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 adults who have been a victim of a sexual assault/abuse, which group interventions are effective in improving trauma symptoms?

Clarification of question using *PICO* structure

Patients: Adult victim of sexual assault
Intervention: Group interventions
Comparator: Any other group intervention/no intervention
Outcome: Trauma symptoms

Plain language summary

There is limited high quality evidence on group interventions for improving trauma symptoms in adults who have been a victim of a sexual assault. More quality research is needed in this area.

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Clinical and research implications

There is limited, poor quality evidence, from small randomised controlled trials (RCTs) that a variety of group psychological interventions (no two studies evaluated the same intervention) may be effective in reducing trauma and related symptoms, in adult women who have experienced childhood sexual abuse. There was no evidence that any one type of group psychotherapy was more effective than others. There were no studies of people who had experienced sexual assault in adulthood and findings may therefore have limited applicability.

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

What does the evidence say?

Number of included studies/reviews (number of participants)

We identified one systematic review[1] and three additional randomised controlled trials (RCTs), [,2,3,4] which were considered potentially relevant to this evidence summary. The systematic review[1] assessed the effectiveness of psychological interventions for Post-Traumatic Stress Disorder (PTSD) in adult survivors of childhood abuse and included six studies which assessed the effectiveness of six different group psychological therapies compared to treatment as usual or a wait list control; only data from these six studies are included in this evidence summary. The three additional RCTs were all conducted in adult female survivors of childhood sexual abuse.[2,3,4] One trial assessed the effectiveness of an interpersonal transaction group and a process group compared to wait list control[2] and reported general psychiatric symptoms, distress, depression and social adjustment. The second RCT compared the effects on PTSD symptoms of a trauma-focused intervention group and a present-focused intervention group to each other and to a wait list control.[3] The final RCT compared analytic and systemic group therapy and reported measures of general psychiatric symptoms, psychosocial functioning and quality of life, with up to one year follow-up.[4]

Main findings

Individual study results reported in the systematic review were for post-treatment effects only; follow-up data were not reported. The studies of supportive group therapy, stabilising group treatment, coping group intervention and seeking safety found no statistically significant treatment effects. One small study each found that group interpersonal therapy and affect-management group treatment were associated with large post-treatment effect sizes (Hedge's g) on trauma symptoms, compared to wait list control. The trial assessing the effectiveness of an interpersonal transaction group and a process group compared to waitlist control, 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; this study included six month follow-up.[2] The trial comparing the effects on PTSD symptoms of a trauma-focused intervention group and a present-focused intervention group to each other and to a wait list control found that both interventions were associated with significant reductions in symptom scores, but there were no significant differences between the treatment modalities; treatment effects were assessed at six monthnfollow-up.[3] The final RCT, comparing analytic and systemic group therapy,

found that both treatment modalities had statistically significant post-treatment effects on all outcome measures , but effects were significantly larger after systemic therapy.[4] Significant treatment effects were maintained at one year follow-up, however, the response trajectory differed such that at one year follow-up there were no statistically significant differences between the treatment groups on any outcome measure.[4]

Authors conclusions

Ehring 2014 – The authors stated that their results showed that trauma-focused treatments were more effective than non-trauma-focused interventions, and that treatments including individual sessions yielded larger effect sizes than pure group treatments.

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.

Classen 2011 – Group treatment reduced PTSD symptoms compared to wait list control, however, there was no advantage for trauma-focused or present-focused therapy.

Elkjaer 2014 - Different trajectories were associated with the two treatments, but improvement in the two treatment groups did not differ significantly at the 1-year follow-up.

Reliability of conclusions/Strength of evidence

The evidence in this summary is derived from the partial results of one systematic review and four small RCTs, all of which had significant methodological weaknesses. Only six of the 16 RCTs included in the systematic review were potentially relevant to this evidence summary; it should also be noted that it was not clear whether participants in these six studies had experienced sexual or other types of childhood abuse. All three of the additional RCTs were conducted in adult female survivors of childhood sexual abuse and findings may therefore have limited applicability to victims of sexual assault in adulthood.

What do guidelines say?

Nice guidelines do not comment on group interventions for sexual assault victims.

Date question received: 25/07/2016
Date searches conducted: 02/08/2016
Date answer completed: 05/09/2016

References

Systematic reviews

1. Ehring, T., Welboren, R., Morina, N., Wicherts, JM., Freitag, J., Emmelkamp, PMG. (2014) Meta-analysis of Psychological Treatments for Posttraumatic Stress Disorder in Adult Survivors of Childhood Abuse. *Clinical Psychology Review,* 34, pp645-657.

Randomised controlled trials

2. Alexander, PC., Neimeyer, RA., Follette, VM., Moore, MK., Harter, S. (1989) A Comparison of Group Treatments of Women Sexually Abused as Children. *Journal of Consulting and Clinical Psychology,* 57(4), pp479-483.

3. Classen, CC., Palesh, OG., Cavanaugh, CE., Koopman, C., Kaupp, JW., Kraemer, HC., Aggarwal, R., Spiegel, D. (2011) A Comparison of Trauma-Focused and Present-Focused Group Therapy for Survivors of Childhood Sexual Abuse: A Randomized Controlled Trial. *Psychological Trauma: Theory, Research, Practice and Policy,* 3(1), pp84-93.

4. Elkjaer, H., Kristensen, E., Mortensen, EL., Poulsen, S., Marianne, L. (2014) Analytic versus Systemic Group Therapy for Women with a History of Child Sexual Abuse: 1-Year Follow-up of a Randomised Controlled Trial. *Psychology and Psychotherapy: Theory, Research and Practice,* 87, pp181-208.

Results

Systematic reviews

Author (year)	Search date	Inclusion criteria	Number of included studies	Summary of results	Risk of bias
Ehring et al (2014)	November 2013	***Participants*****:** Adults (≥18 years), at least 90% of whom had experienced repeated sexual and/or physical abuse before the age of 18. ***Intervention*****:** Trauma-focused cognitive-behaviour therapy (CBT treatments focusing on the memory of the trauma and/or its meaning), non-trauma-focused cognitive behaviour therapy (CBT treatments not focusing on the trauma memory and/or its meaning, but typically focusing on anxiety management and coping), EMDR (treatments following the manual) and other treatments (including e.g., inter-personal therapies and emotion-focused treatments). ***Comparator*****:** (1) wait list or no contact control groups, (2) treatment as usual (TAU) or placebo, and (3) another active treatment condition. ***Outcome*****:** PTSD symptom severity, assessed with a validated instrument (self-report or structured clinical interview) at least pre- and post-treatment or at pre-treatment and at least one follow-up assessment.	Total n=16 studies (n=6 studies relevant to this evidence summary)	This systematic review aimed to assess the effectiveness of psychological interventions for PTSD in adult survivors of childhood abuse. Six of the studies included in this review assessed the effects of group psychological therapies on PTSD symptoms and are therefore potentially relevant to this evidence summary. All six studies compared one or more interventions to TAU or a no intervention control. It was not clear whether study participants had experienced sexual or other types of childhood abuse. Five of the six studies included only female participants and the remaining study included 54% women. Each study assessed a different group intervention: supportive group therapy; stabilising group treatment; group interpersonal psychotherapy; coping	The research objective and inclusion criteria were clearly stated. Four bibliographic databases were searched for relevant studies. No language restrictions were applied, but only published studies were included. The review methods included measures to minimise error and bias and the methodological

		***Study design*:** Published randomised controlled trials, with at least ten participants in each group.		group intervention; affect-management group treatment; seeking safety. Only one study (supportive group therapy) assessed a trauma-focused intervention. Studies used one of four PTSD measurement instruments (Trauma Symptom Inventory (TSI); Davidson Trauma Scale (DTS); Clinician Administered PTSD Scale (CAPS; Impact Event Scale (IES)) and all treatment effects were reported as Hedge's g. Only post-treatment results were reported for individual studies, no follow-up data were provided. The studies of supportive group therapy, stabilising group treatment, coping group intervention and seeking safety found no statistically significant treatment effects. The study of group interpersonal therapy (16 sessions) included 32 women in the intervention group and 16 women in the wait list control group. This study reported a Hedge's g indicating a large post-treatment effect size (1.044 (95% CI: 0.383 to 1.705). The study of affect-management group treatment (15 sessions) included 24 women in the intervention group and 24 women in the wait list control group and also reported	quality of included studies was assessed. The results of meta-analyses are not used in this evidence summary. Reporting of individual study results was minimal and some key participant details (e.g. type of abuse suffered) were not reported).

				a large post-treatment effect size (0.833 (95% CI: 0.137 to 1.528). No comparisons of different group interventions were reported.	

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.	No details of randomisation or allocation concealment procedures were reported. The nature of the interventions precludes blinding of participants and health care practitioners;

			All participants showed improvement in social adjustment (SAS), depression (BDI), fearfulness (MFS) and general distress (SCL-90-R) over time. 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.	it was not clear whether outcomes were assessed 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.
Classen et al (2011)	***Participants*****:** Adult females (≥18 years), who were English speaking and had at least one explicit memory of childhood sexual abuse involving genital or anal contact, between the ages 4 and 17. In addition, participants met one of the following criteria (within the previous year): had been sexually victimised (defined as meeting behavioural definitions for having experienced sexual coercion, attempted rape or rape, or having otherwise engaged in unwanted sex); engaged in risky sex; met the DSM-IV criteria for substance abuse or dependence. Participants were excluded if they had a psychotic or cognitive disorder, reported ritual abuse, were currently receiving psychotherapy, were actively suicidal within the previous month, or were judged inappropriate for group therapy (e.g., behaviourally or verbally threatening). ***Intervention*****:** Trauma focused intervention (TF), present-focused intervention (PF) ***Comparator*****:** Wait list control ***Outcome*****:** HIV risk, Posttraumatic Stress Disorder symptoms checklist, Sexual	n= 166 (trauma-focused intervention, n=55; present-focused intervention, n=56; wait list control, n=55)	This trial aimed to assess the effectiveness of trauma-focused group therapy, compared to present-focused group therapy or a wait list control, for female survivors of childhood sexual abuse. Both the trauma-focused and present-focused group therapies were not highly structured interventions, but guidelines were provided in a manual. The interventions comprised 24 weekly sessions of 90 minutes duration. Initial sessions for both treatment conditions focused on establishing trust and safety in the group, identifying treatment goals, orienting members to the treatment approach. Middle sessions focused on helping participants discuss their traumatic histories in a supportive and caring environment. In the final treatment phase, the focus for both interventions was on consolidating what had been learned, participants were encouraged to identify the progress they made, including reviewing their goals and planning for the future. The mean age of study participants was 36 years and approximately 50% were in full time employment and approximately 33% were married or living with a partner. There were no significant differences in age distribution, socio-economic characteristics, or HIV risk factors, between the three groups at baseline.	Randomisation was performed by the project director by pulling numbers from a hat. No information about allocation concealment was provided. The nature of the interventions precludes blinding of participants and health care practitioners. Outcome assessments

	Experiences survey, Drug and Alcohol Use interview, the Sexual Risk Behaviour Assessment Schedule, the Inventory of Interpersonal Problems, the Trauma Symptom Inventory, the Posttraumatic Growth Inventory		Treatment effects were assessed at six months follow-up. Treatment had a statistically significant effect (effect size 0.44) on total PTSD symptom score compared to wait list control; there was no significant difference between trauma-focused and present-focused group therapy. Treatment also showed a significant effect on the following PTSD subscales: re-experiencing (effect size 0.84); hyperarousal (effect size 0.41); anger/irritability (effect size 0.62); impaired self-reference (effect size 0.36). With the exception of the anger/irritability subscale, there were no significant differences between trauma-focused and present-focused group therapy; trauma-focused therapy was associated with a greater reduction in anger/irritability than present-focused therapy (effect size 0.66).	were conducted blind to group allocation. Results were reported for all specified outcome measures. Analyses were conducted on an intention-to-treat basis, however, 16 patients in the trauma-focused intervention group and 9 in the present-focused intervention group did not receive the allocated treatment. A

				further 7 patients from the trauma-focused intervention group and 9 patients each from the present-focused intervention and wait list control groups were lost to follow-up.
Elkjaer et al (2014)	***Participants*****:** Danish speaking women aged 18+, referred during the 3 year study period for specialised outpatient group therapy for long term psychiatric symptoms related to childhood sexual abuse before the age of 16, committed by a biological relative or non-biological family member. Exclusion criteria were: pregnancy; active suicidality; symptoms of psychosis; mental or organic impairment; current alcohol or drug abuse. ***Intervention*****:** Analytic group psychotherapy	n=151 (analytic psychotherapy, n=77; systemic psychotherapy, n=74)	This study aimed to assess the long-term (one year) effects of analytic and systemic group psychotherapy in female survivors of childhood sexual abuse. Analytic group therapy was based on the theory of group analysis. The intervention focused on intra-psychic and interpersonal dynamics and difficulties both in past and present relationships and within the group. Groups comprised 8 patients who met weekly for 2.25 hour sessions, for 12 months. Systemic group therapy was based on systemic theory and was solution focused. The intervention focused on individual processes and employed a highly structured framework with	No details of randomisation or allocation concealment procedures were reported. The nature of the interventions precludes blinding of

	***Comparator*:** Systemic group psychotherapy ***Outcome*:** General psychiatric symptoms (The symptom checklist SCL-90-R), Psychosocial functioning (The Global Assessment Functioning), Quality of life (Global Life Quality), Registration Chart Questionnaire, Flashback Registration, descriptive follow up data. Outcome measures were assessed pre-treatment, post-treatment and at 1 year follow-up.		initial goal setting and rounds during sessions. At each session, it was decided who had speaking time, when and for how long, and participants were supported by an active therapist role. Every second week there was 1 hr of psycho-education with the group choosing the topics. Groups comprised 6 patients who met twice weekly for 2. 5 hour sessions, for 5 months. The mean age of study participants was approximately 34 years, approximately 40% were married or co-habiting and 63% had previously received psychotherapeutic or psychiatric treatment (22% as in-patients). There were no significant baseline differences between the treatment groups in demographic or socio-economic characteristics, psychiatric diagnoses, or in the nature of abuse experienced. Both treatment modalities had statistically significant post-treatment effects on all outcome measures, but effects were significantly larger after systemic therapy. General psychiatric symptoms (SCL-90-R) decreased pre- to post-treatment in both the analytic (-0.32) and the systemic (-0.63) groups. Significant treatment effects were maintained at one year follow-up, however, the response trajectory differed; effects were maintained in the analytic therapy group, whereas effects decreased in the systemic therapy group. At one year follow-up, there were no statistically significant differences between the treatment groups, on any outcome measure.	participants and health care practitioners; it was not clear whether outcomes were assessed blind to group allocation. Results were reported for all specified outcome measures. Intention-to-treat and completer analyses were reported; 31/77 (40% of patients in the analytic group and 37/74 (50%) of patients in the

			Both treatment groups experienced a statistically significant decrease in flashbacks; for the systemic group the main change occurred during therapy, whereas for the analytic group the main change occurred during follow-up. Pre-treatment, 84% of patients were above the cut-off for caseness on general psychiatric symptoms (SCL-90-R). This was reduced to 54% post-treatment and 57% at one year follow-up; there was no statistically significant difference between the groups in the number of patients above the cut-off at follow-up.	systemic group completed follow-up.

Risk of bias

Systematic reviews

Author (year)	RISK OF BIAS				
	Inclusion criteria	Searches	Review process	Quality assessment	Synthesis
Ehring 2014	☺	?	☺	☺	☹

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	?	?	☹	?	☹	☺
Classen 2011	?	?	☹	☺	☹	☺
Elkjaer 2014	?	?	☹	?	☹	☺

☺Low risk ☹High risk ? Unclear risk

Search details

Source	Search Strategy	Number of hits	Relevant evidence identified
NICE	Sexual assault/abuse/rape		
MEDLINE	4. Medline; (group adj3 (work OR support OR intervention* OR therap*)).ti,ab; 67973 results. 5. Medline; exp PSYCHOTHERAPY, GROUP/; 24257 results. 6. Medline; 4 OR 5; 87254 results. 16. Medline; (sex* adj2 (assault OR attack* OR violence OR abuse*)).ti,ab; 16948 results. 17. Medline; molest*.ti,ab; 1310 results. 18. Medline; exp CHILD ABUSE, SEXUAL/ OR exp SEXUAL HARASSMENT/; 10220 results. 19. Medline; exp RAPE/; 5731 results. 20. Medline; 16 OR 17 OR 18 OR 19; 25413 results. 21. Medline; 6 AND 20; 552 results. 91. Medline; "randomized controlled trial".ti,ab; 44969 results. 92. Medline; "controlled clinical trial".ti,ab; 10469 results. 93. Medline; randomi$ed.ti,ab; 2 results. 94. Medline; placebo.ti,ab; 174411 results. 95. Medline; "drug therapy".ti,ab; 30363 results. 96. Medline; randomly.ti,ab; 250470 results. 97. Medline; trial.ti,ab; 416183 results. 98. Medline; groups.ti,ab; 1574970 results. 99. Medline; exp RANDOMIZED CONTROLLED TRIAL/; 0 results. 100. Medline; exp CLINICAL TRIAL/ OR exp CONTROLLED CLINICAL TRIAL/; 0 results. 101. Medline; 91 OR 92 OR 93 OR 94 OR 95 OR 96 OR 97 OR 98 OR 99 OR 100; 2098646 results. 102. Medline; 21 AND 101; 152 results. 103. Medline; 21 [Limit to: (Document type Meta-analysis or Review or Scientific Integrity Review)]; 61 results.		
EMBASE	1. EMBASE; (group adj3 (work OR support OR intervention* OR therap*)).ti,ab; 82485 results. 2. EMBASE; exp GROUP THERAPY/ OR exp SUPPORT GROUP/; 26405 results.		

	3. EMBASE; 1 OR 2; 100434 results. 10. EMBASE; (sex* adj2 (assault OR attack* OR violence OR abuse*)).ti,ab; 20476 results. 11. EMBASE; molest*.ti,ab; 1219 results. 12. EMBASE; exp CHILD SEXUAL ABUSE/ OR exp SEXUAL ABUSE/ OR exp SEXUAL ASSAULT/ OR exp SEXUAL CRIME/ OR exp SEXUAL EXPLOITATION/ OR exp SEXUAL VIOLENCE/; 35528 results. 13. EMBASE; exp ATTEMPTED RAPE/ OR exp RAPE/; 6858 results. 14. EMBASE; 10 OR 11 OR 12 OR 13; 40322 results. 15. EMBASE; 3 AND 14; 768 results. 78. EMBASE; random*.ti,ab; 1099871 results. 79. EMBASE; factorial*.ti,ab; 27771 results. 80. EMBASE; ((crossover* OR cross-over*)).ti,ab; 81092 results. 81. EMBASE; placebo*.ti,ab; 237139 results. 82. EMBASE; ((doubl* ADJ blind*)).ti,ab; 164648 results. 83. EMBASE; ((singl* ADJ blind*)).ti,ab; 17795 results. 84. EMBASE; assign*.ti,ab; 289368 results. 85. EMBASE; allocat*.ti,ab; 105186 results. 86. EMBASE; volunteer*.ti,ab; 203960 results. 87. EMBASE; exp "RANDOMIZED CONTROLLED TRIAL (TOPIC)"/ OR exp CONTROLLED CLINICAL TRIAL/; 656485 results. 88. EMBASE; 78 OR 79 OR 80 OR 81 OR 82 OR 83 OR 84 OR 85 OR 86 OR 87; 1861555 results. 89. EMBASE; 15 AND 88; 118 results. 90. EMBASE; 15 [Limit to: (EBM-Evidence Based Medicine Evidence Based Medicine or Meta Analysis or Systematic Review)]; 24 results.		
PsycINFO/CINAHL	7. PsycInfo; (group adj3 (work OR support OR intervention* OR therap*)).ti,ab; 47252 results. 8. PsycInfo; exp GROUP COUNSELING/ OR exp GROUP INTERVENTION/ OR exp GROUP PSYCHOTHERAPY/; 26470 results. 9. PsycInfo; 7 OR 8; 60098 results. 22. PsycInfo; (sex* adj2 (assault OR attack* OR violence OR abuse*)).ti,ab; 28552 results. 23. PsycInfo; molest*.ti,ab; 1587 results. 24. PsycInfo; exp SEXUAL ABUSE/ OR exp SEXUAL HARASSMENT/; 26615 results. 25. PsycInfo; exp RAPE/; 5312 results. 26. PsycInfo; 22 OR 23 OR 24 OR 25; 38715 results. 27. PsycInfo; 9 AND 26; 1180 results.		

	104. PsycInfo; random*.ti,ab; 154327 results. 105. PsycInfo; groups.ti,ab; 416480 results. 106. PsycInfo; ((double adj3 blind)).ti,ab; 19938 results. 107. PsycInfo; ((single adj3 blind)).ti,ab; 1766 results. 108. PsycInfo; controlled.ti,ab; 96189 results. 109. PsycInfo; ((clinical adj3 study)).ti,ab; 12890 results. 110. PsycInfo; trial.ti,ab; 82268 results. 111. PsycInfo; "treatment outcome clinical trial".ti,ab; 0 results. 112. PsycInfo; exp EXPERIMENTAL DESIGN/; 51720 results. 113. PsycInfo; 104 OR 105 OR 106 OR 107 OR 108 OR 109 OR 110 OR 111 OR 112; 672366 results. 130. PsycInfo; 27 AND 113; 437 results. 131. PsycInfo; 27 [Limit to: (Methodology Meta Analysis or Systematic Review)]; 10 results.		

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