



The Effectiveness of Acceptance and Commitment Therapy on Reducing Post-Traumatic Stress Disorder Symptoms and Enhancing Post-Traumatic Growth in Adolescent Survivors of Sexual Assault

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1. Round 1

1.1 Reviewer 1

Reviewer:

The methodological description is generally solid, with clearly stated inclusion and exclusion criteria and the use of validated instruments (CAPS-5, CPSS-5, PTGI-C-R), but the randomization procedures and any allocation concealment methods are insufficiently detailed; please specify who generated the random sequence, how allocation was implemented, whether blocking/stratification was used, and whether the process minimized selection bias at enrollment.

While the authors state that a TAU control was used, the nature and content of “treatment as usual” remain vague; for interpretability and reproducibility, it would be important to provide a more granular description of TAU (e.g., typical session frequency, modality, clinician qualifications, and whether trauma-focused components were present) so that readers can understand the contrast between ACT and the comparator and evaluate the specificity of ACT effects.

The manuscript rightly emphasizes the conceptual link between psychological flexibility and both PTSD reduction and PTG enhancement, but the discussion could be strengthened by a more critical engagement with alternative explanations (e.g., nonspecific group support, expectancy effects), integrating findings from other ACT and non-ACT trauma studies, and avoiding mechanistic over-claims given that psychological flexibility was not directly measured as a mediator in this trial.

The short follow-up period of two months is a noteworthy limitation that is only briefly acknowledged; the authors should elaborate on the implications of this limited time frame for understanding the durability of treatment gains, discuss the potential for symptom relapse or evolving PTG trajectories over longer periods, and, if possible, outline any plans for extended follow-up assessments to address this gap.

Authors revised the manuscript and uploaded the updated document.

1.2 Reviewer 2

Reviewer:

The statistical analysis using mixed-design ANOVA appears appropriate for the repeated-measures RCT design, and the reporting of F values, p values, and partial eta squared is commendable, but the results section would benefit from more comprehensive reporting of assumptions (e.g., explicit sphericity tests), handling of missing data, and provision of confidence intervals or standardized mean differences to help readers gauge the precision and clinical significance of the observed effects.

The reported treatment effects on both PTSD symptoms and post-traumatic growth are large and clinically promising, yet the discussion somewhat over-emphasizes efficacy claims given the relatively small sample size (final N = 39), female-only sample, and single-city context; the authors should temper their conclusions, explicitly label these as preliminary findings, and more fully discuss issues of external validity, including cultural factors that might influence both engagement with ACT and expressions of PTG.

The ACT intervention is described in terms of core processes (acceptance, defusion, present-moment awareness, self-as-context, values, committed action), but for replication and clinical translation, the manuscript would benefit from a more detailed intervention description, such as session-by-session themes, use of manuals or treatment fidelity tools, therapist training/supervision, and any adaptations made for adolescents and sexual-assault survivors specifically.

Ethical procedures (guardian consent, adolescent assent, confidentiality, and post-trial ACT access for TAU participants) are appropriately noted, but the absence of an explicit institutional ethics approval identifier and trial registration number is a serious reporting gap; for compliance with international standards (e.g., CONSORT), these details should be added, and if the trial was not registered prospectively, this limitation should be transparently acknowledged.

Authors revised the manuscript and uploaded the updated document.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.