

## Summary of Findings – Safe and Secure Network Evaluation

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### Introduction

Action for Children commissioned Canterbury Christ Church University (CCCU) to conduct a multi-component evaluation to evaluate the work of the 'Safe and Secure' child sexual abuse network. This paper provides a brief summary of outcomes for children and young people who received therapeutic interventions from 'Safe and Secure'. Prevalence estimates of child sexual abuse go up to 36% for females and up to 29% for males (Cawson, Wattman, Brooker & Kelly, 2000) and its impact can manifest in a variety of psychological and behavioural problems for those affected (Carter, 1993). Many abused children display a variety of symptoms such as post-traumatic stress, anxiety, low self-esteem and sexualised behaviour (Kendall-Tackett et al., 1993).

### Methodology

In this paper, we report data collected on an anonymised sample of 42 children and young people across eight Action for Children projects in the 'Safe and Secure' Network. The children and young people were on average 12.75 years old (SD = 3.28), their ages ranged between four and 18 years. The sample consisted of 13 males (31%) and 29 females (69%) referred and assessed during the initial data collection period. At referral, the project staff completed a baseline referral data form. The Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) was completed by a parent or carer or the child/young person themselves. To assess the outcomes of the therapeutic intervention, follow-up questionnaires were completed either when the child's/young person's case was closed or at the 12-month follow-up date (whichever came first). The evaluation reported here featured a single group longitudinal pre-test – post-test design. This was chosen to allow for an assessment of changes in behaviour and emotional problems in children and young people following intervention. In addition, an activity workbook was designed to capture the views of children/young people already included in the quantitative audit. Three children (2 girls, 1 boy) took part in this qualitative evaluation.

### Results

The following section lists the children's/young people's outcomes after receiving the services provided by Action for Children's 'Safe and Secure' network. For a more detailed outline of the relevant analyses and findings, please refer to the full final report to be provided to Action for Children by Coren, Hutchfield, Iredale and Thomae (2010).

#### *Quantitative Results*

Between the baseline assessment and the follow-up assessment, statistically significant improvements occurred in the display of sexualised behaviour and self harming behaviour and a slightly smaller number of children/young people than previously were involved with other therapeutic services. All these variables were assessed using the baseline and follow-up forms provided by CCCU, completed by the therapists.

Utilising the same forms (also completed by the therapist), there were significantly lower numbers of children/young people who displayed violent or aggressive behaviour, experienced sleep problems or had nightmares. The evaluation did not demonstrate significant impact on the number of children/young people who attended appropriate education. Most children at both time points did not appear to experience problems with this.

Mental health symptoms, social relationships, emotions and feelings were assessed using the SDQ. We found significant decreases in the total difficulties experienced by the children/young people and a significantly reduced negative impact of these difficulties on daily routines. The SDQ data also

indicate fewer emotional problems following intervention. In contrast to the initial assessment, at follow-up, the majority of children/young people (between 61% and 86%) scored within the normal bands of the SDQ.

### ***Qualitative Results***

Overall, children reported more positive feelings after attending therapy than before. However, a number of negative feelings still persisted. The children believed that others saw them as much happier and more 'normal' than they felt inside. A number of daily life events were improved after receiving therapy. All three children claimed that their worry had reduced. Two children reported that their concentration had improved and one child felt that their sleep and eating habits had improved. However, all three children reported that feeling like 'the odd one out' had not changed after therapy and none thought that their self image had improved; indeed one child reported that they felt worse about their appearance after attending therapy. Two children believed that their behaviour towards siblings, carers and those at school had improved, but one child felt that their behaviour towards siblings and carers had worsened. One child reported that although other people saw their behaviour as good, they themselves felt that their behaviour was bad. The fact that children can recognise this discrepancy between internal feelings and the way that others see them may indeed be a positive impact of therapy. Finally, the most resoundingly positive outcome children reported after attending therapy is that all felt optimistic about their future. None of the children commented on any negative aspects of coming to the project. Those who did comment reported that coming to the project was good.

### **Strengths and Limitations**

The evaluation reported in this paper has a number of strengths and limitations. The limitations include the lack of a control group, which prevents us from ruling out alternative explanations for the findings. The 'self-selection' of participating children/young people at the follow-up assessment stage further undermines the representativeness of the sample and thus the generalisability of the findings. A further limitation is the variation in treatments offered and implemented across projects, which – however – is unavoidable in a real-world setting. Moreover, four children were involved with therapeutic services other than those provided by Action for Children, which is a threat to the conclusion that the psychological and behavioural improvements reported here are solely due to the services provided by Action for Children. The qualitative element of this evaluation was limited by low participation. A number of physical and human barriers blocked young people's access to the activity books. Sometimes cases closed or young people did not come for therapy, in which cases therapists were unable to seek consent. In other cases, therapists themselves operated selection. Finally, even though it is an advantage of the evaluation that projects and practitioners were so heavily involved, it is also important to note that the people who collected the data had a vested interest in the results of the evaluation, which can have an impact on the findings.

In terms of ecological validity, it is a strength of the evaluation that the research reported here was embedded within existing therapeutic interventions provided by Action for Children and that the projects and staff within the 'Safe and Secure' network were involved in this evaluation. Furthermore, the fact that this evaluation looks at an UK based intervention adds to the literature in the field. The qualitative component of this research further expands our understanding of children's views of sexual abuse therapy. In particular, one of the major strengths to arise from the qualitative evaluation is the production of the activity book as a tool for evaluating children's perspectives on therapeutic interventions. Finally, the fact that Action for Children has dedicated time and resources to the evaluation of its services to children and young people cannot be regarded highly enough: Action for Children thereby contributes to developing the quality of its services as well as to the generation of knowledge in an important but under-researched area.