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Services Provided For Sexually Abused Children In Staffed Emergency Children's Shelters In the Metro Area

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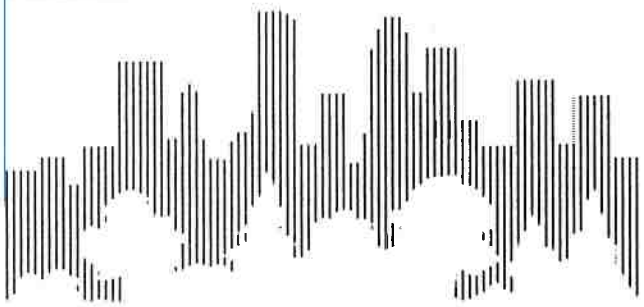

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MASTERS IN SOCIAL WORK THESIS

Kylie L. Davis

Services Provided For Sexually Abused Children In Staffed Emergency Children's Shelters In the Metro Area

2001

SERVICES PROVIDED FOR SEXUALLY ABUSED CHILDREN IN STAFFED EMERGENCY CHILDREN'S SHELTERS IN THE METRO AREA

Kylie L. Davis

Submitted in partial fulfillment of the requirement for the degree of Master of Social Work

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This is dedicated to all the children I have worked with in the past and all the children I will work with in the future. I am grateful for any opportunity I will have to work with them and for them.

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I am grateful to those people that helped and supported me through my struggle of completing this thesis. From listening to my ramblings about the topic, the complaints about the process, and the lack of time that I had to share with these people, they were all more understanding than I could have ever imagined. I thank Laura Boisen for being the wonderful professor that she is and for having the kindness to recognize when I was stressed and for always making it seem that I would accomplish my goals. She made sure that I believed of the possibilities and of my potential. I thank my family for feigning interest in all that I have been working on. I am sure at times I seemed very irritable and non-communicative, but they never held it against me, and continue to love me unconditionally as I do them. I am very thankful to Gavin, who pushed me to keep working on my thesis, wanting to make sure I got it done so I could finally graduate and get out to California to be with him. I am so greatly thankful to my cohort. They are the most wonderful and supportive people I have ever met. At the beginning of the program I looked ahead at all that was to come; the classes, the relationships, the professors, the long papers, and the thesis. It seemed as if I had a long difficult road ahead of me that I could not fathom making it down. But my classmates helped me to see that we were all dealing with the same struggles and that we were all there to support each other each step of the way through it. They helped me to succeed. I love you all!

ABSTRACT

SERVICES PROVIDED FOR SEXUALLY ABUSED CHILDREN IN STAFFED EMERGENCY CHILDREN'S SHELTERS IN THE METRO AREA

KYLIE L. DAVIS

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This research work investigates what types of services are being provided to address the needs of sexually abused children in emergency shelters located in the metropolitan area of Minneapolis and St. Paul. The study was done in order to determine if the children's shelters are serving the needs of sexually abused children who are removed from their homes. This study surveyed directors of children's emergency shelters in the metropolitan area on what services are provided by their shelter to this population of children. The results of the survey showed that the services provided for this specific population of children are minimal and mostly inconsistent with what research has shown is greatly needed to help sexually abused children develop into normal and healthy individuals.

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CHAPTER I: INTRODUCTION

Problem Statement

Children who are sexually abused suffer serious consequences and it is crucial that they receive treatment in order to develop in a healthy manner. At least one in every four girls and one in every five boys are sexually abused by the age of eighteen (Ryan, K. D., Kilmer, R.P., Cauce, A.M., Watanage, H. & Hoty, D.R., 2000). As a result of the experience of abuse, these children suffer physical and emotional consequences that can range from minor symptoms to extreme emotional and behavioral problems (Ryan, et al., 2000). Many sexually abused children have high levels of depression and anxiety, experience post traumatic stress disorder (PTSD), have low self-esteem, exhibit aggressive behavior, are more likely to run away from home, and as adults have high anxiety, depression, and issues with their sexuality (Ruggiero, McLeer, & Dixon, 2000). A major impact of sexual abuse on children is that their development seems to be arrested at the age in which they were abused. Without treatment abused children function psychologically at a very low level as they grow into adults. They do not feel like they can handle their adult responsibilities. These victims feel hopeless, lack a sense of purpose and are ambivalent about connecting with others (Ganje-Fling, and McCarthy, 1996).

Purpose and Goal of the Study

The purpose of the research is to determine how staffed children's shelters in the metropolitan area serve the needs of sexually abused children that are removed from their homes. For this study, staffed emergency shelter is defined as; emergency shelter that exists in a setting that has professionals for round the clock care. This study does not

look at in-home shelter, as it is not expected that these shelter types have the resources to provide the services that staffed shelter would have. Eleven staffed emergency children's shelters were surveyed in two urban counties in Minnesota. They are shelters that have various types of staff employed to help care for the children that are placed there. The shelters house children ranging from ages 0-20, and have a mix of male and female residents. The children are placed in these shelters because they have been suddenly removed from their homes due to some form of maltreatment by their caregiver. The children stay in the shelter until a more permanent placement can be found for them, usually to either to return to their home or to be placed in foster care. The shelters chosen were surveyed to discover what services they may be providing to address the needs of the maltreated children, specifically those that have experienced sexual abuse.

Significance of the Study

Few studies have looked at what services sexually abused children are receiving. These children are very much in need of mental health services; they may experience multiple problems, and then get passed from services to different agencies through child protective services, police officers, the court system, etc. This results in children possibly getting some services, no services, or receiving fragmented and uncoordinated services.

Shelters are places that children get taken to when they are removed from the home; it could be the first time a child has come in touch with the child welfare system and could be the first place that services are offered. If the effects of sexual abuse on children get addressed earlier, they could be prevented from going through several other service providers later because of unmet needs (Litrownik, Taussig, Landsverk, & Garland, 1999).

This study has important implications for social workers. When working with children and families that have been victims of sexual abuse, and those that have been placed out of the home at any time, social workers must be aware of what services these children have received. Social workers also must make decisions based upon what services children could receive depending on what type of shelter they get placed. If a social worker has some control over where a child gets placed when removed from the home, they would most likely place them in the environment that would best suit the child's needs. Knowing, as social workers, that children need treatment and help in dealing with the long lasting and harmful effects of sexual abuse, it would be conducive to place them in a shelter that provides treatment. It would also be helpful for social workers to be made more aware of the need for treatment while children are in shelter, and the lack of services thereof, so that they may help provide those actual services for sexually abused children.

CHAPTER II: LITERATURE REVIEW

OVERVIEW

This second chapter has two sections. The first section identifies and explains the conceptual framework of the study. The next section, the literature review, summarizes the characteristics of sexually abused children and types of treatment for sexually abused children.

LITERATURE REVIEW

This literature review discusses how sexual abuse affects children, where children go when they are removed from their homes, and the types of treatment and theoretical frameworks that are used in working with these children. Gaps in the literature are also discussed, along with the gaps that the study will fill. The literature defines sexual abuse as: "behaviors involving contact of a sexual nature ranging from those involving non-body contact such as solicitations to engage in sexual behavior and exhibitionism, to those involving body contact, such as fondling, intercourse, and anal sex" (Avery, Massat, and Lundy, 2000, p. 22).

Effects of Sexual Abuse on Children

There are many deleterious effects on children that are sexually abused. These effects include mental health issues, behavioral concerns, and long-term emotional and behavioral effects.

Mental Health Concerns

Most studies state that sexually abused children have high levels of depression and anxiety, experience post traumatic stress disorder (PTSD), have low self-esteem and also may experience dissociation (Ruggiero et al., 2000; Avery et al., 2000). Children

that have been sexually abused are also more likely to attempt suicide than those that were physically abused (Ganje-Fling & McCarthy, 1996; Westbury & Tutty, 1999). Sexual abuse of a child also impacts the individual's spiritual development and psychological functioning. The abuse has negative effects on a child's ability to handle stress, on their psychological well being, and their general life satisfaction. Sexually abused children are likely to have negative perceptions of themselves, others and their future (Ganje-Fling & McCarthy, 1996; Westbury & Tutty, 1999).

Of all the mental health concerns, Post-Traumatic Stress Disorder (PTSD) is the one that is most prevalent in the literature. Many sexually abused children suffer from Post-Traumatic Stress Disorder. Sixty-five percent of the children studied, experienced symptoms of PTSD (Westbury & Tutty, 1999). The symptoms of PTSD are discussed as the re-experiencing of the traumatizing incident, avoiding the stimuli that the child associates with the event, numbing of responsiveness, heightened arousal, disturbed sleep, reduced interest, and increased aggressiveness. All of these symptoms clearly exhibit the difficulties children experience when they have been sexually abused (Avery et al., 2000).

Behavioral Concerns

Many sexually abused children exhibit aggressive behavior and are more likely to run away from home (Ruggiero et al., 2000). They tend to avoid social interactions, have problems relating to peers, are more likely to have eating disorders and substance abuse issues. These children also exhibit antisocial behaviors and are socially unskilled. They also are reported to have many problems in school such as low grades and truancy (Avery et al., 2000; Ryan et al., 2000; and Teare, et al, 1992). Sexually abused children become

confused about their sexual identity and are more likely to exhibit behaviors of sexually acting out (Sirles, Walsma, Lytle-Barnaby & Lander; Ganje-Fling & McCarthy, 1996).

Long-Term Effects

Most authors agree that sexual abuse is damaging to the child at the time of the abuse and in the long-term (Avery, et al., 2000; Ruggiero et al., 1999; Ryan, et al., 1999). When young children are sexually abused it affects their development as an adolescent. They develop mental health problems, have difficulty with sexual attitudes, family relationships, and have trouble dealing with their environment, they have poor self-concept, develop negative personality traits, are unhappy, feel dissatisfied and guilty (Westbury & Tutty, 1999; Avery et al., 2000)

High levels of PTSD were also found in adult survivors of sexual abuse. Without treatment, these children as adults, will continue to experience high levels of anxiety and depression, and have issues with their sexuality (Avery et al., 2000; Ruggiero et al., 2000).

What is Emergency Shelter?

Leslie Marcus, a director of an emergency shelter care setting located in the metro area, defined emergency shelter as this, "emergency housing, shelter, food, clothing, and nursing assessment that our facility provides for a screening. If children have been recently sexually abused, these children are then referred to HCMC (local emergency room) for evaluation." Two types of children are placed into shelter: those at imminent risk of harm and danger (which she says is really what shelter should be for), and those who are in need of permanency planning and not at risk of imminent harm. Those

children who are not at risk of imminent danger are placed into shelter until a more permanent placement can be determined for them.

Characteristics of Shelter Children

Most of the research focuses on shelters for homeless families or for runaway children. The studies of homeless children shelters are helpful because more than half of the children placed in shelter have been physically or sexually abused, or both (Ryan et al., 2000). One article studied treatment implementation in a short-term emergency shelter program for runaway and homeless youth. The youth at the shelter had significant personal and family problems or depression, have been physically or sexually abused, and have a history of suicidality (Teare, et al, 1994).

What Sexually Abused Children Need from Shelter

Sexually abused children need a safe place where they can get support and help from professionals in dealing with their distress. Emergency shelters are supposed to be a safe haven for abused children while their situation is assessed and decisions are made on where they will be placed. It is the service providers' responsibility to provide a safe respite for children who are most likely coming from chaotic family situations. For many sexually abused children, especially when they become runaways, it is found that childhood abuse increases the child's risk for later victimization. For example, in the case of sexual abuse, children have a higher chance of being raped when they are out on the street (Teare et al., 1994; Ryan et al., 2000). It is important that children get the treatment they need when the abuse is first detected and professionals are available to help prevent the many negative outcomes these children could face.

Treatment in Shelter

In order to serve sexually abused children's best interests, many shelters are now trying to add a treatment component to their program by conducting more thorough assessments when the children arrive. Outcomes are best for children who are sheltered at facilities having a variety of modes of treatment (Litrownik et al., 1999; Teare et al., 1994; Ryan et al., 2000). If more problems are identified through the shelter's assessment then these children may be able to be set up with longer stays and assistance from professionals in dealing with their issues (Litrownik et al., 1999; Teare, et al, 1994; Ryan et al., 2000).

Types of Treatment for Sexually Abused Children

There are many different approaches to treating sexually abused children. Some authors discussed the need to include the family in the treatment plan and work from a Family Preservation Perspective (Bath & Haapala, 1994; Grosz, Kempe, & Kelly, 1999; Skibinski, 1995). Other authors discussed working with children in individual therapy and using the cognitive-behavioral model (Deblinger, Steer, & Lippmann, 1999). Others studied working with the children from a Strengths Perspective (Noble, Perkins, & Fatout, 2000). The most common form of treatment for working with sexually abused children appears to be working with them in structured group therapy settings (Sirles et al., 1988; Westbury & Tutty, 1999).

Family Preservation Perspective

It is best whenever possible to try to work with the family and the child together while the child is in the shelter situation. Many sexually abused children report problems with relationships with the adults in their lives, yet they usually are returned home to their

families after their shelter stay. Many times the offender is a parent or sibling who was abused and never received treatment. Authors seem to agree that the primary emphasis on treatment should be on the whole family and not just the child, with the parents included (Noble et al., 2000; Teare, et. al, 1994)

The Family Preservation Perspective supports this idea. Family Preservation services are defined as an intensive family-centered crisis service model. The family is the target of the crisis, with at least one child identified in imminent risk of placement. This service is usually used to prevent the child from being placed in shelter, but can be a helpful practice model when a child is placed in shelter and the sexual offender is a part of the family (Bath and Haapala, 1994; Skibinski, 1995). One author proposed innovative programs that work with the victim and the family together in rehabilitating the offender and to minimize system-induced trauma for the child. Once the child is placed in shelter and the situation is assessed family involvement could begin immediately (Skibinski, 1995). A crucial element to a child's recovery is the family's response to their disclosure of the sexual abuse and their ability to support the child. The primary emphasis of treatment should focus on the whole family, as the goal is usually family reunification. It has been found that children who were not reunited with their family reported significantly more family problems than those whom are eventually reunified (Grosz et al., 2000; Teare et al., 1992).

Individual Therapy Perspectives

Services to children should include using a Family Preservation Perspective as well as working with children on individual tasks. Social-skills training and academic remediation would be the most effective in helping anti social children that have been

sexually abused. Teaching social skills should be the primary treatment component in an emergency shelter for abused children (Teare et al., 1992; Teare, et. al, 1994). Among many of the effects that sexually abused children face is avoidance of others, aggression and an inability to relate to peers which will negatively effect any of their relationships for the rest of their lives. The shelter setting is a place that social skills can be taught while they are living amongst their peers.

Cognitive-Behavioral Approaches with Individual Therapy

Cognitive-behavioral approaches used in individual therapy have been found to have successful outcomes in treating sexually abused children who are suffering from post traumatic disorder symptoms. Some authors combined cognitive behavioral theory with working with the non-offending parent (Deblinger, Steer, & Lippmann, 1999). They said that it is helpful with preschool age children and with school-aged children when the non-offending parent, usually the mother is involved in the treatment process (Deblinger, Steer, & Lippmann, 1999). Cognitive behavioral treatment includes helping the children overcome their anxiety and avoidance that they experience when reminded of the abuse, so they can explore their emotional, cognitive and physiological reactions to the abuse with the assistance of a professional. This is done while also educating the non-offending parent on how to cope with their own experience related to their child's sexual abuse (Deblinger, Steer, & Lippmann, 1999). It is important to facilitate open communication about the abuse (Avery et al., 2000; Deblinger et al., 1999). In working with the child individually to help them work through their issues then to bring in some of their family the family system can be helpful in dealing with the abuse. This type of treatment helps

them to gain the tools, develop an understanding, and move on with their lives in a healthy manner (Avery et al., 2000; Deblinger et al., 1999).

Strengths Perspective with Individual Therapy

The Strengths Perspective was also discussed in the literature in use with the Family Preservation Perspective and in individual therapy. To involve the parents in treatment and to shift the focus of the services from the shelter (agency) to the environment minimizes the child's isolation from their family (Noble, Perkins, & Fatout, 2000). This fits with the Family Preservation Perspective, which advocates for keeping the family together. From the Strengths Perspective, the children's needs are more important than the agency's services. Instead of making the children's problems fit within what the shelter can service, the shelter should accommodate to the children's needs. The shelter workers should help the children recognize what they are accomplishing and what difficulties they have already overcome, and focus on what skills and resources they used to cope with those past situations and help them to cope with the present (Noble, Perkins, & Fatout, 2000). Of course, in working with young children, when they first come into shelter this may be their first experience of abuse. But, in most cases the children have been dealing with the sexual abuse for an extended amount of time before disclosure as there is much shame and intimidation by the offender that prevents them from telling anyone what is happening. Even though many times children may move to foster care from shelter, many do return to the family. The Strengths Perspective allows for offering some hope to children by acknowledging that their dependence on their parents and family is real and immense (Noble et al., 2000)

Group Therapy Approach

A form of treatment that seems to be most popular in working with sexually abused children is group therapy. Most studies report statistically significant improvements in sexually abused child's mental health and behavior after they go through group treatment (Sirles et al., 1988; Westbury & Tutty, 1999). Group treatment provides relief and support to children by showing them that other children have found ways to cope effectively, and they also learn skills on how to cope through talking and observing other children. Children do want the abuse to stop, but are afraid to talk too much and cause even more disruption in their families. By meeting with other children in groups, they are able to learn that they can be helped and that what they are feeling is normal for their situation. Groups are used to help children discuss their problem, allow for peer support and help in problem resolution. The techniques in a group setting are used to help promote each individual child's healthy growth and development (Sirles, et al, 1988; Westbury & Tutty, 1999).

Groups are typically split into specific settings. The groups are split into different categories and within those categories of treatment, different treatment models are used, including individual therapy. Age and gender split up the treatment groups and the treatment modalities vary by age. It is a very different experience to work with preschool, latency age children and teenagers (Sirles et al., 1988).

Group treatment with preschool children.

Play therapy is the most common form of treatment for young children. For preschool children (ages 4-6) male and female are left together. Children at this age start working individually with the therapist and playing alongside peers until they are

comfortable joining a therapeutic group setting where they can benefit from friendships and support.

Group treatment with latency age children.

As the children are older they are more able to discuss their feelings and problems, so the group discussions can start earlier in treatment. For latency age (7-11) and teenagers the groups are split into male and female. There is also a sexual education component as these types of children are usually very confused about their sexuality, bodies and reproduction as they have most likely been very misinformed through their abuse experience.

Group treatment with teenagers

Teenagers are more capable of "talk" therapy and can function with less structure than the younger victims. Their developmental stage is also different and they are working towards individuation and developing their own psychosexual identities. If sexual abuse occurs during a child's teenage years, it can be even more hazardous to their development. Many times they run away and leave their conflicts unresolved. The group setting is a forum for discussing issues and providing information on how to develop a healthy sexual sense of themselves (Sirles et al., 1988)

ATTACHMENT THEORY RELATED TO TREATMENT IN SHELTERS

A good theory to help analyze sexually abused children's needs is Attachment theory. Discussion of attachment categories are important when looking at the behaviors that children exhibit and what treatment would be appropriate. This theory also helps

practitioners know what to expect when working with a child and understanding their attachment category in relation to their behavior and maltreatment experience.

Infant-parent attachment lays the foundation for all of a child's later social relationships, and is a predictor for the level of trust and confidence a person can have in others. Bowlby (1988) states that attachment theory is about the impact a child's relationship with his parents has on his own development. Freud was the first theorist to emphasize the importance of attachment for psychological development. Bowlby built on Freud's theory and said that attachment is any behavior that an individual exhibits to obtain proximity with their caregiver. Children need a strong emotional relationship with a responsive caring person and the attachment that results is a fundamental form of behavior that is necessary for survival (Bowlby, 1988).

According to Bowlby (1969) a child's first human relationship is the foundation for his future pattern of interaction with peers and adults. The infant develops an internal working model that is thought to affect close relationships throughout a person's life. Bowlby (1988) also refers to this system as internalization. Internalization is the impression within a child of their own relationship with their parents and their parent's relationship with each other, and how that influences the way the child view's others and their environment.

Infant Attachment with Parent

In a secure attachment relationship between child and caregiver, the child's sense of self is stable and the relationship with the caregiver grows in a positive healthy manner. In this healthy relationship, the child achieves awareness of their parents' view regarding their relationship, and through this internalization they learn how to resolve

conflict through the art of negotiation. Sharing interests, good communication between caregiver and child and empathy showing are called "perspective-taking" skills. They serve as the foundation for a child's knowledge of social adaptation and are necessary for emotional security. If these skills are not exhibited between caregiver and child, then the attachment is unhealthy (Page, 1999).

Maltreatment During Attachment

Sensitive and responsive parents enable their children to develop in a healthy and secure manner. Parents who are insensitive, unresponsive, neglectful, or rejecting with their children are more likely to set their children on a destructive path rendering them vulnerable to emotional and behavioral problems, than are parents who have secure attachments with their children (Bowlby, 1988). If children are abused at a toddler age when they should be developing a sense of self worth, they may be unable to do so and will cope by shutting away their own painful feelings and identifying with the perpetrator. At about the age of three, the process of internalization develops, and if it is disrupted by abuse, it can be very harmful to the developmental process. The process becomes very hard for the abused child because they are not able to develop a view of adult caregivers as safe and comfortable if they are harming them. Many times children will end up separating the good from the bad. They will idealize the abuser and attribute the negativity to their own environment (Koplow, 1996).

Maltreating caregivers have been found to be less emotionally stable, unable to deal with stress, and less skilled in caring for their children. When a child experiences abuse, the effects are exhibited negatively in their own abilities of emotional understanding, communication and perspective taking (Page, 1999).

Effects of Maltreating Caregivers

Children who are sexually abused suffer many deleterious effects that could hinder their psychosocial, sexual, cognitive, and physical development. As children develop they are able to learn what she can rely on from her primary caregiver and how she can depend on her. The child's adaptation to the attachment relationship affects later social and emotional development (Bowlby, 1973). If the child is abused by a caregiver, the interactional pattern they are learning will affect future relationships in a different manner. The child will have a new perspective on relationships, or different depending on the onset age of abuse. Later interactions with peers and other adults are thus affected by the child's new inner working model, or internalization, that was developed as a result of the abuse. Sexual abuse impacts psychological functioning, and has negative effects on children's ability to handle stress, their psychological well being, and their general life satisfaction (Ganje-Fling & McCarthy, 1996). These are the concepts that the attachment bond helps to develop in infants and young children. But without that bond the children may suffer these negative effects.

Relation to Need for Treatment in Shelters

If children are abused at a time when they are developing attachments and internal working models, they may be stopped in their development. This is important for practitioners to know and to recognize when developing treatment for these children. In incest, children are not allowed to exhibit their bad feelings when they are with the perpetrator, they are told to keep it to themselves (Bowlby, 1988). Shelter may be the first experience the child has had out of the home and away from the abuse, and thus the first opportunity for professionals to become involved.

Bowlby, (1988), discusses the role of separation in attachment theory. In shelter children have been removed from their homes and away from their attachment figure. The child experiences intense anxiety and anger when separated from a caregiver. In working with the child in shelter and the family the ultimate goal is to return the child to the home. When the child returns to the home, they will most likely show some form of detachment from their caregiver. This is used as a defensive process. It is common for a child, after being separated from an attachment figure, to treat the mother upon reunification as a stranger and act detached. Later, the child may become clingy and angry about the loss or the threat of repeated loss of the caregiver (Bowlby, 1988). These feelings can lead to dysfunctional behavior and thoughts because they will attempt to try to get the caregiver to become available to them again. Many children in shelter exhibit aggressive, withdrawn, and anti-social behaviors. So in working with children on communicating their feelings and experience, and then working with the family as a whole, the attachment bond could be made stronger and more positive, and the child's negative behaviors would diminish.

Attachment theory can be applied throughout the life cycle, especially in emergencies. Attachment is a fundamental form of behavior important for survival, and if the child's attachment with the caregiver is interrupted or unhealthy the child will be at danger in the future in their relationships with others and with their own children. The concern is that if children do not get treatment when they have been sexually abused they will not proceed along with healthy development. As adults these victims may feel hopeless, lack a sense of purpose and are ambivalent about connecting with others. They do not feel like they can handle their adult responsibilities. As such, when these adult

victims have their own children they are at danger of forming insecure attachments (Ganje-Fling & McCarthy, 1996).

In shelter, children are around other children and their behaviors affect each other. It is important to be aware of and to work on each child's perceptions and feelings during their shelter experience as well as maintain awareness of their attachment experience to work with them appropriately. It is also important to work on the issues right away so that when or if the child goes back home, they are more able to work towards healthy development with their caregivers.

CONCLUSION

According to all the authors for purposes of this literature review, children who are sexually abused suffer many deleterious effects that could hinder their psychosocial, sexual, cognitive, and physical development (Avery et al., 2000; Ganje-Fling & McCarthy, 1996; Ruggiero et al., 2000; Ryan et al., 2000). When the abuse is discovered children may be removed from their homes, and their first placement is most likely into an emergency shelter placement. It is unknown whether all emergency shelters provide appropriate or any treatment for these children. Children are not only experiencing the effects of the abuse, but the trauma of being removed from their homes.

Gaps in the Literature

There were some recognizable gaps in the literature. It was hard to find information in the literature on what children's emergency shelter is and what it can provide for children that have been sexually abused. It is important to know what services shelters are capable of providing and to determine if emergency shelters place children in

treatment or set them up with other services when they return to the home. Are sexually abused children getting the services they need?

Most of the research focused on homeless and runaway shelters, which takes in children who runaway from home, but does not account for children who are taken out of the home. The discussion of the trauma to children who are removed from their home following the disclosure of sexual abuse was not comprehensive. The research should include measurement of the trauma experienced by children and parents following referral to services (Jenson, Jacobson, Unrau & Robinson, 1996). It would useful to determine how many children who are referred for services and who have been sexually abused actually receive those services.

Also, is treatment in short-term emergency shelter effective? If children are able to get some form of treatment during their short stay, does it help them to develop healthier, or help them get connected with follow up services? If they are unable to get treatment during their shelter stay, are they referred out to other services consistently?

It would be helpful to know how long children stay in short-term shelter. Are there many children that have been sexually abused who end up staying longer than the usual stay? Some of these children perpetrate on other children in the shelter; are there steps taken to ensure that does not happen, and if it does that both children receive treatment? All of these questions show the need for further study on the topic of treatment for sexually abused children in shelter care.

The literature does not report what services are typically provided in emergency shelter and the capability these shelters have to provide any therapeutic services for these children. This study will look at the emergency children's shelters in the metro area to

discover which ones provide services that address the needs of sexually abused children, and what are those specific services.

CHAPTER III: RESEARCH DESIGN AND METHODS

Overview

This chapter discusses the research design and methods of this study. It begins with the rationale for the choice of the research design. It then describes the sampling criteria and recruitment of participants, data collection procedures and the development of the survey. The discussion then moves to the data analysis, validity and credibility issues, and limitations.

Research Design

This study was done with a survey of quantitative and qualitative design. The survey method was chosen because it best addressed the need and purpose of the study and would be most effective in gathering the information to answer the research question. The majority of the survey questions were quantitative, but there were also some qualitative questions in order to gather a clearer picture of those services.

The Sample

This study surveyed the emergency shelter staff in two urban counties. These types of shelters were chosen because of their urban location, and their proximity to the researcher. These shelters more likely provide treatment services to their residents because they are staffed with professionals twhoare educated and trained in working with children whok have been abused and/or neglected.

Sampling Criteria

For the purposes of this study the author was interested in those shelters that are in the metro area of Hennepin and Ramsey County as those are most accessible and is representative of the most populated area of the Twin Cities. The agencies chosen for the

survey were emergency shelters for children who have been removed from their homes or found on the street. These children have experienced various forms of abuse; physical, emotional, sexual, and/or neglect by their caregiver. The researcher wanted all shelters in the area regardless of gender, age and staff resources. Some of the shelters house just female residents, some just male, and some shelters housed both. The children's age range from 0-20 years. There was a mixture of shelters for younger children, older children, and both mixed together. These shelters have 24-hour staff and have a mixture of counselors, medical staff, mental health staff, and educational staff that work with the children. There were 15 staffed emergency children's shelters surveyed. The emergency shelters chosen to survey were exclusively those that were considered emergency children's shelter, were staffed with professionals, and had residents who have been sexually abused.

Sampling Recruitment

The researcher obtained a list of shelters in one of the urban counties from an intake worker at one of the shelters studied. For the other county sample the researcher obtained a list of the emergency children's shelters from Child Protective Services, since they use the list when they have to remove a child from the home and find a suitable placement.

Data Collection

Instrument Development

The survey method was chosen in order to gather information from as many shelters that could be identified in the metro area in a non-intrusive, non-time intensive manner. Questions were developed by the author and based on what was discovered in

the literature on treatment for sexually abused children. The survey consisted of closed and open-ended questions. The closed questions on the survey were used to gather the demographics of each shelter surveyed and to discover what services were being provided. Those questions were also used to make sure that each agency had shelter children and children who were sexually abused. The open-ended questions on the survey were to discover what services were specifically being provided to the population of sexually abused children in each shelter. They were also used to gather information on what theories and approaches were being used, and to give the respondent the opportunity to provide any information they felt was important but had not been asked of them. One question asked about the agency's mission statement, and the purpose for that question was to find out if treatment was a focus of any of the shelters. So if for instance, a respondent checked "therapeutic services-individual", more explanation can be given on what type of individual therapy was provided and if it was in conjunction with any other services. The survey was developed so that the answers can best be compared to the literature findings and to also give the option of omitting the services reported that do not apply to the research question.

The survey was pre-tested by giving it to colleagues who have worked in various emergency shelter settings in the metro area. Colleagues are most familiar with the type of information that is being researched and will be able to give constructive feedback on the way the survey questions are presented.

Data Collection Procedures

The survey was sent to the directors of each staffed emergency children's shelter in Ramsey and Hennepin County. It included a cover letter describing the study, its

purpose, and requested their participation. In the survey the respondents were asked if they would be willing to receive a follow up call for clarification of any of their responses. The respondents were assured in the cover letter that their responses and their shelter identification would remain anonymous. The respondents were notified in the letter that they could contact the researcher or thesis advisor if they had any questions about the study. The survey was sent out only one time to the fifteen shelters that were identified by Ramsey and Hennepin County as staffed emergency children's shelters. It also included a self-addressed stamped envelope for easy return.

Data Analysis

Upon receiving the completed surveys the author aggregated the data for each question by topic. The demographics of each shelter were compared; including age, gender, and staff. Then the author aggregated the data on the mission statement that each shelter reported as their own, the general services provided, and then the services provided that specifically address the needs of sexually abused children. The survey results were analyzed by how the treatments provided are similar or dissimilar to the findings in the literature. In reporting how many agencies provide each of those services the gaps in services will be found for sexually abused children in the emergency children's shelters.

The quantitative data will be reported from the survey in descriptive terms, ie. gender, age of residents, and basic types of services. There were not many to total, as there were only 15 shelters that were surveyed, and 10 of those surveys that were received reported they were emergency children's shelters that had sexually abused children as residents. The purpose was to measure how many and which of the variables

occur in each shelter. For example, to find how many of the shelters provide family services, and the tally of those numbers. The data is reported descriptively, as a frequency (ie. 3 of the shelters house children ages 6-11).

Themes were observed from the qualitative questions and then the common responses were tallied and compared to those that are not common with other shelters surveyed, or discussed in the literature. The results will be described and analyzed in the results and discussion section.

Measurement issues

In order to avoid systematic error the survey questions have been formulated to have categories to check so that the answers reflect the variables that are measured. The categories were derived straight from the research. The survey is biased towards the literature, but that is the base-line to go from in order to anticipate what would be the most likely responses from the target sample.

There is no anticipation of much random error in responses to the survey. The survey is short, mostly quantitative check-off questions and does not require much time to complete. This makes for a high level of reliability because of the questions that ask specifically what services the agency provides and asks for specific facts. If the survey was administered to all employees at the shelter, it should yield the same results, as they are all working together with the same purpose and in the same program.

The survey questions directly ask the research question, what are the services the agency provides for sexually abused children; thus it measures what I intend it to measure.

Limitations of the Study

It is recognized that there are several limitations to this study. The results are not generalizable and the data are not fully complete. The study does not account for effectiveness of treatment or for the children who are referred to outside services.

The results can not be generalized to the larger population of emergency children's shelters as only the Ramsey and Hennepin County area shelters were surveyed.

The author is unable through this study to determine whether children are receiving adequate treatment or able to compare it to whether any treatment in short term care makes a big difference in their lives to get the short-term treatment in shelter. The author makes the assumption that children should receive treatment in shelter care.

There are several limitations to conducting this study through the survey method. The detail of the information gathered is minimal. The survey method did not allow for in-depth details of the specific treatments provided for sexually abused children. The categories were checked off and there was no expansion, so there is no information on the depth or length of treatment that is provided to the children in the shelters. Most of the shelters reported that they provided therapeutic services, but the survey tool did not get at what those services entailed and whether they may actually be helpful for sexually abused children. Some survey questions were not filled in completely or were left unanswered. An interview method would gather more thorough answers to the study question.

Another consideration of the author is that many of the children who are placed in shelter are not placed in staffed shelters; their behaviors are not extreme enough to be placed in staffed shelter, thus they are placed in homes that are not equipped to provide

treatment. Leslie Marcus, the director of an emergency children's shelter in the metro area reported that 90% of the children removed from their homes get placed in shelter homes, rather than staffed shelters. The 10% that get placed in staffed shelters are those that have more of the behavioral problems and are more difficult to be placed. Those children that can be placed in the community get placed into shelter homes. So this study does not account for those children that are not placed in the staffed emergency shelters. It is unknown through this study what happens to those children when they get placed back in the home and whether they are receiving any treatment or referrals to treatment while they are in these types of shelter homes.

It is not known what the average length of stay is for sexually abused children at the emergency shelters. Many children may have been referred to other resources to deal with their issues as the agency itself did not feel equipped to deal with sexual abuse experiences and knew to refer them to other settings so they could get the help they need. Many children are not exhibiting outward symptoms of behavioral and emotional disturbance and may not be placed in a staffed emergency shelter and thus in a private home, and the data doesn't account for those children. There could be a fair amount of children not receiving any services at all, or set up with outside services by their social worker. The study does not account for those shelter situations in which the children who have been sexually abused or have other issues that need treatment get transferred out of shelter by their social worker and placed in treatment settings. It only accounts for the children's experience while they are placed in the emergency shelter.

This study looks generally at what services are being provided for sexually abused children at emergency shelters in two urban counties. The purpose of this particular study

is to report what was found when these shelters were surveyed about their services and to discuss any possible implications for social work practice and ideas for further research.

Lastly, some of the survey questions were not filled in completely or were left unanswered. The results of the study may not give an accurate picture of the depth of services provided to children that have been sexually abused, but it does show the lack of appropriate services and exhibits that the resources to provide those services are there. If this study was to be replicated, there are many changes that could be made. One way to get more in depth information would be to interview staff at the staffed emergency shelters. By way of interview, more details would be discovered on what types of treatment are being provided that are not specifically addressing the needs of sexually abused children, and how much of those services inadvertently address those needs and are helpful to those children. By talking with shelter staff, it can be learned what their capabilities are on providing treatment in the temporary shelter setting. There may be circumstances that make it clear that it is not possible to provide helpful services to sexually abused children in this type of setting. It may be that when children have been discovered to be sexually abused they are immediately referred to services and out of the shelter. All of these questions could be better answered through interviews and in depth discussions with the people that work in these settings with sexually abused children.

CHAPTER IV: RESEARCH FINDINGS

Overview

This chapter discusses the results of the surveys that were sent to the staffed emergency children's shelters in the Metro Area. The findings start with the characteristics of the survey respondents, then will move to a discussion about the common themes in each shelter's mission statement and the theoretical approaches to treatment. Then there is a description of the staff at the shelters, and the general services that are provided. Finally it will move to more specific services for sexually abused children.

Characteristics of Survey Respondents

The demographics of the shelters surveyed are important in order to get a clear picture of the setting in which the children are temporarily placed in and the capability of the shelters to provide services to their children. Eleven surveys were returned from the fifteen that were mailed out to staffed emergency children's shelters in the 2 urban counties. One survey was thrown out because the question identifying whether the agency was an emergency shelter was left unanswered, thus, the results are based on ten shelter survey responses. The demographics are a discussion of the age of the children served, gender, type of shelter, and type of shelter residents. Refer to Table 1 for the outline of the demographics discussed.

Age

Shelters varied in ages of their children. There was a range of ages of children served in each shelter; either 0-12 years, 6-11 years, 6-17 years, 12-17 years or 12-20 years. The majority of the shelters housed children from age 6 to 17. See Table 1 for the

ranges of ages and the number of shelters that reported they housed children in a specific age range.

Gender

Gender appeared to be a factor when it came to the age of the children placed in specific shelters. The shelters that housed only one gender (either just male or just female) were those that had only adolescents (12-17). In the shelters that had the younger children, the genders were more likely to be mixed. Seven of the shelters had a mix of male and female children, while two shelters housed only female and one housed only male residents. Table 1 exhibits for each age breakdown what the gender specifics are for those shelters.

Type of Shelter

Ten of the agencies reported that they provided shelter services. Some shelters reported they provided group home or residential treatment as well as shelter. Six of the shelters reported they mainly admitted shelter children, and four of the shelters reported they admitted shelter and group home children. See Table 1.

Type of Residents

Every shelter surveyed reported they had residents that were children who have been sexually abused. This is important as the study is focused on those shelters that serve children who have experienced sexual abuse. All of the shelters reported that they had children that have experienced neglect, physical abuse and also emotional abuse. Some other characteristics of the residents placed at the shelters surveyed included: delinquency, developmentally delayed, and homeless. See Table 1 for a picture of the amount of these types of children in each shelter.

TABLE 1
CHARACTERISTICS OF SURVEY RESPONDENTS

Age	**(n)**	**Gender**
0-12	1	M,F
6-11	1	M,F
6-17	2	M,F
12-17	5	1 M only 2 F only 2 both
12-20	1	M,F
Shelter Type		
Shelter children only	6	
Shelter and group home children	4	
Shelter Residents		
Sexually Abused	10	
Neglected	10	
Physically Abused	10	
Emotionally Abused	10	
Homeless	9	
Delinquent	3	
Developmentally Delayed	1	

*Table 1 exhibits specific characteristics of the survey respondents. The characteristics that are important for the discussion are the age, gender, type of shelter, and type of residents.

Agency Mission Statement

The mission statement can be studied to determine what the beliefs of the agency are in providing services to their residents. There were some similarities in the agencies reported mission statement. In seven out of ten shelters that were surveyed the main theme was to provide a place for children where they can heal and grow. Another theme was to provide a safe place for children and to help improve their lives. One mission statement was specific in stating that the agency is committed to strengthening the

children and their families who are experiencing emotional difficulties, working with families and children together in order to make the children successful in home, school and the community. Another agency reported in the mission statement the services they provide; "shelter, counseling, education, self-sufficiency skill building and other services". It is clear by reading the mission statements of the shelters surveyed that they consider themselves a place for children to be safe, nurtured, and to receive services to help them heal and grow.

Theoretical Framework or Practice Model

There were no similarities in the responses to the question of what theoretical framework or practice model does the shelter employ. The responses were not specifically tied to work with sexually abused children but with work with all children in their shelter. Seven out of ten shelters responded to this question; some reported use of specific frameworks or practice models, and others gave an answer that wasn't of a framework or practice model but rather of a certain approach or belief.

One of the shelters reported that they used a problem solving approach based on eco-systems and strengths perspective with an emphasis on cultural and community assets. Another shelter responded that they use reality therapy, behavior modification, and a corrective thought approach. A third shelter reported a solution-based approach with use of accountability. One shelter responded that they use a group approach, peer relations, and cause and effect. Another shelter responded that their approach focuses on relationships, health and active learning. The last shelter was not specific and reported that their approach depends on where the clients needs are.

Staff at Surveyed Shelters

It was important to discover what professionals were on staff at each shelter to help determine what resources the shelters had available to them to provide services to their residents. All of the shelters had a variety of staff resources, e.g. youth counselors, social workers, psychologists, nurses, and psychiatrists. Most shelters reported that they had Youth Counselors on staff. Youth Counselors are the people who work with the children directly in day-to-day activities. Seven out of the ten shelters reported they had Nurses on staff. Five shelters reported they had Psychologists, eight shelters had Social Workers. Two shelters had Psychiatrists and both of those agencies had group home and residential treatment children as well as shelter. The only "other" reported was a Residential Counselor at one of the agencies that reported they were shelters only. None of the respondents that reported they were shelter-only had Psychiatrists on staff, but they did report they all had social workers. See Table 2 for the comparison of how many of the shelters surveyed have specific staff resources available to provide services.

General Services Provided

Most of the shelters reported they did provide various services, (e.g. family services, group therapy, individual therapy, mental health and substance abuse services) for their residents. Two of the shelters reported that they did not provide therapeutic services. Most of the shelters did report that they provided some type of family services. Some of those family services included supervised visits, home visits, family therapy, or encourage family involvement with their children while in shelter. All of these shelters reported that they did provide some type of therapeutic service. 5 out of 7 reported the use of individual therapy, 5 out of 7 reported the use of group therapy, 3 out of the 7

reported some form of mental health treatment, and one respondent reported substance abuse treatment. Other therapeutic services written in as answers included crisis intervention and advocacy and goal and program development. Other care reported was of a non-therapeutic nature, such as transportation, dental care, physical care, recreational activities, and education. See Table 2 for a picture of how many of the surveyed shelters provide some general services to their residents.

Services that Address Needs of Sexually Abused Children

In analyzing the responses to the survey it is clear that there are not many services in those emergency children's shelters that address the specific needs of sexually abused children. Most shelters reported they did not provide specific services for sexually abused children. Three of the shelters surveyed reported that they did not provide specific services for sexually abused children but they either sent them to outside referrals, provided transport to outside services, or provided therapeutic services that do not specifically address sexual abuse.

Three shelters reported that they do provide some type of services that address the needs of sexually abused children. Only two of those shelters reported that they used group therapy with that population to address their needs, yet all the shelters had residents who had experienced sexual abuse. One of those shelters that conducts group therapy also provides educational information for the children on sexual abuse issues. The third shelter reported that they show a curriculum about "touch" that all clients see.

Sexually abused children may have serious mental health concerns. Three of the shelters surveyed reported they address mental health issues, but those shelters did not report that they address the concerns of sexually abused children in particular. It is not

known whether the children who are receiving those mental health services are getting what they need to address their issues if they have been sexually abused. See Table 2 for a picture of the extent to which the surveyed shelters provide services that specifically address the needs of sexually abused children.

TABLE 2
STAFF AND SERVICES AT SHELTERS SURVEYED

	n=number of shelters
Staff	(n)
Youth Counselors	9
Social Workers	8
Nurses	7
Psychologists	5
Psychiatrists	2
General Services	
Family	5
Group Therapy	5
Individual Therapy	5
Mental Health	3
Substance Abuse	1
Services for Sexually Abused Children	
None	6
Group Therapy	2
Educational Information	1
Curriculum on "touch" for all residents	1

*Table 2 exhibits the staff available at each shelter and the services that are provided in general for residents, and the services that are provided specifically for sexually abused children.

In summary, most shelters had youth counselors, social workers and nurses. These are key professionals in serving the needs of children placed in shelter who have been sexually abused. There are many therapeutic services provided by each shelter for their residents, but most are not focused on addressing the needs of sexually abused children.

CHAPTER V: DISCUSSION

Overview

This chapter consists of a discussion of the findings of the study of the emergency children's shelters in the metro area. It will start with an explanation of the important findings of the study that support the original hypothesis and consider the findings in light of the existing research studies. Then the discussion will move to recommendations for social work practice and further research. Finally, the author will discuss the limitations of the study.

Important Findings

In analyzing the responses to the survey it is clear there are not many services in those emergency children's shelters that address the specific needs of sexually abused children. Only two of the shelters reported that they used group therapy with that population to address their needs, yet all the shelters had residents who had experienced sexual abuse. The services that are directed specifically towards the needs of sexually abused children are either minimal or non-existent. A curriculum of "touch" that is shown to all residents is not treatment for children whohave been sexually abused. This can be seen as a form of treatment, it educates children on what is "good" or "bad" touch and helps them to know that what may have been done to them is not acceptable.

The main goal of each agency, as shown by each mission statement of those shelters that responded to the question, was to provide a safe place for their residents to heal and grow. In order to heal, children that have been sexually abused need appropriate services. These shelters are not providing the appropriate services for sexually abused children.

What was surprising in the results is that every shelter that responded they did not provide specific services for sexually abused children did report that they provided some therapeutic services for all children, i.e. individual, group and family therapy. Most of the shelters had social workers on staff, and half of them psychologists. Thus, the resources are available to provide specific services to sexually abused children, but these services are not being provided.

Findings Compared to the Literature Research

The research studies show that the effects of sexual abuse on children can be very damaging, and that service providers should be responsible in addressing the needs of these children as early as possible to avoid future problems.

Theoretical Approaches

The research discussed different theoretical frameworks in working with sexually abused children. The shelters studied reported that they addressed the needs of these children did not have much to say about theory. The research reports various perspectives and frameworks when working with sexually abused children, such as Family Preservation, and to include the family in the treatment would be important particularly in a shelter situation as many times the children are returned to the home after their shelter stay.

It seems that although the literature discusses the effectiveness of family centered services, the surveyed shelters do not support the same practice of including the family in treatment services. This is most likely because the shelter is a temporary safe haven away from the family. In many cases a family member was the abuser and is still living in the home. The shelter setting may not seem very conducive to including family in the

treatment process. A reason for this may be because the purpose for emergency shelter is for temporary placement, not for any long-term care. It would be seemingly difficult to involve the family in therapy, when the process for developing healthy relationships would be a long one. But, a staffed emergency children's shelter could be a starting place for treatment that is then followed up on and continued once the child is returned to the home or another placement setting. Some shelters surveyed did help support the family situation by supervising visits for the family with the child in the shelter setting, or providing some type of family service. There are social workers to provide family therapy, but these shelters may feel that they are not equipped or have the time to start the therapeutic process and get the family involved. At the time of crisis, many times the family does not want to be involved with the child for various reasons and the child may not be able to return to the home after the shelter stay. There are many issues that a shelter faces when working with a child that is placed there, working with the family may be too much for the staff to handle in the setting of emergency shelter.

Therapeutic Services

The literature discussed various treatment approaches with working with sexually abused children; mainly group therapy, family therapy, and individual therapy. In the literature, group therapy was the most common form of treatment discussed as working with sexually abused children in order to promote each individual child's healthy growth and development. The services reported from the shelters that answered that they did provide specific services to address the needs of sexually abused children did coincide with the research findings with the use of group therapy and family therapy, yet they did not report using individual therapy with their clients. Only two shelters used group

therapy specifically in working with sexually abused children. Of the shelters that ran groups for their residents that did not specifically address sexual abuse, those children's needs could not be met as well as if they were in a group for sexually abused children. Sexual abuse is an issue that is hard to talk about with other children who have not experienced it. Children would most likely tend to be less open and would not get as much out of the group therapy sessions as they would need. Sexual abuse groups are fairly structured with steps to helping the child become comfortable in the group setting, and depending on age there are various techniques involved in helping each child deal with the effects of the abuse.

Practice Recommendations

It is known through research and practice that the effects of sexual abuse can be detrimental to children in the extreme and in a variety of ways. The shelter system is an avenue in which treatment can be appropriately provide to these children to help them develop into healthy individuals. If treatment is not being provided for sexually abused children, should it be? Social workers must recognize the great need for treatment for these children and the opportunity to address those needs at their first placement, which may well be in an emergency shelter care setting. Children need a caring adult in their lives to help them get through the effects of the abuse and to develop into healthy and happy individuals. The shelter is the first place of contact and it is the system of child welfare's responsibility to help these children as soon as they can.

Program Development for Sexually Abused Children in Shelter

Programs should be developed specifically to address the concerns of sexually abused children. As the shelter's mission is to provide a place for children to heal and

grow, then the services at the shelter should be appropriate to the need. All shelters have children who have been sexually abused. The social workers, psychologists or psychiatrists who are on staff can run sexual abuse groups if they are trained and competent. They could also work on educating the staff and the residents on the effects of sexual abuse and treatment options. Children that are sexually abused most likely lack the skills to interact appropriately with peers. A group working on social skills would be helpful for these children to help them develop better relationships.

Emergency shelter is short term, but many times it may be the first place of contact for a sexually abused child with professionals. Shelter is the place that children can get started on the services they need. Some children move from shelter unit to shelter unit without receiving services. It is important for these children to be recognized and to offer services to them as soon as possible.

Training

Every shelter has children that have been sexually abused. All staff working in emergency shelters should be well trained on the techniques of working with children that have experienced sexual abuse. Many times the issue gets ignored and the main problems these children are having are not dealt with therapeutically, and the children may assault and victimize others during their shelter stay. Some of these children have come from families where there is incestuous sibling abuse; these children may be placed at the same shelter. It is necessary that staff is trained in sexual abuse issues so they can deal with the siblings appropriately and effectively without endangering them. Many youth counselors that are hired are young and inexperienced. They may not have worked with children before, or have any idea of the effects of sexual abuse.

All social workers and nurses should also be trained on the effects of sexual abuse. These staff must be able to recognize the signs of sexual abuse and have some knowledge of how to work with and treat children that are sexually abused. These people may be the only professionals that are involved in these children's lives on a day-to-day basis and will be there to notice the behaviors of the children and should know how to direct them to services, or how to provide services.

Follow-up Services

When children leave shelter to be placed back home, or to be placed in another setting, the social worker on the unit should make sure that there is a treatment plan in place so that services can continue. The child may only be in shelter for a couple of days, and since the abuse is known at that point and then the services should begin. The social worker should take prime responsibility for following through on setting up ongoing services for the child. Services could include continuing work with the child themselves which would give the child that consistent caring adult in their life that would help them to work through their issues. Services may also include referring the child to other services and making sure that they are followed through with by the family. This would mean engaging the family and connecting them up with community resources, including Child Protective Servces.

Tracking Care for Children Admitted into Shelter

When children get into shelter, many times it is not known what sort of treatment they may have had in the past or were currently in before their placement changed. Keeping better records and sharing information with each placement will help the child

get more thorough and prevent disjointed services. More attention should be paid to the importance of tracking children's needs and their path through the child welfare system.

Policy Recommendations

Resources

State policies could provide resources for shelter systems to be able to provide services that address the needs of sexually abused children. Education, and materials, and staff monies could be allocated to emergency shelters depending on the population of children that are placed that have been sexually abused.

More resources and education for foster parents is needed, so they can learn and be effective with the children in their home.

More Shelters

The County and State governments should allow for more shelters to be developed to provide for the expanding needs of maltreated children. There are so many children that have therapeutic needs that are placed in foster care with parents that are not trained or equipped to deal with their needs. If more shelters are developed that can appropriately work with children that are suffering the effects of sexual abuse, more children can be helped to develop in a healthy manner.

Hiring of Staff

When shelters are hiring staff, they must be required to hire staff that have experience working with maltreated children and have knowledge of resources in the area. If the staff does not have this knowledge, they must be required to attend in-depth trainings so that they may acquire it before working with the children. Staff who are not trained, or

do not have the knowledge of the effects of sexual abuse on children will not be effective and may be harmful in the shelter situation and with the children.

Requirements for Placement

Policies should be developed to assure that children that have been sexually abused are placed in shelters or settings that are able to provide treatment, rather than non-therapeutic settings. Policies should be developed to address the issue of sexual abuse immediately. Either remove the child from the home at first finding of abuse, or remove the perpetrator. If the child is left in the home treatment should be brought into that home. If a child is removed from the home, the child should be placed into a treatment setting.

Recommendations for Further Research

What is Emergency Shelter Care?

Further research on emergency shelter care itself would be beneficial. There is not much in the literature on emergency shelter care. More information on the basics of shelter care and what it contains, how children are placed there, what their average length of stay is or on where they get placed upon discharge would be good information to inform the public on the reality of shelter care.

Treatment Prior to Being Placed Back in the Home

If further research could be done on those children that went to emergency shelter and were then placed back home and what happened to them if they do not receive treatment, that would address the need for a treatment component in emergency shelter settings.

More Research on Treatment in Emergency Shelter

Continued work on this research question would be helpful. A type of study that would gather more in-depth information would be to interview staff at the emergency shelters surveyed. This could be done in order to get more in depth detail on the services and also to discover the behaviors and emotional issues the children that are identified as sexually abused have while in shelter. This would be helpful to find out how many children are perpetrating on other kids in shelter, is the environment unsafe? Also, are the children learning negative behaviors from each other in shelter and are they receiving guidance on how to deal with their sexual perceptions so they do not act out in an inappropriately sexual manner?

Effects of Short-Term Treatment

Another facet of the discussion would be to look further into the effects of short-term treatment of sexually abused children. Any treatment would seem to be beneficial, but is it feasible to provide those services in a shelter setting, or are children better off if they can be referred to outside services to deal with their issues, or is it better to wait until they are in a stable placement. Research on the effectiveness of outcomes of treatment for sexually abused children in emergency shelter compared to the outcomes for those children that did not receive treatment in shelter would be a more thorough approach to studying this topic. It would be helpful in ensuring that these children are getting the care they need so they do not suffer the extreme effects they could have due to the sexual abuse as is described in the literature review.

Other Forms of Maltreatment

Besides sexual abuse, there are many other forms of maltreatment that children experience. There is physical abuse, emotional abuse, and neglect. These types of abuse can be very detrimental to a child's development and health. All of the shelters surveyed had children with these experiences as well. Studying these other forms of maltreatment and what treatment may be provided in shelters would be very helpful. Maybe the needs of some of these children are being met in shelter, maybe they are not. It would be helpful for social workers to be aware of what types of maltreatment shelters are equipped to handle when working with the children. Many child protection workers as well as other types of social workers are working with kids with all different types of issues effecting their lives everyday.

Conclusion

The need for children who have been sexually abused to receive treatment is great. They experience many negative effects on their mental health, behavior, emotional well being and in their relationships with others. Emergency shelter could be the first place these children are recognized as having been abused. There are many professionals available at these emergency shelters who are trained in providing services to abused children, and they should be able to provide specific services to address sexually abused children's needs. Although groups are the most common form of treatment discussed in the literature to help sexually abused children, only a small number of the staffed emergency children's shelters in the two county area studied run groups to address their resident's needs. The services are minimal and the need is great. Shelters should accommodate to children's needs rather than the child having to accommodate to

whatever it may be that the shelter has available for that child. The resources are obviously there as the majority of the shelters surveyed are already providing services for children. Children need a consistent caring adult in their lives to help them become and stay healthy. The shelter setting may be their first contact with a caring adult. Sexually abused children may fall through the cracks if the need is not addressed up front and when the resources are available.

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Appendix A

Letter to Study Participants

January 15, 2001

1985 Portland Ave. #6
St. Paul, MN 55104

Dear Director:

I am currently a graduate student at Augsburg College in the Social Work Program. I am in my final year of study and working on my thesis. My research question is "What are the services that are being provided to children in emergency children's shelters in the metro area that address the needs of sexually abused children?".

I am interested in this topic because of my past work in emergency children's shelters and my interest in child welfare. In the future I hope to help run an emergency children's shelter that is able to appropriately provide services to the children that need them.

Why am I telling you all this? Because I respect your position as the manager of your emergency shelter and feel that you would be the best person to help me with the information that I am gathering. If you agree to participate in my study I ask that you complete the enclosed survey. This survey requests information on the population of children you serve, your philosophy, and the types of services your agency provides. I do not want this to take up much of your time, because I know how busy you must be. I have enclosed a self-addressed stamped envelope for easy return. At the end of the survey I request a name and phone number from you, which you provide only if you are willing to receive a follow up call from me to answer some possible questions that might arise once I have received your completed survey.

Participation in my study is completely voluntary. Your responses will be kept confidential; I will not name your shelter or yourself in the results. It is possible that your shelter could be identified due to the nature of the information, but I will do my best to maintain anonymity throughout. Your completion of the survey denotes your consent to use the information in my thesis.

Although there is no direct benefit to you for your participation there is the fact that you will be greatly contributing to my further education on the subject and

contributing towards my thesis. The records of this study will be kept private. In any sort of report I might publish, I will not include information that will identify you. Only I will have access to the survey records. The raw data will be retained, but all identifying information will be removed by myself.

Your decision whether or not to participate will not affect your current or future relations with Augsburg College. If you decide to participate, you are free to withdraw at anytime.

I am the sole researcher on this research project, if you have any questions you may contact me at 651/645-9721. My advisor's name is Laura Boisen and her # is 612/330-1439. I thank you in advance for your willingness to complete the survey.

Respectfully,

Kylie L. Davis
MSW student
Augsburg College

Appendix B

Survey

Please answer the following questions about your shelter and services. Check your response or write in your answer. Please do not write your name on this survey unless you are willing to answer some follow up questions after I receive your responses. All individual responses will be kept confidential. Completion of the survey denotes your consent to participation.

1. Check the age range of children served in your agency.

   _____ 0-5 yrs
   _____ 6-11 yrs
   _____ 12-17 yrs
   _____ other, (please describe)

2. Check the gender of the children served in your agency.

   _____ male
   _____ female

3. Does your agency house:

   _____ shelter children only
   _____ group home/residential placement children only
   _____ both shelter and group/residential children
   _____ other (please describe)

4. Check all staff categories that are represented in your agency.

   _____ Youth counselors
   _____ Nurses
   _____ Psychologists
   _____ Social Workers
   _____ Psychiatrists
   _____ Managers
   _____ Other (please describe)

5. What is the experience of the population of children you serve, please check.

_____ neglected (i.e. educationally, physically, emotionally)
_____ sexually abused
_____ physically abused
_____ emotionally abused
_____ homeless
_____ other (please describe)

6. What services does your shelter provide to children?

_____ shelter only
_____ family services
_____ supervised visits
_____ therapeutic services
_____ individual therapy
_____ play therapy
_____ art therapy
_____ family therapy
_____ group therapy
_____ mental health
_____ substance abuse
_____ psychiatry
_____ dental care
_____ physician care
_____ transportation
_____ education
_____ other (please describe)

7. What is your agency's mission statement?

8. Does your shelter provide services that specifically address the needs of sexually abused children? If so, what?

9. Is your program based on any particular theoretical framework or use any particular practice model?

(For example, do you work from cognitive-behavioral theory or attachment theory? Do you work from a strengths or family preservation perspective? Do you use a task-centered or solution-focused model?)

10. Do you have any other comments you would like to share about the services you provide that were not addressed?

11. Would you be willing to receive a follow up call if any clarification is necessary on any of your responses?

____ YES ____ NO

If your response is YES, please provide your name and a phone number and best available time to call.

Name Phone ( ) -