

Psychotherapy for Child Sexual Abuse

SUMMARY

Sexual abuse in childhood is known to be associated with short-term and long-term mental health problems. However there has been little systematic assessment of the extent and duration of these problems and there is a lack of research into the most effective methods of helping children who have been sexually abused. A multi-centre study, led by **Dr Judith Trowell** and **Prof Issy Kolvin** from the Tavistock Clinic London, was set up to evaluate the use of psychotherapy with girls aged 6 to 14yrs who had been sexually abused. The study was jointly funded by the Department of Health and the Mental Health Foundation. The girls were randomly allocated to either individual or group psychotherapy, and their current carers were also provided with support. The key findings were as follows:

- Sexually abused girls who had problems were more affected psychologically, socially and educationally than previously recognised. There was evidence of post traumatic stress disorder, depression and separation anxiety.
- Many of the birth parents had experienced physical or sexual abuse in their own childhood. Current mental health problems and previous domestic abuse were common. The birth families of abused girls had problems with communication, roles, appropriate emotional involvement and discipline.
- Most of the girls improved considerably with therapy. There were significant reductions in depression and separation anxiety, and improvements on measures of post-traumatic stress disorder. Approximately 5% of girls showed worsening symptoms.
- Individual and group therapy were both effective. However some girls had residual difficulties and would benefit from further help.
- The majority of the girls continued to improve after treatment ended. This is likely to be due in part to the improved relationship with the parent or carer and in part to the 'delayed' effect of therapy.
- Treatment was also associated with improvements in educational performance.

BACKGROUND

Child Sexual Abuse has been described as one of the major mental health problems of the last decade. Apart from the immediate impact of abuse on the child, there is also concern that it may be associated with persistent psychological problems, and hence with a range of psychiatric disorders in adulthood. A previous review of the research literature concluded that child sexual abuse had long-term implications for mental health, including:

- psychological symptoms, guilt, low self-esteem, sleep disturbance

- problem behaviours such as self-harm and drug abuse
- relationship and sexual problems
- psychiatric disorders, particularly depression, anxiety, eating disorders, and post-traumatic stress disorder

Various forms of psychotherapy have been offered to children who have been sexually abused, including individual and group psychotherapy and cognitive-behavioural treatment. However research into the effectiveness of treatment is limited and there is a particular need for controlled treatment trials, to supplement the literature derived from case studies and clinical anecdotes. The main aim of the study by Dr Trowell and Professor Kolvin was therefore to evaluate the effectiveness of individual psychotherapy and group psychotherapy for child sexual abuse using a randomised controlled trial.

THE RESEARCH

The research sites included the Tavistock Clinic, Camberwell Child & Adolescent Service, Maudsley Hospital Childrens' Department, Bethlem & Maudsley NHS Trust, Guy's Hospital and the Royal Free Hospital.

71 girls, aged 6 to 14 years, took part in either individual or group therapy. The individual psychotherapy consisted of 30 weekly sessions of therapy with a psychoanalytic focus. The group therapy consisted of between 12 and 18 sessions, and combined psychotherapeutic work with an educational approach. Those assigned to group psychotherapy were placed in groups with girls of a similar age to themselves.

The measures used to assess the girls' progress were standard scales of psychiatric symptoms in children (KiddieSADS), post-traumatic stress disorder (Orvaschel), measures of self-esteem, family functioning (Family Assessment Device FAD and Index of Family Support), cognitive/academic performance, and overall functioning (GAS).

Very important parallel work was carried out with carers. A small number of carers declined to be involved, but most had regular contact with psychiatric social workers or psychotherapists. Some became very upset when talking about the abuse and needed weekly support meetings in order to continue functioning as carers.

THE FINDINGS

- Girls who had experienced sexual abuse had high rates of other coexisting disorders, especially depression, anxiety, and post traumatic stress disorder.
- The birth families of girls who had experienced sexual abuse tended to have particular problems in communication, emotional involvement, discipline and general functioning. It is not clear whether these problems existed prior to the abuse or in response to it. Foster/adoptive families of sexually abused girls also showed problems in functioning (though far less than in birth families), which may reflect the impact on families of coping with an emotionally disturbed child.

- At the end of the therapy and at the one-year follow-up, girls had lower scores on depression, general anxiety, separation anxiety, social phobia, and attention deficit than at the beginning of treatment.
- For the majority of girls, the therapy was associated with a reduction in post-traumatic stress disorder. For example, girls became less likely to experience 'flashbacks' of their traumatic experiences. A minority, who had little or no evidence of PTSD at the outset, appeared to increase their scores over the treatment period.
- There were no significant differences in overall effectiveness between the two forms of psychotherapy. Individual therapy appeared to have a greater impact on reducing avoidance.
- Some girls showed an increase in anger following therapy. This may be interpreted positively as an increased capacity to express negative feelings which had previously been denied. For example, at the outset of the study, girls who had experienced sexual abuse were more likely than other girls to report using social withdrawal as a coping strategy.
- At the start of the study the girls were functioning poorly at school, both in literacy and numeracy, and tended to lack confidence in their academic ability. Following treatment, their performance and confidence had improved considerably, although they were still underperforming compared with a non-abused control group.

THE IMPLICATIONS

- GPs should be aware of the emotional symptoms of sexual abuse in children. They also need to know that time-limited treatment of this kind can help. Overall this study shows that after a year of individual or group psychotherapy the majority of girls showed significant reductions in psychiatric symptoms and post-traumatic stress disorder, and improvements in overall functioning. GPs who identify children who have been sexually abused and show symptoms of disturbance should refer children and families for appropriate specialised treatments.
- Teachers should be aware that child sexual abuse can have an impact on learning, concentration, confidence and self-esteem. Psychotherapy produces gradual benefits in academic performance and attitudes, but girls who are underperforming at school would also benefit from special educational support.
- Although group therapy may appear to be a more cost-effective option than individual psychotherapy, in practice it is not always possible to find a suitable group for a girl of a particular age and background. It is therefore reassuring to find that both forms of therapy can produce positive outcomes.
- About a third of the girls had some remaining psychological problems which would require additional support. Further research is needed to find better ways of predicting who will need this extra help.

- The girls referred for therapy in this study represent the most severe clinical picture. Therapeutic work with these girls places a tremendous emotional strain on staff who need considerable support.
- This study was restricted to girls, since sexual abuse is more common amongst girls than boys. Further research should address the extent to which the findings generalise to boys.
- Families and carers need help too, focusing particularly on communication, family roles, emotional involvement and behaviour control. This has significant resource implications for child mental health services.

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Further reading:

Trowell J & Kolvin I (1999) Lessons from a psychotherapy outcome study. *Clinical Child Psychology & Psychiatry*.

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