Psychosocial Interventions for Adults who were Sexually Abused as Children: A Systematic Review

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Submitted to the Coordinating Group of:

☑ Social Welfare

Already coregistered within the Cochrane DPLPG (this form is a conversion of the existing CDPLPG form completed in May 2011 and sent to the C2 SW Group in 2012):

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**Date Submitted to C2 SWG:** May 2012

**Approval Date C2 SWG:** May 2012
TITLE OF THE REVIEW

Psychosocial interventions for adults who were sexually abused as children

BACKGROUND

Briefly describe the problem that the interventions under review are aiming to address, the relevance to policy and practice, and the objective(s) of the review.

Childhood sexual abuse (CSA) is “a sexual act between an adult and a child, in which the child is utilized for the sexual satisfaction of the perpetrator” (Lev-Wiesel, 2008, p. 665). It is estimated that 5-10% of boys and 33% of girls are victims of CSA (Finkelhor, 1994), with that statistic reaching as high as 75% in female clinical populations (Rind, Tromovich & Bauserman, 1998). Underreporting of this phenomenon is a substantial problem. Estimates suggest that 30% to 80% of survivors do not report victimization until adulthood (Alaggia, 2005), thus delaying the onset of treatment until after the age of 18. Victims of CSA are at increased risk for post-traumatic stress disorder, depressive disorders, anxiety disorders, substance abuse, suicide, disordered eating, self-harming behaviors, sexual dysfunction, and physical health issues (Sachs-Ericsson et al., 2009; Lev-Wiesel, 2008; Vigil & Geary, 2008; Dube, Anda, Whitfield et al., 2005). Therefore, finding effective treatment modalities is crucial for promoting healing and mental health. Additionally, some literature suggests that moderating variables may impact the efficacy of interventions for different groups of survivors (Banyard, 2004; Boudewyn & Liem 1995).

OBJECTIVES

The objective(s) should be listed as questions which the review will aim to answer.

To determine the comparative efficacy of different therapeutic interventions in treating adult survivors of child sexual abuse, and to determine which interventions are more effective for specific sub-groups of survivors.

EXISTING REVIEWS

List any existing systematic reviews on the topic, and justify the need for this review if existing reviews exist or are in progress.

There is a meta-analysis on psychotherapy [only] for adult survivors of CSA (Taylor & Harvey, 2010).
INTERVENTION

Describe the eligible intervention(s) and comparison(s) clearly in plain language. What is given, by whom, to whom, and for how long? What are the comparison conditions (what is usually provided to control/comparison groups who don’t receive the intervention)?

Describe any similar interventions that will not be eligible and justify the exclusion.

Any behavioural, cognitive, cognitive-behavioral, psychosocial, or psychodynamic treatment used with adult survivors of child sexual abuse. Interventions can be conducted in either individual, couples, family, or group therapy.

Studies can measure either absolute or relative effects, although these groups will be kept separate in analysis. The intervention group may be compared to another treatment, treatment as usual, no treatment, or a titrated amount of treatment.

POPULATION

Specify the types of populations to be included and excluded, with thought given to aspects such as demographic factors and settings.

Women and men over the age of 18 who were sexually abused as minors. Participants will be excluded if they are developmentally disabled, experiencing active psychosis, or victims of human sex trafficking. Participants who have received prior psychosocial treatment will not be excluded.

OUTCOMES

List the primary and secondary outcomes for the review including all outcomes important to those who will be affected by and those who will make decisions about the intervention(s). Give thought to the inclusion of adverse and unintended effects, resource use, and outcomes along the causal chain.

The primary outcomes are reduction of PTSD symptoms, depression, and anxiety.
Secondary outcomes include global psychological distress, self-esteem, suicidality, substance use, self-harming behaviors, disordered eating, sexual dysfunction

**STUDY DESIGNS**

List the types of study designs to be included and excluded (please describe eligible study designs). Where the review aims to include quantitative and qualitative evidence, specify which of the objectives noted above will be addressed using each type of evidence.

Included studies must be randomized or use parallel cohort with statistical matching for baseline differences. There will be no language restrictions on studies included.

The following moderator analysis will be performed:

*Demographic variables*

Gender, age at onset of treatment

*CSA variables*

Age at onset of CSA, duration of CSA offense, number of different CSA perpetrators, whether the offender was a family member, severity of CSA offense

*Intervention Variables*

Treatment modality (group, individual, family), type of treatment, (cognitive, psychodynamic, etc.)

If sufficient data are available, we will conduct multiple treatments meta-analysis (MTM), incorporating both direct and indirect comparisons of the effectiveness of distinct treatment conditions (including cognitive-behavioral therapy (CBT), trauma-focused CBT, psychodynamic therapy, group therapy, couples therapy, family therapy, treatment as usual, and no treatment).

**REVIEW AUTHORS**

*Lead review author:* The lead author is the person who develops and co-ordinates the review team, discusses and assigns roles for individual members of the review team, liaises with the editorial base and takes responsibility for the on-going updates of the review.

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**ROLES AND RESPONSIBILITIES**

Please give a brief description of content and methodological expertise within the review team. It is recommended to have at least one person on the review team who has content expertise, at least one person who has methodological expertise and at least one person who has statistical expertise. It is also recommended to have one person with information retrieval expertise. Please note that this is the recommended optimal review team composition.

- **Content:** Jessica Schaffner, Julia H. Littell
- Systematic review methods: Jessica Schaffner, Julia H. Littell
- Statistical analysis: Julia H. Littell
- Information retrieval: TBC
POTENTIAL CONFLICTS OF INTEREST

For example, have any of the authors been involved in the development of relevant interventions, primary research, or prior published reviews on the topic?

No known conflict of interest

PRELIMINARY TIMEFRAME

Note, if the protocol or review are not submitted within 6 months and 18 months of title registration, respectively, the review area is opened up for other authors.

Needs to be completed for doctoral dissertation. Protocol will be submitted no later than March 1, 2012, and final review will be submitted no later than March 15, 2013.

Form CONVERTED from Cochrane version