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**This article is based on the Campbell Review:**

Macdonald GM, Ramchandani P, Higgins JPT: *Cognitive-behavioral interventions for sexually abused children*. The Campbell Collaboration 2006. The review is also published in Cochrane Library.

*This article is written by the Nordic Campbell Centre. The article has been approved by the authors of the review.  
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## **Cognitive-behavioural interventions can help sexually abused children**

*For many children sexual abuse can result in a range of psychological and behavioural problems, some of which can continue into adulthood.*

*A new Campbell/Cochrane Review supported by the Nordic Campbell Centre suggests that treatment with cognitive-behavioural intervention helps children who have been sexually abused when it comes to post-traumatic stress disorder (PTSD) and short term anxiety. Results also indicate that the therapy improves parental skills and knowledge. There is, however, currently no evidence that cognitive-behavioural interventions are effective for depression or behavioural problems.*

### **Sexual abuse has many negative consequences**

Sexual abuse is a substantial social problem which affects large numbers of children, of both sexes, of all ages, and across culture and social class.

The consequences of sexual abuse on the social and emotional wellbeing of children and on their development are increasingly well documented. Many, but not all, children who have been sexually abused develop significant mental health difficulties. The effects of sexual abuse manifest themselves in a wide range of symptoms, including fear, anxiety, post-traumatic stress disorder and behaviour problems, or inappropriate sexual behaviours.

Different problems manifest themselves depending on the age of the affected child. Preschool children are likely to experience anxiety, nightmares, behavioural problems and inappropriate sexual behaviour. For school-aged children, typical reactions are school problems, hyperactivity and nightmares. Adolescents may suffer from depression, anxiety, suicidal or self-injurious behaviour and substance misuse.

Not all victims of sexual abuse have consequent psychological problems throughout their lives. However there is an association between having suffered such a trauma in childhood and experiencing higher rates of a wide range of problems in psychological and social functioning in adult life. These difficulties include depression, anxiety, phobias, low self-esteem and difficulties with relationships and parenting. Some women who have been sexually abused in childhood exhibit higher rates of high-risk sexual behaviour and sexual re-victimisation. Finally, a small minority of abuse victims go on sexually to abuse others. It is not clear whether these outcomes are specific to the experience of being sexually abused, or related to the other difficulties that children in these situations often face.

The rationale for interventions for children who have been sexually abused is that successful intervention may not only reduce the psychological and social impact of sexual abuse for a child and his or her family, but may also modify adverse impacts on future generations, through improved functioning as a parent, or by reducing the number of potential abusers.

The aim of this review is to assess the efficacy of cognitive-behavioural approaches (CBT) in treating the immediate and longer-term sequelae of child sexual abuse.

### **Different cognitive-behavioural intervention approaches**

Cognitive-behavioural therapy derives from four different theories of learning. They combine to provide an integrated approach to assessment and intervention which pays careful attention to the developmental and social contexts in which learning occurs.

In the treatment of children who have been sexually abused, cognitive-behavioural approaches focus particularly on the meaning of events for children and non-offending parents. The therapy endeavours to identify and address maladaptive cognitions (e.g. being permanently 'soiled'), misattributions (e.g. feelings of blame and responsibility), low self-esteem, and more overt behavioural problems such as externalising behaviours (aggression or 'acting out'), internalising behaviours (anxiety, self-blame or deprecation) or sexualised behaviour.

### **Cognitive-behavioural interventions can have positive effects**

The review suggests that cognitive-behavioural intervention has a positive effect on:

Post-traumatic stress disorder (PTSD). The effect appears to last for more than one year.  
Child anxiety. The positive effect is, however, not significant when measuring beyond one year.  
Parental skills and knowledge. Positive effects are found in regard to parental belief in their child's story, emotional reactions and behaviour management skills. Depending on the outcome measure, this conclusion is based on only 2 or 3 studies of the ten included studies.

The review reports no evidence of significant effects on depression, sexualised behaviour or externalising behaviour (e.g. aggression and acting out) – neither in the short nor the long term.

### **Facts about the review**

The review is based on ten studies including a total of 847 children and adolescents up to age 18 years who have experienced sexual abuse. All trials compare cognitive-behavioural interventions to other ways of helping, including 'usual services'. One study is from Australia and the remainders are from the USA. Two studies include girls only. The percentage of boys in the remaining studies range between 11% and 42%.

All children experienced contact sexual abuse and most of them were abused by men known to them. In the majority of cases, they were abused by a family member. The children experienced varying degrees of abuse: from a single episode to regular abuse over several years.

The therapy provided to children and/or their parents in the experimental groups includes both group- and individual treatments. The group-based therapies were provided over six or ten sessions whereas the individual-based therapies were provided from between 8 to 20 sessions.

In the review success criteria are measured in proportion to four outcomes:

- Psychological functioning of child
- Child Behaviour problems
- Future offending behaviour
- Parental skills and knowledge

Reviewers reported the impact of the intervention immediately after intervention and at 12 months. Only half of the studies reported impact at one year follow-up.

### **Implications for research**

Authors state that the included studies appear to be beset with a range of methodological weaknesses which, exacerbated by poor reporting, makes it difficult to draw firm conclusions. They recommend that future studies should consider focusing solely on sexually abused children who are experiencing identifiable symptoms of post-traumatic stress or other adverse consequences of sexual abuse. Furthermore studies should endeavour to follow-up participants for at least two years.