

Psykologiska och psykosociala
behandlingsinsatser för barn under 7 år som
utsatts för sexuellt våld/ Psychological and
psychosocial interventions aimed for children, 7
years old or younger, who have been exposed
to sexual violence, rapport 380 (2024)

Bilaga 3 Inkluderade studier och relevanta studier med hög eller oacceptabel risk för bias/Appendix 3 Included studies and relevant studies with high or critical risk of bias

Tabell 1 Inkluderade studier/Table 1 Included studies

Cohen et al. 1996

Author	<i>Cohen</i>
Year	<i>1996</i>
Country	<i>USA</i>
Reference	<i>[1]</i>
Study design	<i>RCT</i>
Setting	<i>Not reported</i>
Recruitment	<i>Subjects were referred from regional rape crisis centers, Child Protective Services, pediatricians, psychologists, community mental health agencies, county and municipal police departments, and from the judicial system.</i>
Population	<i>Sexually abused children aged 3 to 6 years and their caregiver (mean age 4.68, range 2.11 to 7.1)</i>
Inclusion criteria	<i>Sexual abuse having occurred no more than 6 months before referral. Abuse had been indicated by Child Protective Services or there had been independent confirmation of abuse by the agency in Pittsburgh with recognized expertise in conducting investigative evaluations or there was physical evidence diagnostic of sexual abuse. Minimal symptomatology, defined as either a Weekly Behavior Record (WBR) Total Behavior score of more than 7, or any sexually inappropriate behavior reported on the Child Sexual Behavior Inventory (CSBI).</i>
Follow up	<i>End of treatment, within 12-16 weeks after the first treatment session.</i>
Intervention	<i>CBT-SAP, Cognitive-behavioral therapy adapted for sexually abused preschool children, 12 treatment sessions, once a week.</i>
Participants (n)	<i>39</i>
Drop-outs (n)	<i>0</i>
Comparison	<i>NST, nondirective supportive therapy, 12 treatment sessions, once a week.</i>

Participants (n)	28
Drop-outs (n)	0
Outcomes	<p>RATED BY CHILD</p> <p>PRESS</p> <p><i>Studied, but no data was reported</i></p> <p>RATED BY CAREGIVER</p> <p>CBLC-Parent version pretreatment mean (SD)</p> <p>Subscale Social Competence CBT-SAP: 36.89 (12.74), n=39 NST: 39.56 (11.72), n=28</p> <p>Subscale Behavior Profile-Total CBT-SAP: 66.76 (10.85), n=39 NST: 64.37 (12.25), n=28</p> <p>Subscale Internalizing CBT-SAP: 64.79 (10.62), n=39 NST: 62.7 (12.9), n=28</p> <p>Subscale Externalizing CBT-SAP: 64.66 (10.49), n=39 NST: 62.59 (11.37), n=28</p> <p>CBLC-Parent version post treatment mean (SD)</p> <p>Subscale Social Competence CBT-SAP: 41.57 (12.22), n=39 NST: 44 (8.72), n=28</p> <p>Subscale Behavior Profile-Total CBT-SAP: 54.39 (9.54), n=39 NST: 61.81 (14.66), n=28</p> <p>Subscale Internalizing CBT-SAP: 52.87 (9.55), n=39 NST: 61.89 (13.49), n=28</p> <p>Subscale Externalizing CBT-SAP: 54.58 (10.04), n=39 NST: 59.04 (12.75), n=28</p> <p>CSBI pretreatment mean (SD)</p> <p>CBT-SAP: 25.16 (18.84), n=39 NST: 25.37 (19.36), n=28</p> <p>CSBI post treatment mean (SD)</p> <p>CBT-SAP: 11.47 (8.18), n=39 NST: 17.85 (13.38), n=28</p>

	<p>WBR pretreatment mean (SD)</p> <p>Subscale Type</p> <p>CBT-SAP: 6.57 (3.71), n=39</p> <p>NST: 6.38 (3.01), n=28</p> <p>Subscale Total</p> <p>CBT-SAP: 25.3 (18.54), n=39</p> <p>NST: 24.5 (18.27), n=28</p> <p>WBR post treatment mean (SD)</p> <p>Subscale Type</p> <p>CBT-SAP: 3.57 (3.25), n=39</p> <p>NST: 4.73 (3.12), n=28</p> <p>Subscale Total</p> <p>CBT-SAP: 7.92 (9.45), n=39</p> <p>NST: 14.38 (13.09), n=28</p>
Comments	<p>In total 86 children were recruited to the study</p> <p>One year follow-up, [2], has a high risk of bias</p>
Risk of bias	<p>Moderate</p>

CBCL = Child Behavior Checklist; CBT-SAP = Cognitive-behavioral therapy adapted for sexually abused preschool children; CSBI = Child Sexual Behavior Inventory; NST = nondirective supportive therapy; PRESS = The Preschool Symptom Self-Report; RCT = Randomized Controlled Trial; WBR = Weekly Behavior Record.

Deblinger et al. 2001

Author	Deblinger et al.
Year	2001
Country	USA
Reference	[3]
Study design	RCT
Setting	Not reported
Recruitment	Volunteers. Children and mothers referred to the Regional Child Abuse Diagnostic and Treatment Center (Center) for a forensic medical examination as part of a child sexual abuse investigation. In addition, community therapists, division of youth and family services (DYFS) offices, and prosecutors' offices were contacted by the Center and were encouraged to refer families to the Center
Population	Sexually abused children 2-8 years and their maternal care providers + significant others. The majority of children in this sample did not demonstrate clinically significant behavior problems at pretreatment (mean age 5.45, SD 1.47)

Inclusion criteria	<i>All child participants had made a credible disclosure of contact sexual abuse to a professional prior to their participation in group.</i>
Follow up	<i>End of treatment 3 months after group treatment ended</i>
Intervention	<i>CB, Cognitive behavioral up to 11 therapy sessions</i>
Participants (n)	<i>21 completed the therapy (3-11 sessions)</i>
Drop-outs (n)	<i>Unclear. In total 67 was recruited to the study</i>
Comparison	<i>SC, Supportive counseling, up to 11 therapy sessions</i>
Participants (n)	<i>23 completed the therapy (3-11 sessions)</i>
Drop-outs (n)	<i>Unclear. In total 67 was recruited to the study</i>
Outcomes	<p><i>RATED BY CHILD</i></p> <p><i>WIST pretreatment mean (SD)</i> CB: 11.05 (8.24), n=21 SC: 15.04 (8.17), n=23</p> <p><i>WIST post treatment mean (SD)</i> CB: 15.29 (6.07), n=21 SC: 13.91 (7.32), n=23</p> <p><i>WIST 3 months follow up mean (SD)</i> CB: 14.24 (6.91), n=21 SC: 15.22 (6.94), n=23</p> <p><i>RATED BY CAREGIVER</i></p> <p><i>CBCL pretreatment mean (SD)</i> CB: 40.9 (20.81), n=21 SC: 36.09 (23.04), n=23</p> <p><i>CBCL post treatment mean (SD)</i> CB: 26.48 (21.32), n=21 SC: 26.13 (18.28), n=23</p> <p><i>CBCL 3 months follow up mean (SD)</i> CB: 25.43 (25.23), n=21 SC: 25.74 (21.48), n=23</p> <p><i>CSBI-3 pretreatment mean (SD)</i> CB: 9.67 (5.67), n=21 SC: 6.39 (5.23); n=23</p> <p><i>CSBI-3 post treatment mean (SD)</i> CB: 5.48 (4.00), n=21 SC: 3.74 (4.93), n=23</p> <p><i>CSBI-3 3 months follow up mean (SD)</i></p>

	<p>CB: 7.52 (6.62), n=21 SC: 3.91 (5.39), n=23</p> <p>PTSD Scale pretreatment mean (SD)</p> <p>CB: 14.43 (9.08), n=21 SC: 14.04 (12.35), n=23</p> <p>PTSD Scale post treatment mean (SD)</p> <p>CB: 6.57 (7.92), n=21 SC: 6.09 (6.73), n=23</p> <p>PTSD Scale 3 months follow up mean (SD)</p> <p>CB: 7.76 (8.61), n=21 SC: 5.22 (5.78), n=23</p>
Comments	<i>In total 67 caregivers and their children were recruited to the study</i>
Risk of bias	<i>Moderate</i>

CBCL = Child Behavior Checklist; CB = Cognitive behavioral; CSBI = Child Sexual Behavior Inventory; PTSD = Post Traumatic Stress Disorder; RCT = Randomized Controlled Trial; SC = Supportive Counseling; WIST = What If Situations Test; The PTSD Scale is based on the PTSD section of the Kiddie Schedule for Affective Disorders and Schizophrenia for School Age Children - Epidemiologic version administered to parents (K-SADS-E)

Tabell 2 Relevanta studier med hög eller oacceptabel risk för bias/Table 2 Relevant studies with high or critical risk of bias

Författare Referens	Risk för bias Förklaring
Cohen et al. [2]	Hög Stort bortfall som dessutom skiljde sig mellan grupperna.
Deblinger et al. [4]	Hög Otillräckligt beskriven randomisering Stort bortfall
Graham-Bermann et al. [5]	Hög Brister i randomisering
Grogan-Kaylor et al. [6]	Hög Brister i randomisering Bortfall skiljde sig mellan grupperna.
Mannarino et al. [7]	Hög Otillräckligt beskriven randomisering Stort bortfall
Miller et al. [8]	Hög Brister i randomisering Bortfall skiljde sig mellan grupperna.
Pernebo et al. [9]	Oacceptabel Interventions- och kontrollgrupperna representerar två olika populationer.

Referenser

1. Cohen JA, Mannarino AP. A treatment outcome study for sexually abused preschool children: initial findings. *J Am Acad Child Adolesc Psychiatry*. 1996;35(1):42-50. Available from: <https://doi.org/10.1097/00004583-199601000-00011>.
2. Cohen JA, Mannarino AP. A treatment study for sexually abused preschool children: outcome during a one-year follow-up. *J Am Acad Child Adolesc Psychiatry*. 1997;36(9):1228-35. Available from: <https://doi.org/10.1097/00004583-199709000-00015>.
3. Deblinger E, Stauffer LB, Steer RA. Comparative efficacies of supportive and cognitive behavioral group therapies for young children who have been sexually abused and their nonoffending mothers. *Child Maltreatment*. 2001;6(4):332-43.
4. Deblinger E, Mannarino AP, Cohen JA, Runyon MK, Steer RA. Trauma-focused cognitive behavioral therapy for children: impact of the trauma narrative and treatment length. *Depression & Anxiety*. 2011;28(1):67-75. Available from: <https://doi.org/10.1002/da.20744>.
5. Graham-Bermann S, Miller-Graff L, Howell K, Grogan-Kaylor A, Graham-Bermann SA, Miller-Graff LE, et al. An Efficacy Trial of an Intervention Program for Children Exposed to Intimate Partner Violence. *Child Psychiatry & Human Development*. 2015;46(6):928-39. Available from: <https://doi.org/10.1007/s10578-015-0532-4>.
6. Grogan-Kaylor A, Galano MM, Howell KH, Miller-Graff L, Graham-Bermann SA. Reductions in Parental Use of Corporal Punishment on Pre-School Children Following Participation in the Moms' Empowerment Program. *Journal of Interpersonal Violence*. 2019;34(8):1563-82. Available from: <https://doi.org/10.1177/0886260516651627>.
7. Mannarino AP, Cohen J, Deblinger E, Runyon MK, Steer RA. Trauma-focused cognitive-behavioral therapy for children: sustained impact of treatment 6 and 12 months later. *Child Maltreatment*. 2012;17(3):231-41. Available from: <https://doi.org/10.1177/1077559512451787>.
8. Miller L, Howell K, Hunter E, Graham-Bermann S. Enhancing Safety-planning through Evidence-based Interventions with Preschoolers Exposed to Intimate Partner Violence. *Child Care in Practice*. 2012;18(1):67-82. Available from: <https://doi.org/10.1080/13575279.2011.621885>.
9. Pernebo K, Fridell M, Almqvist K. Outcomes of psychotherapeutic and psychoeducative group interventions for children exposed to intimate partner violence. *Child Abuse & Neglect*. 2018;79:213-23. Available from: <https://doi.org/10.1016/j.chiabu.2018.02.014>.