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## Treating girls who have been sexually abused

Childhood sexual abuse can have short and long term consequences. How to help these children recover so that they and their future children can have an improved quality of life is a key question. This summary provides an account of research on the utility of psychotherapy for sexually abused girls.

### Key Findings

- Sexually abused girls who had problems proved to be more psychologically, socially and educationally affected than previously recognised, with serious overall impairment of functioning. In addition, there was much evidence of particular difficulties such as Post Traumatic Stress Disorder (PTSD), Depression and Separation Anxiety.
- The girls improved with the help provided, as confirmed by follow-up interviews, and mother and teacher reports.
- The treatment was multi-modal and included time-limited individual or group therapy for the girls, plus parallel work with carers.
- Addition important elements of the treatment package were
  - a. skilled supervision of the individual and group therapists and the parent/carer work
  - b. for many cases, the skilled and committed support of field social workers.
- Some of the girls needed further help through individual, group or family work and in addition educational help to build on their improvements in concentration and learning.

## **Background**

The Tavistock Clinic, Camberwell Child and Adolescent Service, Maudsley, Royal Free, Guy's and Great Ormond Street Hospitals undertook a multi-centre study funded by the Department of Health and the

Mental Health Foundation. The aim of the clinical research study was to offer either individual or group psychotherapy, both groups having parallel work with the carers, to girls 6-14 years who had been sexually abused and had disclosed it in the previous two years. They were allocated to treatment on a random basis.

There are well documented consequences of sexual abuse in childhood. Short and long term problems include intrusive thoughts and flashbacks of the experience, sexualised behaviour, disturbance of mood, self-injurious behaviour, sleep difficulties, problematic behaviour, and other mental health problems. There are also problems with concentration and, in the longer term, at school and with relationships including sexual ones.

The three stages of the project were to: establish the level of difficulty experienced by symptomatic girls who had been sexually abused; explore whether there was improvement with the group or individual therapy; and highlight patterns of symptom clusters which responded to a particular type of therapeutic intervention.

## **The Study**

Social Service Departments, Child and Family Mental Health Clinics, Paediatricians and General Practitioners were informed of the project. 81 girls participated in the full baseline assessment. Girls were excluded from the study if they remained at risk of abuse, were too disturbed for outpatient treatment or if there was insufficient support for treatment from their carers. A few girls declined to take part in the study. - those who declined at this stage were more often living with birth parent(s) than foster carers. 71 girls entered treatment: 36 entered individual therapy and 35 entered group

therapy. Parallel work with the carers was provided by experienced mental health workers. All the child therapists (individual and group) were experienced child and family health mental health professionals; many were undertaking psychotherapy training. All face to face workers had regular supervision from skilled senior staff.

The individual therapy consisted of up to thirty sessions of psychodynamic therapy once weekly and the group therapy of 12-18 sessions of psychodynamic psychotherapy. The groups were banded by age. Following entry to therapy, few girls dropped out.

The girls were assessed at the beginning of and at one and two years after the start of therapy. The mothers and female carers were also interviewed and the schools contacted to see how the girls were progressing.

- Many of the mothers and some of the foster mothers had experienced physical or sexual abuse in their own childhood. In birth families current mental health problems and previous domestic violence were common.
- The birth families had more problems with communication, roles, appropriate emotional involvement and discipline, than the foster families.
- The girls in this study were troubled with 73% suffering PTSD, 54% Clinical Depression, 65% Separation Anxiety, and 57% General Anxiety.
- The girls' overall levels of social, psychological or educational functioning were predominantly severely impaired.
- The extent of the girls' difficulties related not only to being younger at onset and the seriousness of the sexual abuse but also significantly to the length of time between the last abusive episode and assessment, and being older at assessment.



- Most girls improved considerably with therapy as compared to how they were prior to therapy. This improvement was usually maintained after therapy. There was improvement in PTSD and a dramatic improvement in their depression and overall functioning.
- A small number of girls (and families) did not improve but deteriorated.
- Initially, the girls were functioning poorly at school both in literacy and numeracy. While these improved considerably, they remained behind an inner city, non-abused control sample some two years after the start of therapy.
- The study did not include an integrated control group.

### *Explaining the Improvement*

Once in the study the commitment to attend was underpinned and supported by their local authority social workers. The therapy was relatively brief but focused. The girls placed in foster care had been abused for longer, by more abusers and at a younger age but improved almost to the same level as the girls remaining in their families. Most of the girls maintained their improvement and some continued to improve after treatment ended, that is between follow up at one and two years. This is likely to be in part due to the 'delayed' effect of therapy and in part to the improved relationship with the parent or carer following the therapeutic input.

Communication, attitude and behaviour were all reported to have improved (by girls, and carers, of each other). The girls were as preoccupied with changes, upheavals and losses as with the sexual abuse; in therapy these issues were attended to alongside the abuse ones. Those undertaking the clinical work often found it demanding and distressing. Regular supervision was vital to sustain their work. In addition there were frequent family

crises, court attendances and other demands that required team members' involvement. Multi-disciplinary and multi-agency close working was essential.

### *Aftercare*

Many families had further problems. Some girls who had improved asked for further help with other types of difficulties. Some girls and families who had improved a little or not improved, recognised they needed longer term help and asked for referral elsewhere. A small number found the therapy unhelpful. Many of the girls could not remember how they had felt and what their problems were at the initial point of referral so retrospective accounts would have been very misleading.

### *Conclusion*

This is the first prospective study in the UK to demonstrate overall sustained improvement of sexually abused girls and to demonstrate that psychodynamic psychotherapy improves both the behavioural and emotional sequelae of childhood sexual abuse in girls. Using the assessment measures analysed so far there were few differences between the effectiveness of group and individual therapy.

One could speculate that sexually abused boys may well need similar help.

### *Data not Analysed*

To date, data has not been analysed in the following areas:-

- a) Review of carer characteristics and outcomes for girls
- b) Carers' assessments of the girls pre and post therapy
- c) The process of individual therapy
- d) The process of the group therapy
- e) Supervision of staff
- f) Small studies: of symptom clusters; and predictors of good and poor outcome.

## ***Implications for practice***

The researchers concluded:-

- a. Sexually abused girls who are symptomatic require careful assessment to explore the extent of their Post Traumatic Stress Disorder, depression, suicidal thoughts, anxiety or acting out behaviours.
- b. Many of the families of these girls are likely to be struggling; they need practical help and also considerable support with their own problems, such as childhood abuse, mental health and domestic violence. A key factor is the importance of support work with mothers/carers to facilitate the girls' improvement.
- c. Skilled supervision is essential for all the therapy.
- d. Time limited focused work, whilst helping the girls and their families, is not sufficient. One third of the current sample required further help from child and family mental health staff.
- e. Girls can recover the capacity to think, learn and function in school but educationally will still linger behind, thus extra educational input is essential.

## ***Relevant Publications***

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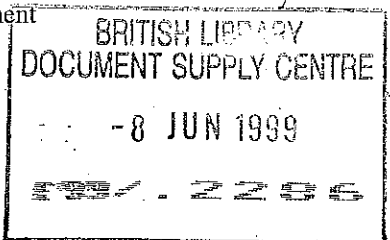
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## ***Research Team***

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