

Literature highlights

Compiled by Carole Jean, Librarian

The following are a selection of resources addressing current issues in the sexual violence field. In this edition of *Aware*, we focus on surviving sexual assault trauma and dementia and also on prevention campaigns and media. ACSSA receives many of these resources. Print resources are available via the interlibrary loan system. Contact your local library for details. Electronic resources are available directly via the web address. The inclusion of a publication in this list does not necessarily mean that it is endorsed by ACSSA.

Surviving sexual assault trauma and dementia

Unresolved childhood sexual abuse: Are older adults affected? (1992). Allers, C. T., Benjack, K. J., & Allers, N. T. *Journal of Counseling and Development*, 71(1), 14–17.

This article presents case studies and discussions regarding observed characteristics of unresolved childhood sexual abuse in adult survivors over 65 years of age. Specifically chronic depression, elder abuse, and the misdiagnoses of residual abuse trauma as dementia or mental illness are compared to parallel issues identified by researchers in younger adult survivors. A brief overview of the childhood abuse literature and recommendations regarding professional training, the development of new services, and additional research are included.

Rural Tasmanian dementia health care model. (2003, March). Campbell-Smith, M. Paper presented at Seventh National Rural Health Conference, Hobart. Available online only at: <<http://nrha.ruralhealth.org.au/conferences/docs/7thNRHC/Papers/general%20papers/campbell-smith.pdf>>

Alzheimer's and vascular dementia diseases are both difficult to diagnose. The author discusses specific and flexible strategies that are needed to assist carers of people suffering dementia in rural and remote areas. The work of the rural Westbury Community Centre in Tasmania which assists clients and carers of people with Alzheimer's disease is described and some

of the difficulties of living with dementia, like reactions to over stimulation and revisited trauma are outlined. Access to the centre, client assessment, the services the centre offers to carers, and working with general practitioners, community nurses and the community, are also covered.

Late-life paranoia: Possible association with early trauma and infertility. (1992). Gurian, B. S., Wexler, D., & Baker, E. H. *International Journal of Geriatric Psychiatry*, 7(4), 277–284.

Studied data on 39 persons (aged 60–93 yrs) with late-life onset of paranoid symptoms. A subset of 9 female Ss met the criteria for delusional disorder (DD). DD Ss differed significantly from demented and long-term schizophrenic Ss on a number of variables. Among the DD Ss, (1) there was only 1 live birth, (2) more than half were refugees or holocaust survivors, (3) there was an absence of a predicted sensory loss, and (4) the manifestation of the paranoia was qualitatively different. Discussion addresses the existence of a late-life delusional state that is neither schizophrenia nor dementia and indicates that the paranoia in DD Ss cannot be accounted for exclusively by a social isolation hypothesis. Also considered is the interaction among early trauma, absence of children, and appearance of paranoid ideation late in life.

When late life brings a diagnosis of Alzheimer's disease and early life brought trauma. A cognitive-analytic understanding of loss of mind. (2003). Sutton, L. *Clinical Psychology & Psychotherapy*, 10(3), 156–164.

This paper contrasts the loss of mind from the loss of brain cells in Alzheimer's disease

and other neurodegenerative conditions with the threats to one's mind from the mindlessness of others from a cognitive-analytic perspective. Case studies are presented that show how the therapeutic framework of Cognitive-Analytic Therapy (Ryle, 1990, 1995, 1997) can bring containment for both client and therapist for clients facing this dilemma, particularly when past trauma is potentially overwhelming. This is set in a dialogue with the pioneering work of Tom Kitwood (1990,1995,1997) in dementia care, in which Kitwood's thesis of the "malignant social psychology" surrounding people with dementia is re-stated in terms of "reciprocal roles" developed in Cognitive-Analytic Therapy.

Sexual violence, post-traumatic stress disorder, and dementia. (1997). McCartney, J. R., Severson, K. *Journal of the American Geriatrics Society*, 45(1), 76–78.

Little is known of posttraumatic stress disorder (PTSD) in older people. No literature exists on this disorder in older women exposed to sexual assault. A case of apparent PTSD in an 82-year-old demented woman raises questions of the anatomy and phenomenology of this disorder. Difficulties in diagnosis in a demented population may cloud the issues or prevent a proper therapeutic outcome.

A series of cases of dementia presenting with PTSD symptoms in World War II combat veterans. (2000). Johnston, D. *Journal of the American Geriatrics Society*, 48(1), 70–72.

There is a large cohort of WWII veterans at risk for, or already diagnosed with,

dementia. However, there is little or no information about the relationship between posttraumatic stress disorder (PTSD) and dementia. A series of cases are presented describing WWII and Korean combat veterans (aged 68, 77, and 78 yrs old) seen at a VA Medical Center in whom the onset of dementia was heralded by symptoms consistent with a diagnosis of PTSD. Although in all 3 cases cognitive impairment had been evident, help was not sought until a violent outburst occurred. The event was associated with a recent history of nightmares of wartime experiences, physiological hyperreactivity with exaggerated startle response, and tremulousness and pallor in response to evocative stimuli. The sudden outbursts of violence were accompanied by periods of withdrawal, dysphoria, tearfulness, and preoccupation with wartime experiences. Implications of these cases for ageing veterans are discussed.

Contribution of PTSD/POW history to behavioral disturbances in dementia. (2001). Verma, S., Orenge, C. A., Maxwell, R., Kunik, M. E., Molinari, V. A., Vasterling, J. J., & Hale, D. D. *International Journal of Geriatric Psychiatry*, 16(4), 356–360.

As many WW II and Korean Conflict veterans suffering from posttraumatic stress disorder (PTSD) grow older, increasing numbers will be diagnosed with dementia. The authors retrospectively analyzed patients with dementia, comparing the behavioral disturbances of those with vs without PTSD. It was hypothesized that due to the additive effect of the neurobiological and behavioral changes associated with PTSD and dementia, the dementia with PTSD group would show more agitation and disinhibition than the dementia without PTSD group. 16 Ss with diagnoses of dementia and PTSD were matched on age and Mini-Mental States Examination scores to 16 Ss with dementia without PTSD. Ss with diagnoses of dementia with PTSD did not differ significantly in their clinical presentation,

hospital course, and condition at discharge from Ss with dementia without PTSD. Significantly more PTSD Ss were prescribed anti-depressants compared to the non-PTSD group. Within the PTSD group, the subgroup of Ss who were former POWs had a higher mean score for paranoia and less verbal agitation. This study reveals that a diagnosis of PTSD alone is not sufficient to influence behavior in veterans with dementia; however, the authors also present provocative results that patients with more severe trauma (POW) do have changes in their behavior.

Emergence of PTSD in trauma survivors with dementia. (2001). van Achterberg, M. E., Rohrbaugh, R. M., & Southwick, S. M. *Journal of Clinical Psychiatry*, 62(3), 206–207 [Letter].

Postraumatic stress disorder (PTSD) usually emerges soon after a traumatic event. However, some trauma survivors may experience the full-blown syndrome for the first time as they age. In a recent case series, D. A. Johnson (see record 2000–13202–004) described 3 WWII veterans in whom onset of dementia was heralded by an exacerbation of PTSD symptoms. This report describes 3 additional patients who also experienced a marked increase in PTSD symptoms after onset of dementia, only 1 of whom was a war veteran. Patient 1 was a 95-yr-old nursing home patient who had survived the sinking of the Titanic. She began demonstrating extreme psychomotor agitation, accompanied by vivid reexperiencing of her earlier trauma. Patient 2 was a 75-yr-old WWII veteran who began demonstrating signs of cognitive impairment and physical violence, and perseverated on war memories. Patient 3 was an 83-yr-old female who had been traumatized during the Holocaust. Over the years she experienced occasional intrusive memories, and had begun having difficulties with memory and executive functioning. In the 3 cases presented, symptoms of PTSD worsened dramatically after the onset of dementia. Several possible explanations for

an association between declining cognitive function and increasing PTSD symptoms are discussed.

Sexual abuse, trauma and dementia in the elderly: A retrospective study of 284 cases. (2006). Burgess, A. W., & Phillips, S. L. *Victims & Offenders*, 1(2), 193–204.

The study objective was to compare elders with a dementia with those without a dementia as to method of disclosure of sexual abuse, forensic markers of sexual abuse and legal outcome of cases. A convenience sample was obtained of 284 forensic cases known to a multidisciplinary group of professionals who investigated, examined or consulted on elder sexual abuse victims. The Comprehensive Sexual Assault Assessment (CSAAT) was used to enter data from case files. 60 percent of the 284 elders were diagnosed with some degree of dementia. Elders with dementia, compared to those without a diagnosis, were abused more often by persons known to them (family member, caregiver or another nursing home resident) than a stranger, presented behavior cues of distress rather than verbal disclosures, were easily confused and verbally manipulated, and were beaten. Suspects who were identified whom abused elders with dementia had less chance of being arrested, indicted or plea bargained. All reported suspected cases of elder sexual abuse need a complete physical examination as well as a sexual assault evidence kit. Patterns of verbal, behavioral or physical changes of elders can be used to support an allegation of sexual assault.

Worsening of post-traumatic stress disorder symptoms with cognitive decline: Case series. (2001). Mittal, D., Torres, R., Abashidze, A., & Jimerson, N. *Journal of Geriatric Psychiatry and Neurology*, 14(1), 17–20.

Presents 3 cases of post-traumatic stress disorder (PTSD) symptoms associated with

cognitive decline. All patients were males (aged 57–70 yrs) and had war-related PTSD. In each case, the patient had a history of PTSD that was under fairly good control until the onset of cognitive impairment due to Alzheimer’s disease or vascular or alcohol-related dementia. These cases suggest that neurodegeneration of memory pathways may disinhibit symptoms of PTSD.

Prevention campaigns and media

A media campaign prevention program for child sexual abuse: Community members’ perspectives. (2008). Self-Brown, S., Rheingold, A. A., Campbell, C., & de Arellano, M. A. *Journal of Interpersonal Violence*, 23(6), 728–743.

This study examines the face validity and feasibility of materials included in a multi-media child sexual abuse (CSA) prevention campaign. A quantitative survey method assessed participants’ comfort level, knowledge gain, and likelihood of behavioral change in response to the media campaign. Furthermore, a focus group method explored participants’ attitudes and opinions regarding the campaign and the unique effects of ethnic or cultural norms on participants’ acceptance of the media materials. Six groups, established based on participant ethnicity (i.e., three Caucasian groups, two African American groups, one Hispanic group), met at two sites in the Charleston, South Carolina, area. Quantitative data suggest that participants reported increased CSA knowledge and low levels of discomfort or anxiety related to exposure to the materials. Focus group results suggest that study participants, regardless of ethnic background,

agreed that the media campaign can have a positive impact on public knowledge of CSA. Implications and directions for future research are discussed.

Prevention of child sexual abuse: Evaluation of a community media campaign. (2007). Rheingold, A. A., Campbell, C., Self-Brown, S., de Arellano, M., Resnick, H., & Kilpatrick, D. *Child Maltreatment*, 12(4), 352–363.

Given that mass media techniques have been an effective tool within the public health field for affecting behavioral change, these strategies may prove successful for the primary prevention of child sexual abuse (CSA). This study was an independent evaluation of a CSA media campaign. Two hundred parents were recruited from eight sites across the United States. Results indicated that the combined mass media campaign affected knowledge about CSA at the time of intervention compared to no intervention. No significant differences were found in regards to CSA attitudes. A significant positive impact on primary prevention response behaviours assessed using hypothetical vignettes was found; however, no significant findings were noted for several other behavioural responses. Knowledge and behavioural gains were not maintained at the one-month follow-up. Small sample size at follow-up may have affected findings. Results of this study imply that media campaigns alone may not significantly affect primary prevention of CSA.

The role of the mass media in facilitating community education and child abuse prevention strategies. (2002). Saunders, B. J., & Goddard, C. (Child Abuse Prevention Issues No.16). Melbourne, Vic: National Child Protection Clearinghouse, Australian Institute of Family Studies. Available at: <<http://www.aifs.gov.au/nch/pubs/issues/issues16/issues16.html>>

In the second part of an analysis of the role of mass media in child abuse prevention, the benefits of mass media programs as a tool to advocate for children’s rights are discussed and more specifically, to promote awareness of, and to prevent, child abuse. (The first part appeared as Issues paper no.14: Child abuse and the media.) The authors emphasise that campaign strategies may only be successful to the degree that they are backed by community education and direct support programs. Information gained from evaluations is highlighted, and recommendations for future media campaigns and initiatives are made.

Child abuse and the media. (2001). Goddard, C., & Saunders, B. J. (Child Abuse Prevention Issues No.14). Melbourne, Vic: National Child Protection Clearinghouse, Australian Institute of Family Studies. Available at: <<http://www.aifs.gov.au/nch/pubs/issues/issues14/issues14.html>>

This paper examines the role of the media in relation to child abuse and child protection and argues that the media have been essential to the task of placing the problem of child abuse in the minds of the public and on the political agenda. The media have played a major role in defining what is “normal” and what is “deviant” in society, thus contributing to definitions of what is, and what is not, considered to be child abuse. Significantly, the media have appeared, at times, to have more influence on child protection policy and practice than professionals working in the field - a phenomenon described as “legislation by tabloid”. While acknowledging that the media’s portrayal of child abuse and child protection can have negative consequences for children and their families, it is argued that media coverage is vital if public concern for children is to remain on the political agenda, and if child protection services are to remain accountable.