BEST in Mental Health
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Best Evidence Summaries of Topics in Mental Healthcare

BEST *in* MH *clinical question-answering service*

Question

In women victims of sexual assault, how effective are psychological/specialist interventions, compared to no specialist intervention, in improving patient outcomes?

Clarification of question using *PICO* structure

Patients: Women victims of sexual assault
Intervention: Psychological/specialist interventions
Comparator: No specialist interventions
Outcome: Improving patient outcomes

Plain language summary

There is limited high quality evidence that looks into psychological interventions for women victims of sexual assault in adulthood. More research is needed to adequately assess the effectiveness of psychological/specialist interventions in this area.

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Clinical and research implications

There is limited, poor quality evidence that psychological interventions, particularly group interventions (e.g. cognitive processing therapy, assertion training, supportive psychotherapy, image rehearsal therapy) may be effective in reducing symptoms of post-traumatic stress disorder and depression, in women who have experienced sexual assault. However, much of the evidence was derived from adult female survivors of childhood sexual abuse or from mixed populations which included women who had experiences rape in childhood or adulthood; this evidence therefore have limited applicability to adult victims of sexual assault.

High quality randomised controlled trials of standardised interventions are needed to adequately assess the effectiveness of psychological interventions for women victims of sexual assault. Studies focussing on women who have experienced sexual assault in adulthood, rather than those who experienced sexual abuse in childhood, are particularly lacking.

What does the evidence say?

Number of included studies/reviews (number of participants)

We identified one systematic review[1] and four additional randomised controlled trials (RCTs),[2,3,4,5] which were considered potentially relevant to this evidence summary. The systematic review assessed the effectiveness of psychological interventions for adult female survivors of sexual assault, compared to a control condition; comparisons between interventions were also reported.[1] Outcomes were grouped into the categories of PTSD symptoms, depression, anxiety, and general distress and fearfulness.[1] Interventions assessed included group therapies (Assertion Training, Supportive Psychotherapy plus Information, and Cognitive Processing Therapy) and individual therapies (Clinician-Assisted Emotional Disclosure, Supportive Counselling, Cognitive Processing Therapy, Eye Movement Desensitisation and Reprocessing, Stress Inoculation, and Prolonged Exposure).[1] Three of the four additional RCTs included only or majority (58%) adult female survivors of childhood sexual abuse.[2,3,4] These studies compared the effectiveness of three group interventions (interpersonal transaction groups,[2] process groups,[2] and image rehearsal therapy[4]) and one combined group and individual intervention (cognitive processing therapy[3]) to a wait list or minimal attention control condition. Two studies were conducted in women with post-traumatic stress disorder (PTSD).[3,4] Outcomes assessed were PTSD symptoms, depression, and general distress.[2,3,4] The final RCT was a prevention study, which assessed the effectiveness of a video intervention, applied before forensic medical examination, for preventing development of PTSD and depression in adult female rape victims.[5]

Main findings

The systematic review did not report any numerical estimates of treatment effect, but noted which interventions were associated with statistically significant improvements in symptoms.[1] All interventions assessed were associated with improvements in PTSD symptoms.[1] Only the group therapies Assertion Training, and Supportive Psychotherapy plus Information were associated with improvements in anxiety symptoms.[1] The group therapies Assertion Training, and Supportive Psychotherapy plus Information and both group and individual Cognitive Processing therapy were associated with significant improvements in depression; evidence about the effects of Eye Movement Desensitisation and Reprocessing, Stress Inoculation, and Prolonged Exposure was

inconsistent.[1] The group therapies Assertion Training, and Supportive Psychotherapy plus Information and individual Clinician-Assisted Emotional Disclosure were associated with significant reductions in general distress and fearfulness; evidence about the effectiveness of Stress Inoculation was inconsistent.[1] The trial assessing the effectiveness of two group interventions compared to waitlist control, in female survivors of sexual abuse, found that both interventions were effective in improving depression and general distress, but only the more structured specialised format (process group) was associated with improved social adjustment.[2] The two trials conducted solely[3] of majority[4] in female survivors of childhood sexual abuse, all of whom had PTSD, both found that the psychological interventions assessed (cognitive processing therapy[3] and image rehearsal therapy[4]) were associated with reductions in PTSD symptoms, including nightmare frequency;[4] one study also reported that cognitive processing therapy was associated with reductions in depression.[3] The effects observed in all three of these studies were sustained at long-term follow-up (3 months to 1 year).[2,3,4] Finally, the results of the prevention trial indicated that the video intervention for rape victims was associated with reductions in PTSD symptom and depression scores at follow-up, but only for women who had a prior history of rape.[5]

Authors conclusions

Parcesepe 2015 – The authors concluded that given the limited evidence base on the effectiveness of these interventions with adult female survivors of sexual assault, providers should rigorously evaluate the interventions' effects to ensure that they are improving the mental health of survivors.

Alexander 1989 – Results suggested that both group interventions were more effective than wait list control in reducing depression and alleviating distress in adult female survivors of childhood sexual abuse; improvements were maintained at follow-up.

Chard 2005 – Analyses suggested that Cognitive Processing Therapy is more effective than control for reducing trauma-related symptoms in adult female survivors of childhood sexual abuse, and effects are maintained for at least 1 year.

Krakow 2001 – Imagery rehearsal therapy is a brief, well-tolerated treatment that appears to decrease chronic nightmares, improve sleep quality, and decrease PTSD symptom severity.

Resnick 2007 – Women receiving a video intervention prior to forensic medical examination generally had lower PTSD symptom scores and depression scores, at follow-up, than those in a control group, however, these effects were only apparent for women with a prior history of rape.

Reliability of conclusions/Strength of evidence

The evidence in this summary is derived from one poor quality systematic review and four small RCTs, all of which had significant methodological weaknesses. The systematic review did not report any numerical estimates of effect size; results were reported as a description of which intervention groups showed statistically significant improvements in symptoms. Three of the four RCTs were conducted solely or mainly in adult survivors of childhood sexual abuse and findings may therefore have limited applicability to adult victims of sexual assault.

What do guidelines say?

Nice guidelines do not comment on interventions for women who have been sexually abused.

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Date searches conducted: 13/07/2016
Date answer completed: 13/08/2016

References

Systematic reviews

Parcesepe, A. M., Martin, S. L., Pollock, M. D., & Garcia-Moreno, C. (2015). The effectiveness of mental health interventions for adult female survivors of sexual assault: a systematic review. *Aggression and violent behavior*, *25*, 15-25.

Randomised controlled trials

Alexander, P. C., Neimeyer, R. A., Follette, V. M., Moore, M. K., & Harter, S. (1989). A comparison of group treatments of women sexually abused as children. *Journal of Consulting and Clinical Psychology*, *57*(4), 479.

Chard, K. M. (2005). An evaluation of cognitive processing therapy for the treatment of posttraumatic stress disorder related to childhood sexual abuse. *Journal of consulting and clinical psychology*, *73*(5), 965.

Krakow, B., Hollifield, M., Johnston, L., Koss, M., Schrader, R., Warner, T. D., ... & Cheng, D. (2001). Imagery rehearsal therapy for chronic nightmares in sexual assault survivors with posttraumatic stress disorder: a randomized controlled trial. *Jama*, *286*(5), 537-545.

Resnick, H., Acierno, R., Waldrop, A. E., King, L., King, D., Danielson, C., ... & Kilpatrick, D. (2007). Randomized controlled evaluation of an early intervention to prevent post-rape psychopathology. *Behaviour research and therapy*, *45*(10), 2432-2447.

Results

Systematic reviews

Author (year)	Search date	Inclusion criteria	Number of included studies	Summary of results	Risk of bias
Parcsepe et al. (2015)	December 2012	***Participants*:** Adults female survivors of sexual assault; studies focusing only on survivors of childhood sexual abuse were excluded ***Intervention*:** Psychological or mental health intervention ***Comparator*:** Any comparator ***Outcome*:** Mental health symptoms or diagnoses ***Study design*:** Randomised and non-randomised controlled trials	9 studies, of which two were in the same population (initial study and long-term follow-up) (n=452 participants)	This systematic review aimed to assess the effectiveness and comparative effectiveness of mental health interventions for adult female survivors of sexual assault. Seven of the nine included studies reported comparisons between one of more psychological therapies and no treatment or minimal attention. Six of these studies were in adult female survivors of attempted or completed rape, or completed rape only, that had occurred at least three months before the start of the study; the remaining study specified women who reported experiencing rape at any point during their lifetime. Five studies included women who had experienced rape in childhood or adulthood. All study participants were experiencing distress anxiety or post-traumatic stress disorder (PTSD) symptoms at the time of recruitment.	The research objective was clearly stated and appropriate inclusion criteria were defined. Four bibliographic databases were searched and references of retrieved articles were screened for additional studies. However, only studies published between 1985 and 2012, in English, French, or Spanish, were included. Data extraction and

				One study each assessed the effectiveness of Assertion Training (group), Clinician-Assisted Emotional Disclosure (individual), Supportive Counselling (individual), and Supportive Psychotherapy plus Information (group), two studies assessed Cognitive Processing Therapy (one group and one individual), Eye Movement Desensitisation and Reprocessing (individual), and Stress Inoculation (individual), and three studies assessed Prolonged Exposure (individual). The total number of treatment hours varied between 2 and 18. Interventions varied with respect to duration, number of sessions and mode of delivery (group or individual). Statistically significant treatment effects on PTSD (various measures) were reported for all interventions in all studies. The studies assessing Assertion Training, and Supportive Psychotherapy plus Information, and one of the two studies assessing Stress Inoculation found statistically significant effects on anxiety (various measures) in the treatment group only. The study of Supportive Counselling and one of each of the studies on Eye Movement	assessment of methodological quality included measures to minimise error and bias, but it was not clear whether these measures were also applied to study selection. The methodological quality of included studies was assessed using the Downs and Black checklist, which is a checklist for observational studies, rather than one specific to RCTs. The use of a narrative synthesis was appropriate, however, reporting of results was

				Desensitisation and Reprocessing, and Prolonged Exposure found no treatment effect on measures of anxiety. The remaining studies did not assess anxiety. The studies assessing Assertion Training, and Supportive Psychotherapy plus Information, both of the studies assessing Cognitive Processing Therapy, one of each of the two studies assessing Eye Movement Desensitisation and Reprocessing, and Stress Inoculation, and one of the three studies assessing Prolonged Exposure found statistically significant treatment effects on depression (various measures). The remaining studies either did not assess depression or found statistically significant changes in both treatment and control groups. The studies assessing Assertion Training, and Supportive Psychotherapy plus Information, Clinician Assisted Emotional Disclosure, and one of the two studies assessing Stress Inoculation found statistically significant treatment effects on measures of distress and fear. There was no evidence that other interventions had a significant effect on	limited to whether or not the findings of individual studies were statistically significant

				distress and fear.	

Randomised controlled trials

Author (year)	Inclusion criteria	Number of participants	Summary of results	Risk of bias
Alexander (1989)	***Participants*****:** Women (18 years and older) who had been sexually assaulted by a father, stepfather or other close relative, in childhood. Exclusion criteria were serious suicidal ideation, psychosis, and severe substance abuse. ***Intervention*****:** Interpersonal transaction group (10 week) or process group (10 week) ***Comparator*****:** Wait list control. ***Outcome*****:** Social adjustment (SAS), depression (BDI), fearfulness (MFS) and general distress (SCL-90_R). Participants were evaluated pre-treatment, post-treatment and at six months follow-up.	n=65	This study aimed to assess the effects of both a specialised, group format intervention and a less structured interpersonal process group format, compared to waiting list control, on the mental health of adult female survivors of childhood sexual abuse. The mean age of study participants was 36±8.4 years. 39% were single, 36% married, and 20% divorced. The mean duration of abuse was 7±4.1 years. The age of onset of abuse was under 6 years in one third or women, between the ages of 6 and 11 years in half of the women, and during adolescence for the remainder. Abuse had included sexual intercourse for over half of the women. Baseline outcome measures appeared similar between the study groups, but it was not clear whether there were any other significant differences between the participants in intervention and control groups. All participants showed improvement in social adjustment (SAS), depression (BDI), fearfulness (MFS) and general distress (SCL_90_R) over time.	No details of randomisation or allocation concealment procedures were reported. The nature of the interventions precludes blinding of participants and health care practitioners; it was not clear whether outcomes were assessed

			Participants in both intervention groups showed significant improvements in depression (BDI), over time, compared to the wait list group (interpersonal transaction group, $F1,9 = 24.0$, $p<0.001$ and process group $F1,9 = 24.9$, $p<0.001$). Participants in both intervention groups also showed significant improvements in general distress (SCL_90_R), over time, compared to the wait list group (interpersonal transaction group, $F1,9 = 34.2$, $p<0.001$ and process group $F1,9 = 7.8$, $p<0.05$). Only participants in the process group showed significant improvements in social adjustment (SAS) over time, compared to the wait list group ($F1,9 = 7.4$, $p<0.05$). There were no significant time-treatment interactions for fearfulness (MFS). Improvements were maintained at six month follow-up, for participants in both intervention groups.	blind to group allocation. It was not clear whether all participants were included in the analysis; 7 women did not complete treatment and 2 were switched from waiting list control to intervention due to inability to tolerate a 12 week delay to treatment. Results were reported for all specified outcomes.
Chard (2005)	***Participants*:** Adults women with a diagnosis of PTSD, at least one incident of	n=71 (n=36 cognitive	This study aimed to assess the effects of a combined group and individual cognitive behavioural intervention, compared	No details of randomisation

	child sexual abuse as defined by state law and at least one memory of the abuse. Exclusion criteria were current trauma, substance dependence, suicidal intent, or impeding medical conditions. ***Intervention*:** Cognitive processing therapy – 17 weeks of manual based group and individual therapy with participants attending a 90 minute group each week and a 60 minute group for the first 9 weeks. ***Comparator*:** Minimal attention wait-list control – received a 5-10 minute telephone call once a week during the 17 weeks. ***Outcome*:** Post traumatic stress severity (Clinician-Administered PTSD Scale, MPSS,), psychiatric symptoms (SCID-I, BDI-II, DES-II). Participants were evaluated pre-treatment, post-treatment and at 3 months and 1 year follow-up.	processing therapy group, n=35 minimal attention group)	to waiting list control, on the symptoms of adult female survivors of childhood sexual abuse, who have been diagnosed with PTSD. There were no significant differences, in participant characteristics or baseline outcome measures, between the intervention and control groups. The mean age of study participants was 32.8±8.9 years. The ethnicity distribution of participants was 14% African American, 81.4% White, and 3.5% Hispanic, Latin or Mexican American. The mean age of abuse onset was 6.4±2.8 years. 63% Of participants reported having two or more abusers and 57% reported that abuse included sexual intercourse. 40% Of study participants met the criteria for major depression. Cohen's effect size estimates indicated large post-treatment effects for all outcomes, controlled for pre-treatment scores: PTSD symptoms (CAPS-SX eta-square 0.65, MPSS eta-square 0.70, DES-II eta-square 0.32); depression (BDI eta-square 0.58). Repeated measures MANOVAs, ITT analysis performed across the four assessment points, indicated that changes in treatment scores remained significant over time on all outcome measures: CAPS-SX $F3,39 = 26.7$, $p<0.001$; MPSS $F3,39 = 23.7$, $p<0.001$; BDI $F3,39 = 21.6$, $p<0.001$; DEA-II $F3,39 = 9.7$, $p<0.001$.	or allocation concealment procedures were reported. The nature of the interventions precludes blinding of participants and health care practitioners; outcomes were assessed blind to treatment group. Analyses included an Intention-To-Treat approach. However, 8 (22%) of

			Post-treatment, 7% of the intervention group met the CAPS-SX diagnostic criteria for PTSD, compared to 74% of the control group.	participants were lost to follow-up by 3 months and 9 (25%) by 1 year. Results were reported for all specified outcome measures.
Krakow et al. (2001)	***Participants*:** Female sexual assault survivors (18 years or older) with self-reported nightmare, insomnia and post-traumatic stress symptoms. Exclusion criteria were acute intoxication, withdrawal or psychosis. ***Intervention*:** Cognitive imagery treatment group – 3 sessions of manual based, nightmare focused treatment presented in groups. ***Comparator*:** Wait-list control – received no additional treatment but continued any ongoing treatment. ***Outcome*:** Nightmare frequency (NFQ), sleep quality (PSQI), PTSD (PSS, CAPS). Participants were evaluated pre-	n=168 (n=88 treatment group , n=80 wait-list control)	This study aimed to assess the effectiveness of Image Rehearsal Therapy for the treatment of chronic nightmares in adult female sexual assault survivors with PTSD. There were no significant differences, between the treatment and control groups, in participant characteristics, concurrent psychotherapy or pharmacotherapy, or baseline outcome measures. Control non-completers were significantly younger than treatment completers. 90% Of participants had experienced sexual, physical, or emotional abuse in childhood. Sexual abuse was the most frequently reported, with 58% reporting a mean sexual abuse duration of 8 years; 72% were ≤10 years old at the onset of abuse.	To mask treatment assignment, patients mailed a postcard and it's time and date were logged into a computer and entered into a previously generated list of numbers that randomly assigned participants.

	treatment, post-treatment and at 3 and 6 months follow-up.		Time-treatment interactions indicated substantial decreases in nightmares and sleep and PTSD scores in the treatment group, with only small changes in the control group: number of nights with nightmares per week $F1,112 = 32.3$, $p<0.001$; number of nightmares per week $F1,112 = 16.8$, $p<0.001$; sleep (PSQI global score) $F1,109 = 8.1$, $p<0.001$; PTSD (CAPS score) $F1,95 = 23.1$, $p<0.001$, (PSS total score) $F1,110 = 17.2$, $p<0.001$. Treatment effects were sustained at 3 and 6 months. The ITT analysis confirmed significant differences between treatment and control on all outcome measures, but with smaller effect sizes (numerical results not reported).	The nature of the interventions precludes blinding of participants and health care practitioners; outcomes were assessed blind to treatment group. All randomised individuals were included in the analyses. However, 25% of participants in both groups were lost to follow-up or withdrew before

				completing treatment. Results were reported for all specified outcome measures.
Resnick et al. (2007)	***Participants*:** Female victims of sexual assault aged 15 years or older within the previous 72 hours and who had participated in a medical rape examination. ***Intervention*:** Video intervention – viewing of a 17 minute video immediately preceding the examination. First component of the video is to reduce distress during examination. Second component promoted coping successfully, strategies to reduce anxiety and psychoeducation regarding potential reactions to rape. ***Comparator*:** Treatment as usual surrounding rape examination. ***Outcome*:** Distress and trauma (SUDs, PSS-SR), depression (BDI), anxiety (BAI), treatment manipulation, prior history of rape, family support (FRS). Only BAI was	n=225 (n=117 video condition, n-108 nonvideo/TAU condition)	This study aimed to evaluate the effectiveness of a video intervention, used prior to forensic medical examination conducted within 72 hours after assault, for the prevention of PTSD and other mental health problems. There were no significant differences, between the treatment and control groups, in participant characteristics, baseline BAI score, or receipt of counselling services. Those in the intervention group reported a higher average distress rating prior to the rape examination than did participants in the control group (mean=83.03±22.77 vs. mean=70.46±28.48, $p<0.01$). 26 Participants in the intervention group and 30 participants in the control group had experienced prior rape, but the numbers of completers or participants included in the analyses who had experienced prior rape were not clear. Results of regression analyses indicated that treatment effects were moderated by prior rape history. In women with a prior rape history, the PSS-SR score at time 1 was lower in	No details of randomisation or allocation concealment procedures were reported. The nature of the interventions precludes blinding of participants and health care practitioners; outcomes were assessed blind to

	assessed at baseline. All outcome measures were assessed at time 1 (target 6 weeks post-rape) and time 2 (target 6 months pots-rape).		the intervention group than in the control group (CR = -3.45 (90% CI: -18.95 to -2.75, r =-0.28)), whereas, for women with no prior rape history, there was no statistically significant difference between the groups. Similarly BDI scores at time 1 were lower in the treatment group than the control group (CR = -2.88 (90% CI: -18.89 to -1.04, r = -0.24), but this effect was only significant for women with a prior history of rape; results were similar at time 2. The intervention had no statistically significant effects on follow-up BAI scores, after adjusting for baseline differences.	treatment group. It was not clear whether all randomised participants were included in the analyses; 33 % of participants in the control group and 42% of those in the intervention group did not complete follow-up. Results were reported for all specified outcome measures.

Risk of bias

Systematic reviews

Author (year)	RISK OF BIAS				
	Inclusion criteria	Searches	Review process	Quality assessment	Synthesis
Parcsepe et al. (2015)	☺	☹	?	?	☹

Randomised controlled trials

Study	RISK OF BIAS					
	Random allocation	Allocation concealment	Blinding of participants and personnel	Blinding of outcome assessment	Incomplete outcome data	Selective Reporting
Alexander (1989)	?	?	☹	?	☹	☺
Chard (2005)	?	?	☹	☺	?	☺
Krakow et al. (2001)	☺	☺	☹	☺	?	☺
Resnick et al. (2007)	?	?	☹	☺	☹	☺

☺ Low risk ☹ High risk ? Unclear risk

Search details

Source	Search Strategy	Number of hits	Relevant evidence identified
NICE	Sexual abuse/attack/rape	0	
MEDLINE	34. Medline; rape*.ti,ab; 8597 results. 35. Medline; molest*.ti,ab; 1310 results. 36. Medline; (specialist adj2 (support* OR care* OR treatment* OR help*)).ti,ab; 5608 results. 37. Medline; psychotherap*.ti,ab; 34895 results. 38. Medline; (psychiatric* adj2 (treatment* OR therapy* OR support* OR care*)).ti,ab; 16648 results. 39. Medline; (psychological* adj2 (treatment* OR therap* OR support* OR care*)).ti,ab; 12754 results. 40. Medline; (mental adj2 (health) adj2 (service* OR support* OR care* OR treatment*)).ti,ab; 25313 results. 41. Medline; (sex* adj2 (assault OR attack* OR violence OR abuse*)).ti,ab; 16963 results. 42. Medline; exp COMMUNITY MENTAL HEALTH SERVICES/ OR exp MENTAL HEALTH SERVICES/; 84273 results. 43. Medline; exp RAPE/; 5733 results. 44. Medline; exp PSYCHOTHERAPY/; 176478 results. 45. Medline; exp COMMUNITY MENTAL HEALTH SERVICES/ OR exp MENTAL HEALTH SERVICES/; 84273 results. 46. Medline; 34 OR 35 OR 41 OR 43; 27211 results. 47. Medline; 36 OR 37 OR 38 OR 39 OR 40 OR 42 OR 44 OR 45; 295153 results. 48. Medline; 46 AND 47; 2610 results. 49. Medline; 48 [Limit to: (Document type Clinical Trial or Meta-analysis or Randomized Controlled Trial or Scientific Integrity Review)]; 217 results.	217	
EMBASE	1. EMBASE; (sex* adj2 (assault OR attack* OR violence OR abuse*)).ti,ab; 20387 results. 4. EMBASE; 1 OR 2 OR 3; 29606 results. 7. EMBASE; (specialist adj2 (support* OR care* OR treatment* OR help*)).ti,ab; 6523 results. 8. EMBASE; psychotherap*.ti,ab; 49042 results. 9. EMBASE; (psychiatric* adj2 (treatment* OR therapy* OR support* OR care*)).ti,ab; 17221 results. 11. EMBASE; (mental adj2 (health) adj2 (service* OR support* OR care* OR treatment*)).ti,ab; 29290 results. 12. EMBASE; 7 OR 8 OR 9 OR 10 OR 11; 111252 results.	269	

	14. EMBASE; exp MENTAL HEALTH SERVICE/; 47893 results. 15. EMBASE; 12 OR 13 OR 14; 294364 results. 16. EMBASE; 6 AND 15; 45253 results. 17. EMBASE; 16 [Limit to: (EBM-Evidence Based Medicine Evidence Based Medicine or Meta Analysis or Systematic Review) and (Clinical Trials Clinical Trial or Randomized Controlled Trial)]; 269 results.		
PsycINFO/CINAHL	19. PsycInfo; molest*.ti,ab; 1602 results. 20. PsycInfo; (specialist adj2 (support* OR care* OR treatment* OR help*)).ti,ab; 1772 results. 21. PsycInfo; psychotherap*.ti,ab; 96137 results. 22. PsycInfo; (psychiatric* adj2 (treatment* OR therapy* OR support* OR care*)).ti,ab; 18712 results. 23. PsycInfo; exp ACQUAINTANCE RAPE/ OR exp RAPE/; 5303 results. 25. PsycInfo; (psychological* adj2 (treatment* OR therap* OR support* OR care*)).ti,ab; 16661 results. 26. PsycInfo; (mental adj2 (health) adj2 (service* OR support* OR care* OR treatment*)).ti,ab; 37585 results. 27. PsycInfo; (sex* adj2 (assault OR attack* OR violence OR abuse*)).ti,ab; 28735 results. 28. PsycInfo; 18 OR 19 OR 23 OR 24 OR 27; 39110 results. 29. PsycInfo; exp PSYCHOTHERAPY/ OR exp SUPPORTIVE PSYCHOTHERAPY/; 193072 results. 30. PsycInfo; exp COMMUNITY MENTAL HEALTH SERVICES/ OR exp MENTAL HEALTH SERVICES/; 36535 results. 31. PsycInfo; 20 OR 21 OR 22 OR 25 OR 26 OR 29 OR 30; 302139 results. 32. PsycInfo; 28 AND 31; 5386 results. 33. PsycInfo; 32 [Limit to: (Methodology Meta Analysis or Systematic Review or Treatment Outcome/Clinical Trial)]; 137 results.	137	

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