

Effectiveness of Trauma-Focused Cognitive Behavioral Therapy on Post-Traumatic Stress Disorder and Psychological Empowerment (Cognitive and Emotional) in Children with a History of Sexual Abuse

Saeideh. Khani Zalan¹, Elahe. Mehrabian Parizi², Kamran. Pourmohammad Ghouchani^{3*}

¹ Department of General Psychology, Il.C., Islamic Azad University, Ilam, Iran

² Master of General Psychology, University of Zahedan, Zahedan, Iran

³ Department of Clinical Psychology, Ki.c., Islamic Azad University, Kish, Iran

* Corresponding author email address: Kamranpourmohammadghouchani@gmail.com

Article Info

Article type:

Original Research

How to cite this article:

Khani Zalan, S., Mehrabian Parizi, E., & Pourmohammad Ghouchani, K. (2026). Effectiveness of Trauma-Focused Cognitive Behavioral Therapy on Post-Traumatic Stress Disorder and Psychological Empowerment (Cognitive and Emotional) in Children with a History of Sexual Abuse. *Psychological Research in Individuals with Exceptional Needs*, 4(1), 1-9.

<https://doi.org/10.61838/kman.prien.5240>



© 2026 the authors. Published by KMAN Publication Inc. (KMANPUB), Ontario, Canada. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License.

ABSTRACT

The present study aimed to examine the effectiveness of trauma-focused cognitive behavioral therapy (TF-CBT) on post-traumatic stress disorder (PTSD) symptoms and psychological empowerment (cognitive and emotional) in children with a history of sexual abuse. This study employed a single-case experimental design with a multiple baseline staggered approach. The statistical population included primary school students in Tehran during the 2025–2026 academic year. Using purposive sampling, four children aged 8–12 years with a history of sexual abuse and meeting PTSD criteria were selected. Data were collected using the Lifetime Incidence of Traumatic Events Inventory (LITE-C, LITE-P), the Child and Parent Reports of Post-Traumatic Symptoms (CROPS, PROPS), and the Social-Emotional Assets and Resilience Scales (SEARS). Participants underwent approximately 14 individual TF-CBT sessions, with concurrent parental involvement. Data were analyzed using graphical analysis, percentage of improvement, repeated measures analysis of variance, and paired-samples t-tests via SPSS version 26. The results indicated statistically significant reductions in PTSD symptoms and significant increases in psychological empowerment across participants ($p < 0.05$). Repeated measures ANOVA revealed large effect sizes for both psychological empowerment ($\eta^2 = 0.982$) and PTSD symptoms ($\eta^2 = 0.954$), indicating strong treatment effects. Additionally, paired-samples t-test results showed no significant differences between post-test and follow-up scores ($p > 0.05$), suggesting the stability and maintenance of treatment gains over time. Trauma-focused cognitive behavioral therapy is an effective intervention for reducing post-traumatic stress symptoms and enhancing psychological empowerment in children with a history of sexual abuse, with effects that remain stable during follow-up.

Keywords: Sexual abuse, post-traumatic stress disorder, psychological empowerment, trauma-focused cognitive behavioral therapy, children

1. Introduction

Childhood sexual abuse is widely recognized as one of the most severe and complex forms of trauma, exerting profound and long-lasting effects on the psychological, emotional, and social functioning of affected individuals. Exposure to such adverse experiences during critical developmental periods disrupts normative developmental trajectories and increases vulnerability to a wide range of mental health disorders (Dhyatmika et al., 2024; Wesley, 2024). Empirical evidence consistently demonstrates that children who experience sexual abuse are at significantly higher risk of developing post-traumatic stress disorder (PTSD), depression, anxiety, and behavioral disturbances compared to their non-abused peers (Ahmadi et al., 2023; Sekowski et al., 2020). These adverse outcomes often persist into adolescence and adulthood, highlighting the chronic and pervasive nature of trauma-related psychopathology (Dugal et al., 2023; Schuyler & Catania, 2022). Moreover, cumulative exposure to traumatic experiences exacerbates psychological distress and complicates recovery processes, underscoring the need for early and targeted interventions (Dugal et al., 2023).

The psychological sequelae of childhood sexual abuse extend beyond symptomatic disorders and encompass disruptions in emotional regulation, self-concept, interpersonal functioning, and overall psychological empowerment. Survivors frequently exhibit maladaptive cognitive schemas characterized by guilt, shame, and self-blame, which contribute to the maintenance of distress and hinder adaptive coping (Ahmadboukani et al., 2022; Sekowski et al., 2020). In addition, deficits in emotional awareness and regulation are commonly observed, leading to difficulties in managing distressing emotions and increased vulnerability to internalizing and externalizing problems (Dhyatmika et al., 2024). The concept of psychological empowerment, particularly in its cognitive and emotional dimensions, has gained increasing attention as a protective factor that can facilitate resilience and recovery among traumatized children. Psychological empowerment involves the development of self-efficacy, emotional competence, and adaptive coping skills, which enable individuals to regain a sense of control over their experiences and future outcomes (Borghi, 2024). Strengthening these capacities is essential in mitigating the long-term consequences of trauma and promoting positive developmental trajectories.

Post-traumatic stress disorder represents one of the most prevalent and debilitating outcomes of childhood sexual abuse. PTSD in children is characterized by intrusive re-experiencing of the traumatic event, avoidance of trauma-related stimuli, negative alterations in cognition and mood, and heightened physiological arousal (Wesley, 2024). These symptoms can significantly impair academic performance, social relationships, and overall quality of life. Furthermore, untreated PTSD in childhood is associated with an increased risk of comorbid conditions, including substance use disorders, suicidal ideation, and sexual dysfunction in later life (Gewirtz-Meydan, 2022; Gewirtz-Meydan & Opuda, 2022). The chronicity and severity of PTSD symptoms are often influenced by factors such as the nature and duration of the abuse, the presence of supportive relationships, and individual coping mechanisms (Schuyler & Catania, 2022). Therefore, effective therapeutic interventions must address both the core symptoms of PTSD and the broader psychosocial impacts of trauma.

In recent years, trauma-informed approaches have been increasingly emphasized in both clinical practice and research as essential frameworks for addressing the complex needs of trauma survivors. These approaches prioritize safety, empowerment, and collaboration, recognizing the importance of understanding the impact of trauma on individuals' behavior and psychological functioning (Borghi, 2024; Gil, 2025). Among the various evidence-based interventions, trauma-focused cognitive behavioral therapy (TF-CBT) has emerged as one of the most effective treatments for children and adolescents with trauma-related disorders. TF-CBT integrates cognitive-behavioral principles with trauma-sensitive techniques, including psychoeducation, emotional regulation training, cognitive processing, and gradual exposure to trauma memories (Grady et al., 2023). This structured and flexible intervention aims to reduce PTSD symptoms, improve emotional functioning, and enhance adaptive coping skills.

A substantial body of empirical research supports the efficacy of TF-CBT in reducing trauma-related symptoms and improving psychological outcomes in children with histories of abuse. Studies have demonstrated significant reductions in PTSD symptoms, anxiety, and depressive symptoms following TF-CBT interventions (Qazizadeh et al., 2020; Rezaei Kangarshahi et al., 2023). Additionally, TF-CBT has been shown to improve behavioral functioning and reduce grief-related symptoms in children who have experienced loss and trauma (Rezaei Kangarshahi et al., 2023). The effectiveness of TF-CBT is further enhanced by

the inclusion of caregivers in the therapeutic process, which facilitates supportive parenting practices and strengthens the child's social environment (Grady et al., 2023). Caregiver involvement also plays a critical role in reinforcing therapeutic gains and promoting long-term recovery.

Despite the demonstrated effectiveness of TF-CBT, recent studies have highlighted the importance of examining factors that influence treatment outcomes, such as individual differences, trauma characteristics, and contextual variables. For instance, research has identified various predictors and moderators of treatment response, including the severity of trauma, comorbid conditions, and the presence of supportive relationships (Vliet et al., 2024). Additionally, emerging therapeutic models, such as trauma-focused mentalization-based treatment, emphasize the role of reflective functioning and interpersonal understanding in the treatment of trauma-related disorders (Smits et al., 2024). These developments underscore the need for a comprehensive understanding of therapeutic mechanisms and the integration of multiple approaches to optimize treatment outcomes.

Furthermore, recent research has increasingly focused on the role of positive psychological constructs, such as mindfulness and post-traumatic growth, in facilitating recovery from trauma. Studies have shown that mindfulness-based interventions can enhance emotional regulation and promote adaptive coping, thereby contributing to post-traumatic growth among survivors of childhood sexual abuse (Dussault et al., 2024). Similarly, the development of resilience and empowerment has been identified as a key factor in improving long-term outcomes for trauma survivors (Ebrahim et al., 2021). These findings suggest that effective interventions should not only aim to reduce symptoms but also foster positive psychological capacities that support recovery and well-being.

Another important consideration in the treatment of childhood trauma is the cultural and contextual factors that influence both the experience of trauma and the acceptance of therapeutic interventions. Cultural beliefs, social norms, and stigma associated with sexual abuse can affect disclosure, help-seeking behaviors, and treatment engagement (Hannabeth Franchino-Olsen et al., 2025). In many contexts, children may face barriers to accessing appropriate mental health services, including lack of awareness, limited resources, and social stigma. Therefore, interventions must be culturally sensitive and adapted to the specific needs of the population to ensure their effectiveness and accessibility.

In addition, the increasing prevalence of online sexual abuse and exploitation has introduced new challenges in the field of trauma research and intervention. Survivors of online sexual abuse often experience similar psychological consequences as those subjected to offline abuse, including PTSD, depression, and anxiety (Dulawan & Bance, 2024). However, the unique characteristics of online abuse, such as its pervasiveness and potential for repeated exposure, may exacerbate psychological distress and complicate recovery processes. This highlights the necessity of developing and evaluating interventions that address the evolving nature of trauma in contemporary contexts.

Although a considerable body of research has examined the effectiveness of TF-CBT in reducing PTSD symptoms, relatively fewer studies have focused on its role in enhancing psychological empowerment, particularly in children with a history of sexual abuse. Given the importance of empowerment as a protective and restorative factor, investigating its relationship with therapeutic outcomes can provide valuable insights into the mechanisms of change in trauma-focused interventions. Moreover, understanding how TF-CBT influences both symptom reduction and empowerment can contribute to the development of more comprehensive and effective treatment models.

Therefore, considering the high prevalence and severe consequences of childhood sexual abuse, the critical role of PTSD and psychological empowerment in the recovery process, and the growing evidence supporting the effectiveness of trauma-focused cognitive behavioral therapy, the present study aims to examine the effectiveness of trauma-focused cognitive behavioral therapy on post-traumatic stress disorder symptoms and psychological empowerment (cognitive and emotional) in children with a history of sexual abuse.

2. Methods and Materials

2.1. Study Design and Participants

This study was applied in terms of purpose and employed a single-case experimental design using a multiple baseline staggered design. The statistical population included all primary school students (boys and girls) in Tehran who were enrolled during the 2025–2026 academic year. In this study, purposive sampling was used to select participants, and four students aged 8 to 12 years with a history of sexual abuse were selected as the sample. To select the sample group, permission was first obtained from the Tehran Department of Education, and four schools (two girls' schools and two

boys' schools) were randomly introduced. At the schools, administrators identified individuals with experiences of sexual abuse, and the parents of these children were invited to participate in interviews regarding the experienced trauma and the child's related experiences. Inclusion criteria were: child's age (8–12 years), experience of sexual abuse, and meeting the diagnostic criteria for PTSD. Exclusion criteria included: presence of other disorders, very young age at the time of trauma exposure, lack of parental cooperation in therapy sessions, absence of a guardian, presence of intellectual disability or psychotic disorders, use of psychiatric medication, or participation in any other form of psychological treatment.

Participant 1: Ghazaleh, an 11-year-old girl in the fifth grade, experienced her father's substance addiction, threats of death, and abandonment at age six, followed by her mother's Parkinson's disease and eventual death at age seven. She currently lives with her aunt, whom she considers her mother. Based on questionnaires and interviews, she presents with PTSD along with somatic and mood symptoms, and according to the CSI-4, she does not have any other disorder.

Participant 2: Nasrin, an 11-year-old girl in the fifth grade, experienced parental divorce at age seven, sudden maternal abandonment, lack of contact with her mother for three years, and subsequent cohabitation with a stepmother. Based on the questionnaires, she exhibits PTSD symptoms along with somatic and mood symptoms, with greater severity in somatic symptoms. No other disorder was identified.

Participant 3: Hamid, an 8-year-old boy in the second grade, experienced his father's death due to an accident at age six. Witnessing his father in an unconscious and bleeding condition, as well as attending the burial ceremony, resulted in PTSD symptoms along with somatic and mood symptoms. No other disorder was identified based on interviews and the Child Symptom Inventory (CSI-4).

Participant 4: Mahdiah, a 10-year-old girl in the fourth grade, experienced her father's death at age seven due to an accident caused by her mother, which she personally witnessed. She presents with PTSD symptoms along with prominent somatic and mood symptoms. No other psychiatric disorder was identified through interviews and the CSI-4.

2.2. Measures

Child and Parent Reports of Post-Traumatic Symptoms (CROPS and PROPS): This tools were developed by Greenwald and Rubin (1997). The Persian version of these questionnaires was translated in Iran by Jaber Ghadiri et al. (2008). The CROPS consists of 26 items, and the PROPS consists of 30 items, both assessing the extent and severity of PTSD symptoms from the perspectives of children and parents. The severity of symptoms is assessed using three response options: not at all, somewhat, and very much. The CROPS includes three factors: (1) self-harm-related feelings, guilt, and loneliness; (2) somatic symptoms; and (3) intrusive and avoidant thoughts and behaviors. The PROPS includes three factors: (1) internalizing symptoms such as anxiety, fear, withdrawal, and depression; (2) externalizing symptoms such as interpersonal difficulties, antisocial behaviors, and interpersonal problems; and (3) somatic symptoms. These two scales demonstrate very good internal consistency. Cronbach's alpha for the child scale is 0.91 and for the parent scale is 0.93. Test–retest reliability over a 4–6 week interval has been reported as 0.80 for the child scale and 0.79 for the parent scale. The reliability of the Persian version in Iran was assessed by Jaber Ghadiri et al. (2008) using Cronbach's alpha in a sample of 31 participants, yielding coefficients of 0.83 for PROPS and 0.84 for CROPS. Both scales have demonstrated satisfactory concurrent validity based on significant correlations with clinical assessments derived from the Lifetime Incidence of Traumatic Events Inventory, which identifies the type, timing, and frequency of trauma experienced by the child. Correlations between scores on the trauma occurrence inventory and both PTSD symptom scales were significant at the 0.001 level, confirming their concurrent validity. Suggested cutoff scores based on the trauma inventory are 16 for the child scale and 19 for the parent scale, with higher scores indicating more severe PTSD-related problems. Inter-rater reliability and cutoff points have not been formally established in Iran; however, based on Jaber Ghadiri's research, a cutoff score of 19 has been considered for both scales, consistent with the English version.

Lifetime Incidence of Traumatic Events Inventory (LITE-P, LITE-C): This inventory was developed by Greenwald (1997) and translated into Persian by Jaber Ghadiri et al. (2008). The questionnaire includes 16 items assessing traumatic life events and categorizes children into four levels: Level 1 indicates no traumatic events; Level 2 indicates past events that are not currently distressing; Level

3 indicates a painful event that causes significant distress when recalled; and Level 4 indicates the presence of multiple currently distressing events. The checklist is provided in both parent and child forms to capture traumatic events that may be denied or forgotten by either the child or the parent. Due to the nature of this instrument, validation of reported events has not yet been fully examined. LITE-C and LITE-P together provide a basis for clinicians and show correlations of 0.60 with CROPS and 0.56 with PROPS (Greenwald & Rubin, 1999). Other studies have reported correlations between LITE-C and LITE-P with CROPS ranging from 0.48 to 0.57, and with the Trauma Symptom Checklist for Children (TSCC) ranging from 0.53 to 0.56. Minor discrepancies between parent and student forms of LITE may occur due to forgetfulness, willingness to disclose, or access to information.

Social-Emotional Assets and Resilience Scales (SEARS): This tool was developed by Merrell (2010) to assess positive social-emotional characteristics and skills in children, such as self-regulation, insight, social and emotional competence, problem-solving, and empathy. The full version includes 52 items across four subscales: self-regulation, social competence, empathy, and responsibility. The short form consists of 12 items. SEARS uses a 4-point Likert scale ranging from 0 (never) to 3 (almost always). All items are scored in the direction of greater resilience, such that higher scores indicate greater resilience and lower scores indicate weaker resilience. The total score is calculated as the sum of positively scored responses, with a possible range from 0 to 156. Dorner et al. (2011), in a sample of 1,400 children and adolescents, reported a test-retest reliability coefficient of 0.81 (two-week interval) for the child form, and a Cronbach's alpha of 0.85. For validity assessment, SEARS scores were compared with other strength-based measures of child behavior, yielding Pearson correlation coefficients ranging from 0.67 to 0.72, indicating strong validity (Dorner et al., 2011). Hosseini Yazdi (2013) assessed the reliability and validity of the Persian version through repeated administration in one group over time, reporting a Cronbach's alpha of 0.78 for all subscales. Test-retest reliability over a one-month interval yielded correlation coefficients of 0.77 for self-regulation, 0.83 for social competence, 0.76 for empathy, and 0.89 for responsibility.

2.3. Intervention

The intervention protocol consisted of trauma-focused cognitive behavioral therapy (TF-CBT) delivered over an

average of 14 sessions tailored to each participant's needs following initial assessment interviews. Sessions were conducted once per week, each lasting 60 minutes, with 30 minutes allocated to the child and 30 minutes to the parent. The intervention began with psychoeducation and relaxation training for both the child and the parent, along with parenting skills training for caregivers. Early sessions focused on emotional awareness, identification, and appropriate expression of feelings, as well as guiding parents in responding effectively to their child's emotional expressions. Subsequent sessions emphasized emotional regulation skills, problem-solving abilities, and enhancing the child's sense of safety, while parents were trained in adaptive emotional regulation strategies such as thought-stopping and positive self-talk. In the middle phase, cognitive processing was introduced through the cognitive triangle model, helping both children and parents identify and restructure maladaptive thoughts unrelated and later related to the traumatic event. The child was gradually guided to narrate the trauma, identify cognitive distortions, and recognize trauma reminders, while parents were involved in understanding the child's trauma narrative, sharing their own perspectives, and supporting the child in controlled exposure to trauma-related cues in daily life. Later sessions focused on deeper cognitive restructuring of trauma-related beliefs and increasing mastery over trauma reminders for both child and parent. Joint parent-child sessions were conducted to strengthen communication through structured interactions such as question-and-answer activities. The final phase of the intervention focused on promoting the child's developmental growth, enhancing future-oriented safety, consolidating therapeutic gains, reviewing all sessions, and facilitating appropriate termination of therapy.

2.4. Data Analysis

Data were analyzed using SPSS version 26, employing descriptive statistics, repeated measures analysis of variance, and paired t-tests. Graphical analysis was also used. In addition, the percentage of improvement was calculated to assess the clinical significance of changes. The formula for percentage improvement is as follows:

$$\Delta\% = (A0 - A1) / A0 \text{ (Improvement = target problem at first session - target problem at final session / target problem at first session)}$$

3. Findings and Results

The findings indicated that the overall percentage of improvement in psychological empowerment was 67.27% for Participant 1, 27.96% for Participant 2, 30.00% for Participant 3, and 52.63% for Participant 4 during the course of treatment. The total scores of the Child Report of Post-

Traumatic Symptoms (CROPS) for all four participants decreased from 23, 20, 21, and 35 at baseline to 5, 4, 3, and 6, respectively, at follow-up, reflecting a consistent downward trend. The percentage of improvement in CROPS scores was 78.26% for Participant 1, 80.00% for Participant 2, 85.71% for Participant 3, and 82.86% for Participant 4.

Table 1

Mean and Standard Deviation of Psychological Empowerment and Post-Traumatic Stress Disorder

Phase/Session	Psychological Empowerment Mean	Psychological Empowerment SD	CROPS Total Score Mean	CROPS Total Score SD
Baseline	76.00	7.88	24.75	6.95
Session 1	75.25	8.12	24.25	7.36
Session 2	75.50	7.90	24.25	6.55
Mid Session 1	97.50	8.02	17.00	4.76
Mid Session 2	98.25	7.85	16.00	6.58
Final Session 1	108.00	6.64	5.25	1.26
Final Session 2	108.00	6.64	4.75	1.50
Follow-up	107.75	6.16	4.50	1.29

Table 2

Results of Repeated Measures Analysis of Variance for Psychological Empowerment and Post-Traumatic Stress Disorder

Variable	Source of Variation	SS	df	MS	F	p-value	Partial Eta Squared
Psychological Empowerment (Social-Emotional)	Treatment Effect	278444.53	1	278444.53	167.93	0.001	0.982
	Error	4974.09	3	1658.03			
Post-Traumatic Stress Disorder	Treatment Effect	7290.281	1	7290.281	62.695	0.004	0.954
	Error	348.844	3	116.281			

As shown in Table 2, the results of repeated measures analysis of variance for the total score of the Child Report of Post-Traumatic Symptoms and psychological empowerment indicate that trauma-focused cognitive behavioral therapy had a statistically significant effect on reducing post-traumatic symptoms and increasing psychological empowerment (social-emotional) in children with a history of sexual abuse, as the significance levels for all F values were below 0.05 ($p < 0.05$). Furthermore, based on the effect size indices, TF-CBT demonstrated the greatest effect on psychological empowerment (0.982), followed by its effect on PTSD symptoms (0.954).

The results of paired-samples t-tests comparing the mean scores of the final assessment and the follow-up assessment, conducted to examine the durability of the treatment effects, indicated that the significance level for the t-values was greater than 0.05 for both psychological empowerment ($p = 0.25$) and total PTSD symptom scores ($p = 0.25$). This finding suggests that the difference between the final session and follow-up session was not statistically significant, indicating that the treatment effects of TF-CBT on reducing post-traumatic symptoms and enhancing psychological

empowerment in children with a history of sexual abuse were maintained over time.

4. Discussion

The findings of the present study demonstrated that trauma-focused cognitive behavioral therapy (TF-CBT) was associated with substantial reductions in post-traumatic stress disorder (PTSD) symptoms and significant improvements in psychological empowerment among children with a history of sexual abuse. The consistent decline in CROPS scores across all participants, alongside the marked increase in psychological empowerment indices, indicates both clinical and statistical effectiveness of the intervention. These results are consistent with the theoretical foundations of trauma-focused interventions, which emphasize cognitive restructuring, emotional regulation, and gradual exposure to trauma-related memories as key mechanisms of change (Grady et al., 2023). Furthermore, the maintenance of treatment gains during the follow-up phase suggests that TF-CBT produces durable therapeutic effects,

reinforcing its status as a robust evidence-based intervention for traumatized children.

The reduction in PTSD symptoms observed in this study aligns with a substantial body of empirical literature demonstrating the effectiveness of TF-CBT in alleviating trauma-related distress in children exposed to sexual abuse. Previous studies have reported significant decreases in intrusive thoughts, avoidance behaviors, and hyperarousal symptoms following TF-CBT interventions (Qazizadeh et al., 2020; Rezaei Kangarshahi et al., 2023). These improvements can be attributed to the structured components of TF-CBT, including psychoeducation, cognitive processing, and exposure techniques, which facilitate the integration of traumatic experiences into a coherent narrative and reduce emotional reactivity (Grady et al., 2023). Moreover, untreated childhood trauma is often associated with persistent psychological distress, highlighting the importance of early therapeutic intervention (Schuyler & Catania, 2022). The large effect sizes observed in the present study are also consistent with findings indicating that trauma-focused treatments yield strong outcomes in reducing PTSD symptomatology among children and adolescents (Vliet et al., 2024).

In addition to symptom reduction, the present study highlights the role of TF-CBT in enhancing psychological empowerment, particularly in cognitive and emotional domains. This finding is particularly important given that empowerment-related constructs, such as self-efficacy, emotional competence, and adaptive coping, are critical for long-term recovery and resilience. The observed improvements in empowerment are consistent with research emphasizing the importance of strengthening positive psychological capacities in trauma survivors (Borghi, 2024). By equipping children with skills to identify, regulate, and reinterpret their emotional experiences, TF-CBT fosters a sense of control and agency, which is often disrupted following traumatic exposure. These findings are further supported by studies demonstrating that interventions targeting emotional regulation and cognitive restructuring can significantly improve psychological functioning in trauma-exposed populations (Dhyatmika et al., 2024).

The integration of caregivers into the therapeutic process appears to have played a significant role in the effectiveness of the intervention. TF-CBT emphasizes caregiver involvement as a means of enhancing the child's support system and reinforcing therapeutic gains outside of the clinical setting. In the present study, parents were actively engaged in sessions focused on emotional regulation,

cognitive processing, and supportive parenting practices. This approach is consistent with previous research indicating that caregiver participation enhances treatment outcomes by promoting a stable and supportive environment for the child (Grady et al., 2023). Moreover, parental involvement can mitigate the negative effects of trauma by addressing maladaptive family dynamics and improving communication, thereby contributing to the child's overall psychological adjustment.

The findings of this study also support the broader literature on the long-term psychological consequences of childhood sexual abuse and the necessity of addressing both symptomatology and underlying cognitive-emotional processes. Survivors of sexual abuse often experience persistent feelings of shame, guilt, and self-blame, which can exacerbate PTSD symptoms and hinder recovery (Ahmadboukani et al., 2022; Sekowski et al., 2020). TF-CBT directly targets these maladaptive cognitions through cognitive restructuring techniques, enabling children to develop more adaptive interpretations of their experiences. This process not only reduces psychological distress but also contributes to the enhancement of psychological empowerment by fostering a more positive self-concept and greater emotional resilience.

The sustained effects observed at follow-up further reinforce the effectiveness of TF-CBT as a long-term intervention. The absence of significant differences between post-treatment and follow-up scores suggests that the gains achieved during therapy were maintained over time. This finding is consistent with prior research demonstrating the durability of TF-CBT outcomes in reducing trauma-related symptoms and improving psychological functioning (Rezaei Kangarshahi et al., 2023). The maintenance of therapeutic gains may be attributed to the skill-based nature of TF-CBT, which equips children and their caregivers with practical tools for managing distress and preventing relapse. Additionally, exposure-based techniques may facilitate the desensitization of trauma-related stimuli, thereby reducing the likelihood of symptom recurrence.

The present findings also contribute to the growing body of literature emphasizing the importance of incorporating positive psychological constructs, such as resilience and post-traumatic growth, into trauma interventions. Research has shown that mindfulness-based approaches can enhance emotional regulation and promote adaptive coping among trauma survivors (Dussault et al., 2024). Similarly, the development of psychological empowerment has been identified as a key factor in improving long-term outcomes

for trauma survivors (Ebrahim et al., 2021). These findings suggest that effective interventions should not only aim to reduce symptoms but also foster positive psychological capacities that support recovery and well-being.

Furthermore, the findings should be interpreted within the broader context of evolving trauma experiences, including the increasing prevalence of online sexual abuse. Survivors of online sexual abuse often experience psychological consequences similar to those subjected to offline abuse, including PTSD, depression, and anxiety (Dulawan & Bance, 2024). However, the unique characteristics of online abuse, such as its pervasiveness and potential for repeated exposure, may intensify psychological distress and complicate recovery processes. This highlights the importance of developing and evaluating interventions that address the evolving nature of trauma in contemporary contexts. Additionally, cultural factors may influence the experience and expression of trauma, as well as the acceptance of therapeutic interventions. Social norms and stigma associated with sexual abuse can affect disclosure, help-seeking behaviors, and treatment engagement, underscoring the importance of culturally sensitive approaches (Hannabeth Franchino-Olsen et al., 2025).

5. Conclusion

Overall, the results of the present study provide strong support for the effectiveness of TF-CBT in reducing PTSD symptoms and enhancing psychological empowerment in children with a history of sexual abuse. These findings are consistent with previous research demonstrating the efficacy of trauma-focused interventions in addressing both the symptomatic and functional consequences of childhood trauma (Qazizadeh et al., 2020; Rezaei Kangarshahi et al., 2023). The integration of cognitive, emotional, and behavioral components within TF-CBT appears to be particularly effective in facilitating recovery and promoting resilience. Moreover, the involvement of caregivers and the focus on skill development contribute to the sustainability of treatment outcomes.

The limitations of this study should be acknowledged. The use of a single-case experimental design with a small sample size limits the generalizability of the findings to broader populations. The reliance on self-report and parent-report measures may also introduce response biases, particularly in sensitive domains such as trauma and emotional functioning. Additionally, the absence of a control group restricts the ability to attribute observed changes

solely to the intervention. Variability in individual trauma histories and contextual factors may have influenced treatment outcomes, which were not fully controlled in this study.

Future research should aim to replicate these findings using larger and more diverse samples to enhance generalizability. The inclusion of randomized controlled trial designs would provide stronger evidence regarding the causal effects of TF-CBT. Additionally, future studies could explore the mediating and moderating factors that influence treatment outcomes, such as family dynamics, severity of trauma, and individual differences in coping strategies. Longitudinal studies examining the long-term sustainability of treatment effects beyond short-term follow-up periods are also recommended.

From a practical perspective, the findings underscore the importance of implementing trauma-focused cognitive behavioral therapy in clinical and educational settings to support children with a history of sexual abuse. Mental health professionals should be trained in TF-CBT protocols to ensure the delivery of effective and evidence-based care. Integrating caregiver involvement into therapeutic interventions can enhance treatment outcomes and provide a supportive environment for recovery. Additionally, policymakers and practitioners should prioritize the development of accessible and culturally sensitive mental health services for traumatized children to facilitate early intervention and prevent long-term psychological consequences.

Authors' Contributions

Authors equally contributed to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

References

- Ahmadboukani, S., Ghamarigivi, H., Kiani, A., & Rezaeisharif, A. (2022). Childhood Experiences and Depressive Symptoms-Suicidal tendencies: A Mediating Role of Rumination and Thwarted Belongingness [Original Research]. *Journal of Police Medicine*, 11(1), 1-14. <https://doi.org/10.30505/11.1.2>
- Ahmadi, M., Shariat Bagheri, M. M., Rezaei, M., & Khazaei, S. (2023). Predicting the Depression Symptoms by Childhood Traumas in Male Students. *Journal of Psychological Studies*, 18(4), 19-29. <https://doi.org/10.22051/psy.2022.40788.2634>
- Borghgi, E. (2024). Engaging With Trauma: From Reflections on a Survivor's Experience of Child Sexual Abuse to Developing a Trauma-Informed Approach for Anthropological Teaching and Research. *Teaching Anthropology*, 13(2), 63-74. <https://doi.org/10.22582/ta.v13i2.722>
- Dhyatmika, M. A., Hermahayu, H., & Faizah, R. (2024). Post-Traumatic Effects in Survivors of Childhood Sexual Abuse: A Study Literature. *Journal of Islamic Communication and Counseling*, 3(1), 62-71. <https://doi.org/10.18196/jicc.v3i1.51>
- Dugal, C., Brochu, È. M., Kusion, P. Y., Doucet, È., Binette, C., Péloquin, K., & Brassard, A. (2023). Cumulative childhood trauma, sex motives and sexual satisfaction among emerging adults. *Child abuse & neglect*, 143, 106326. <https://doi.org/10.1016/j.chiabu.2023.106326>
- Dulawan, A. P., & Bance, L. O. (2024). Trauma and Related Psychological Outcomes of Adult Survivors of Online Sexual Abuse and Exploitation of Children (OSAEC) in the Philippines. *Philippine Social Science Journal*, 7(2), 127-137. <https://doi.org/10.52006/main.v7i2.993>
- Dussault, È., Fernet, M., Guyon, R., & Godbout, N. (2024). Mindfulness and Posttraumatic Growth in Childhood Sexual Abuse and Psychological Maltreatment Survivors. *The Canadian Journal of Human Sexuality*, 33(1), 72-85. <https://doi.org/10.3138/cjhs-2023-0006>
- Ebrahim, B. K., Fouché, A., & Walker-Williams, H. J. (2021). Losses Associated With Childhood Sexual Abuse in Women Survivors: A Scoping Review. *Trauma Violence & Abuse*, 23(5), 1695-1707. <https://doi.org/10.1177/15248380211013137>
- Gewirtz-Meydan, A. (2022). Treating Sexual Dysfunctions Among Survivors of Child Sexual Abuse: An Overview of Empirical Research. *Trauma, Violence, & Abuse*, 23(3), 840-853. <https://doi.org/10.1177/1524838020979842>
- Gewirtz-Meydan, A., & Opuda, E. (2022). The Impact of Child Sexual Abuse on Men's Sexual Function: A Systematic Review. *Trauma, Violence, & Abuse*, 23(1), 265-277. <https://doi.org/10.1177/1524838020939134>
- Gil, E. (2025). *Helping Abused and Traumatized Children*. Arjmand Publications.
- Grady, M. D., Yoder, J., Deblinger, E., & Mannarino, A. P. (2023). Developing a trauma focused cognitive behavioral therapy application for adolescents with problematic sexual behaviors: A conceptual framework. *Child abuse & neglect*, 140, 106139. <https://doi.org/10.1016/j.chiabu.2023.106139>
- Hannabeth Franchino-Olsen, A., Woollett, N., Thurston, C., Maluleke, P., Christofides, N., & Meinck, F. (2025). "They should ask me so that they can help me": Patterns of young children's expressed feelings and beliefs when interviewed about violence and difficult experiences. *Child abuse & neglect*, 162, 106932. <https://doi.org/10.1016/j.chiabu.2024.106932>
- Qazizadeh, S., Mashhadi, A., Tabibi, Z., & Soltani Far, A. (2020). The effectiveness of trauma-focused cognitive behavioral therapy on post-traumatic stress disorder symptoms in children who have experienced sexual abuse. *Clinical Psychology*, 12(4), 77-90. https://jcp.semnan.ac.ir/article_4892.html?lang=en
- Rezaei Kangarshahi, G., Shahbazi, M., Koraei, A., & Alavi, S. Z. (2023). Effectiveness of Trauma-Focused Cognitive-Behavioral Therapy on the Grief Symptoms and Behavioral Problems of Bereaved Children (One-Month Follow-Up). *Journal of Applied Psychological Research*, 14(1), 161-177. https://japr.ut.ac.ir/article_92606_en.html?lang=fa
- Rezaei Kangarshahi, G., Shahbazi, M., Karayi, A., & Alavi, S. Z. (2023). The effectiveness of trauma-focused cognitive behavioral therapy on grief symptoms and behavioral issues in bereaved children (one-month follow-up). *Quarterly Journal of Applied Psychological Research*, 14(1), 161-177. https://japr.ut.ac.ir/article_92606.html?lang=en
- Schuyler, A. C., & Catania, J. A. (2022). Trauma Chronicity and the Long-Term Needs of Childhood Sexual Trauma Survivors. *Sexes*, 3(3), 367-384. <https://doi.org/10.3390/sexes3030028>
- Sekowski, M., Gambin, M., Cudo, A., Wozniak-Prus, M., Penner, F., Fonagy, P., & Sharp, C. (2020). The relations between childhood maltreatment, shame, guilt, depression and suicidal ideation in inpatient adolescents. *Journal of affective disorders*, 276, 667-677. <https://www.sciencedirect.com/science/article/pii/S0165032720325015>
- Smits, M. L., Vos, J. d., Rüfenacht, E., Nijssens, L., Shaverin, L., Nolte, T., Luyten, P., Fonagy, P., & Bateman, A. (2024). Breaking the Cycle With Trauma-Focused Mentalization-Based Treatment: Theory and Practice of a Trauma-Focused Group Intervention. *Frontiers in psychology*, 15. <https://doi.org/10.3389/fpsyg.2024.1426092>
- Vliet, N. I. v., Huntjens, R. J. C., Dijk, M. K. v., Huisman, M., Bachrach, N., Meewisse, M. L., Haren, S. v., & Jongh, A. d. (2024). Predictors and Moderators of Treatment Outcomes in Phase-Based Treatment and Trauma-Focused Treatments in Patients With Childhood Abuse-Related Post-Traumatic Stress Disorder. *European Journal of Psychotraumatology*, 15(1). <https://doi.org/10.1080/2008066.2023.2300589>
- Wesley, V. C. (2024). Article on Psychological Trauma and the Effect of Childhood Sexual Abuse. *International Journal of Advanced Psychiatric Nursing*, 6(1), 46-49. <https://doi.org/10.33545/26641348.2024.v6.i1.a.147>