

Women who suffered severe sexual trauma as kids benefit most from intervention

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A UCLA-led study of HIV-positive women who were sexually abused as children has found that the more severe their past trauma, the greater their improvement in an intervention program designed to ease their psychological suffering.

The study, conducted by researchers at UCLA's Collaborative Center for Culture, Trauma and Mental Health Disparities, suggests that such interventions should be tailored to individuals' experience and that a "one size fits all" approach may not be enough to successfully reduce women's depression, post-traumatic stress and anxiety symptoms.

"This study shows that those who suffer early and [severe trauma](#) can improve their [psychological symptoms](#)," said primary investigator Dorothy Chin, an associate research psychologist at the Semel Institute for Neuroscience and Human Behavior at UCLA. "Indeed, those who improve the most are those who suffered the most trauma."

The research findings are published in the peer-reviewed journal *Psychological Trauma: Theory, Research, Practice and Policy*.

For the study, researchers used data on women who had participated in the Healing Our Women program, a clinical trial testing an HIV/trauma intervention for HIV-positive women who had suffered sexual abuse as children. Previous research demonstrated that this program was successful at reducing psychological distress among these women. The question for the current study was: Who benefited the most?

The trial used a psycho-educational group intervention called the enhanced sexual [health intervention](#) (ESHI), which linked these women's early sexual abuse–related trauma to their current sexual risk behavior and taught them ways of coping and emotional problem-solving.

The 121 women who participated in the trial were recruited from community-based organizations, health clinics, physicians' offices, hospitals and HIV support groups in the Los Angeles area. The researchers randomly assigned 51 of them to the ESHI group, an 11-week intervention that included writing exercises, group processing, strategies for identifying and coping with potentially risky or stressful situations, and problem-solving.

The other 70 were assigned to a standard control-group intervention, also 11 weeks, which consisted of one face-to-face session in which the women were provided with information and pamphlets on HIV prevention and child sexual abuse, as well as weekly calls and referrals to support services. At the end of the 11 weeks, 27 women from the control group moved to the ESHI intervention, for a total of 78 women in the treatment group.

The women's psychological symptoms were assessed both before and after the intervention program. The researchers found among the women in the ESHI [intervention](#), those whose [sexual abuse](#) was most severe as children showed the greatest overall improvement in reducing their symptoms of depression, post-traumatic stress and anxiety.

Chin suggests that the most severely traumatized women improved the most because the insights they gained between their past and present experiences, as well as the problem-solving strategies they learned, "resonated more" with them than with the others.

"This is somewhat surprising at first glance, as one might assume that the

more trauma, the more difficult it is to improve one's symptoms," Chin said. "But this shows that these focused interventions have targeted the right groups of people and need to continue to target the most traumatized."

The authors noted that the small sample size was not ideal and that more research is needed. The next step, they said, is to replicate these findings with larger samples, as well as to target the most severely traumatized [women](#).

Provided by University of California, Los Angeles

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