

# Master of Clinical Science

**Health professionals' experiences with older adults  
affected by the trauma of their childhood sexual abuse:  
A systematic review of text and expert opinion.**

Marilyn Dodd RN, BA (Applied Statistics)

Student Number: 1214692

The Joanna Briggs Institute

Faculty of Health Sciences

The University of Adelaide

[marilyn.dodd@adelaide.edu.au](mailto:marilyn.dodd@adelaide.edu.au)

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# Executive Summary

## Background

There is an extensive body of literature, of varying quality, on the effects and management of childhood sexual abuse for children, adolescents, young adults and to a lesser extent, middle aged adults. However, even though the older population is increasing rapidly, there has been little attention given to the long term effects of childhood sexual abuse in the older population. The reasons are complex and steeped in history, culture and entrenched attitudes.

Childhood sexual abuse in modern times is still predominantly a hidden problem, even in economically developed countries. The silence around this matter would have been more deep-rooted in the early decades of the twentieth century, when the aged persons of today were children, living in a culturally, economically, and legislatively different world.

Childhood sexual abuse survivors do not disclose their abuse readily and it is unlikely that unresolved trauma in older adults will present as the primary problem or as an identifiable syndrome; rather it is likely to have a disguised presentation with indicators such as depression, somatic disorders, self-harm, posttraumatic stress disorder (PTSD), substance abuse, 'challenging' behaviours, low self-esteem, or poor interpersonal relationships; to name just a few. The symptoms and problematic behaviours that can occur in older people need be professionally evaluated and managed, rather than dismissed as an inevitable part of ageing or as a result of dementia.

The ability to effectively identify, and treat, those older persons whose physical and or mental health is being adversely affected by their long ago childhood sexual abuse, are legitimate and urgent enterprises in light of the rapidly aging population, intensified by a paucity of evidence to do either well.

Health professionals also need to care for themselves, because dealing with older people with difficult problems or hearing horrific stories of abuse, can lead to 'burnout' and secondary trauma. Health professionals can also be survivors of childhood sexual abuse.

## **Objectives**

The overall objective of this review was to inform practice, especially the identification and management, of those persons who have survived into old age, and who are now experiencing or eliciting problems related to the past trauma of their childhood sexual abuse. The review aimed to uncover themes and conclusions about the institutional, social, community, relationship and individual factors that might intensify or diminish the unresolved traumatic effects of childhood sexual abuse in the older person.

## **Inclusion criteria**

### **Types of participants**

The population of interest was all health professionals including but not limited to, psychiatrists, psychologists, registered nurses, medical doctors, social workers and other clinicians or therapists who had professional experience with older adults who were sexually abused as children. Older adults were defined as those aged 60 years and over.

### **Types of phenomena of interest**

Of interest were the experiences and expert opinions of health professionals who had professional experience with older adults who were sexually abused as children.

### **Types of papers**

The textual evidence considered included expert opinions, comments, assumptions or assertions, discussion papers, position papers and case studies that appeared in journals, magazines, books, monographs, reports and government publications including government web based publications. Unpublished papers such as dissertations were also considered.

### **Types of outcomes**

Not Applicable

## **Search strategy**

The search strategy aimed to find both published and unpublished papers. A three step search strategy was utilised for this review. An initial limited search of MEDLINE, CINAHL and PsycINFO was undertaken followed by analysis of the text words contained in the title and abstract, and of all the index terms used to describe the article. A second search using all identified keywords and index terms was then undertaken across all included databases. Thirdly, the reference list and citations of all identified reports and articles was searched for additional papers. This included manual searches of relevant journals, books, opinion papers, conference proceedings and dissertations. Fifty nine texts were retrieved for full text assessment for eligibility, from which the final 26 texts and papers were selected for critical appraisal prior to inclusion in the review.

## **Methodological quality**

The 26 texts and papers selected for retrieval were assessed by two independent reviewers for authenticity prior to inclusion in the review using *standardised critical appraisal instruments* from the Joanna Briggs Institute Narrative, Opinion and Text Assessment and Review Instrument (JBI-NOTARI). All 26 texts were included in the review.

## **Data collection**

Textual data was extracted from texts and papers included in the review using the *standardised data extraction tool* from JBI-NOTARI. This involved the reading and re-reading of the texts closely to identify the key themes and metaphors that then made up the findings and conclusions. 325 Findings were extracted from the 26 texts.

## **Data synthesis**

Textual papers were pooled using the Narrative, Opinion and Text Assessment and Review Instrument (JBI-NOTARI). The 325 findings were aggregated into 12 categories on the basis of similarity of meaning and the resultant categories were then grouped into the 2 synthesised findings.

## Results

The 26 texts that met the inclusion criteria for this exploratory narrative systematic review of text and opinion are summarised in Master Table 1. Master Table of Texts, in Appendix I. The texts are from 16 different journals and 7 book chapters in 5 books, published between 1986 and 2010.

The texts were authored by health professionals and academics in the fields of psychology, social work, gerontology, psychiatry, old age psychiatry, nursing, psychiatric nursing, counselling, neurology, neuropsychology and sociology.

The texts had their origins in the USA (18), the UK (5) and one each from Canada, Sweden and the Netherlands.

From these 26 texts, 325 findings were interpretatively extracted on the experiences, and opinions surrounding those experiences, of health professionals with 38 older adults aged from 60 to 90 years (34 females and four males).

Extraction, interpretative analysis and aggregation of the findings, from the experiences of health professionals with older adult survivors, has resulted in two inter-related synthesised findings based on - *Understanding followed by Action*. These Synthesised Findings are:

- Health professionals, at all levels, who are involved in the care of older adults, need to understand their clients in context; how the problems they currently experience may be related to sexual abuse in childhood and the dynamic consequences of that abuse across the older person's entire life course.
- Health professionals should use their contextual understanding of their older clients' lives; which may include sexual abuse during childhood, to guide care within an optimised professional therapeutic alliance based on safety for both the older adult and the health professionals.

## **Conclusions**

This systematic review of text and opinion uncovered a rich vein of information on the experiences of health professionals with older adults sexually abused as children; and while the information may be particular to the cases described, it draws on a wide range of professional opinion. With a lack of empirical data of any quality to guide practice, this textual information can be used, thoughtfully, in clinical practice.

The stories of these 38 older adult survivors demonstrate that they can be helped, and that they can change at any age (Relational Table 1.6 The Outcomes of Interventions, in Appendix I). Even if resolution is not possible, the older person's quality of life can be improved in many cases. This highlights the importance of health professionals acting to help; even the very old, the dementing and the dying, to find some release from their distress, which may have its roots in childhood sexual abuse many decades earlier.

The first synthesised finding highlights the need for health professionals, at all levels, who are involved in the care of older adults, to understand how problems currently experienced by their older clients can be related to sexual abuse in childhood and the dynamic consequences of the abuse across the older person's entire life course. As an example, this cohort of older adult survivors may express their emotional distress in somatic rather than psychological ways because of the values that they have grown up with.

The second synthesised finding asserts that health professionals should use their understanding of the effects of childhood sexual abuse across the life course, to assist in the identification of older clients who may be survivors of childhood sexual abuse. Health professionals with this understanding, together with appropriate values and attitudes, should then act to effectively guide care. It may be particularly important for health professionals to enquire about the abuse history of older clients presenting with chronic affect disorders or substance abuse.

## **Keywords**

“older adult survivor of childhood sexual abuse”, “older adult survivor”, “older male survivor”, “older female survivor”, “older women survivors”