model reveals that increased resiliency leads to better problem solving and communication skills (Walsh, 1996). Mental health therapists can educate secondary victims about developing these skills. In turn, the added skills will lead the families to resiliency, strengthening familial relationships and breaking the cycle of abuse.

The present proposal suggests creating weekly support meetings. As shown in the Impact Model (Appendix A), implementation goals include to: obtain and plan for the use of the conference room for 75 minutes every Wednesday, obtain funding through grants, solicit materials and recruit parents by piquing interest in the group. Intermediate goals include to: hire a mental health counselor, ask various professionals to guest speak, provide childcare and transportation, implement a referral process for potential clients, and incorporate a measure to track client progress. Outcome goals include to: increase coping skills and social support in the short term, decrease risk of repeated offenses by increasing knowledge of risks and signs in the long-term. Ultimately the goal of the program is to break the cycle of abuse.

Method

Participants

Participants will be recruited from the Child Advocacy Center of Oswego County. Participants for this program will be approximately 10 Caucasian caregivers of child sexual abuse victims ranging in age from 23 to 70, with some variability in ethnicity. Participants will
be primarily low socioeconomic status, with some variability.

Measures

The program will use pre and post assessments to measure coping skills and perceived social support. Additionally, this program will compare the data of a control group (those individuals that chose not to participate in the group) to the data of the participants in the group with respect to repeated offenses.

Coping Skills

CSA (The Coping Scale for Adults). The CSA is a paper and pencil self-report instrument used to assess an adult’s (ages 18 and older) coping strategies (Frydenberg & Lewis, 1997). The short form of the test is comprised of 19 structured items (based on separate domains, such as, coping strategies such as problem solving, worrying, and wishful thinking) and 1 open-ended item. The structured items are scored on a 5-point Likert scale ranging from doesn’t apply or don’t do it (1) to used a great deal (5). Cronbach’s alpha is acceptable (alpha = .80).

CISS (The Coping Inventory for Stressful Situations). The CISS is a paper-and-pencil, self report instrument used to assess coping with stress (Endler & Parker, 1990). The test is comprised of 48 items in three domains (task-oriented coping, emotion-oriented coping and avoidance-oriented coping). Items are scored on a 5-point Likert scale ranging from not at all (1) to very much (5). Cronbach’s alpha is acceptable (alpha = .73-.92).

Social Support
MSPSS (Multidimensional Scale of Perceived Social Support). The MSPSS is an instrument used to assess subjective support from three separate areas: family, friends and significant other (Zimet, G., Dahlem, Zimet, S. & Farley, 1988). The test is comprised of 24 items (e.g., “I get the emotional help and support I need from my family”). Items are scored on a 5-point Likert scale ranging from strongly disagree (1) to strongly agree (5). Cronbach’s alpha is acceptable (alpha = .88).

PRQ-85 (Personal Resource Questionnaire). The PRQ-85 is a self-report, paper-and-pencil instrument used to assess perceived levels of social support and social networks on three domains: size of network, number of problems experienced and degree of satisfaction with help received (Brandt & Weinert, 1987). Part I is comprised of 10 urgency items (e.g., financial problems, problems with a family member or friend). The participant chooses a response from 13 support resources (e.g., parent, spiritual advisor). Those resources are scored on a 6-point Likert scale ranging from very dissatisfied (1) to very satisfied (6). Part II is comprised of 25 self-report items (e.g., “There is no one to talk to about how I am feeling.”) Items are scored on a 7-point Likert scale ranging from strongly disagree (1) to strongly agree (7). Cronbach’s alpha is acceptable (alpha = .85 to .93).

Future Offenses

Data will be collected on the participating group and on the control group so that they can be compared. Cases with repeated offenses will be given a numerical code of the respective number of repeated offenses (i.e., 1, 2, 3, 4, etc.) Cases without repeated offenses will be given a numerical code of 0. Larger scores will indicate an increased risk of repeated sexual abuse offenses.
Procedure

Program Implementation

Permission will be obtained from the Board and the Director of the Child Advocacy Center to run the support group. The support group will take place in the conference room every Wednesday from 5:00 P.M. to 6:15 P.M. The waiting area will be utilized for day care at the time the support group is operating. Once permission is granted, access to table and chairs in the conference room will be ensured for use. The furniture will then be properly arranged for a group session. Flyers and referral forms will need to be printed to be utilized by the Victim Advocate for the caregivers.

The program will obtain funding through grants to make purchases for the group. The Child Advocacy Center will need to hire a daycare specialist to watch the children during the session. The Director will need to hire the administrative assistant for additional hours to solicit businesses, make phone calls, print/fax/copy paperwork and make purchases. A mental health counselor with specific training in trauma will also need to be hired through this grant.

To stimulate caregiver interest in the group, colorful fliers will be created and distributed to potential participants. The Administrative Assistant will ask various businesses to donate gift cards to benefit the families of child abuse victims. These gift cards will be used as incentives to keep participants returning to the group. Nutritionists, parents of abuse victims, police officers, and Department of Social Services personnel will be contacted to speak about issues important to the families during the session.

For all of this to come together effectively, businesses will need to be asked to contribute arts
and crafts materials: paint, paint brushes, glitter, t-shirts, construction paper, pencils, pens, clay, etc. for the adults during the art therapy time. Local bakeries and grocery stores will be asked to donate baked goods and coffee for consumption during the time of initial social support building. Additional paper will be needed for the copier/printer machine. A large binder, folders and notebooks will need to be purchased and these will be distributed to clients to collect critical information that the client will use to reflect on during future crises.

Program and Monitoring

Participants will be referred by the Victim Advocate before joining the program. The Victim Advocate will give flyers for the group to the caregivers of those victims who are referred for therapy. The Victim Advocate will then ask the caregiver if he/she is interested in joining a support group for caregivers of child sexual abuse victims. If the caregiver objects, they will be asked to sign a consent form to use their data in comparison to those who do attend the group. If the caregiver accepts the invitation to the group, the Victim Advocate will complete a referral to be given to the mental health counselor of the group. Once the referral is finished, the Victim Advocate will ask the caregiver to complete the CSA, CISS, MSPSS and the PRQ-85 in the multi-purpose room across the hall. If the caregiver is unable to read, the Victim Advocate will administer the test as an interview.

The Victim Advocate will then ask the caregiver if transportation and day care needs to be arranged. If transportation and/or daycare need to be set up, the Victim Advocate will fill out a request for transportation form and/or a request for day care form. If day care is necessary, the parent/guardian will need to sign a permission slip for their child. The Victim Advocate will give the forms to the Administrative Assistant. The Administrative Assistant will then call Fulton
Taxi Service to arrange transportation. While on the phone with Fulton Taxi Service, the Administrative Assistant will write down the time the taxi will be arriving at the participant’s home. The Administrative Assistant will list the children with signed consent for day care on the Day Care list. The Administrative Assistant will then return the forms to the Victim Advocate, who will file the forms in the support group binder under its respective label.

The support group will be held weekly in the conference room of the Child Advocacy Center. The group will take place on Wednesdays from 5:00 P.M. to 6:15 P.M. From 5:00 – 5:15 clients will sign-in to track attendance, fill out a door prize raffle ticket, consume a light snack and chat with one another. The initial communication will help build crucial roots for social support. From 5:15 P.M. to 5:40 P.M. a presenter will speak about a critical issue of relevance to the caregivers, such as life skills. Some of the issues will include assertiveness, how to reduce stress, purchasing meals on a budget, sexual abuse education, and signs of sexual abuse. If a presenter is not scheduled, an arts and crafts activity will take place. Participants will be able express how the trauma is affecting them through activities run by the mental health counselor. The counselor will conduct activities such as sculpting, painting and drawing (i.e., the counselor will ask the clients to paint a picture reflecting how they felt when their child disclosed). From 5:40 P.M. to 6:15 P.M. group time will take place. At this time participants will discuss the presentation, or their piece of art, and discuss any troubles that were encountered during the week. The mental health counselor will lead this discussion. Participants will be urged to contribute to the conversation. During this discussion, the counselor will keep notes to track client participation and progress. The counselor will also monitor which topics seem to be the most important to the clients. By contributing to the discussion, participants will be increasing their social network by building relationships and a support system. At 6:15 P.M. the group will
conclude with a raffle. The raffle will keep participants returning to group sessions which will increase collectable data.

Participants will decide when they are able to move on from the group. At that time the Victim Advocate will call the participant and ask them to come into the Child Advocacy Center. The participant will be asked to complete the CSA, CISS, MSPSS and the PRQ-85 once again. If the participant is unable to come to the CAC, the tests will be administered by the Victim Advocate as an interview over the phone.

Outcome Evaluation

Coping Skills

CSA (The Coping Scale for Adults). The scores will be recorded from each of the 19 domains. Pre and post assessments will be administered to see if coping strategies change over time. The pre-assessment will be compared to the post-assessment. Higher scores will indicate greater coping strategies. When compared to the pre-assessment, higher scores on the post-assessment will indicate success.

CISS (The Coping Inventory for Stressful Situations). The scores will be tallied and recorded from each of the three domains. Pre and post assessments will be administered to measure if clients are better able to cope with stress over time. The pre-assessment will be compared to the post-assessment. Higher scores will indicate greater coping. When compared to the pre-assessment, higher scores in each domain on the post-assessment will indicate success.

Social Support
MSPSS (The Multidimensional Scale of Perceived Social Support). The scores will be tallied and recorded from each of the three domains. Pre and post assessments will be administered to measure if clients perceive support differently over time. The pre-assessment will be compared to the post-assessment. Higher scores will indicate greater perceived subjective support. When compared to the pre-assessment, higher scores in each domain on the post-assessment will indicate success.

PRQ-85 (Personal Resource Questionnaire). The scores for Part I will be based on three domains, size of the network, number of problems experienced and degree of satisfaction with help received. Each domain is scored separately for Part I. A total score will be recorded from Part II. Pre and post assessments will be administered for Part I to measure if the scope of the support network changes over time. Pre and post assessments will be administered for Part II to measure if the perceived level of social support grows larger over time. The pre-assessment will be compared to the post-assessment. Higher scores will indicate greater support. When compared to the pre-assessment, higher scores in each section on the post-assessment will indicate success.

Future Offenses

Data will be recorded for the control group and the experimental group. The scores will be tallied according to their numerical score. Mean scores will be created. Larger scores will indicate an increased risk of repeated sexual abuse. Lower scores will indicate success.

Cost Benefit Analysis

The present proposed program will incur a variety of costs. Fixed costs will be addressed before the initial support group meeting. A mental health counselor with specific training in
trauma and art therapy will need to be hired part time. The administrative assistant will need to be hired for additional hours. A daycare specialist will need to be hired for two hours per week. The program does not have to pay for rent, room or furniture because the Child Advocacy Center already has these readily available. Additional paper and ink will need to be purchased. However, a copy/print/fax machine is already accessible at the CAC.

Variable costs also need to be accounted for after the number of clients has been determined. Binders, folders, and notebooks will need to be purchased. Fulton Taxi Service will need to provide transportation to certain families. The program will not need to pay for baked goods, coffee, or paper products because local bakeries and grocery stores will donate these items for civic events.

Direct costs will include the counselor’s salary. Indirect costs will include an increase in the Administrative Assistant’s wage. Electricity and heating will need to run longer since the group takes place Wednesday evening after the agency has been shut down. The program will not need to pay for telephone service because it is already provided for the agency. Also, the program will not incur costs for presenters. The presenters will be members of the multidisciplinary team who have chosen to volunteer their services.

While the program does have costs, the benefits given to the entire family system are incalculable. Caregivers will learn coping skills and how to use their support system during trying times. The children will thrive because the caregiver will be psychologically available to help them. A psychologically available caregiver will serve as a protective factor to at-risk children. Additionally, a price cannot be placed on a reduction of repeated sexual abuse offenses. Once the caregiver receives sexual abuse education, he/she will be able to identify any possible
risk factors and signs in all of his/her children. There is no price on breaking the pattern of abuse within, and between, families.

*Reporting and Utilization*

Potential clients will be recruited by the Victim Advocate. The Victim Advocate will inform potential clients about the importance of support systems and coping skills. At this time, the Victim Advocate will invite potential clients to join a fun group where they will learn about themselves and how to protect their children. To pique interest, the potential clients will also be informed that food, beverage and a raffle will be included during each group.

The stakeholders of the program include the Board of Directors, the multidisciplinary team, the caregivers of the abuse victims, and the children. The Board of Directors will be shown a power point presentation revealing all critical aspects of the program. The power point presentation will include why caregiver support is crucial to the healing of the child victim. This part of the presentation will include a brief summary of the literature review and the theoretical framework. All findings for coping skills (CSA and CISS), social support (MSPSS and PRQ-85) and repeated offenses will be shown in respective bar graphs with the statistics included. The tests will show the average scores between pre-tests and post-tests. The multidisciplinary team will be shown the same presentation during their monthly Review Team meeting. A luncheon will be given with the presentation since it will run longer than the typical 11:00 A.M. deadline.

The caregivers of the abuse victims will be shown a power point presentation during one of their Wednesday night meetings. All past and current clients will be invited to attend with their children. During the presentation, bar graphs will be shown representing coping skills, social support and repeated offenses. A brief explanation will be given by the mental health counselor
stating what the findings mean. Pizza will be provided during this presentation. The counselor will also be available after the presentation for any questions that may arise from the clients.

Success will be determined when coping strategies have increased. A greater perceived social support network will also indicate the program has been effective. A decrease in repeated offenses will measure ultimate success of the program.

References

http://aacap.org/page.ww?name=Child+Sexual+Abuse&section=Facts+for+Families


Appendix A

Impact Model

**Purpose:**
To provide social support for parents/guardians of sexual abuse victims and to help them develop coping skills to deal with the cumulative effects of abuse.

**Implementation:**
Obtain permission from the Board and the Director to run the support group.

Obtain and plan for use of the conference room and waiting area every Wednesday at 5:00 P.M. for an hour:

Obtain funding through grants to make purchases for the group:

Recruit parents by piquing interest in the group.

Obtain necessary materials (arts and crafts, baked goods, coffee, paper, binder, notebooks and folders).
Intermediate:

A mental health counselor trained in trauma and art therapy will run the group.

Ask various professionals (nutritionists, police officers, DSS personnel) to speak during sessions.

Follow the structured schedule

Refer potential clients.

Provide childcare and transportation:

Keep measurements of the CISS, CSA, MSPSS, PRQ-85, and repeated offenses across groups.

Group participation will be ongoing. Clients leave the program when they feel as though they are ready.

Goals

Short-term goals: increase social support, increase coping skills.

Long-term goals: decrease risk of repeated offenses by increasing knowledge of risks and signs, break the cycle of abuse.