EMMIE SUMMARY

Sexual abuse recovery

January 2019
Acknowledgements

We thank our research colleagues at CASCADE who supported the preparation of the EMMIE summary reports;


About the What Works Centre for Children’s Social Care

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About CASCADE

CASCADE is concerned with all aspects of community-based responses to social need in children and families, including family support services, children in need services, child protection, looked after children and adoption. It is the only centre of its kind in Wales and has strong links with policy and practice.

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This evidence summary is based on the following systematic review


What is the intervention?

Cognitive-behavioural therapy (CBT) models have been popular since the 1990s as a treatment both for children who had been sexually abused and their parents. Cognitive-behavioural approaches are theoretically and empirically derived from four psychological theories of learning; 1) respondent conditioning (associative learning), 2) operant conditioning (the effect of environmental influences on patterns of behaviour reinforcement and punishment), 3) observational learning (learning by imitation) and 4) cognitive learning (the impact of thought patterns on feelings and behaviour). CBT models combine these in one integrated approach to assessment and intervention that pays careful attention to the developmental and social context in which learning occurs.

Core components of CBT models include:

- Coping skills training, in which both children and non-offending parents learn skills for coping effectively with emotional distress associated with experiencing abuse.

- Cognitive and affective processing, which aims to reduce and change negative association to stimulus through graduated exposure to anxiety-provoking stimulus and prevent the development of distorted and maladaptive cognitions and feelings about sex, relationships and the world more generally.

- Behaviour skills management, which aims to help parents manage behaviour problems which often result from sexual abuse, including sexualised behaviours.

This narrative is based on a meta-analysis by Macdonald and colleagues. This assessed the efficacy of CBT in addressing the immediate and longer-term sequelae of sexual abuse on children and young people up to 18 years of age. Ten randomised controlled trials (RCTs) involving 847 participants were included.

Which outcomes were studied?

The primary outcomes examined in this review were depression, post-traumatic stress disorder, anxiety and child behaviour problems (sexualised behaviour and externalising behaviour).

The authors also looked at future offending behaviour of the adolescent and/or adult, and a range of areas in which parents may have skills or knowledge - including child sexual abuse and its potential consequences, belief in their child’s story, accurate attributions for their child’s behaviour or psychological problems, and behaviour management skills.
Effectiveness: how effective are the interventions examined?

Outcome 1 – Psychological functioning of child

Effect rating 1
Strength of Evidence rating 2

The review suggests CBT may have a statistically significant positive impact on the sequelae or subsequent consequences of child sexual abuse. Strongest evidence for positive effects of CBT appear to be a modest reduction in depression, PTSD and anxiety symptoms.

The review measured the intervention group compared to the control group at up to three time points. This narrative will focus on the immediate and longer-term (12 months post-intervention) findings in order to examine the sustainability of CBT as an intervention for addressing psychological functioning of children who have experienced sexual abuse.

1. Depression: Pooled data from five studies involving a total of 421 participants overall, showed the immediate effects of CBT to be moderately positive in decreasing depression. The longer-term impact from four studies involving a total of 301 participants, demonstrated a sustained, albeit reduced, positive effect on decreasing depression.

2. PTSD: Data from six studies involving a total of 442 participants showed that CBT had a moderately positive effect on decreasing the effects of PTSD in both the immediate and longer term. The longer-term impacts were gleaned from three studies involving a total of 246 participants.

3. Anxiety: Combined data from five studies involving a total of 434 participants showed that CBT had a positive, albeit small, effect in reducing symptoms of anxiety. Four of these studies involving 278 participants, reported a sustained decrease after at least one year.

Outcome 2 – Child behaviour

Effect rating 0
Strength of Evidence rating 2

Child problem behaviours: Overall, no evidence of an effect was found for child sexualised behaviour and externalising behaviours. Inconsistent findings made it difficult to draw conclusions of either beneficial or harmful effects of the intervention in relation to these behaviours.

Mechanisms and Moderators: When, where and how does it work, and who does it work for?

The authors discuss potential causal mechanisms that could explain how the intervention may work. They posit that the trauma experienced through child sexual abuse often results in children holding distorted views of themselves and others. CBT aims to address these symptoms using a range of techniques such as teaching the child to recognise potential signs and triggers of anxiety present in the external environment which become internalised as maladaptive thoughts and behaviours (e.g. self-deprecation and maladaptive thoughts and feelings about sex). Gradual exposure to increasingly...
evocative stimulus aims to desensitise the child thus reducing anxiety triggered by such events. A central concept to achieving this is helping the child to face rather than avoid situations that promote anxiety, to experience and practice coping strategies. CBT is generally a short-term intervention tailored around a child’s individual needs and therefore has the potential to be transferable to different contexts.

A key question that remains unanswered is whether the findings of this meta-analysis are generalisable to the UK. All but one of the ten studies included were from the USA, and often interventions that have been shown to be effective in the USA are not effective in the UK. A variety of reasons has been proposed for this, including differences in health services provision. It is therefore not known how these interventions work in other countries.

**Implementation: how do you do it?**

The review highlights how the intervention works through careful attention to the developmental and social contexts in which learning occurs. CBT approaches to treatment of children who have been sexually abused focus on the meaning of events for children and non-offending parents. The aim is to identify and address maladaptive thoughts deriving from the abuse which often result in low self-esteem.

Interventions are typically short term (around 12 weeks) and tailored to the specific child.

**Economics: what are the costs and benefits?**

No economic analysis is included in the study and cost-effectiveness is not mentioned.

**What are the strengths and limitations of the review?**

This review is a comprehensive attempt to assess the efficacy of cognitive-behavioural approaches in addressing the immediate and longer-term effects of sexual abuse on children and young people up to 18 years of age. It is based on the evidence provided through ten studies, and updates a previous review registered with the Cochrane Collaboration and Campbell Collaboration.

The authors suggest the effects of the interventions included may have been limited by the inclusion of ‘asymptomatic’ children in five of the ten studies. Whether ‘asymptomatic’ participants should be included in intervention studies is debatable, due to it being more difficult to demonstrate improvement in individuals who appear to be functioning relatively well. Studies that included only children demonstrating signs of trauma reported a positive impact on health and behavioural problems. Cautionary interpretation is needed, however, as these conclusions remain speculative. Some of the studies whose inclusion criterion was not so well defined did, in fact, find improved outcomes. Studies included in this review were generally conducted with a limited number of participants.

The included studies are generally representative of the range of abuse experienced by children aged between three and 18 years. The review sets out clearly the quality of studies included, highlighting methodology adopted, attrition and risk of bias. All studies included within the review were randomised controlled trials. However, a number of these trials comprised low numbers of participants, with fewer than 20 participants in each or one arm of the trial. Additionally, risk of bias was evident in a number of these studies regarding blinding, as none of the studies conducted analyses with blinded assessors.

The review authors highlight the range of methodological weaknesses and poor reporting inherent in the current available evidence of the efficacy of CBT in treating the emotional, psychological and behavioural consequences of child sexual abuse. More methodologically sound evidence is, therefore needed in order to draw more convincing conclusions about the efficacy of CBT for children who have been sexually abused.
The conclusions of this updated review confirm the potential of CBT to address the consequences of child sexual abuse but highlight the limitations of the evidence base and the need for more carefully conducted and better reported trials.

**Summary of key points**

- Evidence from the trials synthesised in this meta-analysis suggest that CBT may have a positive impact on the sequelae of child sexual abuse.

- The strongest evidence for positive effects of CBT appear to be a modest reduction in depressions, PTSD and anxiety symptoms.

- No evidence of an effect on child behaviour problems were found.

- Combined data from five studies found conflicting evidence of the effectiveness of CBT for sexualised behaviour.

- The meta-analysis included only a small number of studies, with relatively few participants. Larger, more rigorous trials are needed.

- All but one of the included studies were conducted in the USA which may limit the applicability of evidence outside of these contexts.