SEXUAL TRAUMA AND ADDICTION

The Coalition For A Drug Free Community

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Objectives

- Participants will demonstrate an understanding of sexual trauma and the incidence of substance abuse
- Participants will demonstrate knowledge and understanding of clinically appropriate interventions for sexual trauma and substance use disorders.

A definition:

- ***Sexual trauma*** *is the devastating result of sexual abuse, which affects both children and adults. Sexual trauma, in essence, is any lingering symptoms that remain with the individual after the sexual abuse has occurred. These symptoms can be emotional, psychological and/or physical in nature. Sexual abuse treatment is available and it can help.*

- During sexual abuse treatments, child sexual abuse is reported up to 80,000 times a year, but the number of unreported instances is far greater because the children are often afraid to tell anyone what has happened.

- There is a very strong correlation between trauma and addiction. Studies suggest that upwards of forty percent of trauma survivors engage in abuse of alcohol and/or drugs, compulsive sexual activity, gambling, shopping, or disordered eating.

- These problem behaviors can become unhealthy coping mechanisms. They temporarily create a sense of relief by numbing or distracting from emotional pain, temporarily blocking out memories, regulating mood, or just creating a brief sense of, “feeling better.”

The majority of clients experience childhood sexual abuse characterized by the following traumagenic factors:

- early onset of abuse (pre-latency),
- long duration of abuse (most frequently measured in years),
- multiple perpetrators,
- perpetrators from within the family or whose presence was sanctioned by the family,

- violence or threat of violence as an aspect of the abuse experience,
- more boundary-invasive forms of sexual abuse, and
- disbelief or blaming as a response to breaking silence (with resulting continuation or escalation of abuse).

- often view the etiology of substance abuse as a process of self-medicating the sustained effects of emotional and physical trauma.

Motivation for Treatment

- The developmental trauma experienced by clients often results in sexualized relationships with men and strained, often competitive or hostile relationships with other women. Project SAFE women describe as almost compulsive their propensity for involvement in highly toxic intimate relationships. This pattern carries into recovery and poses a significant threat of relapse.

Addiction to Chaos

- Chaos is an enduring theme in the lives of clients before and during the early stages of treatment. Adults survivors of sexual trauma learn how to use chaos (emergencies) strategically for emotional defocusing and intimacy management. Relentless relationship building and sustained case management is required to get through this "therapy in the middle of a hurricane" stage.

Pre Treatment

- Clients with histories of developmental trauma require a longer period of time to engage in treatment. The earliest stages of engagement are marked by constant boundary and rule testing and by great ambivalence regarding treatment involvement.

- It is essential that programs have the capacity to tolerate and work through this testing period.

Developmental Stages of Recovery

- Addressing childhood victimization for most Project SAFE clients continues in different ways through early, middle and late stages of addiction treatment. This is NOT an issue that can be postponed until late stages of recovery. At the same time, it is essential that each client remain in control of when, where, and to what degree of intensity this issue is addressed.

- Some of the more common developmental stages in addressing sexual victimization include breaking silence about the victimization, sharing stories with other survivors, direct expression of anger to the perpetrator(s) (in some cases), linking sexual abuse experiences to other problem areas, identifying and self-correcting patterns of self-injury and self-sabotage, and reconstructing one's personal story and personal lifestyle.

Shame and Relapse

- Shame (and its impact on self-esteem) is described as a core issue of treatment within project SAFE--an issue that often drives a wide spectrum of self-defeating and self-injuring behaviors.

- Clients are at high risk to relapse in response to intense experiences of success as they were to experiences of failure. Achievement of major milestones in treatment thus becomes a high risk time for relapse.

Termination Problems

- Project SAFE clients are hypersensitive to issues of loss and abandonment. Program "graduations" have to be carefully phased to avoid emotional regression and relapse. Anticipation of the end of treatment (and membership in the treatment community) and even anticipation of the end of DCFS involvement and the structure such involvement provides poses risks of relapse and have to be carefully managed.

Duration of Treatment

- The fact that most Project SAFE clients required longer periods of treatment than other clients to achieve and sustain sobriety, emotional stabilization and positive parent-child relationships was related to four inter-related factors: 1) gross developmental deficits, 2) a high number, variety and intensity of presenting problems, 3) significant environmental obstacles to recovery, and 4) an extended period of testing that preceded full treat-ment engagement.

Traumatized people are more likely than others of similar background to abuse alcohol both before and after being diagnosed with PTSD. For example:

- One-quarter to three-quarters of people who have survived abusive or violent traumatic experiences report problematic alcohol use
- One-tenth to one-third of people who survive accident-, illness-, or disaster-related trauma report problematic alcohol use, especially if troubled by persistent health problems or pain
- Up to 80% of Vietnam veterans seeking PTSD treatment have alcohol use disorders

- Veterans over the age of 65 with PTSD are at increased risk for attempted suicide if they experience problematic alcohol use or depression
- Women exposed to traumatic life events show an increased risk for an alcohol use disorder

- Men and women reporting sexual abuse have higher rates of alcohol and drug use disorders than other men and women.
- Compared to adolescents who have not been sexually assaulted, adolescent sexual assault victims are 4.5 times more likely to experience alcohol abuse or dependence, 4 times more likely to experience marijuana abuse or dependence, and 9 times more likely to experience hard drug abuse or dependence.

- Adolescents with PTSD are 4 times more likely than adolescents without PTSD to experience alcohol abuse or dependence, 6 times more likely to experience marijuana abuse or dependence, and 9 times more likely to experience hard drug abuse or dependence.

Program Considerations

- See trauma as a defining and organizing experience that can shape a survivor's sense of self and others.
- Create an open and collaborative relationship between providers and consumer and place priority on consumer safety, choice and control.

- Integrate understanding of trauma and substance abuse throughout the program.
- Simultaneously address trauma and substance abuse.
- Ensure consumers' physical and emotional safety.
- Focus on empowerment by empowering clients to engage in collaborative decision making for themselves during all phases of treatment.

Working with substance abuse and trauma survivors

- Know the client's interpersonal world
- Be aware of client's negative and positive reinforcers
- Be aware of client's social support system

- Be aware of alcohol and drug use of significant persons
- Assist with a decrease of associations with friends who abuse substances

- Assist with the creation of non-substance abusing axquaintances and supports
- Awareness of cultural role of substances and cultural experiences of the client
- Be aware of the client's motivation for change
- Assess client's readiness for change

- Treatment planning should include a discussion between the provider and the client about the possible effects of substance abuse problems on trauma-related problems, including sleep, anger, anxiety, depression, and work or relationship difficulties. Treatment can include education, psychotherapy, and support groups that help the client address substance abuse problems in a manner acceptable to the client.

- Treatment for traumatazation and substance abuse problems should be designed as an overall plan that addresses both sources of difficulty and their interrelationships. Although there may be separate meetings or clinicians devoted primarily to traumatization or to substance problems, all interventions should be carefully coordinated and integrated.

Evidenced Based Practices

- ATRIUM
- Helping Women Recover
- Seeking Safety
- Trauma Recovery and Empowerment Model
- Triad

- Consider length of treatment model for the setting
- Consider skill level of the facilitator (peer led or clinician led)

- Trauma informed interventions
- Trauma-specific interventions-
  - Focus on the impact of trauma on the life of the individual
  - Facilitate trauma recovery and healing

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