



A meta-analysis of the effects of psychotherapy with adults sexually abused in childhood

Joanne E. Taylor*, Shane T. Harvey

School of Psychology, Massey University, Palmerston North, New Zealand

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ABSTRACT

This paper presents the results of a meta-analysis of the treatment outcome studies of different types of psychotherapeutic approaches for adults sexually abused as children. There were 44 studies included comprising 59 treatment conditions, and most of the studies aimed to treat the psychological effects of childhood sexual abuse. Separate meta-analyses were conducted according to study design and outcome domain, in keeping with meta-analytic conventions. For most outcome domains, there was remarkable consistency in overall effect sizes across study design. Effect sizes were predominantly of moderate magnitude for post-traumatic stress disorder or trauma symptoms ($g = 0.72$ – 0.77), internalizing symptoms ($g = 0.68$ – 0.72), externalizing symptoms ($g = 0.41$ – 0.53), self-esteem ($g = 0.56$ – 0.58), and global functioning or symptoms ($g = 0.57$ – 0.60). Studies measuring interpersonal functioning outcomes had inconsistent effect sizes across study design. Effects were largely maintained at follow-up, although relatively few studies provided follow-up data. A number of moderating variables were examined given the inherent heterogeneity of the studies. Moderator analysis revealed a variety of variables, particularly treatment characteristics, that were associated with better outcomes. However, different variables were identified for the diverse outcomes that were measured, emphasizing the importance of moderator analysis in looking beyond overall treatment effects to ascertain specific elements that confer additional benefit in therapy for the diverse psychological effects of child sexual abuse.

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* Corresponding author. Tel.: + 64 6 3569099x2065; fax + 64 6 3505673.

E-mail address: j.e.taylor@massey.ac.nz (J.E. Taylor).

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1. Introduction

Sexual abuse of children is a serious international problem. A recent meta-analysis of the prevalence of child sexual abuse (CSA) in adults using 65 articles from 22 countries reported that 7.9% of men and 19.7% of women had experienced sexual abuse prior to the age of 18 (Pereda, Guilera, Forns, & Gómez-Benito, 2009). It is well documented that the effects of CSA can extend into adulthood, impacting on physical, psychological, and social functioning and contributing to adult psychopathology (Briere & Elliott, 2003; Bushnell, Wells, & Oakley-Browne, 1992; Fanslow, Robinson, Crenge, & Perese, 2007; Fergusson, Boden, & Horwood, 2008; Fergusson, Horwood, & Lynskey, 1996; Fergusson, Lynskey, & Horwood, 1996; Jumper, 1995; Lynskey & Fergusson, 1997; Mullen et al., 1993, 1994; Owens & Chard, 2003; Romans, Belaise, Martin, Morris, & Raffi, 2002; Saunders, Villeponteaux, Lipovsky, Kilpatrick, & Veronen, 1992; see Maniglio, 2009, for a recent meta-analytic review). Reports of CSA have been found to be associated with psychological symptoms, even after sociodemographic variables, subsequent interpersonal victimization, and childhood physical abuse are accounted for (Briere & Elliott, 2003; Fergusson et al., 2008). After adjusting for these types of factors, Fergusson et al. (2008) found that those with a history of CSA had rates of mental health disorder that were 2.4 times higher than those not exposed to CSA, and it was estimated that CSA accounted for approximately 13% of the mental health problems experienced by their study cohort. Furthermore, certain characteristics of CSA may be associated with greater risk of mental health problems, such as sexual abuse at a later age, a greater number of abuse incidents, multiple abusers, and penetration (Briere & Elliott, 2003).

Several narrative reviews have evaluated the outcome of therapy for adults sexually abused as children (e.g., Cahill, Llewelyn, & Pearson, 1991; Kessler, White, & Nelson, 2003; Lubin, 2007; Martsof & Draucker, 2005; Ryan & French, 2003). These reviews have concluded that abuse-focused psychotherapy approaches have a positive effect on outcome, such as reducing symptoms and improving functioning (Kessler et al., 2003; Martsof & Draucker, 2005). They also identify the need for further research to explore the aspects of treatments that are most effective, such as specific activities, treatment modalities, the optimal duration of treatment, and which client characteristics influence outcome. Meta-analytic approaches have also been used in an attempt to be more systematic in summarizing studies from a quantitative point of view. To date, four such meta-analyses have been published, although all have limitations in assessing the outcome of interventions with adults sexually abused as children.

Three meta-analyses have examined specific types of treatment, including group (Callahan, Price, & Hilsenroth, 2004; de Jong & Gorey, 1996) and individual psychotherapy (Price, Hilsenroth, Petretic-Jackson, & Bonge, 2001). Large overall effects have been reported for group treatments ($d = 0.72$ – 0.79 ; Callahan et al., 2004; de Jong & Gorey, 1996), although effects for specific symptoms using the

Symptom Checklist-90-Revised have varied according to the outcome measured (e.g., 0.12 for interpersonal control, 0.58 for trauma symptoms, 0.78 for depression, and 1.03 for anxiety; Callahan et al., 2004). Individual psychotherapy outcomes have featured similar variability for measures of dissociation ($d = 0.18$), depression (0.92), self-esteem (2.44), target complaints (5.71), trauma symptoms (0.44–1.50), global symptoms (0.80–2.34), and interpersonal symptoms (0.95–1.62; Price et al., 2001). Unfortunately, several factors limit the usefulness of these reviews. Firstly, the analyses are restricted to outcomes for specific types of treatment and consider a relatively small number of studies ($n = 5$ – 8). Secondly, consideration of the long-term effects of interventions is either limited to the results of one study (de Jong & Gorey, 1996) or to inspecting follow-up results for individual studies rather than across studies (Callahan et al., 2004; Price et al., 2001). Thirdly, and to varying extents, the analyses have several serious methodological flaws, such as lack of sample size correction, averaging results from measures of divergent constructs, and pooling effect sizes from independent samples and repeated measures designs, all of which are significant departures from recommended meta-analytic practice (Lipsey & Wilson, 2001).

Peleikis and Dahl (2005) addressed these limitations in their meta-analysis of outcomes across different types of psychotherapy in 24 studies of women sexually abused as children. After removing two outliers, the overall effect size for the independent samples studies was $d = 0.53$, ranging from 0.29 to 1.65, and effects varied according to outcomes, such as depression (0.69), anxiety (0.51), self-esteem (0.75), trauma symptoms (0.44), and general symptoms (0.72). Unweighted effect sizes for the repeated measures studies were not averaged and ranged from 0.81–1.57 for depression, 0.67–0.93 for anxiety, 0.36–1.13 for self-esteem, 0.46 for trauma, and 0.44–1.43 for general symptoms. Nine studies reported follow-up data for mostly one year post-treatment, and effect sizes dropped overall, ranging from -0.02 – 0.14 for depression, -0.18 – 0.28 for anxiety, 0.02 – 0.04 for self-esteem, 0.00 – 0.28 for trauma, and -0.35 – 0.14 for general symptoms. Despite the methodological strengths of Peleikis and Dahl's meta-analysis, a final and crucial limitation of the existing literature is that there has been no consideration of the factors that might account for the variability in treatment outcome. A meta-analysis that considers potential moderating variables would address the call by narrative reviews for research to look into the specific aspects of treatment that are most effective. Given these important limitations as well as the subsequent publication of several other studies since Peleikis and Dahl's (2005) meta-analysis (e.g., Chard, 2005; Cole, Sarlund-Heinrich, & Brown, 2007; Hébert & Bergeron, 2007; Kreidler, 2005; Lau & Kristensen, 2007; Lundqvist, Svedin, Hansson, & Broman, 2006; MacIntosh & Johnson, 2008; McDonagh et al., 2005; Ryan, Nitsun, Gilbert, & Mason, 2005; Sikkema et al., 2007; Stalker, Palmer, Wright, & Gebotys, 2005; Talbot et al., 2005), an updated and more comprehensive meta-analysis is timely. The present report describes a meta-analysis of the effect of psychotherapy for

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