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Prevention of Mental Health and Behavior Problems Among Sexually Abused Aboriginal Children in Care

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ABSTRACT: This agency-based study explored the preventive impact of a multi-method intervention program for children in care who had been sexually abused. Participants were Aboriginal children of the Stól:lö Nation in British Columbia, Canada. It suggested that such programs offered in child welfare contexts could actually prevent many mental health and behavioral problems that otherwise would be more prevalently experienced by such traumatized children in care.

KEY WORDS: Child Welfare; Social Work Practice; Aboriginal; Sexual Abuse.

This research and practice note suggests that multi-method interventions may have very great preventive impacts among children in care who have been sexually abused. Its tentative conclusion arose from a collaborative secondary investigation of children in the care of two Children's Aid Societies in Ontario, and a similarly mandated agency in British Columbia—Xyolhemeylh Health and Family Services of the

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Stó:lö Nation (Holland & Gorey, 2004; Lindsay, 2001). Holland and Gorey's (in press) report on three Ontario-based case-control investigations that also appears in this issue of the *Child and Adolescent Social Work Journal* found consistent evidence that the experience of various childhood traumas, including sexual abuse, are very strong predictors of such systemic problems as challenges among foster families and consequent placement instabilities. Such a lack of continuity in care may then exacerbate any number of existing problems: mental health, behavioral, or academic. Among other things, Holland and Gorey called for increased funding for preventive and therapeutic intervention services for such affected children and their families. Nearly contemporaneously, using an adaptation of Holland and Gorey's (1999; 2000) client complexity measure, Lindsay (2001) cross-sectionally evaluated a sexual abuse intervention program for Aboriginal children in care in British Columbia. We were therefore presented with an interesting opportunity to preliminarily compare two groups of children in care who had all been sexually abused, but differed. The British Columbia group received sexual abuse-specific treatment while the Ontario group did not.

Non-Equivalent Comparative Evaluation of a Sexual Abuse Intervention Program

The original study group of children in British Columbia was actually the population of children served by Xyolhemeylh Health and Family Services of the Stó:lö Nation who were sexually abused and participating in its Sexual Abuse Intervention Program (SAIP) in May of 2001 ($N = 24$). The Stó:lö Nation is comprised of 19 First Nation communities that are primarily located throughout the Fraser Valley of British Columbia. Its population in 1996 was estimated to be 3,832, of whom slightly more than half live on reserves (54%, Stó:lö Development Corporation, 2000). For comparability with the non-specific intervention, Ontarian group of children, samples were restricted then to children who had been sexually abused and were in care: British Columbia ($N = 10$) and Ontario ($N = 56$ [two aggregated samples]). As a further aid to between-group comparability, the samples were restricted to worker reports. One Ontario case-control sample that was based on foster parent perceptions was thus eliminated. This preliminary study's critical comparison was therefore between two groups of sexually abused children in care who, in addition to differing on levels of

its independent variable (participated in a sexual abuse intervention program or not), also visibly differed from one another. The intervention group was comprised exclusively of Aboriginal children (at least one Aboriginal parent), while the non-intervention group probably contained very few, perhaps two or three, Aboriginal children (based on practitioner-researcher opinion, not directly assessed in the Ontario study).

For a number of theoretical and empirical reasons, however, we think that it is very likely that this preliminary study's samples of Aboriginal and non-Aboriginal children are more similar to one another than their respective populations are. For one, all of the children in this study, Aboriginal and non-Aboriginal alike, have been sexually abused. Moreover, they have all been neglected and/or abused in other ways (physical, emotional), and they have all been identified as such and consequently were in the care of the state at the time of the original analyses. Next, we think that the sexual abuse research literature provides essentially no evidence to suggest that the two populations differ significantly on the prevalent experience of sexual abuse or its consequences (alcohol abuse, drug use, other mental health problems, suicide, etc.) after such critical factors as social and economic circumstances are accounted for (Borowsky, Resnick, Ireland, & Blum, 1999; National Aboriginal Consultation Project, 2000; Pharris, Resnick, & Blum, 1997; Robin, Chester, Rasmussen, Jaranson, & Goldman, 1997; Young & Katz, 1998). And finally, this study's sample of Aboriginal children did not differ significantly from their non-Aboriginal counterparts on key demographic, historical, behavioral, and systemic indicators of vulnerability: age (5 to 19, median of 13), girls (70%), history of family/parental violence (50%), a parent was maltreated as a child (30%), child has academic problems (70%), and the child has had three or more different placements in the child welfare system thus far (80%). We therefore do not think that it is very likely that the characteristic of Aboriginal status significantly confounds this study's critical intervention/non-intervention comparison.

The Sexual Abuse Intervention Program (SAIP)

The SAIP that serves Stó:lö Nation children and families under the auspices of Xyolhemeylh Health and Family Services is offered by three workers, each with relatively low total caseloads of approximately 15 clients. The client-centered, lifespace intervention methods

used are individual counseling, family support, and group work (psychoeducational and social skills training, closed, 16 weeks) within a case management model. And the eclectic practice framework seems based on elements of generalist, problem-solving, ecological systems, and some feminist theories. Workers aim for a once weekly individual session with each child. And the typical sexually abused child has participated in the program for a year (70% for six months or more). Workers perceive that the trust that develops over these long-standing therapeutic relationships is a key element that bodes well for the SAIP's success. While both child and parent participants have been uniformly satisfied with the program in a qualitative sense (Lindsay, 2001), this study aimed to test its effectiveness, and so to systematically replicate and convergently validate client perceptions with more quantitative, worker-based outcomes. It ought to be noted that when this tentative study's data was actually being collected from the workers in British Columbia they were unaware of its exploratory hypotheses. They were merely asked to describe characteristics of their clients. Finally, related to ethics, this study underwent institutional review and, respective, implicit and explicit approval by its participating agency and funder. Its retrospective secondary database was anonymized and its outcomes reported in aggregate to maintain participant confidentiality.

Exploratory Findings

The characteristics of sexually abused children who participated in the SAIP in British Columbia for an average of one year were compared with those of similarly abused children in Ontario who were not offered such a program of treatment. Comparative "outcome" characteristics that were part of the client complexity measures that workers in both British Columbia and Ontario completed for each of their clients are displayed in Table 1. In aggregate the tabular display suggests that the intervention program may be responsible for preventing between 50% and 75% of the social, mental health, and behavioral problems that are commonly experienced by sexually abused children. For example, whereas only one of every ten treated children seemed to be having significant social problems (10%, workers perception of conflict with other children in care), four to five untreated children were reported to be experiencing such challenges (46%), $p < .05$ (top of

TABLE 1

Prevalence of Social, Mental Health, and Behavior Problems Among Sexually Abused Children: Intervention Program Participants Versus a Comparison Group

	Problem Prevalence (%)	
Problem	($N = 10$) Program Participants	($N = 56$) Comparison Group
Conflict with other children in care**	10.0	46.4
Sexually aggressive	10.0	25.0
Mental health condition*	20.0	48.2
Attempted or threatened suicide	20.0	42.9
Behavior disorder**	20.0	58.9
Delinquent	30.0	44.6[a]

Notes. (1) Between-group categorical differences were tested with the chi-square test statistic (χ^2). And (2), given the preliminary nature of this study and its relatively limited statistical power (small sample size), the traditional criterion for assessing statistical significance ($p < .05$) was augmented with a more liberal, exploratory one ($p < .10$).

[a]Restricting the analysis to the one Ontario Children's Aid Society where prevalent delinquency among its sample of sexually abused children in care was 71%, resulted in a statistically and practically significant observed difference between the treated and untreated groups (30% vs. 71%), $p < .05$.

*$p < .10$, **$p < .05$.

Table 1). Similar statistically significant and practically large preventive fractions were observed for mental health (20% vs. 48%) and behavioral problems (20% vs. 59%). Even the between-group differences that were not significant in a statistical sense were all in the direction of exploratory hypothesis support, suggestive of SAIP effectiveness. These findings certainly seem consistent with our previous inference (Holland & Gorey, in press) that the majority of sentinel social, mental health, and behavioral problems among children in care could probably be prevented by making well-resourced treatment programs available to them and their families.

Tentative Conclusion.

Notwithstanding its admitted limitations, this study provides preliminary, though highly suggestive, evidence in support of the notion that if targeted intervention programs were integrated with the normative child welfare commitment to mere child protection, much suffering among such maltreated children and their families could be prevented. Canadian and other societies have recently and rightly supported child welfare agencies in their efforts to effectively identify and protect maltreated children. Complementary policies that support the effective treatment of such children (and their rigorous evaluations) that the state has agreed to protect and care for are now needed. The experience of the Stó:lö Nation provides hope that communities across Canada and elsewhere that make such a commitment can indeed better serve the children they aim to protect and serve.

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