Lecture in Paris 20-21 october 2009

Picture 1

I´ m very grateful to be here to talk about a subject very close to my heart. Rape/sexual abuse is an area that is very taboo-coated in all our countries. Offences against children perhaps even more. But it is extremely important that individuals, organizations and the society shows courage and dare to show leadership. It´s a process that takes time, just as Eva Hedlund already told us. Thank you for giving me the opportunity to be here with you these days.

Many children and teenagers are exposed to serious trauma during their childhood. The impact of trauma may lead to the development of several health problems. Posttraumatic stress reactions are the most commonly reported symptoms of psychological distress after traumatic experiences. Rape is one of the most traumatizing experiences, with victims having a high risk to develop PTSD.

I am a psychiatric social worker. The last 15 years I have been working with child sexual abuse, in Norway and in Sweden. Today I work part-time at Vasa outpatient clinic. It´s a part of Stockholm County Counsil´s Child and Adolescent Psychiatry service and is a specialist unit for treatment and consultation in cases of suspected or confirmed sexual abuse of children.

I am also a PhD student at Uppsala University, Department of Medicin, at the National Center for Disaster Psychiatry.
Today I would like to tell you about my study and about the crises-groups we have for girls 13-17 years old who have been raped.

About 125 girls under the age of 18 apply to Stockholm South Hospital´s Emergency Clinic for Raped Women every year. They are referred to a special Youth Unit for follow up. Our outpatient clinic (BUP Vasa) and this Youth Unit have started a three-years project to collect more knowledge about raped teenaged girls.

Picture 2 (Background)

I want to give you some background information about our work in Stockholm/Sweden. Rape is forced, unwanted sexual intercourse. Rape is a crime, weather the person committing it is a stranger, a date, an acquaintance, or a family member. For some people, reporting the crime immediately and fighting to see the rapist brought to justice feels right. For others, seeking medical or emotional care without reporting the rape as a crime is right to them. The number of reported assault offences against both children and adults has increased the last ten years.

SWEDEN

- **9.2 million inhabitants**
- **14.300 sex crimes reported during 2008.**
- **5.400 attempted rapes or rapes (3%men/boys)**
- **7.230 sexual coercion**
- **2.420 raped children below 18 (7% boys)**
- **1.420 raped children below 15 (10% boys)**

STOCKHOLM COUNTY

- **2 million inhabitants**
- **3.770 sex crimes reported during 2008**
- **1.375 attempted rapes or rapes**
- **450 raped children below 18.**

<u>Picture 3</u> (Aims of the study)

One of the questions we asked ourselves before the project was
<u>What special needs do abused and raped girls and their parents have?</u>
When we met teenagers who have been raped or exposed to sexual abuse we found that the rape is not the only problem. The girls have difficulties with relationships in school, and with their family and friends.
They also have low self-confidence and often a negative self-esteem. Sometimes the rape comes on top of all other problems.
In our clinic we do not offer the medical services as the hospital does.
Therefore, we have established contact with the nearest hospital.

The aims of the study is to

- **Determine if early interventions increase resilience and capacity to recover in 13-17 year old girls exposed to rape.**

- **Determine if Trauma Focused Crisis Group Treatment is more effective than regular clinical practice.**

Picture 4 (Study design)

The study have 4 parts;

- Study 1: prospective experimental study of a structured group therapy treatment model. **We are planning for 8-10 groups during the two-years period.**

- **Study 2:** survey of girls aged 13 – 17 exposed to rape showing up at Stockholm South Hospital during a two-years period. **We hope to include about 200 girls to see if we can identify risk- and resilience factors.**

- **Study 3:** interview study with a representative number of girls initially declining help and "drop outs"

- **Study 4:** follow up study focusing on how the girls and their parents comprehend and integrate the offered treatment

Picture 5 (Instruments)

Instrument we use, are these;

Youth

- **The Acute Stress Checklist for Children (ASC-Kid)**
- **Trauma Symptom Checklist for Children (TSCC)**
- **Life Incidence of Traumatic Events (LITE)**
- **UCLA PTSD**
- **Youth Self Report (YSR)**

Parent

- **Child behavior checklist (CBCL)**
- **Parents Attributions form (PAS)**

The first form (ASC_Kid) the girl fill in 2-4 weeks after the trauma. This self-reported measure of ASD, is developed by Nancy Kassam-Adams at Childrens Hospital of Philadelfia. So far, we can see that a lot of girls in our study were rated highly on the scale. We find it useful in the clinical setting and we look forward to see what it can give us in this prospective research.

We do follow up after 3 month, 6 month and after 18 month. The girl and her parents fill in all the other forms every time.

Picture 6 (a painting)

This picture is painted from one of our girls during her group-treatment at the outpatient clinic for some years ago.

What does the girls expect from the treatment? We asked them before they started.

- I want to trust people
- I want to take away the anger, gilt, shame and all bad feelings
- I would like to "Take away thoughts, pictures, sounds and smells about the rape"
- I would like to walk outside without being afraid
- I will be happy if my parents and friends can understand me
- I have to deal with

"Why did you hurt me so much?"
"My friends think it is my fault"
"My body is awful and I hate it"

What are good interventions for this girls?
What kind of support does the parents need?
Can we meet the individual need of all the girls in a group setting?

Picture 7 (Group intervention/treatment)

All girls showing up at the emergency Clinic for raped Women and are referred to the Youth Unit are offered to attend the study. The girls that are randomized to group will be offered 3 individual meetings within the first three weeks. We meet them both with their parents and individually. We make a psychiatric diagnose, ask what they have gone through and what kind of network they have around them. They will also make their own treatment plan; what they want to talk about in the group and what they want to change in their life. We ask the parents to come to an information group parallel to the teenager group.

The girls that are randomized to the control-group are offered treatment "as usual", regular clinical practice. Nothing less than what other girls got before we started the project.

We do have a few excluding criteria; persons with ongoing alcohol or drug problems, some mental disorders / psychiatric illness and mentally retarded. We hope to include them in study 3 and 4 (but not 1-2) They have to manage a group-setting.

The crises-group
The girls start the group-treatment about 6-8 weeks after the trauma.
There are seven group meetings, once a week for 1h 45 minutes
We have three to eight members in the group and it is a closed group
We are two therapists in the group

Items in the groupmeetings:
1. meeting; Introduction, short presentation, why are you here? What do you want with the group? Information about crises and trauma.
2.meeting; All sessions start with a round, where everyone say something about the last week, something good or something bad. They can say one single setting or tell a full story.
After that, they tell us something from the assault, something that bather them, - what had happened and her responses to the event. All the time the therapists pay attention to other symptoms such as depression, anxiety in addition to symptoms of PTSD. We offer the girl single sessions if necessary. We introduce relaxation and body exercises. Calm your breathing, give youself a hug, have an object in your pocket, have relaxing music in your mp3 player, draw, pait or write when feelings threten to overflow. Try to help them strengthen own ability to cope. You have to be careful. You have to respect the undividuels at the same time you use the group.
3. meeting we focus on what was the most difficult in the situation? They have got a homework to this time, to write or draw about it.
4. meeting we focus on the network. Who know about the abuse? Who can help you?
5. meeting we talk about sex and look at a film. We talk about good sex and bad sex, norms, attitudes and legislation. Relationship
6. meeting; We talk about feelings, anxious, and how to help yourself.
7. meeting; Look to the individuak goals, see what is left and think about the futher needs. Planning for the follow-up meeting with the parents.

Family support and follow up

We meet all parents in an information group. The first time we talk about crises and trauma and the second meeting is about sex and risk behavior. We also have time to discuss together.
After the group has finished we have a follow up meeting with the girl and the parents. We talk about if it is necessary with more treatment and if the family wants to be referred to another unit.

Picture 8

When working in the group, the therapists are active, distinct and focused on here and now. What do the girls want to talk about? What is important for them just now?

Sometimes small things in their lives can make bridges and make it easy to talk about the rape. We give the girls a lot of information about possible reactions they might have, what they can do to help themselves (coping strategies), how they can access support from those around them, particularly family, friends and community.
Often they start to talk together and feel that they are not alone. Tears come, anger blows up and the group become very tight, with a strong feeling of togetherness. Each girl has a possibility to work on her own trauma but also has the opportunity to share it. She needs a lot of support and advise on how she can live just now and how she best can survive the situation.

The structure of the group is the same every time. Before we work with the trauma we have body exercises and relaxation. How to move the body, breathe, think about something nice, listen to music they like etc. We think this is important but this part of our program is difficult to get the girls to participate in. The trauma is so close and we have to respect their feelings which say "no it is too early and my feelings are too strong". The girls need social support and we talk with their parents and help the family to a social worker - if they want.

Picture 9

- **60 girls**

We have met about 60 girls so far. During the study I hope we will meet about 200 girls. They have been raped by a friend/ ex boyfriend, someone they have known for a long time. (15)
They have been raped by an acquainted, someone they have known just for a short time. (12)
Some of the girls have been raped by a stranger (11) and a few have been raped by a family-member (2).
More than half of the girls have consumed alcohol

- **40 ACS-Kids forms**

40 girls has attended the project. 10 has been excluded and 10 did not want to attend the project. 75% have Acute Stress Disorder.

- **Three groups – 16 girls so far**

5 girls + 4 girls + 7 girls. Very interesting. 3 of them has been referred to further treatment after the crises-group.

- **High degree of presence**

We have had a high degree of presence. The girls are coming almost every time. We wonder if 7 group-times is enough or if it is too much.

- **Talking about the humiliation**

  The girls seams to appreciate the fact that they can talk to someone knowing what they are talking about. You have to be careful. You have to respect the individuals and at the same time use the potential of the group.

- **Bodily reaction**

  Headache, stomach-problems, eating disorder – the girls has a lot of problems with the body. A lot of stress is still in the body. They need help to take care of themselves.

- **Trends**

The number of consummated rapes reported to the police has increased. Can we see some trends for the girls attending the project?

- **Victims and perpetrators know one another. (70%) The majority of rapes are committed in the home of one of the parties involved.**
- **Rape involving more that one perpetrator is increasing (4 cases in our study)**
- **Rape related to internet-contact and public entertainment gets more and more common.**
- **Assault- rapes**

The majority of these rapes are committed out of doors, taking place on the weekend and during the summer months. The use of violence is extensive. In our study, 25% was raped by a stranger, attacked outdoor. On their way home in the summertime, at festivals. A bit more common than in than larger studies in Sweden. But I think there is more common to go to the healthcare if there is a assault-rape.

<u>Picture 10</u> (Contact information.)

It´s easier to come in contact with one another today, I mean by internet, cell phone, a lot of pubs open late and so on. It means that it´s also easier to make bad experiences. But I think we can help these girls, if we have the courage to go on and take the challenge.

Thank you!