Authors' objectives
To evaluate the effectiveness of treatments for sexually abused children.

Searching
Previous reviews and journals in related fields were searched. No search criteria are provided. Researchers engaged in treatment research were contacted. Published and unpublished studies were included.

Study selection
Study designs of evaluations included in the review
The study designs included pre- and post-test designs with no comparison groups, quasi-experimental designs with group comparisons but no assignment of treatments and experimental designs with group comparisons and treatment assignments. Studies needed to include a quantitative measure to evaluate sexually abused children (under 18 years) at two points in time, subsequent to the disclosure of abuse, and at least five or more of the evaluated children needed to have received treatment during that interval.

Specific interventions included in the review
Sex education, music therapy, family therapy, group therapy and cognitive-behavioural treatment.

Participants included in the review
Children aged 18 years or under who had been sexually abused were included.

Outcomes assessed in the review
The outcomes included parent observation measures, child self-report measures and teacher/therapist ratings.

How were decisions on the relevance of primary studies made?
The authors do not state how the papers were selected for the review, or how many of the authors performed the selection.

Assessment of study quality
The authors do not state that they assessed validity.

Data extraction
The authors do not state how the data were extracted for the review, or how many of the authors performed the data extraction.

Methods of synthesis
How were the studies combined?
A narrative synthesis was undertaken.

How were differences between studies investigated?
The studies were grouped according to their study design.

Results of the review
Twenty-nine studies were included. Of these, 17 were pre-post designs, 5 quasi-experimental and 7 experimental
All but one of the pre-post test studies found significant improvement for the treated children as a group on at least one of the outcome measures over time periods ranging from 9 weeks to 12 months. It is impossible to identify whether the improvement was due to the treatment the children received or the passage of time.

Three of the five quasi-experimental studies failed to find any advantage for children receiving therapy per se compared to children with no therapy at all. Such findings may reflect the ineffectiveness of therapies provided, the support provided by parents to children not receiving treatment or that the children not receiving treatment were already recovering.

Three experimental studies comparing treatment with no treatment groups found significant effects of treatment. By contrast five experimental studies comparing alternative treatments did not show consistently favourable results, with variations depending on treatments, participants and outcomes assessed.

**Authors' conclusions**

Studies of sexually abused children receiving treatment show improvements that are consistent with the belief that therapeutic intervention facilitates children's recovery. Only five out of 29 studies were of adequate study design to provide evidence that widely-observed recovery is not simply due to the passage of time or some other factor outside of therapy. The field of treatment evaluation research on sexual abuse is still in the process of development and more research on treatment outcome is needed.

**CRD commentary**

Although the study provides a general review on treatment of sexually abused children, it fails to include information on the methodology used. The objective, interventions, outcomes, participants, inclusion criteria and results are clearly stated. Unfortunately, limited or no information is provided on the search strategy, the validity criteria, the method by which decisions of relevance, judgements of validity or data extraction are undertaken, as well as the way in which differences between the primary studies were assessed. The conclusions of this review should be treated with caution.

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