

Clarifi: Providers of specialist support for adult survivors of childhood sexual abuse

Individual, group and family work

Final report for SCIE

March 2013

Clarifi is a Suffolk-based company, which provides specialist support for adult survivors of childhood sexual abuse (CSA). The organisation offers therapeutic group work in the form of the Butterfly Programme for women and the IT Programme for men. As part of its early intervention package Clarifi also offers one-to-one therapy and counselling for individuals affected by CSA with a specialist counsellor or therapist, specialist intervention and preventative and systemic work with whole families affected by CSA and training for practitioners and professionals on how to work more effectively with adult survivors of CSA. We believe we have highlighted a gap in services currently being delivered to families in the UK. In the current climate locating additional funds and extra budgets to provide innovative, proven early interventions is tough, but we believe that investing in parents will result in long-term, sustainable, measurable outcomes for families most at risk and children in or on the edge of formal care. In the UK it is widely recognised that one in four adult women and one in six adult men have been affected by CSA, and the effects of this can be devastating and wide-ranging for individuals and their families.

All of our specialist staff are registered with the relevant governing bodies in their professions; these include the General Social Care Council (GSCC), British Association of Social Workers (BASW), British Association for Counselling & Psychotherapy (BACP) and the British Psychological Society (BPS). Individual staff details can be supplied on request.

Executive summary

Overview

The Social Care Institute for Excellence (SCIE) selected Clarifi to be one of their Social Work Practice Pioneer Projects (SWPPPs) to deliver three therapeutic group programmes for adult survivors of childhood sexual abuse (CSA) and to deliver training to social workers. Clarifi ran two groups, one for women (Butterfly Programme) and one for men (IT Programme), and conducted intensive training with two University Campus Suffolk student social workers, three Suffolk County Council social workers and two independent social workers. The groups were also co-facilitated by counsellors with specialist skills.

Objectives

- To deliver innovative social work practice.
- To engage parents whose children were or had been subject to social care intervention.
- To improve outcomes for these parents (and their families) who did not meet adult social care criteria themselves.

Activities

The following areas were covered in the programmes:

- Understanding what happened and how children cope
- Managing anger, flashbacks, nightmares and depression
- Healthy parenting
- Art therapy, inner child work, journal work
- Positive pathways
- Road to recovery

Referrals

Referrals were received from a range of agencies, including:

- children and young people's social care teams
- family support workers
- drug and alcohol agencies
- community mental health teams
- GPs

Headline outcomes

- 83% average increase in self-esteem (highest 500%, lowest 4%)
- 50% reduction in eating disorders
- 100% reduction in self-harming
- 76% reduction in suicidal thoughts and feelings
- 61% reduction in nightmares
- 63% reduction in flashbacks
- 45% reduction in feelings of depression/hopelessness
- 100% reduction in agoraphobia
- 62% reduction in panic attacks
- 85% of attendees felt they were better parents as a result of attending the programme
- 100% of parents felt they could keep their children safer
- 24% went into

Evaluation

A range of evaluation tools were used to gather data throughout the programme to measure outcomes:

- Rosenberg Self-esteem Scale
- Department of Health (DH) Adult Wellbeing Scale
- Internal pre- and post-programme questionnaire

Background

In September 2011 Clarifi applied to become one of SCIE's Social Work Practice Pioneer Projects (SWPPPs) and was successful. It was awarded £19,536 including VAT to deliver three therapeutic group programmes for adult survivors of childhood sexual abuse (CSA) and specialist training for social workers.

Clarifi wanted to address the need for a specialist service for adult survivors of CSA in a social work context. Very often parents who are survivors of CSA disclose to their children's social workers but no provision is put in place specifically for them. Clarifi aims to increase social workers' confidence in dealing with this user group and to raise awareness of the complex effects of CSA. A gap was identified within current social work practice, particularly in children and young people's services where social workers working with children subject to child in need (CiN) or child protection (CP) measures were not able to offer specific or specialist intervention to parents who did not meet the criteria for adult services. This often left these parents trying to deal with multifaceted issues related to the abuse they experienced as children, which has a negative effect on parenting.

It was agreed that two groups would be undertaken, one for women and one for men.

Progress against deliverables

Clarifi completed two of the women's programmes and one men's programme by July 2012, well within the specified timescale of one year. Additional training was also delivered to all social workers involved in the pilot. Therapeutic intervention was delivered to 22 adult survivors of CSA (15 women and 7 men). All except one attendee completed, attended and engaged in all nine weeks of the programme.

Clarifi was asked to broadly address the following in the final report:

- What are you doing, and with whom?
- What are the differences for people who use services, carers and families?
- What are the differences for social work and social workers?

Training

All staff involved in the projects have attended specialist training around working with adult survivors and were thoroughly supported in their development with regular and intensive supervision. Many of the people who use services Clarifi engaged with had had negative experiences of social workers in the past; Clarifi aims to address this through reflective and empathetic teaching and practice within the groups.

Clarifi agreed to provide specialist training for six social workers, and completed this by providing attendance of the 'One in Four' foundation training for five social workers. This half-day training is ideal for frontline workers who may come into contact with adult survivors of CSA in their day-to-day work. It is endorsed by BACP as continuing professional development (CPD), and covers:

- What is childhood sexual abuse (CSA)?
- The prevalence of CSA
- The effects of CSA
- The survivor's rights
- Recognising and handling disclosures
- Policy development.

By the end of the training attendees will be able to recognise common behaviour and effects that survivors encounter. They will also feel more confident to recognise and more effectively handle a disclosure of historic CSA and know what to do and what not to do when working with survivors, developed from a survivor's point of view.

Three of the social workers also attended full day training in April around working more effectively with adult survivors of CSA, an in-depth look at the effects of CSA and ways in which to more effectively engage with this user group.

Clarifi also provided in-depth training, support and supervision to two student social workers. There was intensive support provided to all social workers co-facilitating the programmes.

Clarifi approached Suffolk County Council early in the process and they agreed to release three local authority social workers to co-facilitate on the programmes. In addition to this, two independent social workers were used from Clarifi and two student social workers.

Group work

Group work has been offered to parents who are survivors of CSA by raising awareness through social care teams across Suffolk with a particular emphasis on children and young people's teams. Clarifi began taking referrals from social care and family support teams in January 2012. Clarifi also had a number of referrals received previously from other agencies – it went through these and established which parents were currently, or had been in the past, engaged with social services.

The Butterfly Programme

The Butterfly Programme is a nine-week therapeutic group programme for female adult survivors of CSA. It has been written in conjunction and with the input and endorsement of a number of professionals, including a chartered clinical psychologist and two experienced counsellors. Clarifi has also worked with a reference group of adult survivors of CSA to ensure that the survivor’s point of view is always pivotal and this remains at the core of what is delivered. The Butterfly Programme is also accountable to an advisory board made up of relative professionals, and adheres to relevant policies and procedures.

The Butterfly Programme draws its therapeutic methods from such theories as transactional analysis, cognitive behavioural therapy, strengths-based theory, systemic therapies, brief therapy and positivism. It was written with the aim of empowering women to take control of their own healing, thereby promoting independence and lessening the drain on already overwhelmed professionals in various settings.

It is widely recognised that adults with a history of abuse become frequent users of medical, social and other care services, often with complex and non-specific symptoms.

The Butterfly Programme is written in such a way that it can be run from any number of settings. While Sure Start children’s centres have been at the forefront due to their strategic placement in the community. It is commonly accepted that the most common time for a woman to disclose historic CSA is during pregnancy, childbirth or early parenting, and this therefore makes Sure Start children’s centres an obvious setting for this programme to run.

The difference it has made for outcomes for people who use services, carers and families

Across the programmes the following assessment tools were used:

| Week | Tools | Outcomes |
|--------|--|---|
| Week 0 | Rosenberg Self-esteem Scale DH Adult Wellbeing Scale Butterfly Programme (women), IT Programme (men), pre-programme questionnaire | Scores 0-30 Individual scores General information |
| Week 8 | Rosenberg Self-esteem Scale DH Adult Wellbeing Scale Butterfly Programme (women), IT Programme (men), post-programme questionnaire | |

The details of the evaluations are included in the group-by-group summary below.

The programme has been specifically written with child protection and safeguarding issues at the forefront. Women on the group are advised that information shared in the group, where it is thought children may be at risk, will be passed on to relevant authorities to ensure the safety and protection of children from sexual predators and paedophiles.

Significant outcomes:

- Women and men on all groups experienced an increase in self-esteem (83% average increase in self-esteem; highest 500%, lowest 4%).
- The majority of women and men on all groups experienced an increase in feelings of self-worth.

The association between child abuse and neglect and parental problems, such as poor mental health, domestic violence and substance misuse, is well established and the programme aims to provide innovative, preventative solutions for mothers who are survivors of CSA (see Week 4, How CSA affects parenting).

- 85% of all attending the programme felt they were better equipped to keep their child/ren safer.
- 100% of men and women attending felt they were better parents as a result of the programme.

Survivors of CSA are three times more likely to develop a range of mental health issues and disorders. At the beginning of the programme it is established what these issues may be so that Clarifi has an awareness of peripheral issues that may arise or other issues the women may be dealing with.

- 50% reduction in eating disorders
- 100% reduction in self-harming
- 76% reduction in suicidal thoughts and feelings
- 61% reduction in nightmares
- 63% reduction in flashbacks
- 45% reduction in feelings of depression/hopelessness
- 100% reduction in agoraphobia
- 62% reduction in panic attacks

Group 1 (women)

March to May 2012

The first women's group began in March. Eight women attended this programme and it was facilitated by an independent social worker, a local authority social worker, a qualified and registered counsellor and a 2nd year student social worker. The women were referred through a number of different pathways and all but one had current

dealings with social services. All eight women completed the nine-week programme. Five of these women had a current CAF, CiN or CP plan in place.

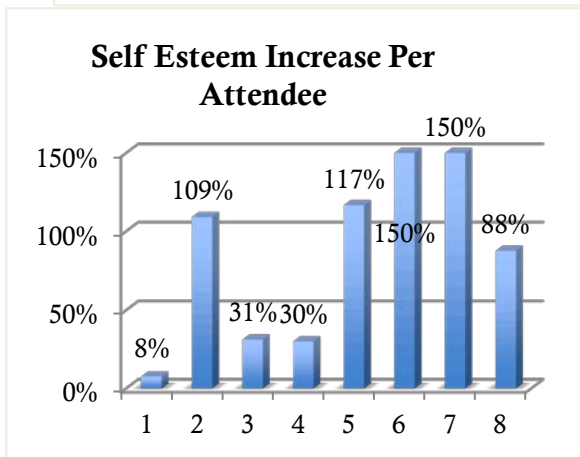
In order to monitor the outcomes and effectiveness of the programme on the individuals the following measures were employed:

- The women completed the Rosenberg Self-esteem Scale on Week 0 (Introductory Week) and Week 8 on completion to measure any changes in self-esteem over the nine-week period. All of the women experienced an increase in self-esteem over the course of the programme.
- The women completed the DH Wellbeing Scales on Week 0 and Week 8 to assess levels of anxiety, depression and inward and outward irritability.
- Self-completion paper-based questionnaires were completed at the beginning and the end of the programme to establish some general information about participants and to establish whether there was any significant change in the women over the course of the programme.

Self-esteem

All attendees experienced an increase in self-esteem from the beginning to the end of the programme.

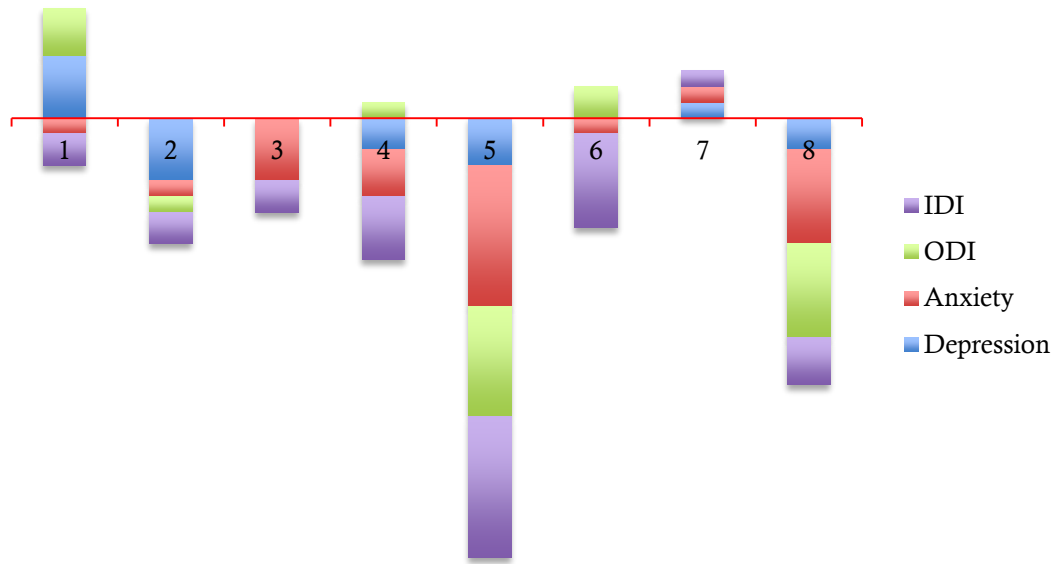
Average increase in self-esteem = 85%



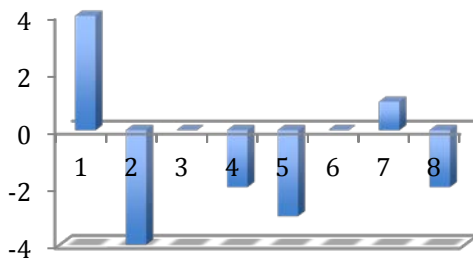
Depression, anxiety, outwardly-directed irritability (ODI) and inwardly-directed irritability (IDI) scores (measured by DH Wellbeing Scales)

The following graphs show the variance in points (where the red line represents 0 = no change). These scales demonstrate a person's levels of depression, anxiety, outward irritability (likelihood to harm others) and inward irritability (likelihood to self-harm) variance levels from the beginning to the end of the programme. Most attendees experienced significant decreases across the board while some experienced slight increases in some areas.

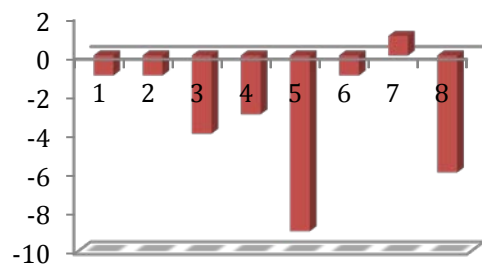
Group 1 DoH Scales - Variance (Week 1 to Week 8)



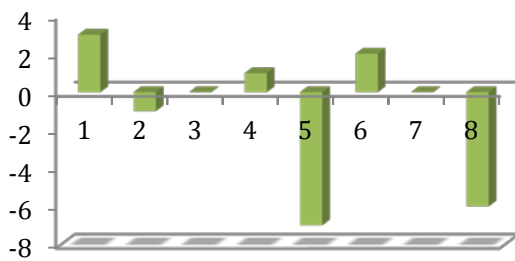
Depression



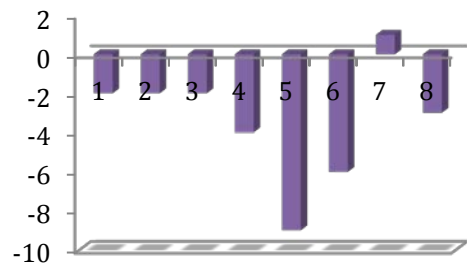
Anxiety



ODI

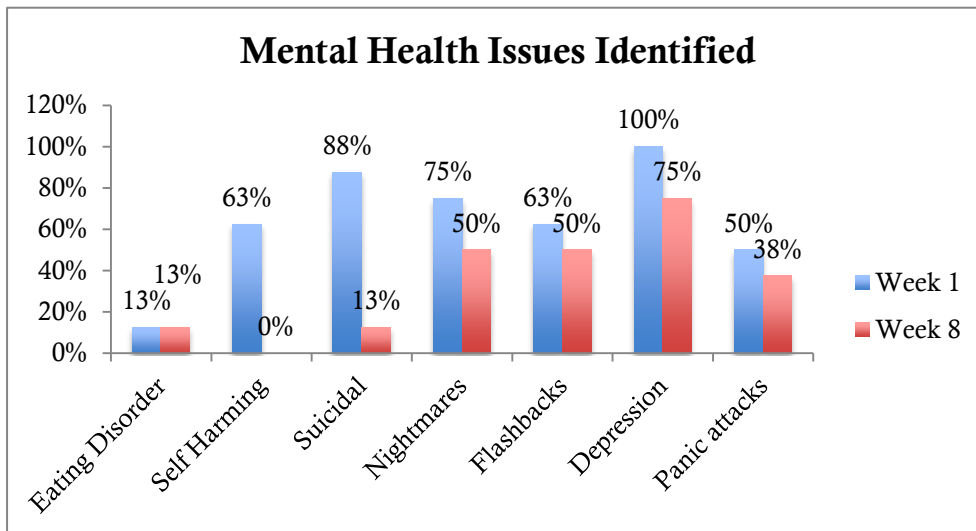


IDI



Mental health

Each attendee filled out a self-completion questionnaire at the beginning and end of the programme, self-identifying mental health issues that they were encountering in order to measure the effectiveness of the programme in reducing common associated issues. The results from Week 1 to Week 8 are summarised below:



Group 2 (women)

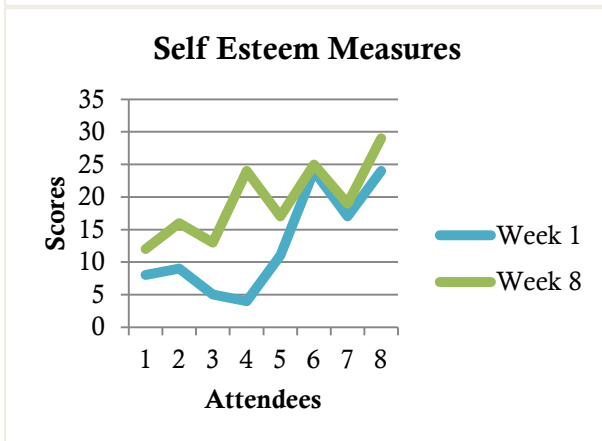
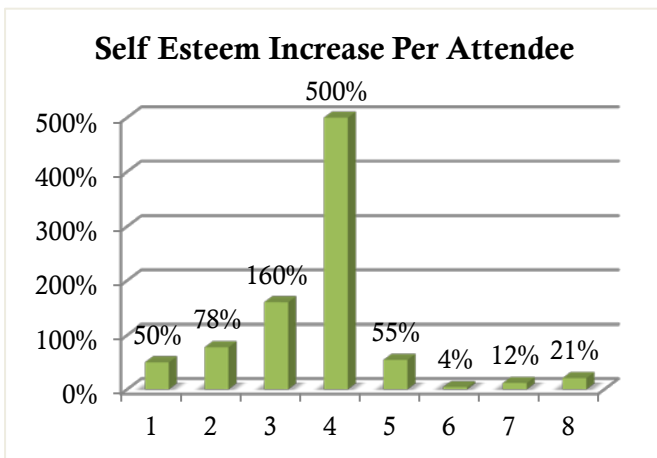
April to June 2012

The second women's group began in April 2012. There were eight women on the programme and it was facilitated by an independent social worker, a local authority social worker, a qualified and registered counsellor and a 2nd year student social worker. One woman did not complete the programme due to extenuating personal circumstances (but has since been offered and attended one-to-one support by Clarifi), and the student social worker did not complete this programme. The student social worker failed to engage in a meaningful way and was under significant work and placement pressure at the time and as such the facilitator, counsellor and student agreed that it wasn't beneficial to the women on the programme or the student to continue. This agreement was also discussed with the student's tutor and on site supervisor.

Like Group 1 the referrals were received through a number of channels and all the women were involved with social services, or had been within the past five years.

As with Week 1 the women completed all of the necessary paperwork and measures to enable Clarifi to monitor progress and outcomes across the programme. The results were as follows:

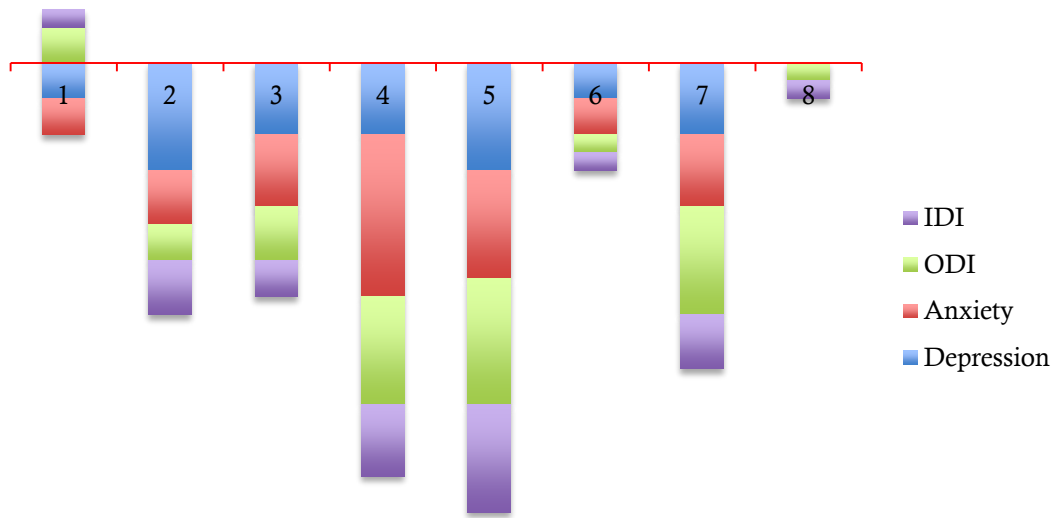
Average increase in self-esteem from the beginning to the end of the programme = 110%



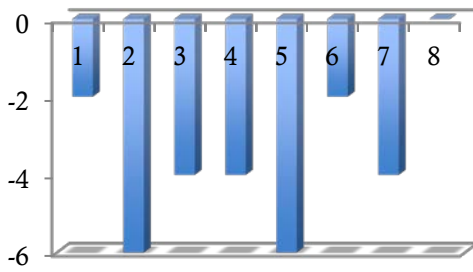
Depression, anxiety, ODI and IDI scores (measured by DH Wellbeing Scales)

The following graphs show the variance in points (where the red line represents 0 = no change). These scales demonstrate a person's levels of depression, anxiety, outward irritability (likelihood to harm others) and inward irritability (likelihood to self-harm) variance levels from the beginning to the end of the programme. All but one attendee (who showed a minor increase in ODI and IDI scores) experienced significant decreases across the board.

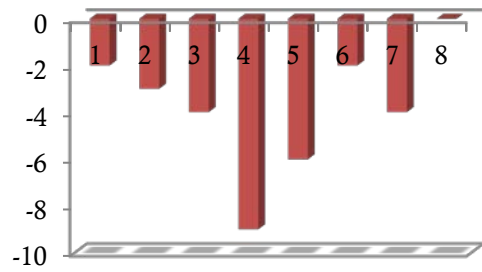
Group 2 DoH Scales - Variance (Week 1 to Week 8)



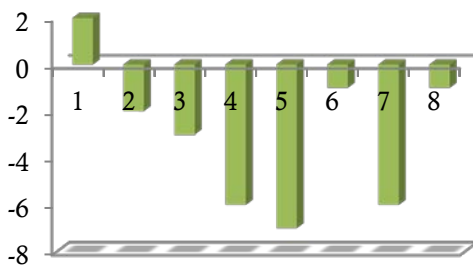
Depression



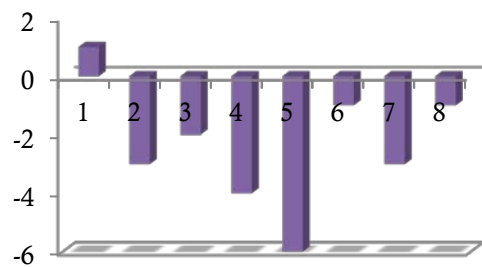
Anxiety

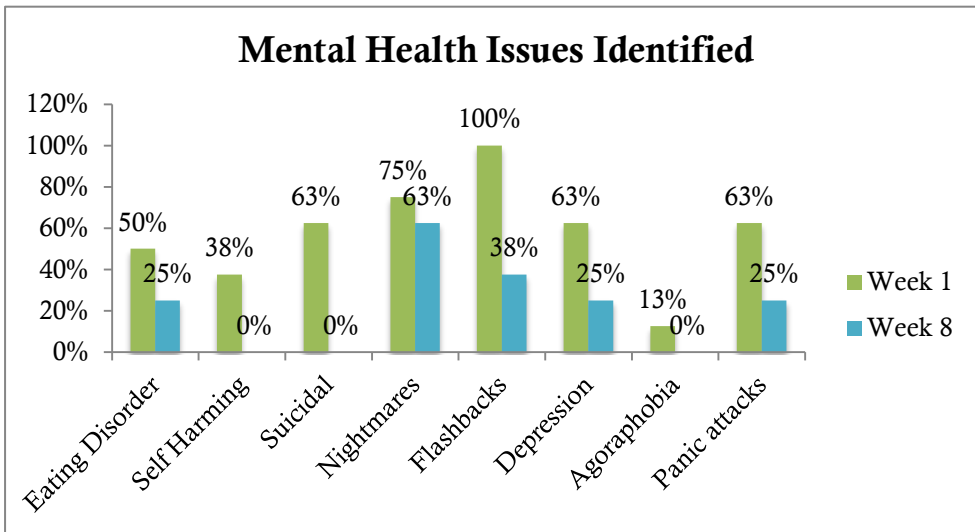


ODI



IDI





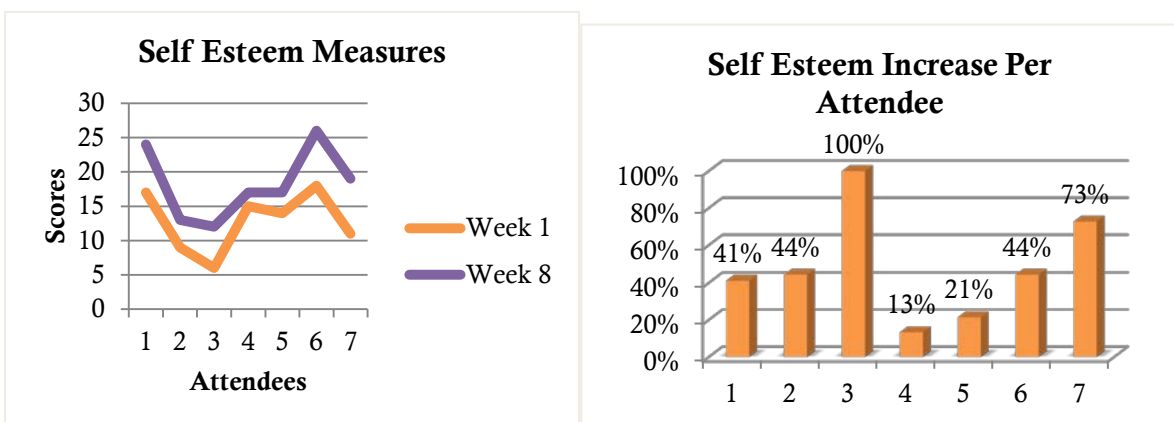
Group 3 (men)

June to September 2012

The men's group began in June. There were 11 referrals from a range of different agencies. Most of the men were extremely chaotic and it was difficult to arrange a suitable time when they could all meet. In the end seven men completed the programme. The other referrals have been offered additional support subsequently which feel outside the scope of this pilot. The group was facilitated by a senior family support practitioner based in the children and young people's team, a local authority social worker and a qualified and registered counsellor.

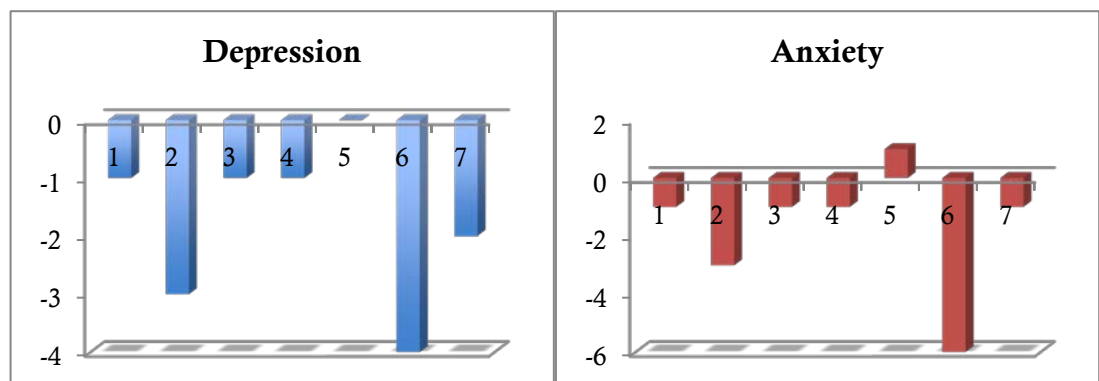
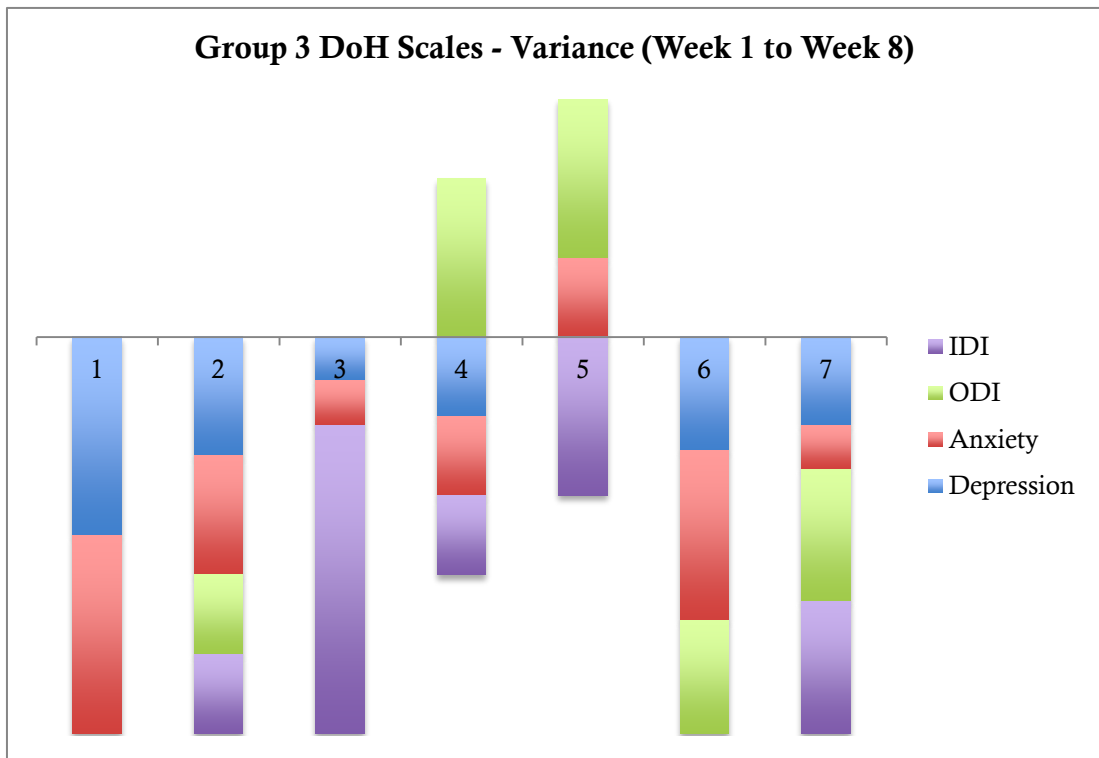
The men's programme is subject to the same measures as the women's programmes so that Clarifi can measure outcomes and monitor progress across the programme. The results were as follows:

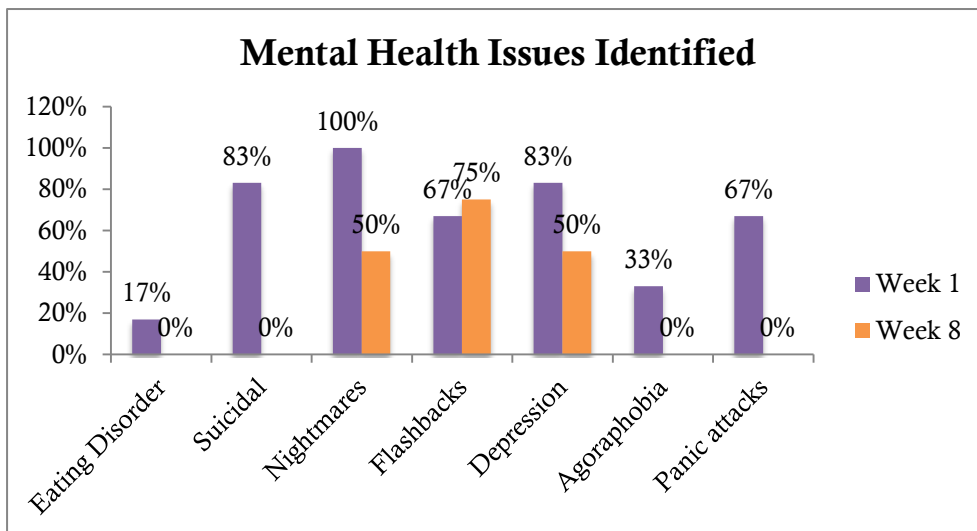
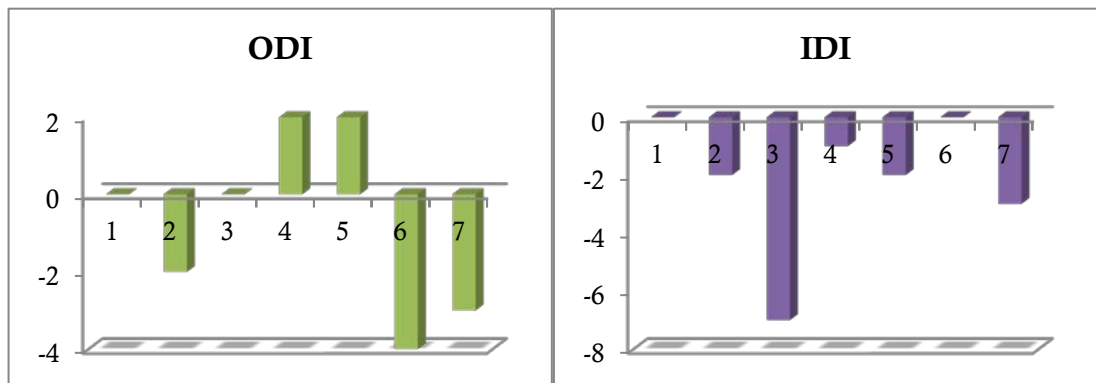
Average increase in self-esteem = 48%



Depression, anxiety, ODI and IDI scores (measured by DH Wellbeing Scales)

The following graphs show the variance in points (where the red line represents 0 = no change). These scales demonstrate a person's levels of depression, anxiety, outward irritability (likelihood to harm others) and inward irritability (likelihood to self-harm) variance levels from the beginning to the end of the programme. Most attendees experienced significant decreases across the board, with two men experiencing increases in ODI; both of these men were subsequently referred to anger management programmes.





The difference it has made for outcomes for social work and social workers

Each of the facilitators is asked to submit weekly assessments so that their progress can be monitored and so that Clarifi can gain a view of the programme from them. Clarifi believes that inclusion in this project has had a significant impact on those involved and will shape their practice going forward. The facilitators are asked to reflect on the sessions, their interaction and to comment on the social work methodology employed in the sessions. They are also asked to reflect on the attitude towards social workers by attendees.

Social workers and students were asked to comment weekly as follows:

Was there anything you learned in the session that you would take back to your daily practice?

The following were some of their responses:

- Transference – the importance of establishing therapeutic boundaries, having self-awareness and an understanding of how you connect with others.

- To try and use pauses effectively in order to slow down exchange, emphasise points and diffuse difficult interactions.
- It is important to have an awareness and appreciation that individuals partaking in work with children and young people's services often have disorganised and chaotic lifestyles which is likely to impact on their level of engagement with services. Offering individualised support mechanisms to encourage continued involvement is an integral part of the helping process.
- I learned how to handle an individual who is quite disruptive, while ensuring that each member of a group receives the same amount of attention, and the session does not revolve around the disruptive individual. I feel I can use this in my daily practice, as it can be very easy to overlook the needs of quieter people within a group while getting caught up on dealing with the more vocal members.
- I learned how something so simple, such as strength cards or other simple tools, can be used so effectively in a group to build self-esteem and confidence, as well as helping women to identify with each other, and encouraging them to see their own, and each other's individual strengths.

The following are excerpts from some of the weekly sessions:

1. Reflections. Use this section to reflect on the session, how it may have affected you, what difference it made etc.

In this session I felt I experienced transference while I read the article. I could feel the tension and stress levels rise within the room that raised my own anxieties and as a result I misread the text. Transference is a powerful way of learning about yourself, how you connect with other people and allows you to experience others' emotions rather than discussing them in a superficial way.

2. Identify models/theories/skills directly relevant to social work used during the session. How could these be translated into daily practice? And how did the attendees respond to these?

Social interdependence
 Extrinsic motivation
 Transference
 Cooperation
 Empathy
 Negotiation
 Social competence
 Modelling
 Prompting

3. Were there any role perceptions identified? Any feedback about social work/social

| |
|--|
| <p>workers? Was this positive or negative? Local authority social worker, Week 2</p> |
| <p>Local authority social worker: One participant felt that they needed to highlight to the group that I was a social worker before introductions took place. I was perceived by that particular participant as a threat that needed to be identified. It was explained that honesty about our roles was pivotal and that anything discussed would stay within the room.</p> <p>Student social worker: A further participant highlighted that she felt the presence of three social workers made her feel uncomfortable and raised this with the lead facilitator. Her feelings of vulnerability were acknowledged and validated. The lead facilitator explained the reason for this on a one-to-one basis and gave her the opportunity to question further.</p> |
| <p>4. Were there any role perceptions identified? Any feedback about social work/social workers? Was this positive or negative? Week 8</p> |
| <p>I stated to one participant, who was very negative about my involvement at the beginning, if she saw me in the local area/office to approach me for a chat as I would like to know how she was getting on. She was positive about this suggestion that was a complete U-turn in her attitude and responses in the first session to me as a social worker.</p> |
| <p>5. Identify models/theories/skills directly relevant to social work used during the session. How could these be translated into daily practice? And how did the attendees respond to these?</p> |
| <p>Active listening (listening, re-stating, summarising, reflecting, probing, using pauses effectively, labelling emotions, giving feedback)</p> <p>Emotional intelligence (self-awareness, self-regulation, self-motivation, social awareness, social skills)</p> <p>Being aware of language that replicates oppression and stereotypes</p> <p>Awareness of the stages of group development (forming, storming, norming, performing and mourning – in this case, forming)</p> <p>Leadership style (laissez-faire, democratic, authoritative)</p> <p>Group behaviour (social facilitation, social loafing)</p> <p>These skills are used on a daily basis in social work, for example, in team meetings, interviews, Team Around the Child (TAC) meetings, training sessions, conferences, group work with young people and children.</p> |
| <p>6. Was there anything you learned in the session that you would take back to your daily practice?</p> |
| <p>I learned how to handle an individual who is quite disruptive, while ensuring that each member of a group receives the same amount of attention, and the session does not revolve around the disruptive individual. I feel I can use this in my daily practice, as it can be very easy to overlook the needs of quieter people within a group while getting caught up on dealing with the more vocal members.</p> |
| <p>7. Were there any role perceptions identified? Any feedback about social work/social workers? Was this positive or negative?</p> |
| <p>One of the women has just had her son taken away from her for two weeks so was very</p> |

upset. It appeared she had an important meeting linked with this after the session and was incredibly nervous. However, I feel she showed a positive perception of her social worker, as she was grateful that the social worker was collecting her from the session and transporting her to where they needed to meet.

8. Reflections. Use this section to reflect on the session, how it may have affected you, what difference it made etc.

I feel this session was very emotional, and it was difficult to listen to the details surrounding the abuse each woman in the group has suffered. However, I found it very humbling that they felt comfortable enough to share this information with me, and how brave they were to do it after all they had been through. I think this has changed how the women think, and allowed them to turn a corner, as many of them had never spoken of their abuse before. The women seemed relieved after sharing their workbooks, as there was not a big secret they had to carry around with them anymore.

9. Were there any role perceptions identified? Any feedback about social work/social workers? Was this positive or negative?

The role of social worker in the group and my feeding back on the group sessions prompted questions around who knew who was attending and confidentiality was a major concern within the group.

Experiences of social services and social workers shared were negative around assumptions and blaming the male in domestic situations. Also commented on was the lack of male social workers that was felt to be a problem.

10. Identify models/theories/skills directly relevant to social work used during the session. How could these be translated into daily practice? And how did the attendees respond to these?

The traditional social work values of respect, acceptance, non-judgmental attitude, purposeful expression of feelings, confidentiality and empathy are all integral to this week's session and will remain integral to the programme. These encourage a safe and supportive environment where the group are able to talk about their experiences, which is imperative for them to be able to gain from the group and affect change in their lives.

The strengths perspective was applied using the cards that encouraged the group to think positively and to consider personal strengths they already have and sharing these with each other promoted the group bonding.

Social work values should be integral to all practice in all situations.

The group work skills used can be translated to any type of group work situation and the strengths perspective is also a positive approach to casework.

11. Reflections. Use this section to reflect on the session, how it may have affected you, what difference it made etc.

- I was struck by the level of commitment to the programme shown by the group, one survivor commenting on how long he had been waiting for a group like this. This highlighted how important the programme is. The other recurring theme was anger towards the perpetrators of their abuse and recognition of how child sexual abuse had impacted on their lives and how they felt stuck and unable to move on past the time of

the abuse. I am hopeful that I can make a positive contribution to the lives of survivors within the group and encourage their recovery.

- I felt that this was a very productive session. It was quite a tense experience, particularly as the participants were feeling anxious and apprehensive about what the course entailed. I was quite intrigued as to my own responses to the Rosenberg questionnaire – that ‘I feel useless at times’ and am interested to see my scoring and how my own self-perception changes over time.
- I feel that this session was really positive, because one of the women had a breakthrough as she realised she was having flashbacks and was not going crazy. It was clear that she appreciated this and was relieved she was finally able to understand what was happening. She was also excited to tell her partner and help him to understand how her flashbacks linked to her abuse as a child. This understanding will make a huge difference to their relationship, as well as their parenting skills.
- I felt the women are building stronger, more supportive relationships with each other as the programme progresses because they are beginning to see how their experiences link with their abuse, and can identify with each other. This was particularly apparent during the strength cards activity, where the women agreed with each others strengths, and felt that they would have been able to pick cards for each other, even after only knowing each other for three weeks.
- I think that I am coping well with the programme, and am finding it a very interesting experience, where I have been able to build my knowledge of childhood sexual abuse, and get a more in-depth understanding of the perspective of people who use services.

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