RESPONDING TO CHILDREN AND ADOLESCENTS WHO HAVE BEEN SEXUALLY ABUSED

WHO CLINICAL GUIDELINES

Web Annex 5b: Psychosocial and mental health interventions – children only: GRADE tables

*Full guide: https://apps.who.int/iris/bitstream/handle/10665/259270/9789241550147-eng.pdf
Web Annex 5b. Grading of Recommendations, Assessment, Development and Evaluation (GRADE) tables: psychosocial and mental health interventions for children only

Recommendation 11

Question – Among children and adolescents who have or may have been exposed to sexual abuse and who are diagnosed with mental health disorders (P), do any psychosocial interventions (e.g. psychological counselling or psychotherapeutic interventions) (I), as compared to no or any other psychosocial interventions (C), improve the children or adolescents’ mental health outcomes (e.g. emotional, behavioural disorders, post-traumatic stress disorder (PTSD), depression, subjective well-being, daily functioning) and/or parent/caregiver outcomes (O)?

Table 1. Study and participant characteristics

<table>
<thead>
<tr>
<th>Study</th>
<th>Intervention (n at baseline)</th>
<th>Comparison (n at baseline)</th>
<th>Intervention provider</th>
<th>Child mean age in years (age range of inclusion criteria)</th>
<th>Participant gender</th>
<th>Participant symptomology</th>
<th>Country (income level, World Bank)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foa et al. (1)</td>
<td>Prolonged exposure (n = 31)</td>
<td>Supportive counselling (n = 30)</td>
<td>Supervised, Master’s-level counsellors</td>
<td>15.3 (13–18)</td>
<td>100% adolescent girls</td>
<td>Chronic or subthreshold PTSD</td>
<td>United States of America (high)</td>
</tr>
<tr>
<td>O’Callaghan et al. (2)</td>
<td>Group-based TF-CBT (n = 24)</td>
<td>Wait-list control (n = 28)</td>
<td>Non-mental-health social workers</td>
<td>16.02 (12–17)</td>
<td>100% adolescent girls</td>
<td>60% of sample had PTSD</td>
<td>Democratic Republic of the Congo (low)</td>
</tr>
<tr>
<td>Jaberghaderi et al. (3)</td>
<td>CBT with Trauma Focus (n = 5)</td>
<td>EMDR (n = 6)</td>
<td>Clinical psychologists</td>
<td>Not stated (12–13)</td>
<td>100% adolescent girls</td>
<td>PTSD</td>
<td>Islamic Republic of Iran (upper middle)</td>
</tr>
<tr>
<td>Trowell et al. (4), McCrone et al. (5)</td>
<td>Group psychotherapy (n = 36)</td>
<td>Individual psychotherapy (n = 35)</td>
<td>Trainee psychotherapists or experienced mental health professionals</td>
<td>10 (6–14)</td>
<td>100% girls</td>
<td>Symptoms of emotional or behavioural disturbance warranting treatment, including PTSD</td>
<td>United Kingdom (high)</td>
</tr>
<tr>
<td>King et al. (6)</td>
<td>Child-alone CBT with Trauma Focus (n = 12)</td>
<td>Family CBT with trauma focus (n = 12)</td>
<td>Registered psychologists</td>
<td>11.4 (5–17)</td>
<td>69% girls 31% boys</td>
<td>Diagnostic criteria for PTSD or short by several symptoms</td>
<td>Australia (high)</td>
</tr>
<tr>
<td>Berliner &amp; Saunders (7)</td>
<td>SIT (n = 48)</td>
<td>Conventional therapy (n = 32)</td>
<td>Master’s-level clinical social workers</td>
<td>8 (4–13)</td>
<td>71% girls 29% boys</td>
<td>PTSD was the chart diagnosis in 81% of cases</td>
<td>United States of America (high)</td>
</tr>
<tr>
<td>Study</td>
<td>Intervention (n at baseline)</td>
<td>Comparison (n at baseline)</td>
<td>Intervention provider</td>
<td>Child mean age in years (age range of inclusion criteria)</td>
<td>Participant gender</td>
<td>Participant symptomology</td>
<td>Country (income level, World Bank)</td>
</tr>
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</tr>
<tr>
<td>Sullivan et al. (10)</td>
<td>Individual psychotherapy (n = 35) (2 hours for 36 weeks)</td>
<td>No treatment (n = 37)</td>
<td>Master’s degree in counselling, clinical psychologist, visiting psychiatrist</td>
<td>Not stated (12–16)</td>
<td>71% adolescent boys 29% adolescent girls</td>
<td>Baseline symptomatology not provided</td>
<td>United States of America (high)</td>
</tr>
</tbody>
</table>

Notes. CBT = cognitive behavioural therapy; TF-CBT = trauma-focused CBT; EMDR = eye-movement desensitization and reprocessing therapy; SIT = stress inoculation training plus gradual exposure.

ª Relevant to PICO question for children only interventions (i.e. Recommendation 11) as well as PICO question for children and their caregivers (i.e. Recommendation 12 – Annex 6b).
Table 2. Risk-of-bias assessment for the included studies

<table>
<thead>
<tr>
<th>Study</th>
<th>Sequence generation</th>
<th>Allocation concealment</th>
<th>Blinding of participants/providers</th>
<th>Blinding of outcome assessment</th>
<th>Incomplete outcome data</th>
<th>Selective reporting</th>
<th>Other bias</th>
<th>Overall rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>King et al. (6)</td>
<td>U</td>
<td>U</td>
<td>H</td>
<td>H</td>
<td>H</td>
<td>U</td>
<td>L</td>
<td>U</td>
</tr>
<tr>
<td>Sullivan et al. (10)</td>
<td>H</td>
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<td>U</td>
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</tr>
<tr>
<td>Jaberghaderi et al. (3)</td>
<td>U</td>
<td>U</td>
<td>H</td>
<td>L</td>
<td>H</td>
<td>U</td>
<td>L</td>
<td>U</td>
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<tr>
<td>Trowell et al. (4)</td>
<td>U</td>
<td>U</td>
<td>H</td>
<td>H</td>
<td>L</td>
<td>U</td>
<td>L</td>
<td>U</td>
</tr>
<tr>
<td>O’Callaghan et al. (2)</td>
<td>L</td>
<td>U</td>
<td>U</td>
<td>U</td>
<td>L</td>
<td>H</td>
<td>L</td>
<td>U</td>
</tr>
<tr>
<td>Berliner &amp; Saunders (7)</td>
<td>L</td>
<td>L</td>
<td>H</td>
<td>H</td>
<td>H</td>
<td>U</td>
<td>L</td>
<td>U</td>
</tr>
<tr>
<td>Deblinger et al. (8); Deblinger et al. (9)</td>
<td>U</td>
<td>U</td>
<td>U</td>
<td>U</td>
<td>H</td>
<td>U</td>
<td>L</td>
<td>U</td>
</tr>
<tr>
<td>Foa et al. (1)</td>
<td>U</td>
<td>U</td>
<td>H</td>
<td>L</td>
<td>L</td>
<td>L</td>
<td>L</td>
<td>U</td>
</tr>
</tbody>
</table>

Notes. Risk of bias: low (L), unclear (U) or high (H).
### Table 3.1. GRADE evidence profile: CBT with a trauma focus compared to wait-list control for child sexual maltreatment

**Patient or population** – Child sexual maltreatment  
**Intervention** – CBT with a trauma focus  
**Comparison** – Wait-list control  
**Setting** – Any

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Anticipated absolute effects (95% CI)</th>
<th>Relative effect (95% CI)</th>
<th>No. of participants (studies)</th>
<th>Quality of the evidence (GRADE)</th>
<th>Comments</th>
</tr>
</thead>
</table>


| Immediate post-treatment | Risk with wait-list control | Risk with CBT with trauma focus |  |
|--------------------------|-----------------------------|--------------------------------|  |
| Change in PTSD (mixed gender) | The mean change in PTSD was **-1.47** | The mean change in PTSD in the intervention group was 4.28 lower (6.23 lower to 2.33 lower) | – |
|  | (1 randomized controlled trial – RCT) |  |  |
|  | ** sangat rendah** | **Đâu** |  |
| Change in depression (mixed gender) | The mean change in depression was **-1.83** | The mean change in depression in the intervention group was 2.17 lower (7.24 lower to 2.9 higher) | – |
|  | (1 RCT) |  |  |
|  | ** Đậu** | **Đâu** |  |

**Note: The units in all the GRADE evidence profiles depend on the scale used to measure the outcomes and hence varies across different outcomes. See last column on comments which specifies how outcomes were assessed.**

**b** refers to the size of the intervention effect in each study. Where this size of intervention effect is expressed as SMD – it is using a summary statistic because included studies use a variety of measures or scale to measure the same outcome. Therefore SMD expresses the size of the intervention effect in each study relative to variability observed in that study – i.e. difference in means.

**c** According to Cohen’s rule of thumb, where a Standardized Mean Difference (SMD) value under 0.2 indicates no effect; a value of 0.2 to 0.49 indicates a small effect; a value of 0.5–0.79 indicates a medium effect; and a value of 0.8 and above a large effect. Hence the SMD of -1.70 is indicated as having a large effect.
<table>
<thead>
<tr>
<th>Change in anxiety (mixed gender)</th>
<th>The mean change in anxiety was <strong>-1.59</strong></th>
<th>The mean change in anxiety in the intervention group was 5.83 lower (13.35 lower to 1.69 higher)</th>
<th>24 (1 RCT)</th>
<th>VERY LOW</th>
<th>Assessed using the Revised Children’s Manifest Anxiety Scale (R-CMAS), a 37-item instrument (items scored yes or no) with 28 items assessing anxiety (range 0–56) and ≥ 38 indicates anxiety. Calculated important difference shows a medium effect (SMD = -0.60).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in anxiety/depression (female only)</td>
<td>The mean change in anxiety/depression was <strong>0.86</strong></td>
<td>The mean change in anxiety/depression in the intervention group was 24.86 lower (32.52 lower to 17.2 lower)</td>
<td>52 (1 RCT)</td>
<td>VERY LOW</td>
<td>Assessed using the African Youth Psychosocial Assessment Instrument (AYPA), a 40-item measure that assesses four locally defined domains of biopsychosocial deficits (range 0–54). Calculated important difference shows a large effect (SMD = -1.73).</td>
</tr>
<tr>
<td>Change in internalizing symptoms (mixed gender)</td>
<td>The mean change in internalizing symptoms was <strong>-5.65</strong></td>
<td>The mean change in internalizing symptoms in the intervention group was 1.6 lower (7.15 lower to 3.95 higher)</td>
<td>24 (1 RCT)</td>
<td>VERY LOW</td>
<td>Assessed using the Children’s Behavior Checklist (CBCL-Int). T scores (range 0–100) &lt; 60 are considered normal range, 60–63 as borderline, and scores &gt; 63 in the clinical range. Calculated important difference shows a small effect (SMD = -0.22).</td>
</tr>
<tr>
<td>Change in externalizing symptoms (mixed gender)</td>
<td>The mean change in externalizing symptoms was <strong>-5.85</strong></td>
<td>The mean change in externalizing symptoms in the intervention group was 3.77 higher (4.29 lower to 11.83 higher)</td>
<td>24 (1 RCT)</td>
<td>VERY LOW</td>
<td>Assessed using the Children’s Behavior Checklist (CBCL-Ext). T scores (range 0–100) &lt; 60 are considered normal range, 60–63 as borderline, and scores &gt; 63 in the clinical range. Calculated important difference shows a small effect (SMD = 0.36).</td>
</tr>
</tbody>
</table>

**Follow-up at 6 months**
<table>
<thead>
<tr>
<th></th>
<th>Risk with wait-list control</th>
<th>Risk with CBT with trauma focus</th>
<th>RCT</th>
<th>Grade</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in PTSD (mixed gender) Follow-up: mean 6 months</td>
<td>The mean change in PTSD was -1.91</td>
<td>The mean change in PTSD in the intervention group was 2.75 lower (4.56 lower to 0.94 lower)</td>
<td>-</td>
<td>VERY LOW</td>
<td>Assessed using 24-item DSM-IV PTSD section of the Anxiety Disorders Interview Schedule (ADIS). The total possible range for the ADIS is 0–28, where a score of 7 or above indicates PTSD. Calculated important difference shows a large effect (SMD = -1.18).</td>
</tr>
<tr>
<td>Change in depression (mixed gender) Follow-up: mean 6 months</td>
<td>The mean change in depression was -3.5</td>
<td>The mean change in depression in the intervention group was 2.16 lower (7.62 lower to 3.3 higher)</td>
<td>-</td>
<td>VERY LOW</td>
<td>Assessed using CDI. Calculated important difference shows a small effect (SMD = -0.31).</td>
</tr>
<tr>
<td>Change in anxiety (mixed gender) Follow-up: mean 6 months</td>
<td>The mean change in anxiety was -1.59</td>
<td>The mean change in anxiety in the intervention group was 8.33 lower (16.21 lower to 0.45 lower)</td>
<td>-</td>
<td>VERY LOW</td>
<td>Assessed using R-CMAS. Calculated important difference shows a large effect (SMD = -0.82).</td>
</tr>
<tr>
<td>Change in internalizing symptoms (mixed gender) Follow-up: mean 6 months</td>
<td>The mean change in internalizing symptoms was -2.7</td>
<td>The mean change in internalizing symptoms in the intervention group was 6.15 lower (12.83 lower to 0.53 higher)</td>
<td>-</td>
<td>VERY LOW</td>
<td>Assessed using CBCL-Int. Calculated important difference shows a medium effect (SMD = -0.71).</td>
</tr>
<tr>
<td>Change in externalizing symptoms (mixed gender)</td>
<td>The mean change in externalizing symptoms was <strong>0.86</strong></td>
<td>The mean change in externalizing symptoms in the intervention group was <strong>7.43</strong> lower (15.27 lower to 0.41 higher)</td>
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<td>----------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>Follow-up: mean 6 months</td>
<td></td>
<td><strong>24 (1 RCT)</strong>&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:** "The risk in the intervention group" (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).  
CI: Confidence interval; MD: Mean difference

**GRADE Working Group grades of evidence**  
**High quality:** We are very confident that the true effect lies close to that of the estimate of the effect  
**Moderate quality:** We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different  
**Low quality:** Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect  
**Very low quality:** We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect

1. King et al. (6)  
2. Downgraded to very low because of serious concerns for risk of bias and sample size <300 and imprecise effect sizes – see table on quality assessments  
3. O'Callaghan et al.(2)  
4. Downgraded to very low because of serious concerns regarding risk of bias, see table with quality assessments  
5. Downgraded to very low because the sample size is <300 and effect estimate is imprecise – see table with quality assessments
Table 4.1. Quality assessments: CBT with trauma focus compared to wait-list control for child sexual maltreatment

<table>
<thead>
<tr>
<th>Quality assessment</th>
<th>No. of patients</th>
<th>Effect</th>
<th>Quality</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>CBT with trauma focus</td>
<td>Wait-list control</td>
<td>Relative (95% CI)</td>
</tr>
<tr>
<td>Change in PTSD (immediate post-treatment)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1a</td>
<td>Randomized trials</td>
<td>Serious b</td>
<td>Not serious</td>
<td>Not serious</td>
</tr>
<tr>
<td>Change in PTSD (immediate post-treatment)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td>Randomized trials</td>
<td>Serious b</td>
<td>Not serious</td>
<td>Not serious</td>
</tr>
<tr>
<td>Change in depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^d\) See Table 2 for risk of bias assessments.
<table>
<thead>
<tr>
<th>No. of studies</th>
<th>Study design</th>
<th>Risk of bias</th>
<th>Risk of bias d</th>
<th>Inconsistency</th>
<th>Indirectness</th>
<th>Imprecision</th>
<th>Other considerations</th>
<th>CBT with trauma focus</th>
<th>No. of patients</th>
<th>Effect</th>
<th>Quality</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a</td>
<td>Randomized trials</td>
<td>Serious d</td>
<td>Not serious</td>
<td>Not serious</td>
<td>Very serious</td>
<td>None</td>
<td>None</td>
<td>12</td>
<td>12</td>
<td>–</td>
<td>MD 2.17 lower (7.24 lower to 2.9 higher)</td>
<td>⊕ ⊗ ⊗ ⊗</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Not serious</td>
<td>Not serious</td>
<td>Very serious</td>
<td>None</td>
<td>12</td>
<td>12</td>
<td>–</td>
<td>MD 5.83 lower (13.35 lower to 1.69 higher)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Not serious</td>
<td>Not serious</td>
<td>Very serious</td>
<td>None</td>
<td>24</td>
<td>28</td>
<td>–</td>
<td>MD 24.86 lower (32.52 lower to 17.2 lower)</td>
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</tr>
</tbody>
</table>

Change in anxiety (immediate post-treatment)

Change in anxiety/depression (immediate post-treatment)

Change in internalizing symptoms (immediate post-treatment)
<table>
<thead>
<tr>
<th>No. of studies</th>
<th>Study design</th>
<th>Risk of bias</th>
<th>Inconsistency</th>
<th>Indirectness</th>
<th>Imprecision</th>
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<th>Importance</th>
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<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>CBT with trauma focus</td>
<td>Wait-list control</td>
<td>Relative (95% CI)</td>
<td>Absolute (95% CI)</td>
</tr>
<tr>
<td>1 a</td>
<td>Randomized trials</td>
<td>Serious</td>
<td>Not serious</td>
<td>Not serious</td>
<td>Very serious</td>
<td>None</td>
<td>12</td>
<td>12</td>
<td>–</td>
<td>MD 1.6 lower (7.15 lower to 3.95 higher)</td>
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<td></td>
<td></td>
<td></td>
<td>CBT with trauma focus</td>
<td>Wait-list control</td>
<td>Relative (95% CI)</td>
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<tr>
<td>1 a</td>
<td>Randomized trials</td>
<td>Serious</td>
<td>Not serious</td>
<td>Not serious</td>
<td>Very serious</td>
<td>None</td>
<td>12</td>
<td>12</td>
<td>–</td>
<td>MD 3.77 higher (4.29 lower to 11.83 higher)</td>
</tr>
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<td>CBT with trauma focus</td>
<td>Wait-list control</td>
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</tr>
<tr>
<td>1 a</td>
<td>Randomized trials</td>
<td>Serious</td>
<td>Not serious</td>
<td>Not serious</td>
<td>Very serious</td>
<td>None</td>
<td>12</td>
<td>12</td>
<td>–</td>
<td>MD 2.75 lower (4.56 lower to 0.94 lower)</td>
</tr>
</tbody>
</table>

Change in externalizing symptoms (immediate post-treatment)

Change in PTSD (follow-up: mean 6 months)

Change in depression (follow-up: mean 6 months)
<table>
<thead>
<tr>
<th>No. of studies</th>
<th>Study design</th>
<th>Risk of bias&lt;sup&gt;d&lt;/sup&gt;</th>
<th>Inconsistency</th>
<th>Indirectness</th>
<th>Imprecision</th>
<th>Other considerations</th>
<th>No. of patients</th>
<th>Effect</th>
<th>Quality</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Randomized trials</td>
<td>Serious&lt;sup&gt;d&lt;/sup&gt;</td>
<td>Not serious</td>
<td>Not serious</td>
<td>Very serious e</td>
<td>None</td>
<td>12</td>
<td>12</td>
<td>–</td>
<td>MD 2.16 lower (7.62 lower to 3.3 higher)</td>
</tr>
</tbody>
</table>

Change in anxiety (follow-up: mean 6 months)

<table>
<thead>
<tr>
<th>No. of studies</th>
<th>Study design</th>
<th>Risk of bias&lt;sup&gt;d&lt;/sup&gt;</th>
<th>Inconsistency</th>
<th>Indirectness</th>
<th>Imprecision</th>
<th>Other considerations</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Randomized trials</td>
<td>Serious&lt;sup&gt;b&lt;/sup&gt;</td>
<td>Not serious</td>
<td>Not serious</td>
<td>Very serious b</td>
<td>None</td>
<td>12</td>
<td>12</td>
<td>–</td>
<td>MD 8.33 lower (16.21 lower to 0.45 lower)</td>
</tr>
</tbody>
</table>

Change in internalizing symptoms (follow-up: mean 6 months)

<table>
<thead>
<tr>
<th>No. of studies</th>
<th>Study design</th>
<th>Risk of bias&lt;sup&gt;d&lt;/sup&gt;</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Randomized trials</td>
<td>Serious&lt;sup&gt;d&lt;/sup&gt;</td>
<td>Not serious</td>
<td>Not serious</td>
<td>Very serious e</td>
<td>None</td>
<td>12</td>
<td>12</td>
<td>–</td>
<td>MD 6.15 lower (12.83 lower to 0.53 higher)</td>
</tr>
</tbody>
</table>

Change in externalizing symptoms (follow-up: mean 6 months)
<table>
<thead>
<tr>
<th>No. of studies</th>
<th>Study design</th>
<th>Risk of bias</th>
<th>Inconsistency</th>
<th>Indirectness</th>
<th>Imprecision</th>
<th>Other considerations</th>
<th>No. of patients</th>
<th>Effect</th>
<th>Quality</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a</td>
<td>Randomized trials</td>
<td>Serious d</td>
<td>Not serious</td>
<td>Not serious</td>
<td>Very serious e</td>
<td>None</td>
<td>12</td>
<td>12</td>
<td>MD 7.43 lower (15.27 lower to 0.41 higher)</td>
<td>●○○○ VERY LOW</td>
</tr>
</tbody>
</table>

CI: Confidence interval; MD: Mean difference
a. King et al. (6)
b. Serious concerns for risk of bias and sample size <300.
c. O’Callaghan et al 2013 (2)
d. Serious concerns regarding risk of bias.
e. The sample size is <300 and effect estimate is imprecise.

**Figure 1.** Forest plot: CBT with trauma focus compared to wait-list control for child sexual maltreatment – immediate post treatment
<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Mean</th>
<th>SD</th>
<th>Total</th>
<th>Mean</th>
<th>SD</th>
<th>Total</th>
<th>Weight</th>
<th>Mean Difference IV, Random, 95% CI</th>
<th>Mean Difference IV, Random, 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.1 PTSD (Mixed gender)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>King, 2000</td>
<td>-5.75</td>
<td>3.037</td>
<td>12</td>
<td>-1.47</td>
<td>1.681</td>
<td>12</td>
<td>16.6%</td>
<td>-4.28 [-6.23, -2.33]</td>
<td></td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td></td>
<td></td>
<td>12</td>
<td></td>
<td></td>
<td>12</td>
<td></td>
<td></td>
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<tr>
<td>Heterogeneity: Not applicable</td>
<td></td>
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<td></td>
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<tr>
<td>Test for overall effect: Z = 4.56 (P &lt; 0.0001)</td>
<td></td>
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<tr>
<td>1.1.2 PTSD (Female only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>O'Callaghan, 2013</td>
<td>-22.5</td>
<td>16.39</td>
<td>24</td>
<td>2.64</td>
<td>12.84</td>
<td>28</td>
<td>13.2%</td>
<td>-25.14 [-33.24, -17.04]</td>
<td></td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td></td>
<td></td>
<td>24</td>
<td></td>
<td></td>
<td>28</td>
<td></td>
<td></td>
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<tr>
<td>Heterogeneity: Not applicable</td>
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<tr>
<td>Test for overall effect: Z = 6.68 (P &lt; 0.0001)</td>
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<tr>
<td>1.1.3 Depression (Mixed gender)</td>
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</tr>
<tr>
<td>King, 2000</td>
<td>-4</td>
<td>0.788</td>
<td>12</td>
<td>-1.83</td>
<td>5.644</td>
<td>12</td>
<td>16.2%</td>
<td>-2.17 [-7.24, 2.90]</td>
<td></td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td></td>
<td></td>
<td>12</td>
<td></td>
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<td>12</td>
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<tr>
<td>Heterogeneity: Not applicable</td>
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<tr>
<td>Test for overall effect: Z = 0.84 (P = 0.41)</td>
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<tr>
<td>1.1.4 Anxiety (Mixed gender)</td>
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<td></td>
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</tr>
<tr>
<td>King, 2000</td>
<td>-7.42</td>
<td>0.669</td>
<td>12</td>
<td>-1.59</td>
<td>10.117</td>
<td>12</td>
<td>13.6%</td>
<td>-6.83 [-13.35, 1.69]</td>
<td></td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td></td>
<td></td>
<td>12</td>
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<td>12</td>
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<tr>
<td>Test for overall effect: Z = 1.52 (P = 0.13)</td>
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<tr>
<td>1.1.5 Anxiety / Depression (Female only)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>O'Callaghan, 2013</td>
<td>-24</td>
<td>13.38</td>
<td>24</td>
<td>0.86</td>
<td>14.8</td>
<td>28</td>
<td>13.5%</td>
<td>-24.96 [-32.52, -17.20]</td>
<td></td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td></td>
<td></td>
<td>24</td>
<td></td>
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<td>28</td>
<td></td>
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<tr>
<td>Heterogeneity: Not applicable</td>
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<td></td>
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<tr>
<td>Test for overall effect: Z = 6.36 (P &lt; 0.0001)</td>
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<tr>
<td>1.1.6 Internalizing symptoms (Mixed gender)</td>
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</tr>
<tr>
<td>King, 2000</td>
<td>-7.25</td>
<td>8.013</td>
<td>12</td>
<td>-5.66</td>
<td>7.021</td>
<td>12</td>
<td>14.8%</td>
<td>-1.65 [-15.35, 3.95]</td>
<td></td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
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<td></td>
<td>12</td>
<td></td>
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<td>12</td>
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<td>Heterogeneity: Not applicable</td>
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<tr>
<td>Test for overall effect: Z = 0.67 (P = 0.51)</td>
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<tr>
<td>1.1.7 Externalizing symptoms (Mixed gender)</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td></td>
<td></td>
<td>12</td>
<td></td>
<td></td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterogeneity: Not applicable</td>
<td></td>
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<td></td>
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<tr>
<td>Test for overall effect: Z = 0.52 (P = 0.60)</td>
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</tr>
<tr>
<td>Total (95% CI)</td>
<td></td>
<td></td>
<td>108</td>
<td></td>
<td></td>
<td>116</td>
<td>100.0%</td>
<td>-8.23 [-14.52, -1.94]</td>
<td></td>
</tr>
</tbody>
</table>

Heterogeneity: Tau² = 61.24; Chi² = 57.22, df = 6 (P < 0.00001); I² = 99%  
Test for overall effect: Z = 2.66 (P = 0.001)  
Test for subgroups differences: Chi² = 57.22, df = 6 (P < 0.00001); I² = 99.5%
Figure 1.2. Forest plot: CBT with trauma focus compared to wait-list control for child sexual maltreatment – 6 months follow-up

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>TF-CBT</th>
<th>WLC</th>
<th>Mean Difference</th>
<th>Mean Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Total</td>
<td>Mean</td>
</tr>
<tr>
<td>1.2.1 PTSD (Mixed gender)</td>
<td>King, 2000</td>
<td>-4.86</td>
<td>2.625</td>
<td>12</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td>12</td>
<td>12</td>
<td>77.6%</td>
<td>-2.75 [4.56, -0.94]</td>
</tr>
<tr>
<td>Heterogeneity: Not applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test for overall effect: Z = 2.98 (P = 0.003)</td>
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</tr>
</tbody>
</table>

1.2.2 Depression (Mixed gender)

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>TF-CBT</th>
<th>WLC</th>
<th>Mean Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Total</td>
</tr>
<tr>
<td>King, 2000</td>
<td>-5.96</td>
<td>6.941</td>
<td>12</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td>12</td>
<td>12</td>
<td>8.5%</td>
</tr>
<tr>
<td>Heterogeneity: Not applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test for overall effect: Z = 0.78 (P = 0.44)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

1.2.3 Anxiety (Mixed gender)

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>TF-CBT</th>
<th>WLC</th>
<th>Mean Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Total</td>
</tr>
<tr>
<td>King, 2000</td>
<td>-9.92</td>
<td>9.885</td>
<td>12</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td>12</td>
<td>12</td>
<td>4.1%</td>
</tr>
<tr>
<td>Heterogeneity: Not applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test for overall effect: Z = 2.07 (P = 0.04)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1.2.4 Internalizing symptoms (Mixed gender)

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>TF-CBT</th>
<th>WLC</th>
<th>Mean Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Total</td>
</tr>
<tr>
<td>King, 2000</td>
<td>-9.86</td>
<td>9.047</td>
<td>12</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td>12</td>
<td>12</td>
<td>5.7%</td>
</tr>
<tr>
<td>Heterogeneity: Not applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test for overall effect: Z = 1.30 (P = 0.07)</td>
<td></td>
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</tr>
</tbody>
</table>

1.2.5 Externalizing symptoms (Mixed gender)

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>TF-CBT</th>
<th>WLC</th>
<th>Mean Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Total</td>
</tr>
<tr>
<td>King, 2000</td>
<td>-6.57</td>
<td>9.651</td>
<td>12</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td>12</td>
<td>12</td>
<td>4.1%</td>
</tr>
<tr>
<td>Heterogeneity: Not applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test for overall effect: Z = 1.36 (P = 0.05)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total (95% CI) | 60 | 60 | 100.0% | -3.31 [-4.90, -1.72] |
| Heterogeneity: Tau² = 0.00; Chi² = 3.85; df = 4 (P = 0.43); I² = 0% |
| Test for overall effect: Z = 4.08 (P < 0.0001) |
| Test for subcategory differences: Chi² = 3.85; df = 4 (P = 0.43); I² = 0% |
Table 3.2: GRADE evidence profile: TF-CBT compared to community control for child sexual maltreatment

**Patient or population** – Child sexual maltreatment  
**Intervention** – TF-CBT  
**Comparison** – Community control  
**Setting** – Any

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Anticipated absolute effects (95% CI)</th>
<th>Relative effect (95% CI)</th>
<th>No. of participants (studies)</th>
<th>Quality of the evidence (GRADE)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Risk with community control</td>
<td>Risk with TF-CBT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immediate post-treatment</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Change in PTSD (mixed gender)</td>
<td>The mean change in PTSD was <strong>-3.29</strong></td>
<td>The mean change in PTSD 2.19 lower (3.71 lower to 0.67 lower)</td>
<td>–</td>
<td>35 (1 RCT) ¹</td>
<td>Assessed using the Schedule for Affective Disorders and Schizophrenia for School-Age Children (K-SADS-E). Possible range not provided. Calculated important difference shows a large effect (SMD = -0.97),</td>
</tr>
<tr>
<td>Change in depression (mixed gender)</td>
<td>The mean change in depression was <strong>-0.14</strong></td>
<td>The mean change in depression in the intervention group was 3 lower (6.25 lower to 0.25 higher)</td>
<td>–</td>
<td>36 (1 RCT) ¹</td>
<td>Assessed using the Children's Depression Inventory (CDI), a 27-item scale (items scored on range 0–2). The total possible range for this scale is 0–54, where 19 or above indicates severe depression. Calculated important difference shows a medium effect (SMD = -0.62),</td>
</tr>
<tr>
<td>Change in state anxiety (mixed gender)</td>
<td>The mean change in state anxiety was <strong>-1.59</strong></td>
<td>The mean change in state anxiety in the intervention group was 0.62 lower (2.84 lower to 1.6 higher)</td>
<td>–</td>
<td>46 (1 RCT) ⁵</td>
<td>Assessed using the State scale (A-State) of the State/Trait Anxiety Inventory for Children (STAIC), a 20-item self-report scale used to assess situationally specific anxiety. Calculated important difference shows no effect (SMD = -0.16).</td>
</tr>
<tr>
<td>Change in trait anxiety (mixed gender)</td>
<td>The mean change in trait anxiety was <strong>-4.22</strong></td>
<td>The mean change in trait anxiety in the intervention group was 1.58 lower (4.75 lower to 1.59 higher)</td>
<td>–</td>
<td>46 (1 RCT) ⁵</td>
<td>Assessed using the Trait scale (A-Trait) of STAIC, a 20-item self-report inventory (range 0–40). There are no published cut-offs for this score. Calculated important difference shows a small effect (SMD = -0.28).</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Anticipated absolute effects (95% CI)</td>
<td>Relative effect (95% CI)</td>
<td>No. of participants (studies)</td>
<td>Quality of the evidence (GRADE)</td>
<td>Comments</td>
</tr>
<tr>
<td>----------------------------------------------</td>
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</tr>
<tr>
<td><strong>Change in internalizing symptoms (mixed gender)</strong></td>
<td>Risk with community control: The mean change in internalizing symptoms was <strong>-3.14</strong></td>
<td>Risk with TF-CBT: The mean change in internalizing symptoms in the intervention group was 2.65 lower (6.46 lower to 1.16 higher)</td>
<td>-</td>
<td>45 (1 RCT)⁵</td>
<td>⬤⬤⬤⬤ Very Low ³,⁴ Analysed using the Children’s Behavior Checklist (CBCL-Int). T scores (range 0–100) &lt; 60 are considered normal range, 60–63 as borderline, and scores &gt; 63 in the clinical range. Calculated important difference shows a small effect (SMD = -0.40)</td>
</tr>
<tr>
<td><strong>Change in externalizing symptoms (mixed gender)</strong></td>
<td>Risk with community control: The mean change in externalizing symptoms was <strong>0.0</strong></td>
<td>Risk with TF-CBT: The mean change in externalizing symptoms in the intervention group was 3.15 lower (8.94 lower to 2.64 higher)</td>
<td>-</td>
<td>32 (1 RCT)¹</td>
<td>⬤⬤⬤⬤ Very Low ³,⁴ Analysed using the Children’s Behavior Checklist (CBCL-Ext). T scores (range 0–100) &lt; 60 are considered normal range, 60–63 as borderline, and scores &gt; 63 in the clinical range. Calculated important difference shows a small effect (SMD = -0.38).</td>
</tr>
<tr>
<td><strong>Follow-up at 6 months</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Change in PTSD (mixed gender)</strong></td>
<td>Risk with community control: The mean change in PTSD was <strong>-4.22</strong></td>
<td>Risk with TF-CBT: The mean change in PTSD in the intervention group was 1.97 lower (3.59 lower to 0.35 lower)</td>
<td>-</td>
<td>35 (1 RCT)¹</td>
<td>⬤⬤⬤⬤ Very Low ² Analysed using K-SADS-E. Calculated important difference shows a large effect (SMD = -0.85).</td>
</tr>
<tr>
<td><strong>Change in depression (mixed gender)</strong></td>
<td>Risk with community control: The mean change in depression was <strong>-4.87</strong></td>
<td>Risk with TF-CBT: The mean change in depression in the intervention group was 1.18 lower (4.19 lower to 1.83 higher)</td>
<td>-</td>
<td>36 (1 RCT)¹</td>
<td>⬤⬤⬤⬤ Very Low ³,⁴ Analysed using CDI. Calculated important difference shows a small effect (SMD = -0.26).</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Anticipated absolute effects (95% CI)</td>
<td>Relative effect (95% CI)</td>
<td>No. of participants (studies)</td>
<td>Quality of the evidence (GRADE)</td>
<td>Comments</td>
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<tr>
<td>Change in externalizing symptoms (mixed gender) Follow-up: mean 6 months</td>
<td>The mean change in externalizing symptoms was <strong>-2.59</strong></td>
<td>The mean change in externalizing symptoms in the intervention group was 5.66 lower (10.59 lower to 0.73 lower)</td>
<td>-</td>
<td>32 (1 RCT)</td>
<td>VERY LOW</td>
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<td></td>
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<td></td>
<td>Assessed using CBCL-Ext—. Calculated important difference shows a large effect (SMD = -0.82).</td>
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</tbody>
</table>

**Follow-up at 12 months**

| Change in PTSD (mixed gender) Follow-up: mean 12 months | The mean change in PTSD was **-4.36** | The mean change in PTSD in the intervention group was 0.88 lower (2.62 lower to 0.86 higher) | - | 35 (1 RCT) | VERY LOW |
| | | | | | Assessed using K-SADS-E. Calculated important difference shows a small effect (SMD = -0.35). |

| Change in depression (mixed gender) Follow-up: mean 12 months | The mean change in depression was **-5.14** | The mean change in depression in the intervention group was 0.96 lower (3.91 lower to 1.99 higher) | - | 36 (1 RCT) | VERY LOW |
| | | | | | Assessed using CDI27-item —. Calculated important difference shows a small effect (SMD = -0.21). |

| Change in externalizing symptoms (mixed gender) Follow-up: mean 12 months | The mean change in externalizing symptoms was **-3.09** | The mean change in externalizing symptoms in the intervention group was 5.01 lower (10.27 lower to 0.25 higher) | - | 32 (1 RCT) | VERY LOW |
| | | | | | Assessed using CBCL-Ext. —Calculated important difference shows a medium effect (SMD = -0.70). |

**Follow-up at 24 months**
## Patient or population – Child sexual maltreatment
### Intervention – TF-CBT
### Comparison – Community control
### Setting – Any

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Anticipated absolute effects (95% CI)</th>
<th>Risk with community control</th>
<th>Risk with TF-CBT</th>
<th>Relative effect (95% CI)</th>
<th>No. of participants (studies)</th>
<th>Quality of the evidence (GRADE)</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Change in PTSD (mixed gender)</td>
<td>The mean change in PTSD was <strong>-5.36</strong></td>
<td>The mean change in PTSD in the intervention group was 0.5 lower (1.98 lower to 0.98 higher)</td>
<td>–</td>
<td>35 (1 RCT)</td>
<td>◁◯◯◯ VERY LOW 3.4</td>
<td>Assessed using K-SADS-E. Calculated important difference shows a small effect (SMD = -0.22).</td>
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<tr>
<td>Change in depression (mixed gender)</td>
<td>The mean change in depression was <strong>-3.74</strong></td>
<td>The mean change in depression in the intervention group was 0.74 lower (3.63 lower to 2.15 higher)</td>
<td>–</td>
<td>36 (1 RCT)</td>
<td>◁◯◯◯ VERY LOW 3.4</td>
<td>Assessed using CDI—. Calculated important difference shows no effect (SMD = -0.17).</td>
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<tr>
<td>Change in externalizing symptoms (mixed gender)</td>
<td>The mean change in externalizing symptoms was <strong>4.25</strong></td>
<td>The mean change in externalizing symptoms in the intervention group was 10.75 lower (16.44 lower to 5.06 lower)</td>
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<td>32 (1 RCT)</td>
<td>◁◯◯◯ VERY LOW 3.4</td>
<td>Assessed using CBCL-Ext—. Calculated important difference shows a large effect (SMD = -1.41).</td>
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</table>

**Notes:** *The risk in the intervention group* (and its 95% confidence interval) is based on the assumed risk in the comparison group and the *relative effect* of the intervention (and its 95% CI).

**CI:** Confidence interval; **MD:** Mean difference

### GRADE Working Group grades of evidence

- **High quality:** We are very confident that the true effect lies close to that of the estimate of the effect
- **Moderate quality:** We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different
- **Low quality:** Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect
- **Very low quality:** We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect
1. Deblinger et al (9)
2. Downgraded to very low because of serious concerns for risk of bias, sample size <300 and imprecise effect size – see Table 4.2.
3. Downgraded to very low because of serious concerns regarding risk of bias – see Table 4.2.
4. Downgraded to very low because also the sample size is <300 and effect estimate is imprecise – see Table 4.2.
5. Deblinger et al (8)
<table>
<thead>
<tr>
<th>Quality assessment</th>
<th>No. of patients</th>
<th>Effect</th>
<th>Quality</th>
<th>Importance</th>
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<td>Community control</td>
<td>Relative (95% CI)</td>
<td>Absolute (95% CI)</td>
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<td>Randomized trials</td>
<td>Serious&lt;sup&gt;b&lt;/sup&gt;</td>
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<td>Not serious</td>
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<td>Change in depression (immediate post-treatment)</td>
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<td>1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Randomized trials</td>
<td>Serious&lt;sup&gt;c&lt;/sup&gt;</td>
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<td>Not serious</td>
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<td>Change in state anxiety (immediate post-treatment)</td>
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<td>1&lt;sup&gt;e&lt;/sup&gt;</td>
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<td>Serious&lt;sup&gt;c&lt;/sup&gt;</td>
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<td>Change in trait anxiety (immediate post-treatment)</td>
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<td>No. of studies</td>
<td>Study design</td>
<td>Risk of bias</td>
<td>Inconsistency</td>
<td>Indirectness</td>
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<tr>
<td>1 e</td>
<td>Randomized trials</td>
<td>Serious c</td>
<td>Not serious</td>
<td>Not serious</td>
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</table>

Change in internalizing symptoms (immediate post-treatment)

| 1 e | Randomized trials | Serious c | Not serious | Not serious | None | None | 24 | 21 | – | MD 2.65 lower (6.46 lower to 1.16 higher) | ☐ ☐ ☐ | VERY LOW | CRITICAL |

Change in externalizing symptoms (immediate post-treatment)

| 1 a | Randomized trials | Serious c | Not serious | Not serious | None | None | 20 | 12 | – | MD 3.15 lower (8.94 lower to 2.64 higher) | ☐ ☐ ☐ | VERY LOW | CRITICAL |

Change in PTSD (follow-up: mean 6 months)
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<tr>
<th>No. of studies</th>
<th>Study design</th>
<th>Risk of bias</th>
<th>Inconsistency</th>
<th>Indirectness</th>
<th>Imprecision</th>
<th>Other considerations</th>
<th>No. of patients</th>
<th>Community control</th>
<th>Effect</th>
<th>Quality</th>
<th>Importance</th>
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<td>Not serious</td>
<td>Very seriousb</td>
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<td>Change in depression (follow-up: mean 6 months)</td>
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<td>1 a</td>
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<td>1 *</td>
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<td>MD 0.88 lower (2.62 lower to 0.86 higher)</td>
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<td>15</td>
<td>–</td>
<td>MD 0.96 lower (3.91 lower to 1.99 higher)</td>
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<td>Serious¹ ⁵ ⁶</td>
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<td>Not serious</td>
<td>Very serious⁴ ⁵</td>
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<td>20</td>
<td>12</td>
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<td>MD 5.01 lower (10.27 lower to 0.25 higher)</td>
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Change in depression (follow-up: mean 12 months)

Change in externalizing symptoms (follow-up: mean 12 months)

Change in PTSD (follow-up: mean 24 months)
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<th>Risk of bias</th>
<th>Inconsistency</th>
<th>Indirectness</th>
<th>Imprecision</th>
<th>Other considerations</th>
<th>No. of patients TF-CBT</th>
<th>Community control</th>
<th>Effect</th>
<th>Quality</th>
<th>Importance</th>
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<td>1 a</td>
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<td>Serious c</td>
<td>Not serious</td>
<td>Not serious</td>
<td>Very serious d</td>
<td>None</td>
<td>21</td>
<td>14</td>
<td>MD 0.5 lower (1.98 lower to 0.98 higher)</td>
<td>⬤ ◯◯◯</td>
<td>VERY LOW</td>
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Change in depression (follow-up: mean 24 months)

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<td>Very serious d</td>
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<td>15</td>
<td>MD 0.74 lower (3.63 lower to 2.15 higher)</td>
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Change in externalizing symptoms (follow-up: mean 24 months)

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<th>Indirectness</th>
<th>Imprecision</th>
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<th>No. of patients TF-CBT</th>
<th>Community control</th>
<th>Effect</th>
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<td>Very serious d</td>
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<td>20</td>
<td>12</td>
<td>MD 10.75 lower (16.44 lower to 5.06 lower)</td>
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</table>

CI: Confidence interval; MD: Mean difference

a Deblinger et al. (9).
b There are serious concerns about the risk of bias and the sample size is < 300.
c There are serious concerns about the risk of bias.
d The sample size is < 300 and the effect estimate is imprecise.
*e Deblinger et al. (8).
Fig. 2.1. Forest plot: TF-CBT compared to community control for child sexual maltreatment – immediate post treatment

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
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<th>SD</th>
<th>Total</th>
<th>Mean</th>
<th>SD</th>
<th>Total</th>
<th>Weight</th>
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<td>Deblinger, 1999</td>
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<td>Deblinger, 1999</td>
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<td>-3.00 [-6.25, 0.25]</td>
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<td>15</td>
<td>10.2%</td>
<td>-3.00 [-6.25, 0.25]</td>
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<td><strong>2.1.3 State Anxiety (Mixed gender)</strong></td>
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<td>21.9%</td>
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<td>Deblinger, 1996</td>
<td>-5.8</td>
<td>6.285</td>
<td>24</td>
<td>-4.22</td>
<td>5.657</td>
<td>22</td>
<td>10.7%</td>
<td>-1.68 [-4.75, 1.59]</td>
<td></td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td>24</td>
<td>22</td>
<td>10.7%</td>
<td>-1.68 [-4.75, 1.59]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterogeneity: Not applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test for overall effect: Z = 0.98 (P = 0.33)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td><strong>2.1.5 Internalizing symptoms (Mixed gender)</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deblinger, 1996</td>
<td>-5.79</td>
<td>6.703</td>
<td>24</td>
<td>-3.14</td>
<td>6.332</td>
<td>21</td>
<td>7.4%</td>
<td>-2.66 [-6.46, 1.16]</td>
<td></td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td>24</td>
<td>21</td>
<td>7.4%</td>
<td>-2.66 [-6.46, 1.16]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterogeneity: Not applicable</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Test for overall effect: Z = 1.36 (P = 0.17)</td>
<td></td>
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<tr>
<td><strong>2.1.6 Externalizing symptoms (Mixed gender)</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deblinger, 1999</td>
<td>-3.15</td>
<td>8.142</td>
<td>20</td>
<td>0</td>
<td>8.056</td>
<td>12</td>
<td>3.2%</td>
<td>-3.15 [-8.94, 2.64]</td>
<td></td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td>20</td>
<td>12</td>
<td>3.2%</td>
<td>-3.15 [-8.94, 2.64]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterogeneity: Not applicable</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Test for overall effect: Z = 1.07 (P = 0.28)</td>
<td></td>
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</tr>
<tr>
<td>Total (95% CI)</td>
<td>134</td>
<td>106</td>
<td>100.0%</td>
<td>-1.93 [-2.97, -0.89]</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Heterogeneity: Tau^2 = 0.00; Chi^2 = 2.22, df = 5 (P = 0.82), I^2 = 0%</td>
<td></td>
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</tr>
<tr>
<td>Test for overall effect: Z = 3.64 (P = 0.0003)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test for subgroup differences: Chi^2 = 2.22, df = 5 (P = 0.82), I^2 = 0%</td>
<td></td>
<td></td>
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</tbody>
</table>
Figure 2.2. Forest plot: TF-CBT compared to community control for child sexual maltreatment – 6 month follow-up

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>TF-CBT</th>
<th>Community Control</th>
<th>Mean Difference</th>
<th>Mean Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Total</td>
<td>Mean</td>
</tr>
<tr>
<td>2.2.1 PTSD (Mixed gender)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deblinger, 1989</td>
<td>-6.19</td>
<td>2.005</td>
<td>21</td>
<td>-4.22</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td>21</td>
<td></td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>Heterogeneity: Not applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test for overall effect: Z = 2.98 (P = 0.02)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.2.2 Depression (Mixed gender)

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>TF-CBT</th>
<th>Community Control</th>
<th>Mean Difference</th>
<th>Mean Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Total</td>
<td>Mean</td>
</tr>
<tr>
<td>2.2.3 Externalizing symptoms (Mixed gender)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deblinger, 1989</td>
<td>-8.25</td>
<td>6.459</td>
<td>20</td>
<td>-2.58</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td>20</td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Heterogeneity: Not applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test for overall effect: Z = 2.25 (P = 0.02)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total (95% CI)  
Heterogeneity: Tau^2 = 0.43; Chi^2 = 2.39, df = 2 (P = 0.30); P = 16%
Test for overall effect: Z = 2.65 (P = 0.01)
Test for subgroup differences: Chi^2 = 2.39, df = 2 (P = 0.30), P = 16.3%

---

Figure 2.3. Forest plot: TF-CBT compared to community control for child sexual maltreatment – 12 month follow-up

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>TF-CBT</th>
<th>Community Control</th>
<th>Mean Difference</th>
<th>Mean Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Total</td>
<td>Mean</td>
</tr>
<tr>
<td>2.3.1 PTSD (Mixed gender)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deblinger, 1989</td>
<td>-5.24</td>
<td>2.303</td>
<td>21</td>
<td>-3.30</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td>21</td>
<td></td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>Heterogeneity: Not applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test for overall effect: Z = 0.08 (P = 0.32)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.3.2 Depression (Mixed gender)

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>TF-CBT</th>
<th>Community Control</th>
<th>Mean Difference</th>
<th>Mean Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Total</td>
<td>Mean</td>
</tr>
<tr>
<td>2.3.3 Externalizing symptoms (Mixed gender)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deblinger, 1989</td>
<td>-9.1</td>
<td>6.329</td>
<td>20</td>
<td>-3.09</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td>20</td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Heterogeneity: Not applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test for overall effect: Z = 1.87 (P = 0.06)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total (95% CI)  
Heterogeneity: Tau^2 = 0.20; Chi^2 = 2.17, df = 2 (P = 0.34); P = 9%
Test for overall effect: Z = 1.57 (P = 0.12)
Test for subgroup differences: Chi^2 = 2.17, df = 2 (P = 0.34), P = 7.9%

---

Fig. 2.4. Forest plot: TF-CBT compared to community control for child sexual maltreatment – 24 month follow-up
### 2.4.1 PTSD (Mixed gender)

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Mean (SD)</th>
<th>Total</th>
<th>Mean (SD)</th>
<th>Total</th>
<th>Weight</th>
<th>Mean Difference IV, Random, 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deblinger, 1998</td>
<td>-5.36 (2.26)</td>
<td>21</td>
<td>-5.36 (2.14)</td>
<td>14</td>
<td>40.6%</td>
<td>-0.50 [-1.90, 0.90]</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14</td>
<td></td>
</tr>
</tbody>
</table>

Heterogeneity: Not applicable
Test for overall effect: Z = 0.68 (P = 0.51)

### 2.4.2 Depression (Mixed gender)

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Mean (SD)</th>
<th>Total</th>
<th>Mean (SD)</th>
<th>Total</th>
<th>Weight</th>
<th>Mean Difference IV, Random, 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deblinger, 1999</td>
<td>-4.48 (4.11)</td>
<td>21</td>
<td>-3.74 (4.51)</td>
<td>15</td>
<td>35.5%</td>
<td>-0.74 [-3.83, 2.15]</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>

Heterogeneity: Not applicable
Test for overall effect: Z = 0.50 (P = 0.62)

### 2.4.3 Externalizing symptoms (Mixed gender)

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Mean (SD)</th>
<th>Total</th>
<th>Mean (SD)</th>
<th>Total</th>
<th>Weight</th>
<th>Mean Difference IV, Random, 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deblinger, 1999</td>
<td>-6.5 (6.5)</td>
<td>20</td>
<td>4.25 (8.6)</td>
<td>12</td>
<td>23.3%</td>
<td>-10.75 [-16.44, -5.08]</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

Heterogeneity: Not applicable
Test for overall effect: Z = 3.70 (P = 0.0002)

### Total (95% CI)

<table>
<thead>
<tr>
<th>Mean (SD)</th>
<th>Total</th>
<th>Weight</th>
<th>Mean Difference IV, Random, 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>-3.03 (7.21)</td>
<td>41 100.0%</td>
<td>41</td>
<td>-3.03 (-7.21, 1.15)</td>
</tr>
</tbody>
</table>

Heterogeneity: Tau² = 10.61, Chi² = 11.74, df = 2 (P = 0.003), I² = 83%
Test for overall effect: Z = 1.42 (P = 0.15)

Test for subgroup differences: Chi² = 11.74, df = 2 (P = 0.003), I² = 83.0%
Table 3.3. GRADE evidence profile: CBT with trauma focus compared to EMDR for child sexual maltreatment

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Anticipated absolute effects (95% CI) Risk with EMDR</th>
<th>Risk with CBT with trauma focus</th>
<th>Relative effect (95% CI)</th>
<th>No. of participants (studies)</th>
<th>Quality of the evidence (GRADE)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Immediate post-treatment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Change in PTSD (child report)     | The mean change in PTSD (child report) was **-16.0** | The mean change in PTSD (child report) in the intervention group was **8.71** higher (3.49 higher to 13.93 higher) | -                        | 14                          | ★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★★
### Patient or population – Child sexual maltreatment

### Intervention
- CBT with trauma focus

### Comparison – EMDR

### Setting – Any

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Anticipated absolute effects (95% CI)</th>
<th>Relative effect (95% CI)</th>
<th>No. of participants (studies)</th>
<th>Quality of the evidence (GRADE)</th>
<th>Comments</th>
</tr>
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<tbody>
<tr>
<td>Risk with EMDR</td>
<td>Risk with CBT with trauma focus</td>
<td></td>
<td></td>
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</tbody>
</table>

### GRADE Working Group grades of evidence

- **High quality**: We are very confident that the true effect lies close to that of the estimate of the effect
- **Moderate quality**: We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different
- **Low quality**: Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect
- **Very low quality**: We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect

1. Jaberghaderi et al (3)
2. Downgraded to very low due to serious concerns regarding risk of bias – see Table 4.3 below.
3. Also downgraded to very low due to the sample size is <300 and effect estimate is imprecise – see Table 4.3 below.
4. Also downgraded to very low because the sample size / number of events are <300 and effect estimate is imprecise – see Table 4.3 below.
Table 4.3. Quality assessments: CBT with trauma focus compared to EMDR for child sexual maltreatment

<table>
<thead>
<tr>
<th>Quality assessment</th>
<th>No. of patients</th>
<th>Effect</th>
<th>Quality</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of studies</td>
<td>Study design</td>
<td>Risk of bias</td>
<td>Inconsistency</td>
</tr>
<tr>
<td>Change in PTSD (child report) (immediate post-treatment)</td>
<td>1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Randomized trials</td>
<td>Serious&lt;sup&gt;b&lt;/sup&gt;</td>
<td>Not serious</td>
</tr>
<tr>
<td>PTSD Diagnosis (child report) (immediate post-treatment)</td>
<td>1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Randomized trials</td>
<td>Serious&lt;sup&gt;b&lt;/sup&gt;</td>
<td>Not serious</td>
</tr>
<tr>
<td>Change in PTSD (parent report) (immediate post-treatment)</td>
<td>1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Randomized trials</td>
<td>Serious&lt;sup&gt;b&lt;/sup&gt;</td>
<td>Not serious</td>
</tr>
<tr>
<td>PTSD diagnosis (parent report) (immediate post-treatment)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of studies</td>
<td>Study design</td>
<td>Risk of bias</td>
<td>Inconsistency</td>
<td>Indirectness</td>
</tr>
<tr>
<td>---------------</td>
<td>-------------</td>
<td>--------------</td>
<td>---------------</td>
<td>--------------</td>
</tr>
<tr>
<td>1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Randomized trials</td>
<td>Serious&lt;sup&gt;b&lt;/sup&gt;</td>
<td>Not serious</td>
<td>Not serious</td>
</tr>
</tbody>
</table>

C: Confidence interval; MD: Mean difference; OR: Odds ratio

<sup>a</sup> Jaberghaderi et al (3).

<sup>b</sup> There are serious concerns about the risk of bias.

<sup>c</sup> The sample size is < 300 and the effect estimate is imprecise.

<sup>d</sup> The sample size/number of events is < 300 and the effect estimate is imprecise.
Fig. 3.1. Forest plot: CBT with trauma focus compared to EMDR for child sexual maltreatment – immediate post treatment

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Experimental Mean</th>
<th>SD</th>
<th>Total</th>
<th>Control Mean</th>
<th>SD</th>
<th>Total</th>
<th>Weight IV, Random, 95% CI</th>
<th>Mean Difference IV, Random, 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1.1 PTSD (Self report - Female only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jabergaider, 2004</td>
<td>-7.29</td>
<td>4.725</td>
<td>7</td>
<td>-16</td>
<td>5.227</td>
<td>7</td>
<td>51.4%</td>
<td>8.71 [3.49, 13.93]</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td></td>
<td></td>
<td>7</td>
<td></td>
<td></td>
<td>51.4%</td>
<td>8.71 [3.49, 13.93]</td>
</tr>
<tr>
<td>Heterogeneity</td>
<td>Not applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test for overall effect: Z = 3.27 (P = 0.001)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1.2 PTSD (Parent report - Female only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jabergaider, 2004</td>
<td>-11.14</td>
<td>6.905</td>
<td>7</td>
<td>-10</td>
<td>4.169</td>
<td>7</td>
<td>48.6%</td>
<td>-0.23 [-6.26, 5.70]</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td></td>
<td></td>
<td>7</td>
<td></td>
<td></td>
<td>48.6%</td>
<td>-0.28 [-6.26, 5.70]</td>
</tr>
<tr>
<td>Heterogeneity</td>
<td>Not applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test for overall effect: Z = 0.09 (P = 0.93)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total (95% CI)</td>
<td>14</td>
<td></td>
<td></td>
<td>14</td>
<td></td>
<td></td>
<td>100.0%</td>
<td>4.34 [4.47, 13.14]</td>
</tr>
<tr>
<td>Heterogeneity</td>
<td>Tau² = 32.22, Chi² = 4.93, df = 1 (P = 0.03); I² = 80%</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Test for overall effect: Z = 0.97 (P = 0.33)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test for subgroup differences: Chi² = 4.93, df = 1 (P = 0.03); P = 79.7%</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Fig. 3.2. Forest Plot: CBT with trauma focus compared to EMDR for child sexual maltreatment – immediate post treatment (dichotomous)

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Experimental</th>
<th>Control</th>
<th>Total</th>
<th>Weight</th>
<th>Odds Ratio</th>
<th>M.H., Random, 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Events</td>
<td>Total</td>
<td>Events</td>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2.1 PTSD (Self report - Female only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jabergaard, 2004</td>
<td>5</td>
<td>7</td>
<td>4</td>
<td>7</td>
<td>59.3%</td>
<td>1.88 [0.20, 17.27]</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>59.3%</td>
<td>1.88 [0.20, 17.27]</td>
</tr>
<tr>
<td>Total events</td>
<td>5</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterogeneity: Not applicable</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test for overall effect: Z = 0.55 (P = 0.58)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

3.2.2 PTSD (Parent report - Female only)

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Experimental</th>
<th>Control</th>
<th>Total</th>
<th>Weight</th>
<th>Odds Ratio</th>
<th>M.H., Random, 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Events</td>
<td>Total</td>
<td>Events</td>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jabergaard, 2004</td>
<td>2</td>
<td>7</td>
<td>1</td>
<td>7</td>
<td>40.7%</td>
<td>2.40 [0.16, 34.93]</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>40.7%</td>
<td>2.40 [0.16, 34.93]</td>
</tr>
<tr>
<td>Total events</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterogeneity: Not applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test for overall effect: Z = 0.64 (P = 0.52)</td>
<td></td>
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</tbody>
</table>

Total (95% CI)

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Experimental</th>
<th>Control</th>
<th>Total</th>
<th>Weight</th>
<th>Odds Ratio</th>
<th>M.H., Random, 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Events</td>
<td>Total</td>
<td>Events</td>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>14</td>
<td>5</td>
<td>14</td>
<td>100.0%</td>
<td>2.07 [0.38, 11.45]</td>
</tr>
<tr>
<td>Heterogeneity: Tau² = 0.00; Chi² = 0.02, df = 1 (P = 0.89); I² = 0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test for overall effect: Z = 0.84 (P = 0.40)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test for subgroup differences: Chi² = 0.02, df = 1 (P = 0.89); I² = 0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 3.4. GRADE evidence profile: stress inoculation training and gradual exposure therapy (SIT) compared to conventional therapy for child sexual maltreatment

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Anticipated absolute effects (95% CI)</th>
<th>Relative effect (95% CI)</th>
<th>No. of participants (studies)</th>
<th>Quality of the evidence (GRADE)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate post-treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in depression (mixed gender)</td>
<td>The mean change in depression was <strong>-3.1</strong></td>
<td>-</td>
<td>52 (1 RCT) ¹</td>
<td>⬤◯◯◯</td>
<td>Assessed using the Children’s Depression Inventory (CDI), a 27-item scale (items scored on range 0–2). The total possible range for this scale is 0–54, where ≥ 19 indicates severe depression. Calculated important difference shows a small effect (SMD = 0.20).</td>
</tr>
<tr>
<td>Change in anxiety (mixed gender)</td>
<td>The mean change in anxiety was <strong>-1.7</strong></td>
<td>-</td>
<td>65 (1 RCT) ¹</td>
<td>⬤◯◯◯</td>
<td>Assessed using the Revised Children’s Manifest Anxiety Scale (R-CMAS), a 37-item instrument (items scored yes or no) with 28 items assessing anxiety (range 0–56) and ≥ 38 indicates anxiety. Calculated important difference shows no effect (SMD = 0.09).</td>
</tr>
<tr>
<td>Change in internalizing symptoms (mixed gender)</td>
<td>The mean change in internalizing symptoms was <strong>-6.1</strong></td>
<td>-</td>
<td>77 (1 RCT) ¹</td>
<td>⬤◯◯◯</td>
<td>Assessed using the Children’s Behavior Checklist (CBCL-Int). T scores (range 0–100) &lt; 60 are considered normal range, 60–63 as borderline and scores &gt; 63 in the clinical range. Calculated important difference shows a small effect (SMD = 0.33).</td>
</tr>
</tbody>
</table>

**Patient or population** – Child sexual maltreatment

**Intervention** – Stress inoculation training and gradual exposure therapy

**Comparison** – Conventional therapy

**Setting** – Any
### Patient or population – Child sexual maltreatment
### Intervention – Stress inoculation training and gradual exposure therapy
### Comparison – Conventional therapy
### Setting – Any

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Anticipated absolute effects (95% CI)</th>
<th>Relative effect (95% CI)</th>
<th>No. of participants (studies)</th>
<th>Quality of the evidence (GRADE)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in externalizing symptoms</td>
<td>The mean change in externalizing symptoms was -4.3</td>
<td>The mean change in externalizing symptoms in the intervention group was 1.9 higher (1.15 lower to 4.95 higher)</td>
<td>77 (1 RCT) ¹</td>
<td>⬤○○○ VERY LOW ²,³</td>
<td>Assessed using the Children’s Behavior Checklist (CBCL-Ext). T scores (range 0–100) &lt; 60 are considered normal range, 60–63 as borderline, and scores &gt; 63 are in the clinical range. Calculated important difference shows a small effect (SMD = 0.27).</td>
</tr>
</tbody>
</table>

**Follow-up at 12 months**

| Change in depression (mixed gender) | The mean change in depression was -2.3 | The mean change in depression in the intervention group was 1.4 lower (4.26 lower to 1.46 higher) | 52 (1 RCT) ¹ | ⬤○○○ VERY LOW ²,³ | Assessed using CDI. Calculated important difference shows a small effect (SMD = -0.26). |
| Change in anxiety (mixed gender)   | The mean change in anxiety was -2.3   | The mean change in anxiety in the intervention group was 2 lower (4.67 lower to 0.67 higher) | 65 (1 RCT) ¹ | ⬤○○○ VERY LOW ²,³ | Assessed using R-CMAS. Calculated important difference shows a small effect (SMD = -0.36). |
| Change in internalizing symptoms   | The mean change in internalizing symptoms was -6.3 | The mean change in internalizing symptoms in the intervention group was 2.2 higher (1.14 lower to 5.54 higher) | 77 (1 RCT) ¹ | ⬤○○○ VERY LOW ²,³ | Assessed using CBCL-Int. Calculated important difference shows a small effect (SMD = 0.30). |
**Patient or population** – Child sexual maltreatment  
**Intervention** – Stress inoculation training and gradual exposure therapy  
**Comparison** – Conventional therapy  
**Setting** – Any

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Anticipated absolute effects (95% CI)</th>
<th>Risk with conventional therapy</th>
<th>Risk with stress inoculation training and gradual exposure therapy</th>
<th>Relative effect (95% CI)</th>
<th>No. of participants (studies)</th>
<th>Quality of the evidence (GRADE)</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Change in externalizing symptoms (mixed gender)  
Follow-up: mean 12 months | The mean change in externalizing symptoms was **-4.3** | The mean change in externalizing symptoms in the intervention group was 1.9 higher (1.15 lower to 4.95 higher) | – | 77 (1 RCT) ¹ | ☀️☹️☹️☹️  
VERY LOW²,³ | Assessed using CBCL-Ext. Calculated important difference shows no effect (SMD = 0.11). |
| Follow-up at 24 months | | | | | | |
| Change in depression (mixed gender)  
Follow-up: mean 24 months | The mean change in depression was **-2.1** | The mean change in depression in the intervention group was 0.9 lower (3.78 lower to 1.98 higher) | – | 52 (1 RCT) ¹ | ☀️☹️☹️☹️  
VERY LOW²,³ | Assessed using CDI. Calculated important difference shows no effect (SMD = -0.16). |
| Change in anxiety (mixed gender)  
Follow-up: mean 24 months | The mean change in anxiety was **-2.1** | The mean change in anxiety in the intervention group was 2.5 lower (5.11 lower to 0.11 higher) | – | 65 (1 RCT) ¹ | ☀️☹️☹️☹️  
VERY LOW²,³ | Assessed using R-CMAS. Calculated important difference shows a small effect (SMD = -0.46). |
| Change in internalizing symptoms (mixed gender)  
Follow-up: mean 24 months | The mean change in internalizing symptoms was **-6.7** | The mean change in internalizing symptoms in the intervention group was 1.3 higher (2.03 lower to 4.63 higher) | – | 77 (1 RCT) ¹ | ☀️☹️☹️☹️  
VERY LOW²,³ | Assessed using CBCL-Int. Calculated important difference shows no effect (SMD = 0.18). |
Patient or population – Child sexual maltreatment
Intervention – Stress inoculation training and gradual exposure therapy
Comparison – Conventional therapy
Setting – Any

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Anticipated absolute effects (95% CI)</th>
<th>Relative effect (95% CI)</th>
<th>No. of participants (studies)</th>
<th>Quality of the evidence (GRADE)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in externalizing symptoms (mixed gender) Follow-up: mean 24 months</td>
<td>The mean change in externalizing symptoms was -3.4</td>
<td>–</td>
<td>77 (1 RCT)</td>
<td>VERY LOW 2,3</td>
<td>Assessed using CBCL-Ext. Calculated important difference shows a small effect (SMD = -0.20).</td>
</tr>
</tbody>
</table>

*The risk in the intervention group (and its 95% confidence interval) is based on the assumed risk in the comparison group and the relative effect of the intervention (and its 95% CI).

**GRADE Working Group grades of evidence**

**High quality:** We are very confident that the true effect lies close to that of the estimate of the effect

**Moderate quality:** We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different

**Low quality:** Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect

**Very low quality:** We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect

---

1. Berliner and Saunders (7)
2. Downgraded to very low due to serious concerns regarding risk of bias – See Table 4.4 below
3. Also downgraded to very low because the sample size is <300 and effect estimate is imprecise – see Table 4.4 below.
Table 4.4. Quality assessments: stress inoculation training and gradual exposure therapy (SIT) compared to conventional therapy for child sexual maltreatment

<table>
<thead>
<tr>
<th>Quality assessment</th>
<th>No. of patients</th>
<th>Effect</th>
<th>Quality</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of studies</td>
<td>Study design</td>
<td>Risk of bias</td>
<td>Indirectness</td>
</tr>
<tr>
<td>Change in depression (immediate post-treatment)</td>
<td>1 a</td>
<td>Randomized trials</td>
<td>Serious b</td>
<td>Not serious</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in anxiety (immediate post-treatment)</td>
<td>1 a</td>
<td>Randomized trials</td>
<td>Serious b</td>
<td>Not serious</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in internalizing symptoms (immediate post-treatment)</td>
<td>1 a</td>
<td>Randomized trials</td>
<td>Serious b</td>
<td>Not serious</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in externalizing symptoms (immediate post-treatment)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality assessment</td>
<td>No. of patients</td>
<td>Effect</td>
<td>Quality</td>
<td>Importance</td>
</tr>
<tr>
<td>--------------------</td>
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<td>--------</td>
<td>---------</td>
<td>------------</td>
</tr>
<tr>
<td>No. of</td>
<td>Study design</td>
<td>Risk of bias</td>
<td>Inconsistency</td>
<td>Indirectness</td>
</tr>
<tr>
<td>patients</td>
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<td></td>
</tr>
<tr>
<td>1st</td>
<td>Randomized trials</td>
<td>Serious</td>
<td>Not serious</td>
<td>Not serious</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in depression (follow-up: mean 12 months)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st</td>
<td>Randomized trials</td>
<td>Serious</td>
<td>Not serious</td>
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<tr>
<td>Change in anxiety (follow-up: mean 12 months)</td>
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<td>1st</td>
<td>Randomized trials</td>
<td>Serious</td>
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<td>Change in internalizing symptoms (follow-up: mean 12 months)</td>
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<tr>
<td>No. of studies</td>
<td>Study design</td>
<td>Risk of bias</td>
<td>Inconsistency</td>
<td>Indirectness</td>
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<td>Randomized trials</td>
<td>Serious</td>
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<td>Change in externalizing symptoms (follow-up: mean 12 months)</td>
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<td></td>
<td>Randomized trials</td>
<td>Serious</td>
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<td>Not serious</td>
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<td>Change in depression (follow-up: mean 24 months)</td>
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<td>Randomized trials</td>
<td>Serious</td>
<td>Not serious</td>
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<tr>
<td>Change in anxiety (follow-up: mean 24 months)</td>
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<td>No. of studies</td>
<td>Study design</td>
<td>Risk of bias</td>
<td>Inconsistency</td>
<td>Indirectness</td>
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<tr>
<td>1*</td>
<td>Randomized trials</td>
<td>Serious&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Not serious</td>
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<td>Change in internalizing symptoms (follow-up: mean 24 months)</td>
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<td>1*</td>
<td>Randomized trials</td>
<td>Serious&lt;sup&gt;a&lt;/sup&gt;</td>
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<tr>
<td>Change in externalizing symptoms (follow-up: mean 24 months)</td>
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<tr>
<td>1*</td>
<td>Randomized trials</td>
<td>Serious&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Not serious</td>
<td>Not serious</td>
</tr>
</tbody>
</table>

CI: Confidence interval; MD: Mean difference

<sup>a</sup> Berliner & Saunders (7)

<sup>bc</sup> Serious concerns about the risk of bias.
The sample size is $< 300$ and the effect estimate is imprecise.
Fig. 4.1 Forest plot: stress inoculation training and gradual exposure therapy (SIT) compared to conventional therapy for child sexual maltreatment – immediate post treatment

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>SIT Mean</th>
<th>SD</th>
<th>Total</th>
<th>Conventional therapy Mean</th>
<th>SD</th>
<th>Total</th>
<th>Mean Difference</th>
<th>Mean Difference</th>
<th>Weight</th>
<th>IV, Random, 95% CI</th>
<th>IV, Random, 95% CI</th>
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<tr>
<td><strong>4.1.1 Depression (Mixed gender)</strong></td>
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<tr>
<td>Berliner, 1996</td>
<td>-2.5</td>
<td>9.0</td>
<td>29</td>
<td>-3.1</td>
<td>4.46</td>
<td>23</td>
<td>25.9%</td>
<td>1.10 [1.72, 3.32]</td>
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<tr>
<td>Subtotal (95% CI)</td>
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<td>Test for overall effect Z = 0.76 (P = 0.45)</td>
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<td><strong>4.1.2 Anxiety (Mixed gender)</strong></td>
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<td>Berliner, 1996</td>
<td>-1.2</td>
<td>5.4</td>
<td>37</td>
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<td>28</td>
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<td>0.59 [-2.02, 3.02]</td>
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<tr>
<td>Test for overall effect Z = 0.36 (P = 0.73)</td>
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<td><strong>4.1.3 Internalizing symptoms (Mixed gender)</strong></td>
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<tr>
<td>Berliner, 1996</td>
<td>-3.7</td>
<td>6.6</td>
<td>46</td>
<td>-6.1</td>
<td>7.38</td>
<td>31</td>
<td>18.1%</td>
<td>2.40 [-0.39, 5.69]</td>
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<td>Subtotal (95% CI)</td>
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<tr>
<td>Test for overall effect Z = 1.43 (P = 0.15)</td>
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<td><strong>4.1.4 Externalizing symptoms (Mixed gender)</strong></td>
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<tr>
<td>Berliner, 1996</td>
<td>-2.4</td>
<td>7.0</td>
<td>46</td>
<td>-4.3</td>
<td>5.98</td>
<td>31</td>
<td>22.3%</td>
<td>1.90 [-1.15, 4.95]</td>
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<tr>
<td>Subtotal (95% CI)</td>
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<td><strong>Heterogeneity</strong>: Not applicable</td>
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<tr>
<td>Test for overall effect Z = 1.22 (P = 0.22)</td>
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</tbody>
</table>

Total (95% CI) 158 113 100.0% 1.33 [-0.11, 2.77]

**Heterogeneity**: Tau² = 0.00; Ch² = 9.8; df = 3 (P = 0.06); P = 0%
Test for overall effect Z = 1.01 (P = 0.07)
Test for subgroups differences: Ch² = 3.8; df = 3 (P = 0.6); P = 0%
Fig. 4.2. Forest plot: SIT compared to Conventional therapy for child sexual maltreatment – 12 months follow-up

### 4.2.1 Depression (Mixed gender)

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>SIT Mean</th>
<th>SD</th>
<th>Total</th>
<th>Conventional therapy Mean</th>
<th>SD</th>
<th>Total</th>
<th>Mean Difference</th>
<th>IV, Random, 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berliner, 1996</td>
<td>-3.7</td>
<td>5.928</td>
<td>59</td>
<td>-2.3</td>
<td>4.689</td>
<td>23</td>
<td>6.454</td>
<td>-1.40 [-4.26, 1.46]</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
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</tbody>
</table>

Heterogeneity: Not applicable
Test for overall effect Z = 0.98 (P = 0.34)

### 4.2.2 Anxiety (Mixed gender)

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>SIT Mean</th>
<th>SD</th>
<th>Total</th>
<th>Conventional therapy Mean</th>
<th>SD</th>
<th>Total</th>
<th>Mean Difference</th>
<th>IV, Random, 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berliner, 1996</td>
<td>-4.3</td>
<td>5.773</td>
<td>37</td>
<td>-2.3</td>
<td>5.158</td>
<td>28</td>
<td>27.6%</td>
<td>-2.00 [-4.67, 0.67]</td>
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</table>

Heterogeneity: Not applicable
Test for overall effect Z = 1.47 (P = 0.14)

### 4.2.3 Internalizing symptoms (Mixed gender)

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>SIT Mean</th>
<th>SD</th>
<th>Total</th>
<th>Conventional therapy Mean</th>
<th>SD</th>
<th>Total</th>
<th>Mean Difference</th>
<th>IV, Random, 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berliner, 1996</td>
<td>-4.1</td>
<td>7.008</td>
<td>46</td>
<td>-6.3</td>
<td>7.489</td>
<td>31</td>
<td>20.7%</td>
<td>2.20 [-1.14, 5.54]</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
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</table>

Heterogeneity: Not applicable
Test for overall effect Z = 1.29 (P = 0.20)

### 4.2.4 Externalizing symptoms (Mixed gender)

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>SIT Mean</th>
<th>SD</th>
<th>Total</th>
<th>Conventional therapy Mean</th>
<th>SD</th>
<th>Total</th>
<th>Mean Difference</th>
<th>IV, Random, 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berliner, 1996</td>
<td>-2.2</td>
<td>6.815</td>
<td>46</td>
<td>-2.9</td>
<td>6.685</td>
<td>31</td>
<td>26.4%</td>
<td>0.70 [2.07, 3.47]</td>
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<tr>
<td>Subtotal (95% CI)</td>
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</table>

Heterogeneity: Not applicable
Test for overall effect Z = 0.90 (P = 0.37)

Total (95% CI)

158 | 100.0% | -0.27 [-2.09, 1.56] |

Heterogeneity: Tau² = 1.28; CHI² = 4.78, df = 3 (P = 0.18); P = 37%
Test for overall effect Z = 0.29 (P = 0.77)
Test for sub-group differences: CHI² = 4.78, df = 3 (P = 0.19), P = 37.3%
Fig. 4.3. Forest plot: SIT compared to conventional therapy for child sexual maltreatment – 24 months follow-up

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>SIT Mean</th>
<th>SIT SD</th>
<th>SIT Total</th>
<th>Conventional therapy Mean</th>
<th>Conventional therapy SD</th>
<th>Conventional therapy Total</th>
<th>Mean Difference</th>
<th>IV, Random, 95% CI</th>
<th>Mean Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.1 Depression (Mixed gender)</td>
<td>-3.090</td>
<td>29</td>
<td>-2.150</td>
<td>-4.703</td>
<td>23</td>
<td>25.4%</td>
<td>-0.61</td>
<td>[-3.78, 1.18]</td>
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</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td>29</td>
<td>23</td>
<td>25.4%</td>
<td>-0.61</td>
<td>[-3.78, 1.18]</td>
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<td>Heterogeneity: Not applicable</td>
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<tr>
<td>Test for overall effect Z= 0.61 (P = 0.54)</td>
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<tr>
<td>4.3.2 Anxiety (Mixed gender)</td>
<td>-4.654</td>
<td>37</td>
<td>-2.150</td>
<td>-4.965</td>
<td>28</td>
<td>30.6%</td>
<td>-2.69</td>
<td>[-5.11, 0.11]</td>
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</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td>37</td>
<td>28</td>
<td>30.6%</td>
<td>-2.69</td>
<td>[-5.11, 0.11]</td>
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<td>Heterogeneity: Not applicable</td>
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<tr>
<td>Test for overall effect Z= 1.85 (P = 0.06)</td>
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<tr>
<td>4.3.3 Internalizing symptoms (Mixed gender)</td>
<td>-5.416</td>
<td>46</td>
<td>-6.716</td>
<td>-7.416</td>
<td>31</td>
<td>19.2%</td>
<td>1.30</td>
<td>[-2.03, 4.63]</td>
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</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td>46</td>
<td>31</td>
<td>19.2%</td>
<td>1.30</td>
<td>[-2.03, 4.63]</td>
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<td>Test for overall effect Z= 0.77 (P = 0.44)</td>
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<td>4.3.4 Externalizing symptoms (Mixed gender)</td>
<td>-4.715</td>
<td>46</td>
<td>-3.424</td>
<td>-6.244</td>
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<td>24.8%</td>
<td>-1.30</td>
<td>[-4.21, 1.61]</td>
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<tr>
<td>Subtotal (95% CI)</td>
<td>46</td>
<td>31</td>
<td>24.8%</td>
<td>-1.30</td>
<td>[-4.21, 1.61]</td>
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<tr>
<td>Heterogeneity: Not applicable</td>
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<td>Test for overall effect Z= 0.87 (P = 0.38)</td>
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<tr>
<td>Total (95% CI)</td>
<td>158</td>
<td>113</td>
<td>100.0%</td>
<td>-1.07</td>
<td>[2.55, 0.42]</td>
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<tr>
<td>Heterogeneity: Tau²=0.10; Chi²=3.14, df=3 (P = 0.37); P= 6%</td>
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<tr>
<td>Test for overall effect Z= 1.41 (P = 0.16)</td>
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<tr>
<td>Test for subgroup differences: Chi²=3.14, df=3 (P = 0.37), I²= 4.5%</td>
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</table>
### Table 3.5. GRADE evidence profile: prolonged exposure therapy compared to supportive counseling for child sexual maltreatment

**Patient or population** – Child sexual maltreatment  
**Intervention** – Prolonged exposure therapy  
**Comparison** – Supportive counseling  
**Setting** – Any

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Anticipated absolute effects (95% CI)</th>
<th>Relative effect (95% CI)</th>
<th>No. of participants (studies)</th>
<th>Quality of the evidence (GRADE)</th>
<th>Comments</th>
</tr>
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<tbody>
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<td><strong>Immediate post-treatment</strong></td>
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<tr>
<td>Change in PTSD (female only)</td>
<td>The mean change in PTSD was <strong>-13.3</strong></td>
<td>The mean change in PTSD in the intervention group was 7.3 lower (10.6 lower to 4 lower)</td>
<td>-</td>
<td>61 (1 RCT)¹</td>
<td>Θ◯◯◯ VERY LOW² Assessed using the Child PTSD Symptom Scale-Interview (CPSS-I). Scores range from 0 to 51: 0–10, below threshold; 11–15, subclinical; 16–20, mild; 21–25, moderate; 26–30, moderately severe; 31–40, severe. Calculated important difference shows a large effect (SMD = -1.10).</td>
</tr>
<tr>
<td>PTSD diagnosis (female only)</td>
<td>223 per 1000 (84 to 471)</td>
<td>OR <strong>0.22</strong> (0.07 to 0.68)</td>
<td>61 (1 RCT)¹</td>
<td>Θ◯◯◯ VERY LOW³</td>
<td>Assessed using the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) Schedule for Affective Disorders and Schizophrenia for School-Age Children (K-SADS). Possible range not provided.</td>
</tr>
<tr>
<td>Change in depression (female only)</td>
<td>The mean change in depression was <strong>-8.4</strong></td>
<td>The mean change in depression in the intervention group was 2.8 lower (5.35 lower to 0.25 lower)</td>
<td>-</td>
<td>61 (1 RCT)¹</td>
<td>Θ◯◯◯ VERY LOW² Assessed using the Children’s Depression Inventory (CDI), with scores from 0–54, where 0–13 indicates no depressive disorder; 14–19, possible depressive disorder; and 20–54, depressive disorder. Calculated important difference shows a medium effect (SMD = -0.54).</td>
</tr>
</tbody>
</table>

**Follow-up at 12 months**
<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Anticipated absolute effects (95% CI)</th>
<th>Relative effect (95% CI)</th>
<th>No. of participants (studies)</th>
<th>Quality of the evidence (GRADE)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in PTSD (female only) follow-up: mean 12 months</td>
<td>The mean change in PTSD was -14.3</td>
<td>-</td>
<td>61 (1 RCT)¹</td>
<td>⬤□□□</td>
<td>VERY LOW² Assessed using CPSS-I. Calculated important difference shows a large effect (SMD = -0.92).</td>
</tr>
<tr>
<td>PTSD diagnosis (female only) Follow-up: mean 12 months</td>
<td>467 per 1000 (26 to 300)</td>
<td>OR 0.12 (0.03 to 0.49)</td>
<td>61 (1 RCT)¹</td>
<td>⬤□□□</td>
<td>VERY LOW³ Assessed using K-SADS.</td>
</tr>
<tr>
<td>Change in depression (female only) Follow-up: mean 12 months</td>
<td>The mean change in depression was -6.7</td>
<td>-</td>
<td>61 (1 RCT)¹</td>
<td>⬤□□□</td>
<td>VERY LOW² Assessed using CDI. Calculated important difference shows a large effect (SMD = -0.81).</td>
</tr>
</tbody>
</table>

*The risk in the intervention group (and its 95% confidence interval) is based on the assumed risk in the comparison group and the relative effect of the intervention (and its 95% CI).*

CI: Confidence interval; MD: Mean difference; OR: Odds ratio

**GRADE Working Group grades of evidence**

**High quality:** We are very confident that the true effect lies close to that of the estimate of the effect

**Moderate quality:** We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different

**Low quality:** Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect

**Very low quality:** We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect

¹ Foa, McLean, Capaldi & Rosenfield (1).
² Downgraded to very low because of serious concerns about the risk of bias – see Table 4.5 below.
³ Downgraded to very low because of serious concerns about the risk of bias, and because the sample size/number of events is <300 – see Table 4.5 below.
<table>
<thead>
<tr>
<th>No. of studies</th>
<th>Study design</th>
<th>Risk of bias</th>
<th>Inconsistency</th>
<th>Indirectness</th>
<th>Imprecision</th>
<th>Other considerations</th>
<th>No. of patients</th>
<th>Effect</th>
<th>Quality</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

### Change in PTSD (immediate post-treatment)

<table>
<thead>
<tr>
<th>1st</th>
<th>Randomized trials</th>
<th>Serious&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Not serious</th>
<th>Not serious</th>
<th>Very serious&lt;sup&gt;b&lt;/sup&gt;</th>
<th>None</th>
<th>31</th>
<th>30</th>
<th>–</th>
<th>MD 7.3 lower (10.6 lower to 4 lower)</th>
<th>☐ ☐ ☐ ☐</th>
<th>CRITICAL</th>
</tr>
</thead>
</table>

### PTSD diagnosis (immediate post-treatment)

<table>
<thead>
<tr>
<th>1st</th>
<th>Randomized trials</th>
<th>Serious&lt;sup&gt;c&lt;/sup&gt;</th>
<th>Not serious</th>
<th>Not serious</th>
<th>Very serious&lt;sup&gt;c&lt;/sup&gt;</th>
<th>None</th>
<th>7/31 (22.6%)</th>
<th>17/30 (56.7%)</th>
<th>OR 0.22 (0.07 to 0.68)</th>
<th>34 fewer per 100 (from 10 fewer to 48 fewer)</th>
<th>☐ ☐ ☐ ☐</th>
<th>CRITICAL</th>
</tr>
</thead>
</table>

### Change in depression (immediate post-treatment)

<table>
<thead>
<tr>
<th>1st</th>
<th>Randomized trials</th>
<th>Serious&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Not serious</th>
<th>Not serious</th>
<th>Very serious&lt;sup&gt;b&lt;/sup&gt;</th>
<th>None</th>
<th>31</th>
<th>30</th>
<th>–</th>
<th>MD 2.8 lower (5.35 lower to 0.25 lower)</th>
<th>☐ ☐ ☐ ☐</th>
<th>CRITICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of studies</td>
<td>Study design</td>
<td>Risk of bias</td>
<td>Inconsistency</td>
<td>Indirectness</td>
<td>Imprecision</td>
<td>Other considerations</td>
<td>No. of patients</td>
<td>Prolonged exposure therapy</td>
<td>Supportive counselling</td>
<td>Effect</td>
<td>Quality</td>
<td>Importance</td>
</tr>
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</tr>
<tr>
<td>1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Randomized trials</td>
<td>Serious&lt;sup&gt;b&lt;/sup&gt;</td>
<td>Not serious</td>
<td>Not serious</td>
<td>Very serious&lt;sup&gt;b&lt;/sup&gt;</td>
<td>None</td>
<td>31</td>
<td>30</td>
<td>–</td>
<td>MD 5.7 lower (8.77 lower to 2.63 lower)</td>
<td>⬤◯◯◯ VERY LOW</td>
<td>CRITICAL</td>
</tr>
</tbody>
</table>

PTSD Diagnosis (follow-up: mean 12 months)

<table>
<thead>
<tr>
<th>No. of studies</th>
<th>Study design</th>
<th>Risk of bias</th>
<th>Inconsistency</th>
<th>Indirectness</th>
<th>Imprecision</th>
<th>Other considerations</th>
<th>No. of patients</th>
<th>Prolonged exposure therapy</th>
<th>Supportive counselling</th>
<th>Effect</th>
<th>Quality</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Randomized trials</td>
<td>Serious&lt;sup&gt;c&lt;/sup&gt;</td>
<td>Not serious</td>
<td>Not serious</td>
<td>Very serious&lt;sup&gt;c&lt;/sup&gt;</td>
<td>None</td>
<td>3/31 (9.7%)</td>
<td>14/30</td>
<td>OR 0.12 (0.03 to 0.49)</td>
<td>37 fewer per 100 (from 17 fewer to 44 fewer)</td>
<td>⬤◯◯◯ VERY LOW</td>
<td>CRITICAL</td>
</tr>
</tbody>
</table>

Change in depression (follow-up: mean 12 months)

<table>
<thead>
<tr>
<th>No. of studies</th>
<th>Study design</th>
<th>Risk of bias</th>
<th>Inconsistency</th>
<th>Indirectness</th>
<th>Imprecision</th>
<th>Other considerations</th>
<th>No. of patients</th>
<th>Prolonged exposure therapy</th>
<th>Supportive counselling</th>
<th>Effect</th>
<th>Quality</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Randomized trials</td>
<td>Serious&lt;sup&gt;b&lt;/sup&gt;</td>
<td>Not serious</td>
<td>Not serious</td>
<td>Very serious&lt;sup&gt;b&lt;/sup&gt;</td>
<td>None</td>
<td>31</td>
<td>30</td>
<td>–</td>
<td>MD 4.7 lower (7.57 lower to 1.83 lower)</td>
<td>⬤◯◯◯ VERY LOW</td>
<td>CRITICAL</td>
</tr>
</tbody>
</table>

CI: Confidence interval; MD: Mean difference; OR: Odds ratio

<sup>a</sup> Foa, McLean, Capaldi & Rosenfield (1).

<sup>b</sup> Serious concerns about the risk of bias and a sample size < 300.

<sup>c</sup> Serious concerns about the risk of bias and a sample size/number of events < 300.
Fig. 5.1. Forest plot: prolonged exposure therapy (EXP) compared to supportive counselling for child sexual maltreatment – immediate post treatment

Heterogeneity: Not applicable
Test for overall effect: $Z = 4.34$ (P < 0.00001)

5.1.2 Depression (Female only)

Heterogeneity: Not applicable
Test for overall effect: $Z = 2.15$ (P = 0.03)

Test for subgroups: $C^2 = 4.47$, df = 1, P = 0.03, I² = 78%

Fig. 5.2. Forest plot: prolonged EXP compared to supportive counselling for child sexual maltreatment – 12-month follow-up

Heterogeneity: Not applicable
Test for overall effect: $Z = 3.04$ (P = 0.0003)

5.2.2 Depression (Female only)

Heterogeneity: Not applicable
Test for overall effect: $Z = 2.11$ (P = 0.03)

Test for subgroups: $C^2 = 4.47$, df = 1, P = 0.03, I² = 77.6%
Fig. 5.3. Forest plot: prolonged exposure therapy compared to supportive counselling for child sexual maltreatment – dichotomous

5.3.1 PTSD (Immediate post-treatment)
- Foa, 2013: 7 events, Total: 17, Weight: 30, Odds Ratio: 0.22 [0.07, 0.66]
- Subtotal (95% CI): Total: 31, Weight: 61.1%, Odds Ratio: 0.22 [0.07, 0.66]
- Heterogeneity: Not applicable
- Test for overall effect: Z = 2.65 (P = 0.008)

5.3.2 PTSD (Long-term Follow-up: <12 months)
- Foa, 2013: 3 events, Total: 14, Weight: 30, Odds Ratio: 0.12 [0.03, 0.49]
- Subtotal (95% CI): Total: 31, Weight: 38.9%, Odds Ratio: 0.12 [0.03, 0.49]
- Heterogeneity: Not applicable
- Test for overall effect: Z = 2.96 (P = 0.003)

- Total (95% CI): Total: 62, Weight: 100.0%, Odds Ratio: 0.18 [0.07, 0.42]
- Heterogeneity: Tau^2 = 0.00, Chi^2 = 0.44, df = 1 (P = 0.51), I^2 = 0%
- Test for overall effect: Z = 3.02 (P = 0.001)
- Test for subgroup differences: Chi^2 = 0.44, df = 1 (P = 0.51), I^2 = 0%
Table 3.6. GRADE evidence profile: individual psychotherapy compared to no treatment for child sexual maltreatment

<table>
<thead>
<tr>
<th>Patient or population</th>
<th>Child sexual maltreatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>Individual psychotherapy</td>
</tr>
<tr>
<td>Comparison</td>
<td>No treatment</td>
</tr>
<tr>
<td>Setting</td>
<td>Any</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Anticipated absolute effects (95% CI)</th>
<th>Relative effect (95% CI)</th>
<th>No. of participants (studies)</th>
<th>Quality of the evidence (GRADE)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Risk with No treatment</td>
<td>Risk with Individual Psychotherapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immediate post-treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internalizing symptoms (female only)</td>
<td>The mean internalizing symptoms was 67.43 1</td>
<td>The mean internalizing symptoms in the intervention group was 9.43 lower (15.85 lower to 3.01 lower) 1</td>
<td>−</td>
<td>21 (1 RCT) 1,2</td>
<td>Ⓡ◯◯◯ VERY LOW 3</td>
</tr>
<tr>
<td></td>
<td>The mean externalizing symptoms was 64.14 1</td>
<td>The mean externalizing symptoms in the intervention group was 7.14 lower (12.05 lower to 2.23 lower) 1</td>
<td>−</td>
<td>21 (1 RCT) 1,2</td>
<td>Ⓡ◯◯◯ VERY LOW 3</td>
</tr>
</tbody>
</table>
**Patient or population** – Child sexual maltreatment  
**Intervention** – Individual psychotherapy  
**Comparison** – No treatment  
**Setting** – Any

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Anticipated absolute effects (95% CI)</th>
<th>Relative effect (95% CI)</th>
<th>No. of participants (studies)</th>
<th>Quality of the evidence (GRADE)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Externalizing symptoms (male only)</td>
<td>Risk with No treatment</td>
<td>Risk with Individual Psychotherapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The mean externalizing symptoms was 70.03(^1)</td>
<td>The mean externalizing symptoms in the intervention group was 15.22 lower (20.26 lower to 10.18 lower)(^1)</td>
<td>–</td>
<td>51 (1 RCT) (^{1,2})</td>
<td>☉☉☉☉</td>
</tr>
</tbody>
</table>

\(^1\) Data at post-treatment/end-point only. Baseline data not available for all participants.  
\(^2\) Sullivan et al (10).  
\(^3\) Downgraded to very low because of serious concerns about the risk of bias and a sample size < 300 – see Table 4.6 below.
Table 4.6. Quality assessment: individual psychotherapy compared to no treatment for child sexual maltreatment

<table>
<thead>
<tr>
<th>Quality assessment</th>
<th>No. of patients</th>
<th>Effect</th>
<th>Quality</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of studies</td>
<td>Study design</td>
<td>Risk of bias</td>
<td>Inconsistency</td>
<td>Indirectness</td>
</tr>
<tr>
<td>Internalizing symptoms (immediate post-treatment)</td>
<td>1a</td>
<td>Randomized trials</td>
<td>Seriousb</td>
<td>Not serious</td>
</tr>
<tr>
<td>Internalizing symptoms (immediate post-treatment)</td>
<td>1a</td>
<td>Randomized trials</td>
<td>Seriousb</td>
<td>Not serious</td>
</tr>
<tr>
<td>Externalizing symptoms (immediate post-treatment)</td>
<td>1a</td>
<td>Randomized trials</td>
<td>Seriousb</td>
<td>Not serious</td>
</tr>
<tr>
<td>No. of studies</td>
<td>Study design</td>
<td>Risk of bias</td>
<td>Inconsistency</td>
<td>Indirectness</td>
</tr>
<tr>
<td>----------------</td>
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<td>---------------</td>
<td>--------------</td>
</tr>
<tr>
<td>1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Randomized trials</td>
<td>Serious&lt;sup&gt;b&lt;/sup&gt;</td>
<td>Not serious</td>
<td>Not serious</td>
</tr>
</tbody>
</table>

<sup>a</sup> Sullivan et al (10)

<sup>b</sup> Serious concerns about the risk of bias and a sample size < 300.

<sup>c</sup> Data at post-treatment/end-point only. Baseline data not available for all participants.

CI: Confidence interval; MD: Mean difference
### 6.3.2 Internalizing symptoms

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Individual PsychT</th>
<th>No treatment</th>
<th>Mean Difference IV, Random, 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sullivan, 1992-F</td>
<td>58</td>
<td>7.22</td>
<td>14 67.43 7 7 18.2% -9.43 [-15.85, -3.01]</td>
</tr>
<tr>
<td>Sullivan, 1992-M</td>
<td>60.1</td>
<td>7.78</td>
<td>21 69.7 5.53 30 31.9% -9.60 [-13.47, -5.73]</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td>35</td>
<td>37</td>
<td>50.2% 9.55 [12.87, 6.24]</td>
</tr>
</tbody>
</table>

Heterogeneity: $\text{I}^2 = 0.00, \chi^2 = 0.00, df = 1 (P = 0.96); I^2 = 0$

Test for overall effect, $Z = 6.65 (P = 0.00001)$

### 6.3.3 Externalizing symptoms

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Individual PsychT</th>
<th>No treatment</th>
<th>Mean Difference IV, Random, 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sullivan, 1992-F</td>
<td>57</td>
<td>5.56</td>
<td>14 64 14 5.34 7 25.3% -7.14 [-12.05, -2.23]</td>
</tr>
<tr>
<td>Sullivan, 1992-M</td>
<td>64.01</td>
<td>10.39</td>
<td>21 70.03 8.67 30 24.6% -15.22 [-20.26, -10.18]</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td>35</td>
<td>37</td>
<td>49.8% -11.16 [19.08, 3.24]</td>
</tr>
</tbody>
</table>

Heterogeneity: $\text{I}^2 = 26.18, \chi^2 = 5.05, df = 1 (P = 0.02); I^2 = 80$

Test for overall effect, $Z = 2.76 (P = 0.006)$

Total (95% CI) 70 74 100.0% -10.33 [-13.66, -6.99]

Heterogeneity: $\text{I}^2 = 5.15, \chi^2 = 5.44, df = 3 (P = 0.14); I^2 = 45$

Test for overall effect $Z = 6.07 (P = 0.00001)$

Test for subgroup differences: $\chi^2 = 0.13, df = 1 (P = 0.71), I^2 = 0$

---

Favours [Individual PsychT] Favours [No treatment]
Table 3.7. GRADE evidence profile: individual psychotherapy compared to group psychotherapy for child sexual maltreatment

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Anticipated absolute effects (95% CI)</th>
<th>Risk with group psychotherapy</th>
<th>Risk with individual psychotherapy</th>
<th>Relative effect (95% CI)</th>
<th>No. of participants (studies)</th>
<th>Quality of the evidence (GRADE)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Follow-up 6 months</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Change in PTSD (re–experiencing) (female only)</td>
<td>The mean change in PTSD (re–experiencing) was −0.5</td>
<td>The mean change in PTSD (re–experiencing) in the intervention group was 1.32 lower (2.6 lower to 0.04 lower)</td>
<td>−</td>
<td>56 (1 RCT)</td>
<td>⬤⬤⬤⬤ VERY LOW</td>
<td>Assessed using the 19-item Orvaschel’s PTSD scale (extension of the Schedule for Affective Disorders and Schizophrenia for School-Age Children – K-SADS), with re-experiencing of trauma as a subdomain and a 3-point coding system for summation of the relevant items. Calculated important difference shows a medium effect (SMD = -0.53).</td>
<td></td>
</tr>
<tr>
<td>Change in PTSD (avoidance) (female only)</td>
<td>The mean change in PTSD (avoidance) was −1.5</td>
<td>The mean change in PTSD (avoidance) in the intervention group was 1.1 lower (2.39 lower to 0.19 higher)</td>
<td>−</td>
<td>56 (1 RCT)</td>
<td>⬤⬤⬤⬤ VERY LOW</td>
<td>Assessed using Orvaschel’s PTSD scale. Calculated important difference shows a large effect (SMD = -0.44)</td>
<td></td>
</tr>
<tr>
<td>FOLLOW-UP 24 MONTHS</td>
<td>Change in PTSD (re–experiencing) (female only)</td>
<td>The mean change in PTSD (re–experiencing) was −0.22</td>
<td>The mean change in PTSD (re–experiencing) in the intervention group was 1.74 lower (2.97 lower to 0.51 lower)</td>
<td>−</td>
<td>49 (1 RCT)</td>
<td>⬤⬤⬤⬤ VERY LOW</td>
<td>Assessed using Orvaschel’s PTSD scale. Calculated important difference shows a medium effect (SMD = -0.79).</td>
</tr>
</tbody>
</table>
**Patient or population** – Child sexual maltreatment  
**Intervention** – Individual psychotherapy  
**Comparison** – Group psychotherapy  
**Setting** – Any

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Anticipated absolute effects (95% CI)</th>
<th>Relative effect (95% CI)</th>
<th>No. of participants (studies)</th>
<th>Quality of the evidence (GRADE)</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Change in PTSD (avoidance) (female only)  
Follow-up: mean 24 months | The mean change in PTSD (avoidance) was -1.5  
The mean change in PTSD (avoidance) in the intervention group was 0.6 lower (1.75 lower to 0.55 higher) | - | 49 (1 RCT)¹ | ☐◯◯◯ | Assessed using Orvaschel's PTSD scale. Calculated important difference shows a small effect (SMD = -0.28). |

*The risk in the intervention group (and its 95% confidence interval) is based on the assumed risk in the comparison group and the relative effect of the intervention (and its 95% CI).*  

CI: Confidence interval; MD: Mean difference

**GRADE Working Group grades of evidence**  
**High quality:** We are very confident that the true effect lies close to that of the estimate of the effect  
**Moderate quality:** We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different  
**Low quality:** Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect  
**Very low quality:** We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect

¹ Trowell et al. (4).  
² Downgraded to very low because of serious concerns about the risk of bias and a sample size < 300 – see Table 4.7 below.  
³ Downgraded to very low because of serious concerns about the risk of bias – see Table 4.7 below.  
⁴ Downgraded to very low because the sample size is < 300 and the effect estimate is imprecise – see Table 4.7 below.
<table>
<thead>
<tr>
<th>Quality assessment</th>
<th>No. of patients</th>
<th>Effect</th>
<th>Quality</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Randomized trials</td>
<td>Serious</td>
<td>Not serious</td>
<td>Not serious</td>
<td>Very serious</td>
</tr>
</tbody>
</table>

| Change in PTSD (re-experiencing) (follow-up: mean 6 months) |
|----------------|----------------|--------|---------|------------|
| 1a Randomized trials | Serious | Not serious | Not serious | Very serious | None | 28 | 28 | – | MD 1.1 lower (2.39 lower to 0.19 higher) | ☥️◯◯◯ VERY LOW | CRITICAL |

| Change in PTSD (avoidance) (follow-up: mean 6 months) |
|----------------|----------------|--------|---------|------------|
| 1a Randomized trials | Serious | Not serious | Not serious | Very serious | None | 27 | 22 | – | MD 1.74 lower (2.97 lower to 0.51 lower) | ☥️◯◯◯ VERY LOW | CRITICAL |

<p>| Change in PTSD (re-experiencing) (follow-up: mean 24 months) |
|----------------|----------------|--------|---------|------------|
| 1a Randomized trials | Serious | Not serious | Not serious | Very serious | None | 27 | 22 | – | MD 1.74 lower (2.97 lower to 0.51 lower) | ☥️◯◯◯ VERY LOW | CRITICAL |</p>
<table>
<thead>
<tr>
<th>No. of studies</th>
<th>Study design</th>
<th>Risk of bias</th>
<th>Inconsistency</th>
<th>Indirectness</th>
<th>Imprecision</th>
<th>Other considerations</th>
<th>No. of patients</th>
<th>Effect</th>
<th>Quality</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1(^a)</td>
<td>Randomized trials</td>
<td>Serious(^b)</td>
<td>Not serious</td>
<td>Not serious</td>
<td>Very serious(^d)</td>
<td>None</td>
<td>27</td>
<td>22</td>
<td>MD 0.6 lower (1.75 lower to 0.55 higher)</td>
<td>VERY LOW</td>
</tr>
</tbody>
</table>

\(^a\) Trowell et al. (4).
\(^b\) Serious concerns about the risk of bias and a sample size < 300.
\(^c\) Serious concerns about the risk of bias.
\(^d\) The sample size is < 300 and the effect estimate is imprecise.
Fig. 7.1. Forest plot: individual psychotherapy compared to group psychotherapy for child sexual maltreatment – 6-month follow-up

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Individual PsychT</th>
<th>Group PsychED</th>
<th>Mean Difference</th>
<th>Mean Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Total</td>
<td>Mean</td>
</tr>
<tr>
<td>7.1.1 PTSD - ReExperiencing (Female only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trowell, 2002</td>
<td>-1.02</td>
<td>2.4</td>
<td>20</td>
<td>-0.5</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td>28</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterogeneity: Not applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test for overall effect: Z = 2.02 (P = 0.04)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7.1.2 PTSD - Avoidance (Female only)

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Individual PsychT</th>
<th>Group PsychED</th>
<th>Mean Difference</th>
<th>Mean Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Total</td>
<td>Mean</td>
</tr>
<tr>
<td>Trowell, 2002</td>
<td>-2.6</td>
<td>2.2</td>
<td>20</td>
<td>-1.5</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td>28</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterogeneity: Not applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test for overall effect: Z = 1.67 (P = 0.09)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total (95% CI)

<table>
<thead>
<tr>
<th>Mean Difference</th>
<th>IV, Random, 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>100.0%</td>
<td>-1.21 [2.12, -0.30]</td>
</tr>
</tbody>
</table>

Heterogeneity: Tau² = 0.00, Chi² = 0.05, df = 1 (P = 0.81); I² = 0%
Test for overall effect: Z = 2.81 (P = 0.004)
Test for subgroup differences: Chi² = 0.00, df = 1 (P = 0.81), I² = 0%

Fig. 7.2. Forest plot: individual psychotherapy compared to group psychotherapy for child sexual maltreatment – 24-month follow-up

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Individual PsychT</th>
<th>Group PsychED</th>
<th>Mean Difference</th>
<th>Mean Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Total</td>
<td>Mean</td>
</tr>
<tr>
<td>7.2.1 PTSD - ReExperiencing (Female only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trowell, 2002</td>
<td>-1.56</td>
<td>2.09</td>
<td>27</td>
<td>-0.22</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td>27</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterogeneity: Not applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test for overall effect: Z = 2.76 (P = 0.006)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7.2.2 PTSD - Avoidance (Female only)

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Individual PsychT</th>
<th>Group PsychED</th>
<th>Mean Difference</th>
<th>Mean Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Total</td>
<td>Mean</td>
</tr>
<tr>
<td>Trowell, 2002</td>
<td>-2.1</td>
<td>2.3</td>
<td>27</td>
<td>-1.5</td>
</tr>
<tr>
<td>Subtotal (95% CI)</td>
<td>27</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterogeneity: Not applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test for overall effect: Z = 1.02 (P = 0.31)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total (95% CI)

<table>
<thead>
<tr>
<th>Mean Difference</th>
<th>IV, Random, 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>100.0%</td>
<td>-1.15 [-2.26, -0.03]</td>
</tr>
</tbody>
</table>

Heterogeneity: Tau² = 0.28, Chi² = 1.76, df = 1 (P = 0.19); I² = 43%
Test for overall effect: Z = 2.01 (P = 0.04)
Test for subgroup differences: Chi² = 1.76, df = 1 (P = 0.19), I² = 43.1%


