

Group Therapy Interventions Following Childhood Trauma Experiences: A Systematic Review

Çocukluk Çağı Travma Yaşantısı Sonrası Grup Terapisi Müdahaleleri: Sistemik Derleme

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Geliş Tarihi: 1.11.2025

Kabul Tarihi: 8.04.2026

ABSTRACT

Childhood trauma refers to adverse experiences occurring before the age of 18, including physical, emotional, and sexual abuse or neglect. Engaging individuals with such histories in effective therapeutic processes is of critical importance. Group therapy, by fostering interaction among individuals with shared experiences, has demonstrated effectiveness in addressing trauma, particularly among adolescents and adults affected by childhood trauma. This study systematically reviews the effectiveness of group therapy interventions for adolescents and adults with histories of childhood trauma. Following PRISMA guidelines, this review examined studies published between 2020 and 2025. Data were collected using Turkish ("travma", "çocukluk çağı istismarı", "grup terapisi") and English ("trauma", "childhood abuse", "group therapy") keywords across the ScienceDirect, Scopus, PubMed, and YÖKTEZ databases. These studies were analyzed according to author and year, objective, type of trauma, sample, group characteristics, instruments and methods, and outcomes. The results indicated that group therapy interventions were effective for both adolescents and adults who had experienced childhood trauma.

Keywords: Trauma, childhood abuse, group therapy.

ÖZ

Çocukluk çağı travması, bireyin 18 yaşından önce maruz kaldığı fiziksel, duygusal ve cinsel istismar ve ihmali de içeren olumsuz yaşantılar nedeniyle ortaya çıkan zorlayıcı deneyimlerdir ve bu deneyime sahip yetişkin bireylerin etkili bir terapi sürecine dahil edilmesi büyük önem taşımaktadır. Grup terapileri, bireylerin benzer yaşantıları deneyimleyen diğer kişilerle temas etmesini sağlayıp travmatik yaşantıyı çözümlenmeyi desteklediklerinden, çocukluk çağı travmasına sahip ergen ve yetişkin bireyler için faydalı görünmektedir. Bu çalışma, çocukluk çağı travmasına sahip ergen ve yetişkinlerle yürütülen grup terapisi müdahalelerinin etkililiğini araştıran çalışmaları sistemik olarak gözden geçirerek genel bir değerlendirme sunmak amacıyla tasarlanmıştır. Sistemik derleme için; PRISMA rehberi baz alınarak 2020-2025 yılları arasındaki dönemi kapsayacak şekilde, Türkçe ve İngilizce anahtar kelimeler kullanılarak ScienceDirect, Scopus, PubMed ve YÖKTEZ veri tabanları kullanılmıştır. Türkçe kaynaklar için "travma", "çocukluk çağı istismarı", "grup terapisi" terimleri; İngilizce kaynaklar için ise "trauma", "childhood abuse" ve "group therapy" anahtar kelimeleri tercih edilmiştir. Çalışmada dahil etme ve hariç tutma kriterlerine göre toplam 15 araştırma incelenmiş; deneysel ve karma yöntem içeren çalışmalar ele alınmıştır. Çalışmalar; yazar ve yıl, amaç, tanı-travma türü, örneklem, gruplar, ölçümler-ölçme araçları-

metot-uygulama/teknik ve sonuçlar başlıkları altında değerlendirilmiştir. Sonuç olarak, ergenler ve yetişkinlerde çocukluk çağı travma yaşantısı sonrası yürütülen grup terapisi müdahalelerinin etkili olduğu görülmüştür.

Anahtar Kelimeler: Travma, çocukluk çağı istismarı, grup terapisi.

INTRODUCTION

Trauma is a phenomenon that occurs when an individual is exposed to events that exceed their ability to cope, leading to intense stress with significant psychological, emotional, and physiological consequences. Such experiences may be encountered directly or indirectly and can occur at various stages across the lifespan (Bækkelund et al., 2021). According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), trauma is defined as direct or indirect exposure to actual or threatened death, serious injury, or sexual violence (APA, 2013). Traumatic events are unpredictable and uncontrollable experiences that may occur at any stage of development (Tedeschi & Calhoun, 2004, as cited in Savi Çakar, 2021). Such experiences may cause individuals to feel physically or psychologically threatened, impairing overall functioning, health, and coping ability (U.S. Department of Health and Human Services [HHS], 2014).

In the aftermath of trauma, individuals often exhibit initial reactions such as shock, fear, or denial. Over time, however, these reactions may develop into mental health disorders (Baldwin et al., 2023). At the physiological level, trauma may manifest as sleep disturbances or problems affecting the cardiovascular and gastrointestinal systems, highlighting the somatic impact of stress on the body (Yadav et al., 2024). Psychologically, individuals may experience flashbacks, nightmares, or heightened anxiety in response to trauma-related cues, which are characteristic symptoms of posttraumatic stress disorder (PTSD) (Henderson et al., 2025).

Unprecedented traumatic experiences can significantly heighten an individual's sense of threat, triggering intense physiological reactions. As these experiences challenge established cognitive frameworks, processing and making sense of them may be difficult (Fish-Murray et al., 1987). If unresolved, trauma can impair daily functioning, reduce quality of life, and increase the risk of psychological and physical health problems (Baldwin et al., 2023). Childhood trauma, in particular, can disrupt healthy development and increase the risk of chronic psychopathology in later life.

Childhood trauma refers to adverse experiences before the age of 18 that significantly impact an individual's developmental trajectory. Such experiences often stem from actions by caregivers or others in the child's environment that harm or hinder psychological, physical, or social well-being (Girgeç et al., 2024). They typically manifest as abuse or neglect, including emotional, physical, and sexual abuse, and emotional or physical neglect (Pace et al., 2022).

Childhood trauma, which includes physical, sexual, and emotional abuse as well as neglect, is alarmingly widespread. A study conducted in Australia revealed that approximately 28% of the population has experienced some form of abuse during their childhood (Su & Stone, 2020). While such traumas are reported more frequently among women and in communities facing intergenerational adversities, they can affect individuals across all socio-demographic groups. The impact of these adverse experiences can be long-lasting and profound, significantly impairing both mental and physical health (Lewis et al., 2020). Importantly, repeated or multiple traumatic experiences often lead to more severe and enduring psychological outcomes than isolated incidents (Feriante & Sharma, 2023). One study highlighted that exposure to various forms of abuse or neglect considerably heightened the risk of developing childhood-onset psychopathology (Bifulco et al., 2002).

Reviews of psychotherapeutic approaches for individuals with a history of trauma indicate that interventions such as trauma-focused therapy, cognitive-behavioral therapy (CBT), exposure therapy, eye movement desensitization and reprocessing (EMDR), and schema therapy are frequently used (Bisson et al., 2013; Okumuşoğlu, 2024). In addition to individual therapies, group-based interventions have also been proven effective in trauma treatment. Group therapy encourages interaction among individuals with similar trauma experiences and incorporates supportive techniques that strengthen coping mechanisms and facilitate the trauma processing process (Tokgünaydın & Tekinsav Sütçü, 2016).

Recent studies indicate that group-based CBT can be as effective as individual therapy and may accelerate recovery in a safe and supportive environment (Sloan et al., 2013). Group counseling offers opportunities for emotional sharing, reduces social isolation, and encourages adaptive coping strategies. In terms of accessibility and cost-effectiveness, group therapy offers a sustainable alternative to individual therapy (Crespo et al., 2021). This is particularly important for adults with a history of childhood trauma, as group therapy helps rebuild social support systems (Baldwin et al., 2023).

Despite these multifaceted benefits of group therapy in the treatment of childhood trauma, it is notable that existing reviews in the literature have been limited in fully reflecting this therapeutic potential. Indeed, a review of the existing literature on trauma-focused group interventions reveals that most systematic reviews focus on a specific type of trauma, a limited age range, or rely primarily on a single theoretical framework such as Cognitive Behavioral Therapy (Sloan et al., 2013). In contrast, mental health practices are evolving rapidly. The accelerated digitalization process triggered by the pandemic has led to the widespread adoption of online therapy formats. Concurrently, the use of third-wave approaches—including Compassion-Focused Therapy (CFT), Art Therapy, and EMDR-based group protocols—has increased. There is a clear need for research that synthesizes this evolving clinical landscape and includes both adolescent and adult populations.

Addressing this gap, the present study examines various group therapy models applied to individuals who have experienced childhood trauma, drawing on empirical data from 2020 to 2025. The study is distinctive in that it does not limit the assessment of therapeutic efficacy to traditional measures such as symptom reduction. Instead, it presents a multidimensional analysis that considers the impact of both in-person and online interventions on identity integration, emotional regulation, and social support networks. This review aims to provide mental health professionals and trauma researchers with an evidence-based, dynamic, and comprehensive reference framework.

While there are numerous individual studies on this topic in the literature, there is a clear need for a comprehensive systematic review that synthesizes existing findings. In this context, examining the role of group-based therapeutic approaches in post-traumatic recovery and establishing a solid foundation for future research is of critical importance.

METHODOLOGY

2.1. Research Design

This systematic review investigates group counseling interventions for individuals who have experienced childhood abuse. The review was conducted in accordance with the internationally recognized Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. A comprehensive literature search was conducted without any geographical or institutional restrictions.

The literature search included studies published between 2020 and 2025, using both Turkish and English keywords. The databases searched were ScienceDirect, Scopus, PubMed, and YÖKTEZ (Turkish National Thesis Center). To ensure a comprehensive literature review, the identified keywords were combined using Boolean operators (AND, OR) to create search strings. The search strategy for English-language databases was formulated as follows: (“trauma” OR “childhood abuse”) AND (“group therapy” OR “group counseling” OR “group intervention”). A similar strategy was adapted for the YÖKTEZ database using Turkish search terms: (“travma” OR “çocukluk çağı istismarı”) AND (“grup terapisi” OR “grup danışmanlığı”). The search results were compiled, and duplicate publications were removed. This systematic search aimed to identify current, high-quality studies on the subject.

2.2. Inclusion and Exclusion Criteria

The study’s inclusion criteria use the PICOS (Population, Intervention, Comparison, Outcome, Study Design) framework:

Population (P): Adolescents and adults with a history of childhood trauma or abuse.

Intervention (I): Any type of structured group therapy/counseling intervention conducted in person or online.

Comparison (C): Designs with active/passive control groups or those without a control group (single-group designs).

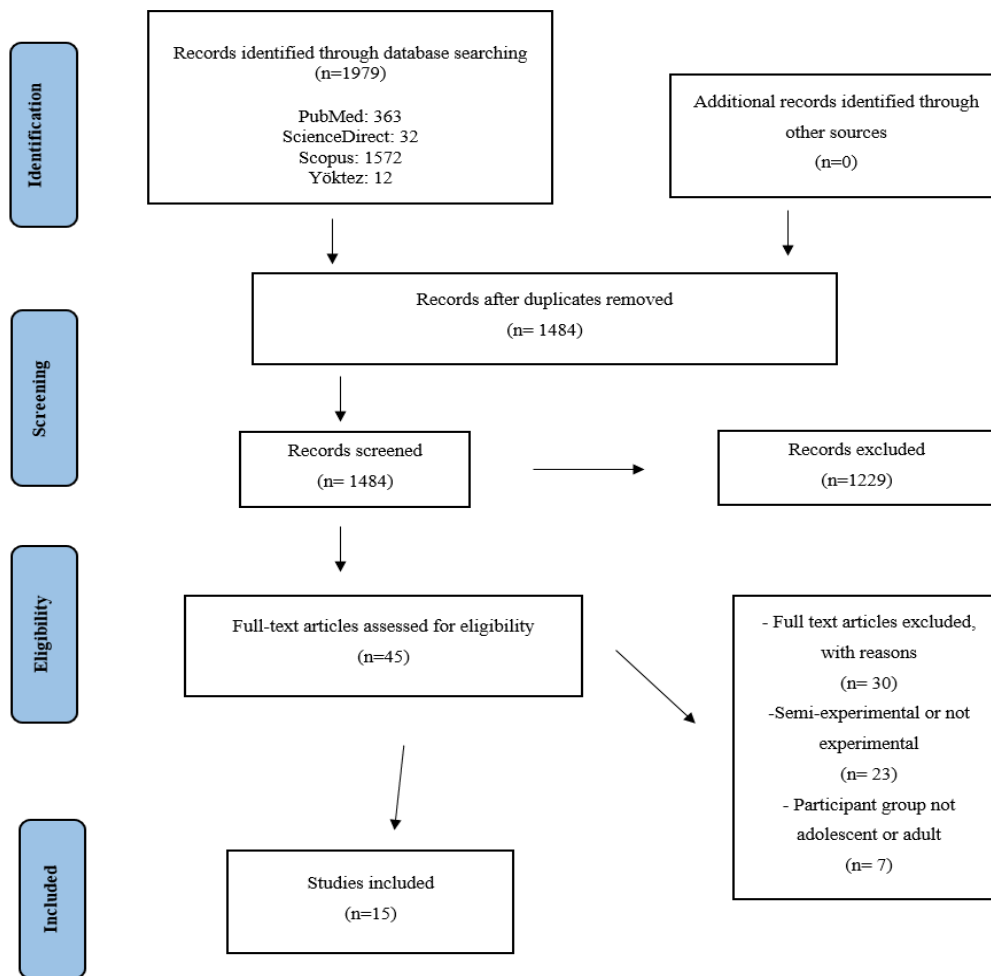
Outcome (O): Psychometric measures reporting a reduction in trauma symptoms (PTSD, dissociation, etc.) or improvements in psychosocial functioning (emotional regulation, social support, etc.).

Study Design (S): Randomized controlled trials (RCTs) and quasi-experimental designs.

Case reports, literature reviews that only provide a theoretical framework, studies lacking sufficient data or inadequate methodological quality, and studies published prior to 2020 were excluded from the analysis. Initially, 1,979 articles were identified through database searches. After applying the established inclusion and exclusion criteria, a total of 15 studies were selected for review. This process enhanced the transparency and reproducibility of the study, as illustrated in Figure 1.

Figure 1

PRISMA flow diagram of the study



2.3. Data Extraction Process

Following the full-text review, data from the 15 articles meeting the criteria were systematically coded by the researchers using a standardized data extraction form. The following data were obtained from each study via this form: (1) Author and publication year, (2) Study objective, (3) Type of trauma/diagnosis focused on, (4) Sample characteristics (number of participants and age range), (5) Structure of the experimental and control groups, (6) Data collection tools and psychometric criteria used, (7) Number, frequency, and duration of sessions, (8) Key findings and results.

2.4. Data Analysis and Synthesis

All titles and abstracts were independently screened and evaluated by the authors. To ensure inter-rater reliability, each study was reviewed by at least two researchers. Disagreements were resolved through joint evaluations until a consensus was reached, and only studies on which a consensus was reached were included.

Due to the high level of heterogeneity in the types of interventions used in the included studies (CBT, EMDR, Art Therapy, Compassion-Focused Therapy, etc.), session durations, and the outcome variables assessed, conducting a statistical meta-analysis was deemed inappropriate. Instead, the findings were analyzed using the narrative synthesis **method, in** accordance with the methodological guidelines proposed by Popay et al. (2006). The research

findings were classified within a thematic framework based on the type of intervention, sample characteristics, and therapeutic outcomes, and interpreted within a logical framework.

2.5. Risk of Bias and Quality Assessment

The methodological quality of the included studies was assessed using design-appropriate critical appraisal tools. The Cochrane Risk of Bias Tool 2 (RoB 2) was applied to randomized controlled trials to evaluate potential sources of bias across domains including the randomization process, deviations from intended interventions, missing outcome data, measurement of outcomes, and selection of the reported results (Sterne et al., 2019).

Non-randomized and quasi-experimental studies, including single-group pretest–posttest designs and non-randomized controlled studies, were evaluated using the Joanna Briggs Institute (JBI) Critical Appraisal Checklist for Quasi-Experimental Studies (Aromataris et al., 2024). This tool assesses methodological rigor by examining factors such as the clarity of cause–effect relationships, the presence of control groups, the use of multiple measurements, and the reliability of outcome assessment.

All studies were independently assessed by three reviewers. Discrepancies were resolved through discussion until consensus was reached. The results of the quality assessment are presented in Table 1, reporting overall risk of bias levels (low, some concerns, high) for randomized studies and overall methodological quality ratings for quasi-experimental studies.

Table 1

Risk of bias assessment of included studies

Author	Design	Risk of Bias Tool	Overall Risk of Bias
Bækkelund et al. (2021)	Randomized controlled trial (RCT)	Cochrane RoB 2	Some concerns
Elkjær et al. (2021)	Randomized controlled trial (RCT)	Cochrane RoB 2	Some concerns
LoSavio et al. (2021)	Randomized controlled trial (secondary moderation analysis)	Cochrane RoB 2	High Risk
Yılmaz Dinç (2021)	Randomized controlled trial (RCT)	Cochrane RoB 2	Some concerns
Bækkelund et al. (2022)	Randomized controlled trial (RCT)	Cochrane RoB 2	Some concerns
Kaliman et al. (2022)	Randomized controlled trial (secondary epigenetic analysis)	Cochrane RoB 2	Some concerns
McLean et al. (2022)	Quasi-experimental (one-group)	JBI Quasi-Experimental	Moderate
Alpaydn (2023)	Quasi-experimental	JBI Quasi-Experimental	Moderate
De Boer et al. (2023)	Quasi-experimental (pilot study)	JBI Quasi-Experimental	High Risk
Sele et al. (2023)	Randomized controlled trial (RCT)	Cochrane RoB 2	Some concerns
Foreman et al. (2024)	Retrospective Service Evaluation	JBI Quasi-Experimental	High Risk
Molero-Zafra et al. (2024)	Randomized controlled trial (RCT)	Cochrane RoB 2	High Risk
O'Donald et al. (2024)	Quasi-experimental (retrospective pre–post intervention)	JBI Quasi-Experimental	High Risk
Toker (2024)	Quasi-experimental	JBI Quasi-Experimental	High Risk
Zona et al. (2025)	Single-group pre–post test (pilot study)	JBI Quasi-Experimental	High Risk

FINDINGS

A total of 15 research articles were included in the systematic review and analyzed in detail. These studies were assessed based on several criteria: author and year, aim, diagnosis/type of trauma, sample, groups, measurements- instruments- method- intervention or technique, and results. The key characteristics of the included studies are summarized in Table 2.

Table 2*General characteristics of studies on group interventions used in childhood trauma treatment*

Author & Year	Aim	Diagnosis/ Type of Trauma	Sample	Groups	Measures, Instruments, Method, Technique	Number, Frequency and Duration of Sessions	Results
Bækkelund et al. (2021)	To evaluate stabilization groups in CSA-related PTSD.	CSA-related PTSD	89 participants (ages 18–65)	Group + Individual / Individual	GAF, PTSD; PSS-SR, CTQ-SF, RCT; Stabilization + delayed control	20 sessions; weekly; 90 min	No significant difference was found between group and individual conditions.
Elkjær et al. (2021)	To evaluate psychodynamic and systemic group therapy in survivors of childhood sexual abuse.	Childhood Sexual Abuse (CSA)	106 women (age not specified)	Psychodynamic/Systemic	PTSD, depression; SCL-90-R; RCT; Group therapy	Not specified	Long-term symptom reduction was observed.
LoSavio et al. (2021)	Comparing group and individual Cognitive Processing Therapy (CPT) in CSA survivors.	Childhood Sexual Abuse (CSA) and PTSD	254 military personnel (mean age: 33.1)	Group / Individual CPT	PTSD, depression; PCL, BDI-II; RCT; CPT application	Not specified	Both methods were found to be equally effective.
Yılmaz Dinç (2021)	To evaluate EMDR-based online group counseling in university students.	Minor “t” trauma in childhood	University students (age not specified)	Experimental / Control / Placebo groups	Psychological needs, resilience, well-being, trauma effects; various Turkish scales; Quasi-experimental Online EMDR group	8 sessions; weekly; duration not specified	The EMDR group showed significantly more improvement.
Bækkelund et al. (2022)	To evaluate a structured group treatment for patients with	Childhood abuse, Complex Dissociative	59 patients (age not specified)	Group + Individual / Individual	PTSD, GAF, psychopathology; SCID-D, MID, PSS-I; RCT; Stabilization program	20 sessions; weekly; duration not specified	Improvements were observed at the 6-month follow-up.

	complex dissociative disorders (CDD) due to childhood abuse.	Disorder (CDD)					
Kaliman et al. (2022)	To implement a 1-week intensive group intervention for adolescents with multiple ACEs.	Multiple ACEs	44 girls (ages 13–16)	Mindfulness, expressive arts, EMDR group	PTSD, mindfulness; CPSS, SPRINT, DNA tests; RCT; Multimodal program	Daily, all-day sessions	Improvements in PTSD and DNA methylation observed
McLean et al. (2022)	To examine the effect of Compassion-Focused Therapy (CFT) in female survivors of childhood sexual abuse.	Childhood Sexual Abuse (CSA)	30 women (age not specified)	Single group (CFT-SA)	PTSD, shame, self-compassion; CPSS, SPRINT, MAAS-A; Pilot study; CFT intervention	12 sessions; weekly; duration not specified	Significant symptom reduction was observed.
Alpaydın (2023)	To assess the effectiveness of the Psychological Resilience Psychoeducation Program (PRPP).	Childhood trauma	466 measurements; 11 experimental, 12 control high school students	Experimental / Control	Resilience, self-esteem, risk-taking, self-harm; CTQ-33, CD-RISC, etc.; Quasi-experimental; PRPP group	Sessions unspecified; weekly	The program increased resilience and self-esteem and reduced risk behaviors.
de Boer et al. (2023)	To examine the effect of group stabilization in women with complex trauma, including childhood trauma.	Complex trauma, including childhood abuse	11 women (age not specified)	Stabilization Group	PTSD, DASS; DASS-21, PCL-C; Mixed methods; Psychoeducation	10 sessions; weekly; duration not specified	Symptom reduction and increased group cohesion were observed.

Sele et al. (2023)	Comparing Prolonged Exposure (PE), STAIR, and STAIR Narrative Therapy (SNT) in CPTSD.	CPTSD, including childhood trauma.	92 participants (age not specified)	SNT / PE / STAIR	PTSD, CPTSD; ITQ, DSM criteria, RCT; Trauma-focused therapy	Varies by group (e.g., 12 STAIR + 8 NT, PE = 8–16); unspecified durations	PE found the most effective
Foreman et al. (2024)	To evaluate online CPTSD group therapy, including childhood trauma.	CPTSD, including childhood trauma	66 participants (age not specified)	Single group	Emotion regulation, PTSD; DEES, PTCI; Pilot study; Online group therapy	12 group + 3 individual sessions; weekly; 2 hours each	A statistically significant improvement was observed.
Molero-Zafra et al. (2024)	To compare TF-CBT and EMDR in survivors of childhood sexual abuse.	Childhood Sexual Abuse (CSA)	19 women (age not specified)	EMDR / TF-CBT	PTSD, dissociation; scales not specified; RCT; Online group therapy	8 online sessions; weekly; 60 min	Both interventions were found effective.
O'Donald et al. (2024)	To evaluate the “Survive and Thrive” program in adults with interpersonal trauma due to childhood trauma.	Interpersonal trauma due to childhood trauma	79 women, 19 men (ages 18–65)	Single group	Functionality, emotion regulation; CORE-OM, DERS-SF; Mixed design; Psychoeducation	10 sessions; weekly; duration not specified	Positive changes and experiences were reported.
Toker (2024)	To assess the effect of art therapy on somatization and self-compassion.	Childhood trauma	18 university students (age not specified)	Experimental (9) / Control (9)	Somatization, self-compassion; SCL-90-R, Self-Compassion Scale, CTQ; Experimental: Group art therapy	Sessions and duration unspecified; weekly	No statistically significant effect was found.
Zona et al. (2025)	To apply Trauma Information Group (TIG) in victims of childhood trauma and complex interpersonal trauma.	Childhood trauma, complex interpersonal trauma, PTSD	32 participants (mean age: 36.6)	Single group	PTSD; PCL-5; Pilot study; TIG model	8–10 sessions; 60 min each; frequency not stated	50% reduction in symptoms observed.

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

This systematic review evaluated 15 studies published between 2020 and 2025 to assess the effectiveness of group counseling interventions for adults with histories of childhood trauma. The findings indicate that childhood trauma has lasting and complex effects on psychological, cognitive, and social functioning. These effects are particularly evident in symptoms of complex posttraumatic stress disorder (CPTSD), PTSD, depression, anxiety, dissociation, and difficulties in emotional regulation (Baldwin et al., 2023; Molero-Zafra et al., 2024).

In addition to reducing symptoms, group therapies help individuals reshape social relationships and improve psychosocial functioning (Crespo et al., 2021; Sloan et al., 2013). Mutual sharing, emotional intimacy, and empathetic interactions among group members enhance perceived social support and reduce the loneliness that often follows trauma. Such social bonding processes are vital for recovery (Foreman et al., 2024).

Several methodological limitations in the reviewed studies require attention. In some studies, key intervention parameters—such as frequency, duration, and number of sessions—were not reported, limiting interpretation of the findings. The lack of detailed information on therapist qualifications and intervention techniques further limits the generalizability of the results. Small sample sizes (e.g., $n < 20$), limited diagnostic detail, and the lack of randomized controlled trials highlight the need for more methodologically rigorous research (Lewis et al., 2020; Toker, 2024).

Most studies predominantly included female participants (McLean et al., 2022; Molero-Zafra et al., 2024). Although higher rates of childhood trauma are reported among women, the underrepresentation of men, LGBTQ+ individuals, migrants, and other marginalized groups raises concerns about the inclusivity of group therapy models. There is a need for trauma-informed group interventions designed with greater emphasis on diversity and inclusivity (Gluck et al., 2021).

The results indicate that group therapy not only reduces symptoms but also facilitates identity formation, meaning-making, emotional regulation, and psychological resilience (Baldwin et al., 2023; Crespo et al., 2021). Mechanisms such as 'mirroring' and 'bearing witness' foster collective awareness within the group, enabling individuals to reframe trauma as a shared and manageable experience rather than an isolated burden.

Future research should employ long-term controlled designs to further assess the effectiveness of group counseling. Beyond symptom reduction, future studies should examine the effects of group therapy on interpersonal support, emotional sharing, and cognitive restructuring. As different types of trauma—such as sexual abuse, physical violence, and emotional neglect—have distinct psychological effects, future research should develop and compare targeted group intervention protocols. The overrepresentation of female participants in current literature highlights the need for more inclusive studies involving men, LGBTQ+ individuals, and migrants. Finally, given the cost-effectiveness and accessibility of group counseling, public health policies should promote its use, particularly for individuals with traumatic experiences who face barriers to psychological support.

Ethical Approval:

Ethical approval was not required for this study, as it is a systematic review.

Conflict of Interest:

The authors declare no conflicts of interest.

Use of Artificial Intelligence:

The design, analysis, and reporting of this study were conducted by the authors. No artificial intelligence tools were used in the preparation of this manuscript. All scientific content, interpretations, and final responsibility for the study rest with the authors.

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GENİŞLETİLMİŞ ÖZET

Giriş

Travma, bireyin başa çıkma kapasitesini aşan ve yoğun stres yaratan olaylara maruz kalmasıyla ortaya çıkan, psikolojik, duygusal ve fizyolojik düzeyde kalıcı etkiler bırakabilen bir olgudur (Bækkelund vd., 2021). DSM-5'e göre travma; kişinin kendisinin ya da yakınının ölüm, ciddi yaralanma veya cinsel saldırıya doğrudan ya da dolaylı biçimde maruz kalmasıdır (APA, 2013). Özellikle çocukluk döneminde yaşanan travmalar, gelişimsel süreçleri bozarak yetişkinlikte psikopatolojilerin temelini oluşturabilmektedir (Baldwin vd., 2023). Çocukluk çağı travmaları; fiziksel, duygusal ve cinsel istismar ile ihmal türlerini kapsamaktadır (Pace vd., 2022). Bu tür deneyimlerin toplumda oldukça yaygın olduğu, örneğin Avustralya'da toplumun %28'inin çocukluk döneminde en az bir travma yaşadığı bildirilmektedir (Su & Stone, 2020). Tekrarlayan travmaların, tekil olaylara kıyasla daha derin ve kalıcı ruhsal bozukluklara yol açtığı, depresyon, kaygı, TSSB, dissosiyasyon, düşük benlik saygısı ve kişilerarası sorunlarla ilişkilendirildiği görülmektedir (Feriante ve Sharma, 2023; Molero-Zafra vd., 2024). Psikoterapötik müdahalelerde travma odaklı terapi, bilişsel davranışçı terapi (BDT), EMDR ve şema terapi gibi yöntemler sıkça kullanılmaktadır (Bisson vd., 2013; Okumuşoğlu, 2024). Bununla birlikte, grup terapileri son yıllarda dikkat çekmekte; benzer yaşantıları paylaşan bireylerin sosyal destek algısını artırarak baş etme becerilerini geliştirmesine katkı sağlamaktadır (Tokgünaydın ve Tekinsav Sütcü, 2016). Yapılan çalışmalar grup formatındaki BDT'nin bireysel terapi kadar etkili olabileceğini ve iyileşme sürecini hızlandırabildiğini göstermektedir (Sloan vd., 2013). Grup terapileri, maliyet etkinliği ve erişilebilirliği açısından da bireysel terapiye alternatif oluşturmaktadır (Crespo vd., 2021). Bu bağlamda, bu sistematik derleme çalışması 2020–2025 yılları arasında yayımlanmış araştırmaları inceleyerek, çocukluk çağı travması sonrası ergen ve yetişkinlerle yürütülen grup terapisi müdahalelerinin etkililiğini değerlendirmeyi amaçlamaktadır.

Yöntem

Bu çalışma PRISMA yönergeleri (Moher ve diğerleri, 2009) doğrultusunda yürütülmüş bir sistematik derlemedir. ScienceDirect, Scopus, PubMed ve YÖKTEZ veri tabanlarında Türkçe ("travma", "çocukluk çağı istismarı", "grup terapisi") ve İngilizce ("trauma", "childhood abuse", "group therapy") anahtar kelimeler kullanılmıştır. Başlangıçta 1979 çalışmaya ulaşılmış; dahil etme ve dışlama kriterleri doğrultusunda toplam 15 araştırma değerlendirmeye alınmıştır. Çalışmaların seçim süreci PRISMA akış şeması ile raporlanmıştır; vaka sunumları, derleme makaleler ve metodolojik olarak yetersiz çalışmalar dışlanmıştır. Dahil edilen

arařtırmalar deneysel, yarı deneysel ve karma yöntem desenlerine sahiptir. Arařtırmacılar bağımsız deęerlendirme yapmış, görüş ayrılıklarında ortak uzlaşa sağlanmıştır.

Bulgular

İncelenen 15 çalışmada grup terapilerinin farklı travma türlerinde etkili olduęu görülmüştür. BDT, EMDR ve şefkat odaklı grup terapilerinde TSSB, kaygı, dissosiyasyon ve depresyon belirtilerinde anlamlı azalmalar saptanmıştır (McLean vd., 2022; Molero-Zafra vd., 2024). Elkjær ve dięerleri (2021), psikodinamik grup terapisinin cinsel istismar mağdurlarında uzun süreli semptom azalması sağladığını bildirmiştir. Grup ortamındaki paylaşım ve empatik etkileşimler, sosyal destek algısını artırmış, yalnızlık duygusunu azaltmış, benlik saygısı ve psikolojik dayanıklılığı güçlendirmiştir (Crespo vd., 2021). Alpaydın (2023), ergenlerle yürütölen psikoeęitim programının riskli davranışları azalttığını bulmuştur. Sanat terapisi, stabilizasyon grupları, çevrimiçi EMDR grupları gibi farklı müdahaleler kullanılmıştır. Örneğin, yapılan bir çalışmada kadınlarda grup stabilizasyonunun semptomları azalttığını ve grup baęlılığını artırdığı ortaya konmuştur (de Boer vd., 2023). Ancak bazı çalışmalarda oturum sıklığı ve süresi net biçimde raporlanmamıştır (Toker, 2024). Çalışmaların çoęu kadınlarla yürütölmüş, erkeklerin, LGBTİ+ bireylerin ve göçmenlerin katılımı sınırlı kalmıştır (Gluck vd., 2021).

Tartışma

Bulgular, grup terapilerinin yalnızca semptomları azaltmakla kalmayıp; bireylerin sosyal ilişkilerini yeniden yapılandırmalarına ve psikolojik dayanıklılık geliřtirmelerine de katkı sunduęunu göstermektedir (Foreman vd., 2024). Grup ortamındaki “yansıma” ve “tanıklık” süreçleri, bireylerin travmatik deneyimlerini paylaşılabılır bir olguya dönüřtürerek iyileşmeyi desteklemektedir (Baldwin vd., 2023). Ancak metodolojik sınırlılıklar göze çarpmaktadır. Küçük örneklem büyüklükleri, seans parametrelerinin eksik raporlanması ve terapist yeterliliklerine ilişkin bilgi azlığı genellenebilirliği sınırlamaktadır (Toker, 2024). Ayrıca, kadın katılımcıların yoğunluğu dięer toplumsal grupların temsiliyetini azaltmaktadır (McLean vd., 2022; Molero-Zafra vd., 2024). Bu durum, kapsayıcı grup programlarının gereklilięini ortaya koymaktadır.

Sonuç ve Öneriler

Bu sistematik derleme, çocukluk çaęı travması sonrası yürütölen grup terapilerinin ergen ve yetişkinlerde etkili olduęunu göstermiştir. Grup terapileri yalnızca semptomların azalmasını deęil; kimlik gelişimi, duygusal düzenleme, travmayı yeniden anlamlandırma ve sosyal destek mekanizmalarının güçlenmesini de sağlamaktadır (Crespo vd., 2021; Sloan vd., 2013). Gelecek çalışmalar için daha geniş örneklerle, uzun vadeli ve randomize kontrollü arařtırmalar yapılması, seans sayısı, süresi, teknikler ve terapist yeterlilikleri ayrıntılı biçimde raporlanması, farklı travma türlerine yönelik özel grup protokolleri geliřtirilmesi, erkekler, LGBTİ+ bireyler ve göçmenler gibi grupların örneklere dahil edilmesi, grup terapilerinin maliyet etkinlięi göz önünde bulundurularak, bu modellerin ulusal ruh saęlığı politikalarına entegrasyonunun teřvik edilmesi önerilmektedir.