

Research & Advocacy Digest

Linking Advocates & Researchers

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Post-Traumatic Stress Disorder and Linkages to Sexual Assault

Letter from the Editor

Post-Traumatic Stress Disorder is a complex issue. The diagnosis was first acknowledged as a disorder of individuals experiencing the extreme stress of combat situations. With much debate the diagnosis progressed to include individuals not in combat situations per se but anyone with direct personal experience of an event that involves actual or threatened death or serious injury.

This broadening was primarily due to the advocacy of professionals working with various traumatized victims including but not limited to rape victims, war refugees and battered women. PTSD has now become a term familiar to general public as well as a common diagnosis. This issue of the Digest attempts to provide an overview of recent research on PTSD, particularly those aspects most directly related to victims of sexual assault.

Lydia Guy

Prostitution, Violence Against women, and Post Traumatic Stress Disorder

Melissa Farley, PhD and Howard Barkan, DrPH. Women and Health, Vol. 27 (3), 1988

The majority of studies of Post Traumatic Stress Disorder (PTSD) have focused on subjects who have experienced sexual abuse, domestic violence, war trauma, and political torture; however a 1998 study in Women and Health offers convincing evidence that women and men working in prostitution also experience high levels of PTSD. Blinded by society's interest in criminalizing prostitution, the medical community has rarely addressed this issue.

This study focused on one hundred and thirty people working as prostitutes in San Francisco who were interviewed regarding the

The essential feature of Post-Traumatic Stress Disorder is the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury...

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THE FINDINGS OF THIS STUDY AND THE SUPPORTING ARTICLE DEMONSTRATE THE HIGH RATE OF VIOLENCE IN PROSTITUTION AND UNDERSCORE THE NEED FOR A BROAD BASED APPROACH TO PROSTITUTION ISSUES.

extent of violence in their lives and the presence of PTSD symptoms. Of the 130 interviewees 75% were women, 13% were men, and 12% were transgendered. Participants responded to a 23-item questionnaire that inquired about their histories of physical and sexual violence. Participants also completed a PTSD checklist in which they specified specific instances of PTSD within the last 30 days.

The results of this study suggest a high rate of physical and sexual violence in prostitution. 82% of participants reported having been physically assaulted since entering prostitution and 83% percent of those reported having been threatened with a weapon. The rates of sexual assault are also higher than average with 68% of respondents reported having been raped since entering prostitution and 48% had been raped more than 5 times.

The findings of this study and the supporting article demonstrate the high rate of violence in prostitution and underscore the need for a broad based approach to prostitution issues. Prostitution cannot be looked at without also seeing the social systems, such as violence against women, drug abuse, and homelessness, which create and perpetuate it.

-RW

"Complex" Post Traumatic Stress Disorder / Disorders of Extreme Stress in Sexually Abused children: An Exploratory Study

Darlene Kordich Hall, Journal of Child Sexual Abuse, Vol. 8, 1999

Because the historical foundations of PTSD lie in the phenomenon of "battle-fatigue" many clinicians have argued that a diagnosis of PTSD does not adequately reflect elements of interpersonal or non-battle related trauma. This study attempts to examine whether or not a diagnosis of "Complex" PTSD is justified. Utilizing a sample of 99 sexually abused children who manifested some level of PTSD, the study attempts to find if there is a correlation between multiple trauma incidents and a basis for a "complex" PTSD diagnosis. The study identifies seven primary symptom categories:

1. Alteration in Regulation of Affect / Impulses
2. Alteration in Regulation of Attention and Consciousness
3. Alteration in Self-perception
4. Alteration in Perception of the Perpetrator
5. Alteration in Relationships with Others
6. Somatization
7. Alteration in Systems of Meaning

The study found that a significant percentage of children (77%) exhibited six or more of the symptoms, when there was a co-occurring diagnosis of PTSD. Interestingly, however, the number of traumatic incidents were not related to the presence of PTSD / "complex" PTSD symptoms. The author of the study recommends that this data be used to further discussion potential "complex" diagnosis criteria, and specific treatment modalities for this population.

- SB

Treating Traumatized Patients and Victims of Violence

Richard P. Kluft, Sandra Bloom, and J. David Kinzie, Journal of Consulting and Clinical Psychology, Vol 62, 1996

Kluft, Bloom, and Kinzie have written this article for use by mental health professionals regarding Posttraumatic Stress Disorder. This article provides a comprehensive basic level overview of traumatic experiences on patients who are victims of violence. The article details steps to be taken by mental health professionals in providing treatment for trauma victims and includes information for the mental health professional on how to deal with secondary trauma issues in treating those with PTSD.

It begins by addressing the issue of trauma broadly including epidemiology and types of trauma and responses. The authors refreshingly also address the issue of the cost of crime and trauma to victims and society in economic terms, and later include working with insurance companies to provide care coverage to victims of trauma.

The article discusses ways of addressing trauma while maintaining safety boundaries and avoiding re-victimization. The authors also address the importance of providing culturally sensitive methods of treatment, and that what works best for patients of one community may not be appropriate for patients in other communities. The article also notes the value in involving the patient's family and community in the treatment of the patient if culturally appropriate. The authors discuss community involvement in terms of patient safety. If the patient feels safe dis-

cussing the trauma in their families and communities, then community involvement in treatment is appropriate.

The article concludes with a discussion of when to hospitalize patients if appropriate and the decisions necessary to reach that point. The authors also note the importance of patient safety in a hospitalization situation. The use of pharmaceuticals and their contraindications is also discussed in the conclusion of the article.

Overall, the article gives a concise overview of treating victims of violence and trauma and repeats the importance of maintaining patient safety emotionally, physically and mentally. This is a great introduction to trauma treatment for both mental health professionals and those working with victims of trauma.

What Determines Post-Traumatic Stress Disorder Symptomology for Survivors of Childhood Sexual Abuse?

Lynee Brigs and Peter Joyce, Child Abuse and Neglect Vol. 21, 1997

In a study involving 73 adult survivors of childhood sexual abuse, researchers attempted to determine the correlation between sexual abuse and PTSD symptoms, as well as if severity of abuse impacted significance of diagnosis. The study found a strong correlation between incidence of child sexual abuse (which was defined as sexual abuse before the age of 16) and manifestation of PTSD symptoms. The study also found a strong correlation between the severity of abuse and the severity of PTSD symptoms diagnosed. Particularly noted, was the increase of severity of PTSD symptoms and the occurrence of abuse that involved intercourse and/or penetration. - SB

THE STUDY FOUND A STRONG CORRELATION BETWEEN INCIDENCE OF CHILD SEXUAL ABUSE (WHICH WAS DEFINED AS SEXUAL ABUSE BEFORE THE AGE OF 16) AND MANIFESTATION OF PTSD SYMPTOMS

Video Review

Hope for Recovery: Understanding Posttraumatic Stress Disorder A production of the PTSD Alliance

This nine minute video is meant to explain Posttraumatic Stress Disorder to people who may be suffering from the disorder, their significant others and family members. It is clearly meant for a lay audience, but may be useful for advocates and other support persons.

The video starts by giving basic facts about PTSD using a voice-over technique. Then "talking head" experts are interspersed with people who are identified as having PTSD and who share their experiences. The viewer is clearly meant to identify with fellow sufferers and be encouraged by the information provided by the "experts."

The video asserts that 70% of the general population experience trauma, as a result of a "complex and terrifying event." They further assert that 20% of those persons experience PTSD. Women are described as "at risk" for PTSD, as are firefighters, police personnel and emergency workers. Victims of sexual assault and domestic violence are specific populations identified as "at risk."

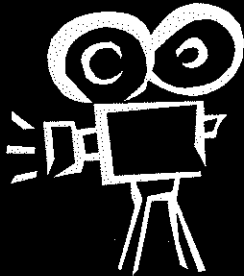
The "experts" set forth symptoms and suggestions for help. Sufferers are encouraged to seek therapy to talk about the traumatic event; i.e., "tell the story over and over," and medication to reduce or make the symptoms more manageable.

At the end of the video the viewer is invited to call the PTSD Alliance at a

toll-free number (1-877-507-PTSD). That number yields an automated menu that when navigated offers an information pamphlet to individuals and to the media. The caller records name and address and will be mailed a brochure on PTSD.

The PTSD Alliance describes itself as a "national coalition of professional and advocacy organizations" who aim "to increase awareness and promote a better understanding of the prevalence, diagnosis and treatment of PTSD among medical and healthcare professionals, individuals diagnosed with PTSD and their loved ones, and the general public." There appear to be four organizations that form the Alliance: The American College of Obstetricians and Gynecologists, the Anxiety Disorders Association of America, the Sidran Traumatic Stress Foundation and the International Society for Traumatic Stress Studies. The alliance describes that their resource center will provide educational materials. When called, the same brochure available through the toll-free line is offered. The PTSD Alliance also has a web page: www.ptsdalliance.org. The following credit line appears on all of their materials: "The PTSD Alliance is supported by an unrestricted educational grant from Pfizer Inc."

This pharmaceutical company sponsored video has a value approximately equal to its length. As an **awareness-building** tool it may be useful. As to **promoting a better understanding of the prevalence, diagnosis and treatment** of PTSD, it does not provide sufficient depth to be of real use. - GS



**Interpersonal Violence and Posttraumatic Symptomatology
The Effects of Ethnicity, Gender, and Exposure to Violent Events.**

Anita K McGruder-Johnson, Emily S. Davidson, David H. Gleaves, Wendy Stock, John Finch, Journal of Interpersonal Violence, Vol. 10 (2), 2000

This study was designed to examine the frequency of PTSD in civilian populations. Prior research from combat situations suggested the rate of PTSD and/or posttraumatic symptomatology may be high in ethnic minority groups. Other researchers have put forth several postulations as to why ethnic minority groups experience more maladjustment. Data from the National Crime Victims Survey (Perkins & Klaus 1996) revealed that African-Americans and people of Hispanic descent report exposure to more violent crime than European-Americans. Another interpretation is that the additional exposure of living in a hostile environment (i.e. the experiences associated with racism) combine to increase the likelihood of PTSD (Marsell, Friedman, & Spain 1992). As such, McGruder-Johnson et. al. attempted to clarify some of these findings.

A sample of 222 African-American, Mexican-American or European American undergraduate students completed a survey instrument on lifetime exposure to interpersonal violence. Fourteen percent of the participants have lifetime diagnoses of post-traumatic stress disorder, with the highest rate occurring for African-Americans, who also reported more violent sexual and nonsexual experiences and higher levels of psychological distress.

In summary the key findings of the investigation were as follows. Experiencing events involving interpersonal violence was associated with PTSD diagnoses and symptomatology. The relationship between exposure and symptomatology was

equivalent for the three racial/ethnic groups and for men versus women. Finally, most but not all to the ethnic differences in terms of symptomatology disappeared when controlled for level of exposure. Thus, most racial/ethnic differences found appeared to be associated with the difference in exposure to interpersonal violence rather than ethnicity per se.

LG

Predicting PTSD in Women with a History of Childhood Rape

Jeffrey N. Epstein, Benjamin E Saunders, and Dean G. Kilpatrick Journal of Traumatic Stress Vol. 10(4). 1997

Researchers collected data by phone from a random sample of adult women in the U.S. with a history of childhood rape to determine if there were identifiable factors that might indicate a predisposition to developing Posttraumatic Stress Disorder (PTSD). Their findings indicated that the women who were more likely to experience PTSD had been required to testify in court as a child which seemed to additionally traumatize her as a child; experienced a variety of rape types as opposed to just one type of rape; or were threatened with murder or physical injury.

"A prevailing theme of this study's results is that the severity and intrusiveness of the abuse episode(s) is highly related to PTSD development," the authors note. One of the implications for clinical practice based on this research is to do a thorough PTSD assessment with a childhood rape survivor if either of the identifiable factors of multiple rape types or a real or perceived threat of death and/or physical injury was a part of the survivor's childhood rape experience. -COD

FINALLY, MOST BUT NOT ALL TO THE ETHNIC DIFFERENCED IN TERMS OF SYMPTOMATOLOGY DISAPPEARED WHEN CONTROLLED FOR LEVEL OF EXPOSURE. THUS, MOST RACIAL/ETHNIC DIFFERENCES FOUND APPEARED TO BE ASSOCIATED WITH THE DIFFERENCE IN EXPOSURE TO INTERPERSONAL VIOLENCE RATHER THAN ETHNICITY PER SE.

Book Review

**Traumatic Stress:
The Effects of Overwhelming Experience
on Mind, Body, and Society**



Bessel A. van der Kolk,
Alexander C. McFarlane,
Lars Weisaeth
The Guilford Press 1996

This book provides an overview of Post Traumatic Stress Disorder. It summarized the body of research and clinical knowledge compiled since its acceptance of PTSD as a defined entity in 1980. The group of authors (all with expertise on the subject of PTSD) met with various colleagues to discuss research and compare their impressions about the field of traumatic stress. This work is a synthesis of those discussions. The work group included clinicians and researchers from around the world to help ensure that the discussion of trauma included various cultural and geographic responses and the theoretical and practical applications developed in those locales to address those responses.

The book is divided into six sections:

**1. Background and History:
Chapters 1-3**

Chapter one establishes PTSD as a complex interrelationship between psychological, biological and social processes. Chapter two discusses the differing societal views and expectations around the issue of trauma, as well as defining the concepts of individual and societal responsibility. Chapter three provides a frank discussion of the difficulties that the psychiatric community has had in understanding the psyches of traumatized patients

while taking into context the complexity of the psychological, biological and social processes.

**2. Acute Reactions:
Chapters 4-5**

This section focuses on the DSM IV diagnoses of Acute Stress Disorder. It examines the progress from acute to chronic, acknowledging that not all acute stress reactions develop into full-blown PTSD. These chapters also explore the debate as to whether PTSD is a normal or abnormal adaptation to extreme stress.

**3. Adaptations to Trauma:
Chapter 6-12**

The chapters in this section provide an in-depth analysis of all aspects of the DSM IV diagnoses of Post Traumatic Stress Disorder including: classifications, epidemiology, stressors, vulnerability and the course of posttraumatic reactions. Self-regulation & characterological development; psychobiology, clinical methodology and research protocols.

**4. Memory Mechanisms and Processes:
Chapters 13 -14**

These two chapters describe the unique memory processes that may occur when individuals survive traumatic events. It provides details on the concepts of true and false memory as well as dissociation

**5. Developmental, Social and Cultural Issues:
Chapters 15 -17**

This section places PTSD in a social context. It addresses human development and the effects trauma may have on children and adolescents. Chapter 16 specifically discusses legal issues in PTSD. In Chapters 17 the focus is on culture and its effects on individuals experiencing trauma, including protective factors.

**6. Treatment:
Chapters 18-24**

This section provides an overview of treatment strategies from around the world. It focuses on early intervention, the nature of the therapeutic

relationship, cognitive-behavioral treatments, psychodynamic treatments, group psychotherapies, psychopharmacological approaches, and new therapies including EMDR.

In the final comments the authors come to this conclusion: "There are aspects of the experience of trauma that cannot be captured in medical and scientific models, but that go to the core of what it is like to be human – how we see ourselves and our relationships to our fellow human beings... Trauma can have a multitude of consequences: It can produce abject misery and make people abandon all hope; it can make the lust for revenge the center of people's lives at the expense of the ability to rebuild; or it can be sublimated into supreme acts of artistic transformations and social actions"

LG

All of the articles reviewed in this issue of the Research & Advocacy Digest are included in the WCSAP library. Please note that WCSAP library materials can only be loaned to WCSAP Program and Supporting Members.* Both Members and Non-Members are welcome to visit the WCSAP library by appointment and review materials on site.

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