

Program Overview: Sexual Abuse: Family Education and Treatment (SAFE-T)

Please note that the accuracy of the contents of this inventory cannot be guaranteed until the program director has reviewed this summary for accuracy. Changes may be pending.

Category	Home Visit Intervention/Out of Home Placement Programs	<i>Definitions/ Notes</i>
Program Name	Sexual Abuse: Family Education and Treatment (SAFE-T)	
History of Program	SAFE-T was developed in Ontario, Canada in 1985 from a community need for a specialized sex offender treatment program. It is a multisystemic, community-based treatment designed to treat families with members who have experienced sexual assault and victimization (e.g., incest victims and perpetrators, juvenile sex offenders, children with sexual behavior problems). Combining cognitive-behavioral and systemic approaches, SAFE-T employs concurrent group, individual, and family therapy components in attempts to reduce reoffense. The primary components involve acknowledging the offense, determining and correcting offenders' sexual attitudes (e.g., denial, victim empathy), and enhancing offenders' personal strengths to minimize likelihood of reoffense.	
Description of Program as it Relates to addressing Children's Exposure to Violence	SAFE-T is a sexual offender specific treatment program, therefore, its primary outcomes are reported recidivism rates. From quasiexperimental studies of adolescent sexual offenders (with mostly child or peer victims), SAFE-T has been effective in reducing long-term recidivism rates of sexual, violent, property, and "other"	

Highlighted text indicates program components are currently under review. Changes may be pending.

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	<p>offenses, thereby reducing rates of sexual and non-sexual violence in the community through prevention. Further, almost half of sexual offenders (43%) receiving SAFE-T treatment have reported a history of sexual victimization.</p>	
Service Continuum	<p>Primary/Universal Prevention Tertiary/Targeted Intervention</p>	<p>SAFE-T falls on two ends of the service continuum. It is a tertiary intervention when treating child incest victims of adult offenders or a prevention service when attempting to minimize recidivism rates of juvenile sexual offenders.</p>
Primary Exposure Type	<p>Sexual Abuse Community Violence</p>	<p>When considered broadly, community violence could also be highlighted because SAFE-T offenders tend to decrease recidivism of all crimes, not just sexual violence.</p>
Target Population	<p>Family Systems Individual Children/ Youth Parent/Caregivers(s) Siblings</p>	
Target Age	<p>Middle Childhood (6 - 12) Adolescence (13-21)</p>	<p>The program is designed for families with child incest victims, adolescent sexual offenders, and children with sexual behavior problems, however, evaluation studies have only included adolescent sex offenders.</p>
Target Gender	<p>Both</p>	
Appropriate for Unique Ethnic, Cultural, or Linguistic Populations?	<p>No</p>	
Primary Settings	<p>Homes (biological/adoptive) Foster Care Homes or System Mental Health Community Agency Juvenile Justice/Correctional</p>	<p>Primary setting is at the community center for children and adolescents where SAFE-T is based. Secondary settings depend on where offender is</p>

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	Flexible	<p>residing at time of treatment.</p> <p>When the victim is a same-resident sibling, SAFE-T advocates for removal of offender until treatment completion.</p>
Persons or Entities in charge of delivering Program	Mental Health Providers (e.g., Social Workers, Therapists)	
Primary Components	<p>Assessment/ Triage/Screening</p> <p>Child Group Therapy</p> <p>Child Individual Therapy</p> <p>Family Treatment/Therapy</p>	<p>Offender receives individual therapy. Child individual therapy is marked because SAFE-T is targeted towards juvenile offenders, but if parents are offenders, they would receive individual therapy.</p> <p>The offender receives concurrent weekly group therapy, weekly individual therapy, and biweekly family therapy (when the family is available).</p>

Resource & Capacity Planning

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Length/Duration of Program	The program varies in length based on needs of client, but typically lasts 1-3 years. SAFE-T has defined “treatment” as receiving at least 10 months of treatment. Every 4-6 months, the client’s needs and progress are evaluated to determine if treatment will continue. The average client will receive services 5 hours per week.	
Training Requirements	Supervision Consultation	Training details could not be found (because I could not find out who administered treatment). A check-in is done every 4-6 months to determine treatment progress.
Provider Certification/ Training/ Requirements	Special Service Area Required (e.g., Social Worker, Doctor)	bla
System or Agency Recommendations for Serving CEV Populations	With-in Agency Support & Infrastructure Cross Systems/Sectors Support & Infrastructure Based on each individual’s needs, the program recommends holding a pre-assessment “business meeting” with all stakeholders (i.e., child protective services, juvenile justice system, family members, etc.) to make sure treatment is comprehensive and conducive to all parties involved. The business meeting is intended to jumpstart collaboration across systems.	
Costs of Implementation	Estimate based on implementation (costs not disaggregated):	

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	<p>In 1997, the developers reported spending approximately \$130,000 (Canadian dollars), plus salaries of two social workers and one researcher, annually to treat 24 offenders and their families.</p>	

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Evidence for Children’s Exposure to Violence

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Evidence for Preventing or Addressing Violence Exposure	Based on available information, in general, when implemented with sufficient fidelity this program demonstrates <i>adequate empirical findings</i> of reducing the risk of exposure or ameliorating the effects of exposure using a <i>sound conceptual framework</i> and an evaluation design of the high quality (<i>quasi-experimental</i>) and has been used with populations known to be at risk for violence exposure (e.g., children in residential settings).	
Evaluation Design of Studies with CEV	Quasi-experimental design	bla
Violence Exposure-Related Outcomes	When compared to a control group, in a 2-10 yr follow-up, adolescent sexual offenders receiving SAFE-T showed a 72% reduction in recidivism for sexual assault charges. Adolescents receiving the treatment were also less likely to incur criminal charges for violent, property, and “other” crimes.	
Additional Research Information	Using a quasiexperimental clinical design, program developers compared recidivism rates of 58 adolescent sexual offenders (ages 12-19) who had received SAFE-T and a control group (n=90). Experimental and control groups were statistically similar on demographic and offense-related variables; overall, 54.7% were charged with extrafamilial offense, 28.4% were charged with intrafamilial offense, and 16.9% were	

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	<p>charged with both. Two-thirds of control group participants received some other form of treatment.</p> <p>SAFE-T participants (53 males, 5 females) received treatment for an average of 24 months (minimum of 12 months). On average, follow-up data were collected 6 years after treatment (range 2-10 yrs).</p> <p>Outcome Measures: Recidivism rates were defined as number of criminal charges incurred during follow-up period and categorized by type of charge (i.e., sexual, property, violent, or “other” offense). Data were gathered from national court databases.</p> <p>Reference: Worling, J. R., & Curwen, T. (2000). Adolescent Sexual Abuse Offender Recidivism: Success of Specialized Treatment and Implications for Risk Prediction. <i>Child Abuse and Neglect</i>, 24(7): 965–82.</p> <p>Worling, J. R., & Curwen, T. (1998). The adolescent sexual offender project: A 10-year follow-up study. Ontario Ministry of Community and Social Services.</p>	
<p>Conceptual Framework/Theoretical Design</p> <p>(For internal use)</p>	<p>Reputable Adequate</p>	
<p>Is this Program an Evidence-Based Practice in other Family/ Youth Development Areas?</p>	<p>OJJDP Model Program</p>	

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Sources	Empirical Studies (peer-reviewed journal) Review Article (peer-reviewed journal) Evaluation Conducted by Program	

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Selected Publications/References

Worling, J. R. (1998). In W. L. Marshall, Fernandez, Y. M., Hudson, S. M, & Ward, T. (Eds). *Sourcebook of treatment programs for sexual offenders*. (pp. 353-365). New York: Plenum Press.

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