A meta-analytic investigation of group treatment outcomes for sexually abused children
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Authors' objectives
To examine the effectiveness of group treatments for sexually abused children and adolescents.

Searching
PsycINFO was searched from 1967 to 1996 for all articles written in the English language, using the search descriptor 'sexual abuse (limited to) treatment'. The reference sections of the identified studies and two reviews were examined for additional articles.

Study selection
Study designs of evaluations included in the review
Outcome studies of sexual abuse group treatment for children and adolescents were eligible if they met the following inclusion criteria:

they were designed to examine the effectiveness of a group treatment for sexually abused children or adolescents;

their results were based on empirical measures; and

they reported sufficient statistical information for the calculation of appropriate effect size estimates.

Specific interventions included in the review
The interventions were a combination of the following: group and individual psychotherapy; drama therapy; integrated therapy; cognitive-behavioural therapy; play therapy; art therapy; role play; problem-solving; puppet work; writing exercises; and behaviour management.

Participants included in the review
Children between the ages of 2 and 18 years, who were participating in group treatment for sexual abuse, were included.

Outcomes assessed in the review
The outcome measures were general psychological distress, internalising symptoms, externalising symptoms, sexual behaviours, self-esteem, and knowledge of sexual abuse or prevention.

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 quality.

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?
All effect sizes were computed by finding the difference between the pre- and post-treatment mean scores and dividing by the pooled standard deviation of measures in that study, then correcting for sample size. To control for non-independence of findings within each study, an overall effect size was calculated for each of the 15 studies. Then, the 15 individual, overall study effect sizes were averaged to derive an overall mean effect size for each outcome variable.

How were differences between studies investigated?
Three additional sets of analyses for effect sizes were carried out, using one-way analysis of variance (ANOVA) or t-tests. The first analysis examined the effects of the populations studied (gender, age) and setting (agency or research). The second looked at all of the relevant outcome measures from two response perspectives: parent report or child report. The third identified a list of core outcome variables commonly used to measure treatment effectiveness for sexually abused children and adolescents. These were then grouped into 6 outcome categories and effect sizes for these categories were calculated.

Results of the review
Fifteen studies (including 2 of unpublished data) with 220 participants were included in the meta-analysis.

Aggregation of the 15 studies (49 measures) yielded a mean effect size (d) of 0.79 (standard deviation, SD=0.44).

One-way ANOVA found no significant differences in the overall effect sizes according to gender or age. A two-tailed t-test for independent samples was significant at the 0.05 level (t(13)=2.16, p=0.05), such that studies conducted in agency settings tended to yield higher overall effect sizes than those conducted in research settings (agency m = 1.02, SD=0.38; research m = 0.58, SD=0.40).

A two-tailed t-test for independent samples (t(19)=0.06, p=0.95) found no significant differences between the effect sizes reported by the child or by the parent or guardian.

A one-way ANOVA for 4 of the 6 outcome variable categories found no significant differences in the effect sizes of the various outcome measure categories (self-esteem, general distress, internalising symptoms, and externalising symptoms).

Authors’ conclusions
The results from the current meta-analysis supported the conclusion that effective group treatments for sexually abused children and adolescents exist. In addition, that the current meta-analysis can function as a comparison group for future researchers studying treatment outcome for this population. Future research is recommended.

CRD commentary
The authors presented a clear description of their methods, including the search, statistical techniques and inclusion criteria. However, no information was given on how the inclusion and exclusion criteria were applied, and whether any quality assessment was carried out. The search was limited to English language articles and to one database (PsycINFO), so it is unclear whether all the relevant studies were identified.

The authors commented that the 15 studies were heterogeneous in terms of the participants, treatment offered, length of treatment and other variables. However, they presented the findings from the pooled analysis on the basis of 49 measures of effectiveness, which were a combination of self-esteem, sexual behaviour, anxiety, fear, depression, and so on. In addition, since all the studies were of a pre-test post-test design, the effect sizes were based on the differences between the pre- and post-treatment scores, rather than the differences between the intervention and control groups. This type of analysis is thought to inflate intervention effects. Therefore, caution should be applied in the interpretation of the authors’ conclusions about the effectiveness of group treatment for sexually abused children and adolescents.

Implications of the review for practice and research
The authors’ suggestions for further research include: measuring the effectiveness of the sexual abuse education or prevention component of the treatment; comparing ages to see if group treatment is more effective for certain age
groups; and comparing varying lengths of group treatment.

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