



# **Centre d'expertise Marie- Vincent: Services offered to young child sexual assault victims**

Support centre for children –  
Knowledge exchange 2011

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Director General

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# Interuniversity Chair

## Co-chairs

- Mireille Cyr, Ph.D. Université de Montréal
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## Clinicians – Research Assistants

- Isabelle Daignault, Ph.D. Centre d'expertise Marie-Vincent
- Mélanie M. Gagnon, Ph.D. Vincent

## Mission

Develop leading-edge scientific knowledge on sexual assault\* towards children

\* incluant violence sexuelle



# Interuniversity Chair

## Research axes

- **AXIS 1** Document the profiles of sexually abused children and their families and their specific needs
- **AXIS 2** Evaluate the different services offered by the Centre d'expertise Marie-Vincent
- **AXIS 3** Explore the different developmental trajectories of children involved in sexual assault situations.



# Inter-sectoral partnership

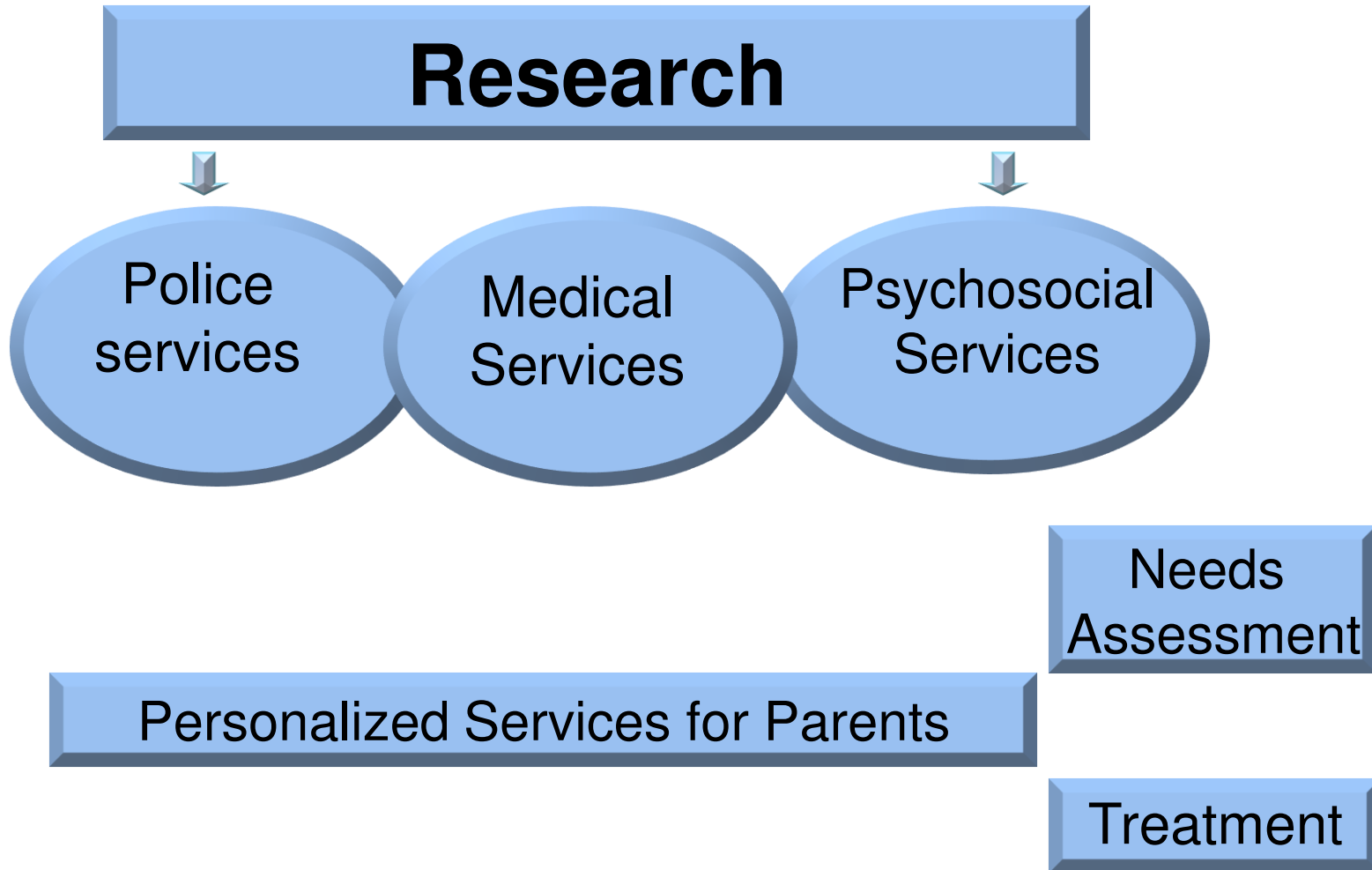
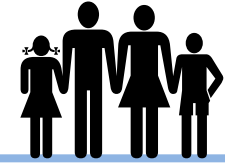
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- Medical sector: 3
- Police sector: 4
- Social-judicial sector: 3
- Psychosocial sector: 6
- University sector: 3





# Integrated services for the clientele (2 languages)

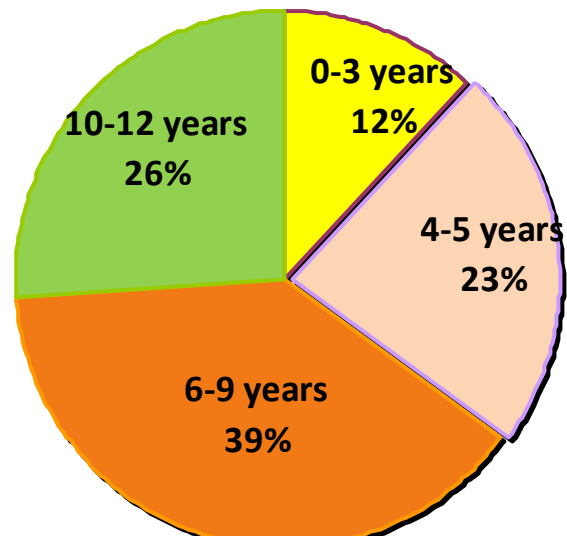




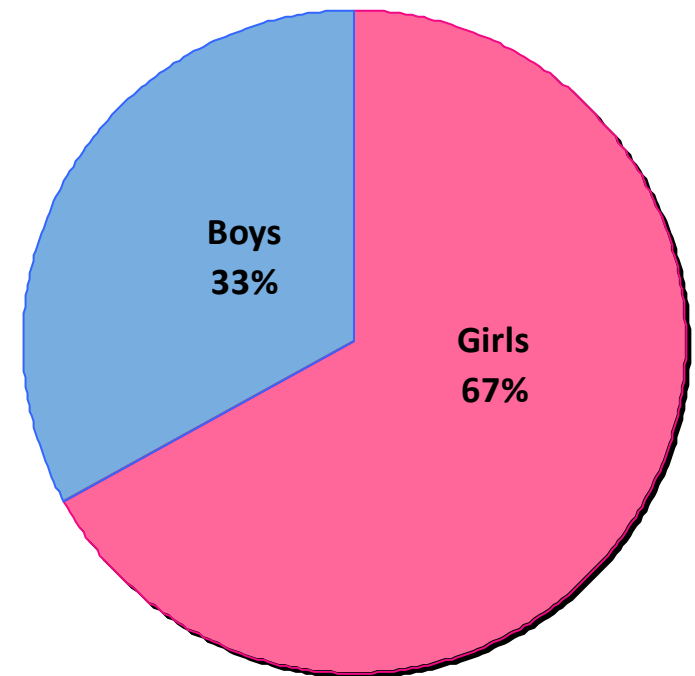
# Profile of clients served

(2006-2010)

**Distribution  
according to child's  
age**



**Distribution  
according to sex of  
child**





# Parent-child Psychosocial expertise

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- Personalized services following disclosure of SA
- Needs assessment
- Specialized treatment for child SA victims and their parents
- Specialized treatment for children with problematic sexual behaviour (PSB)





# Personalized services for parents

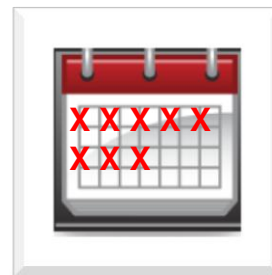
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- Client identification
- Assessment of client needs
- Plan for services
- Link between client and services
- Crisis intervention

# Personalized services for parents

To provide:

- An adapted and quick response; telephone access 12 hours/day
- Assistance and accompaniment during the social, legal and medical process, up to 8 weeks or more after disclosure





# Assessment of personalized services for parents—ongoing

- 37 mothers
- 6 fathers

42 adults  
(including 3 couples)



44 children  
(30 girls; 14 boys)

- Results



May 2011



# Needs assessment

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- Evaluation of the child:
  - History of "victimization"
  - Psychological and behavioural profile
  - Associated factors
- Evaluation of the parent:
  - Psychological profile
  - History of "victimization"
- Evaluation of the family environment



# Needs assessment

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- Three or four meetings (estimated total  $\cong$  10 to 12 hours)
- Clinical interviews
  - with the child
  - with the parent / significant adult
  - joint parent-child
- Standardized interviews / research
- Multiple sources of information





# VSA treatment choice

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- Trauma-focused cognitive behavioural therapy approach (TF-CBT; Cohen, Deblinger & Mannarino, 2005)
- Evidence-based practice
- Support during implementation and supervision
- Unique treatment
- Tied to an assessment (pre, post, around 3 months, 1 year, 2 years)



# Characteristics of VSA treatment

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- Based on the elements of specific treatments
- Family-based approach involving non-offending parents
- Therapeutic goals and strategies presented in a straightforward manner
- Time commitment and order of execution adapted to the specific needs of the child and his or her family
- Therapist-client collaboration



# Characteristics of VSA treatment

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Conditions of treatment at the CEMV:

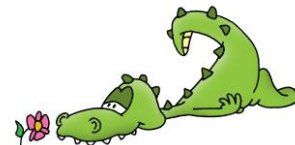
- Around 12 weekly 90-minute meetings:
  - o Individual meetings with the child ( $\pm 45$  minutes)
  - o Individual meetings with the parent ( $\pm 45$  minutes)
  - o Joint meetings with parent and child
  - o Family meetings involving siblings or other members of the family, as required

# Elements of child VSA treatment

- Identification and expression of emotions



- Cognitive triangle: Relationship between thoughts, emotions and behaviour
- Ability to manage emotions (stress, anger, sadness)





# Elements of VSA treatment

- Education about sexual body parts and respect of privacy (boundaries, secrets, touching)
- Gradual exposure: from psycho-education to narrative accounts
- Treatment of cognitions and affects related to the sexual assault
- Sexuality education
- Ability to self-protect



# Preliminary study (Hébert, 2010)

## Socio-demographic characteristics

### Type of family

16,1%	46,2%	22,6%	15,1%
Intact	Single parent	Blended	Others

### Education of maternal figure

46,7%	39,1%	14,1%
Primary-Secondary	College	University

### Family Income

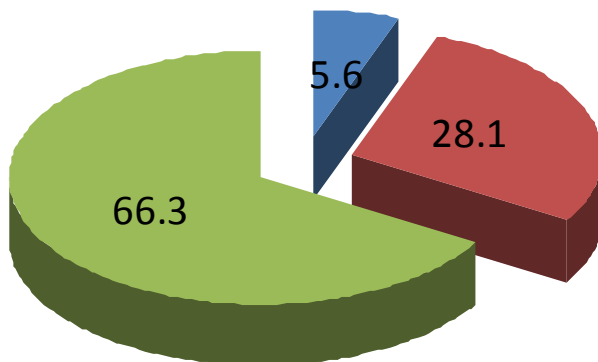
38,9%	27,8%	12,2%	21,1%
Less than 20 000\$	20 000\$ - 40 000\$	40 000\$ - 60 000\$	60 000\$ and up

# Preliminary study (Hébert, 2010)

## Characteristics of sexual assaults

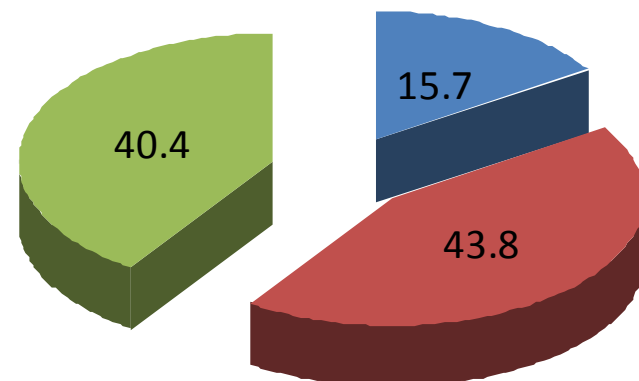
### Severity

■ less serious SA      ■ serious SA  
■ very serious SA



### Duration

■ single episode      ■ some events  
■ renetitive



- Inter-family sexual assault: 68.5%
- Childhood sexual assault experienced by the mother: 37.5%
  - 64.3% revealed
  - 40.7% received services



# Preliminary Study (Hébert, 2010)

## Effects of treatment

- Sample :                      66 **girls**                      Ages  
   27 **boys**                      6 to 12 years
- According to the measurements given by the children after therapy:
  - significant ↑ in self esteem
  - significant ↓ in symptoms of anxiety, depression and desperation and less avoidance coping with symptoms of post-traumatic stress and fewer feelings of guilt



# Preliminary study (Hébert, 2010)

## Effects of treatment

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Symptoms in children reported by the parents: ↓ in time (pre and post testing)

- PTS
- Dissociation
- Internalized problems
- Externalized problems
- Social difficulties
- Thought difficulties
- Attention difficulties

# Preliminary study (Hébert, 2010)

## Satisfaction of parents

Satisfaction regarding services received?	Intervention beneficial for the child?	Intervention beneficial for the parent?	Learned something new?	Recommend the CEMV?
<b>97%</b> very satisfied	<b>90%</b> very beneficial	<b>97%</b> very beneficial	<b>73%</b> yes, a lot	<b>91%</b> very likely
3% moderately satisfied	10% moderately beneficial	3% moderately beneficial	25% yes, a little	8% probably
			2% not at all	1% not likely



# Preliminary study (Hébert, 2010)

## Satisfaction of children

Enjoyed participating in the parent-child intervention?	Change or improve the intervention?	Learned something new?	Recommend participating in the intervention?
<b>74%</b> A lot	<b>85%</b> No	<b>88%</b> Yes	<b>92%</b> Yes
22% A little	15% Yes	6% No	4% No
4% Not at all		6% I do not know	4% I am not sure



# Preliminary study (Hébert, 2010)

## Next steps

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- Include a control group of children not participating in the TF-CBT therapy
- Analyze the follow-up data to evaluate the maintenance of benefits
- Proceed with detailed analyses of the factors related to the benefits
- Results to come  $\Rightarrow$  in 2011



# Characteristics of specialized PSB treatment

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- Comparable treatment methods
- Additional themes
- Under evaluation

# Centre's Website

[www.ceasmv.ca](http://www.ceasmv.ca)



- Bilingual
- Secure zones
- Training component: interactive follow-up, pre and post training



# Special Day of the Centre d'expertise 2011

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- May 24 and 25, 2011
- Montreal and Québec City
- Clientele:
  - Inter-sectoral:
    - Medical
    - Police
    - Social-judicial
  - Health and social services