

asca e-health

Health news from Adults Surviving Child Abuse

Spring 2009

Welcome to the Spring edition of ASCA's e-Health newsletter. In this edition we are thrilled to announce that Mike Lew, a leading world expert in recovery from child abuse, will be touring Australia in 2010. We also feature a comprehensive review of the literature exploring the relationship between alcohol or drug abuse and child abuse and keep you up-to-date with ASCA's programs for health professionals.

ASCA announces national Mike Lew Tour

In April 2010 ASCA, together with SECASA in Victoria, will be sponsoring a national tour by Mike Lew. Mike Lew, M.Ed. is a counsellor and psychotherapist, who has developed strategies for recovery from abuse, particularly for men. Mike has worked with thousands of men and women survivors of all forms of child abuse and neglect.

Mike conducts workshops for survivors, and training for mental health, medical, human service and other professionals internationally. He has published two seminal books: *Victims No Longer: The Classic Guide for Men Recovering from Sexual Child Abuse* and *Leaping Upon Mountains*.

Workshops for health professionals will be held in Sydney, Melbourne, Darwin and WA. Details are still being finalised but will be available on www.asca.org.au

Just for health professionals

ASCA invites all health professionals to

- Attend our one day best practice workshop for health care professionals

This training provides comprehensive up-to-date training on trauma and has been described as cutting edge. Recent feedback from attendees at health care professionals' workshops includes:

"There was a helpful balance of theoretical underpinning and practical ways of working with clients."

"It made me feel more confident to talk to clients who disclose sexual abuse as a child. I think I have a better understanding of how they feel."

Workshops for health professionals currently scheduled are:

18 September	Mercure Hotel, 156 Bathurst Street, Hobart, Tas	9:00am – 4:30pm	\$175 inc. GST
9 October	Century Inn, 5 Airfield Road, (corner Princes Highway), La Trobe, Vic	9:00am – 4:30pm	\$175 inc. GST

For information about new workshops as they arise and to register visit <http://www.asca.org.au/displaycommon.cfm?an=1&subarticlenbr=233>

- Take part in our national audit of service providers
ASCA is building its network to help create new possibilities for adult survivors of child abuse. To expand its network it has developed 2 questionnaires, one for health care practitioners (individuals) and the other, for health care services/agencies. These questionnaires are seeking expressions of interest for inclusion on a new online searchable database which will be available to the public on the ASCA website in 2010. (Those seeking inclusion will undergo an endorsement process developed by ASCA's Clinical Team.)

Questionnaires can be found at: <http://www.asca.org.au/displaycommon.cfm?an=1&subarticlenbr=113>

ASCA News

- Inaugural ASCA Day for Australian adult survivors – 13 November 2009
- Creating New Possibilities workshops for adult survivors are rolling out to high acclaim
- ASCA pilots STEPS (Socialise Talk Exercise Participate Strengthen) program
- ASCA sponsors Mike Lew tour April 2009
- ASCA National Conference April 2009

For all information visit www.asca.org.au. Read the latest newsletter at http://asca.org.au/associations/8549/files/asca_news_SEPT09_Email.pdf

... Mike Lew, a leading world expert in recovery from child abuse, will be touring Australia in 2010

The relationship between alcohol or drug abuse and child abuse: An overview of the literature

Michael Salter and Jennifer Hanson

This literature review forms part of a research project by ASCA in partnership with the Centre for Gender-related Violence Studies at UNSW.

ASCA's project is exploring the experiences of adult survivors of child abuse in alcohol and drug treatment, posing the question: Are the needs of adult survivors of child abuse with drug and alcohol problems and co-morbid mental health concerns being met, and is there a role for community based organisations in addressing these needs?

In the Australian media, alcohol or drug (AOD) use is a stigmatised activity frequently associated with illness, criminality and moral failure (Bright, Marsh et al. 2008). Nonetheless, many Australians report AOD use. A recent survey found that two out of five Australians reported using an illicit substance at some point in their lives, and one in seven reporting using an illicit substance in the previous twelve months (Australian Institute of Health and Welfare 2008). In a large community-based sample of adults in Australia, 6.5% of participants met the criteria for an alcohol-use disorder, and 2.2% met the criteria for a drug-related disorder (Teesson, Hall et al. 2000).

It seems that AOD use is a part of the lives of many adults, and the literature suggests that people use alcohol or drugs for complex reasons. Over the last thirty years, strong links have been identified between childhood abuse, especially sexual abuse, and the development of AOD dependency and psychiatric conditions in adulthood. This paper will summarise the findings of research into the relationship between child abuse and alcohol and drugs, and consider the role that AOD use may have in the lives of adult survivors of child abuse.

The link between AOD use and child abuse

The association between AOD abuse and childhood abuse is well established. A high prevalence of childhood physical and sexual abuse has been reported in samples of adolescents (Harrison, Hoffman et al. 1989; Clark, Lesnick et al. 1997) and adults (Bartholomew, Rowan-Szal et al. 2002; Simpson and Miller 2002) receiving treatment for substance use disorders.

The relationship between sexual abuse and AOD use has received particular attention from researchers. In community-based samples of young adults, a history of child sexual abuse is associated with AOD dependency (Mullen, Martin et al. 1993; Fergusson, Horwood et al. 1996; Molnar, Buka et al. 2001). Twin studies that involved pairs of abused and non-abused adult female siblings by Kendler, Bulik et al. (2000) in America and Nelson, Heath et al. (2006) in Australia have found that child

sexual abuse is independently associated with AOD dependence.

A history of child sexual abuse is also associated with more intensive patterns of drug taking. Specifically, sexual abuse is associated with earlier initiation of licit and illicit drug use (Harrison, Hoffman et al. 1989), increased likelihood of poly-drug use and frequent drug use (Harrison, Fulkerson et al. 1997; Bensley, Spieker et al. 1999), and earlier initiation of injecting amongst injecting drug users (Ompad, Ikeda et al. 2005).

Studies have also found an association between poly-abuse (that is, concurrent physical and sexual abuse) and poly-drug use (Harrison, Fulkerson et al. 1997; Bensley, Spieker et al. 1999).

Research suggests that the nature of the relationship between child abuse and AOD abuse is likely to be complex. Borderline Personality Disorder, post-traumatic stress disorder, depression, anxiety and suicidality are correlates of both AOD use and child abuse, and researchers have suggested that these abuse-related psychiatric co-morbidities have an important role in the connection between child abuse and AOD abuse (Fullilove, Fullilove et al. 1993; Jarvis and Copeland 1997).

The clinical picture

The majority of studies of people in AOD treatment with histories of child abuse have been on female clients, since women in AOD treatment report higher rates of physical and sexual abuse than men in AOD treatment. (This issue will be discussed at more length in the following section.) Studies of women with histories of sexual abuse in AOD treatment provide a complex clinical picture of a client group with heightened levels of depression, anxiety, somatisation, dissociation, phobias and at increased risk of eating disorders, self-harm and suicide (Fullilove, Fullilove et al. 1993; Jarvis and Copeland 1997; Fiorentine, Pilati et al. 1999).

Women with histories of child abuse are at increased risk of sexual and physical victimisation in adulthood (Fromuth 1986; Siegel, Sorenson et al. 1987) and women with AOD problems are also at increased risk of physical and sexual victimisation (Ladwig and Anderson 1992). ➤

Women presenting for AOD treatment frequently have complex histories of abuse and violence, including physical and sexual assault in childhood and adulthood (Fullilove, Fullilove et al. 1993). Female illicit drug users with a history of child sexual abuse are significantly more likely to engage in high-risk behaviours such as sex work and/or sharing needles (Braitstein, Li et al. 2003; Plotzker, Metzger et al. 2007).

The influence of gender

Whilst the proportion of AOD users who are female varies regionally (Hankins 2008), research suggests that AOD dependency is more common amongst men than women (Slade, Johnston et al. 2009). Nonetheless, there are important gender differences in the aetiology of AOD dependency and psychiatric co-morbidity, and these differences have important treatment implications (Brady and Randall 1999).

Simpson and Miller (2002) conducted a meta-analysis of 126 studies that examined the relationship between child sexual abuse, child physical abuse and substance use disorders within populations of AOD service users. They found that the average rate of physical and sexual abuse reported by adolescent girls and adult women in AOD treatment was significantly higher than that of women in the community. In contrast, the average rate of physical and sexual abuse amongst adult men in treatment was almost identical to men in the community. Whilst the average rate of physical abuse reported by adolescent boys in AOD treatment was elevated, the average rate of sexual abuse was not.

Women with AOD problems present more frequently than men with psychiatric co-morbidities, particularly depressive and anxiety disorders (Berkowitz, Brindis et al. 198) and Borderline Personality Disorder (Trull, Sher et al. 2000). These disorders typically predate the onset of substance-abuse problems and they are often related to histories of abuse and violence (Brady and Randall 1999). For women with histories of child abuse, AOD use may provide a means of coping with the aversive emotions that arise from child abuse-related trauma (Jarvis and Copeland 1997) and it may also be a form of self-harm arising from poor self-concept, self-blame and feelings of worthlessness associated with childhood abuse (Makhija and Sher 2007).

Fewer studies have been undertaken with men with histories of child abuse and AOD problems. Simpson and Miller (2002) found that men in AOD treatment do not report higher rates of physical or sexual abuse than men in the community (whilst adolescent boys report higher rates of physical abuse but not sexual abuse), and it may be that the relationship between child abuse, mental health and AOD use is less significant and/or less direct for men than for women. This is supported by the mixed

findings of studies of men in relation to child abuse and AOD use.

Langeland and Hartgers (1998) found insufficient evidence for a relationship between physical and sexual abuse and alcoholism amongst men, whilst Dunn, Ryan et al. (1994) found no significant difference in the rates of trauma-related symptoms amongst men in AOD treatment between those who reported child abuse and those who did not. In contrast, Gil-Rivas, Fiorentine et al. (1997) found that sexual abuse was correlated with lifetime anxiety amongst men in AOD treatment, and physical abuse was associated with depression, anxiety, suicidal ideation and post-traumatic stress disorder.

The implications for treatment

Treatment options for abuse survivors with AOD problems can vary, but treatment of this population is complicated by psychiatric co-morbidities and underlying issues relating to child abuse. The management of trauma-related co-morbidities is complex, because whilst substance use may be an attempt to self-medicate painful post-traumatic symptoms, withdrawal exaggerates these symptoms (Brady, Killeen et al. 2000). Relapse can occur when abstinence triggers the return of traumatic memories and/or symptoms (Jarvis and Copeland 1997). Premature disclosure of child abuse, in the absence of specialist counselling, can also contribute to relapse (Copeland, Hall et al. 1993).

The importance of integrated AOD and mental health services for AOD dependent people with histories of child abuse has been repeatedly flagged (Copeland, Hall et al. 1993; Gil-Rivas, Fiorentine et al. 1997; Liebschutz, Savetsky et al. 2002). It is clear that child abuse survivors are a population of AOD clients with discrete and identifiable needs that require specialist care. In particular, there is a need for gender-responsive services that address the different determinants and experiences of AOD use for women and men.

Adult survivors of child abuse experience a range of serious and chronic psychological problems and interpersonal difficulties, and there is currently a lack of accessible and affordable mental health services for this population (O'Brien, Henderson et al. 2007). In the absence of available support, there is reason to suggest that, for adults with histories of child abuse, AOD use may be a form of self-care or self-management. This represents an important conceptual shift away from viewing AOD dependent child abuse survivors as passive "addicts" in alignment with the view of some harm reduction proponents that AOD users are decision-making consumers who assess the risks and benefits of AOD use (Moore and Fraser 2006).

A history of child sexual abuse is also associated with more intensive patterns of drug taking.



Bibliography

- Australian Institute of Health and Welfare (2008). *2007 National Drug Strategy Household Survey: First Results*, Canberra: AIHW.
- Bartholomew, N. G., G. A. Rowan-Szal, L. R. Chatham, D. C. Nucatola and D. D. Simpson (2002). Sexual abuse among women entering methadone treatment. *Journal of Psychoactive Drugs*, 34(4), 347–354.
- Bensley, L. S., S. J. Spieker, J. Van Eenwyk and J. Schoder (1999). Self-reported abuse history and adolescent problem behaviors. II. Alcohol and drug use. *Journal of Adolescent Health*, 24(3), 173–180.
- Berkowitz, G., C. Brindis and S. Peterson (198). Substance abuse and social outcomes amongst participants in perinatal alcohol and drug treatment. *Women's Health*, 4, 231–254.
- Brady, K. T., T. K. Killeen, T. Brewerton and S. Lucerini (2000). Comorbidity of psychiatric disorders and posttraumatic stress disorder. *Journal of Clinical Psychology*, 61(7), 22–32.
- Brady, K. T. and C. L. Randall (1999). Gender differences in substance use disorders. *Psychiatric Clinics of North America*, 22(2), 241–252.
- Braitstein, P., K. Li, M. Tyndall, P. Spittal, M. V. O'Shaughnessy, A. Schilder, C. Johnston, R. S. Hogg and M. T. Schechter (2003). Sexual violence among a cohort of injection drug users. *Social Science and Medicine*, 57(3), 561–569.
- Bright, S. J., A. Marsh, L. M. Smith and B. Bishop (2008). What can we say about substance use? Dominant discourses and narratives emergent from Australian media. *Addiction Research and Theory*, 16(2), 135–148.
- Clark, D. B., L. Lesnick and A. M. Hegedus (1997). Traumas and other adverse life events in adolescents with alcohol abuse and dependence. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36(12), 1744–1751.
- Copeland, J., W. Hall, P. Didcott and V. Biggs (1993). *Evaluation of a specialist drug and alcohol treatment service for women: Jarrah House*, Sydney: National Drug and Alcohol Research Centre.
- Dunn, G. E., J. J. Ryan and C. E. Dunn (1994). Trauma symptoms in substance abusers with and without histories of childhood abuse. *Journal of Psychoactive Drugs*, 26(4), 357–360.
- Fergusson, D. M., L. J. Horwood and M. T. Lynskey (1996). Childhood sexual abuse and psychiatric disorder in young adulthood: II. Psychiatric outcomes of childhood sexual abuse. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35(10), 1355–1364.
- Fiorentine, R., M. Pilati and M. P. Hillhouse (1999). Drug treatment outcomes: Investigating the long-term effects of sexual and physical abuse histories. *Journal of Psychoactive Drugs*, 31(4), 363–372.
- Fromuth, M. E. (1986). The relationship of childhood sexual abuse with later psychological and sexual adjustment in a sample of college women. *Child Abuse and Neglect*, 10(1), 5–15.
- Fullilove, M. T., R. E. Fullilove, M. Smith, K. Winkler, C. Michael, P. G. Panzer and R. Wallace (1993). Violence, trauma and Post-Traumatic Disorder among women drug users. *Journal of Traumatic Stress*, 6(4), 533–543.
- Gil-Rivas, V., R. Fiorentine, M. D. Anglin and E. Taylor (1997). Sexual and physical abuse: Do they compromise drug treatment outcomes? *Journal of Substance Abuse Treatment*, 14(4), 351–358.
- Hankins, C. (2008). Sex, drugs and gender? High time for lived experience to inform action. *International Journal of Drug Policy*, 19(2), 95–96.
- Harrison, P. A., J. A. Fulkerson and T. J. Beebe (1997). Multiple substance use among adolescent physical and sexual abuse victims. *Child Abuse and Neglect*, 21(6), 529–539.
- Harrison, P. A., N. G. Hoffman and G. E. Edwall (1989). Differential drug use patterns among sexually abused adolescent girls in treatment of chemical dependency. *International Journal of Addictions*, 24(6), 499–514.
- Jarvis, T. and J. Copeland (1997). Child sexual abuse as a predictor of psychiatric co-morbidity and its implications for drug and alcohol treatment. *Drug and Alcohol Dependence*, 1(30), 61–69.
- Kendler, K. S., C. M. Bulik, J. Silberg, J. M. Hettema, J. Myers and C. A. Prescott (2000). Child sexual abuse and adult psychiatric and substance use disorders in women: an epidemiological and cotwin control analysis. *Archives of General Psychiatry*, 57(10), 953–959.
- Ladwig, G. B. and M. D. Anderson (1992). Substance abuse in women: Relationship between chemical dependency of women and past reports of physical and/or sexual abuse. In C. M. Simselle, Ed. *Violence Against Women* (pp. 167–179). New York: Hemisphere.
- Langeland, W. and C. Hartgers (1998). Child sexual and physical abuse and alcoholism. *Journal of Studies on Alcohol*, 59(3), 336–448.
- Liebschutz, M. D., J. B. Savetsky, R. Saitz, N. J. Horton, Lloyd-Travaglini and J. H. Samet (2002). The relationship between sexual and physical abuse and substance abuse consequences. *Journal of Substance Abuse Treatment*, 22(3), 121–128.
- Makhija, N. and L. Sher (2007). Childhood abuse, adult alcohol use disorders and suicidal behaviour. *Quarterly Journal of Medicine*, 100(5), 305–309.
- Molnar, B. E., S. L. Buka and R. C. Kessler (2001). Child sexual abuse and subsequent psychopathology: results from the National Comorbidity Survey. *American Journal of Public Health*, 91(5), 753–760.
- Moore, D. and S. Fraser (2006). Putting at risk what we know: Reflecting on the drug-using subject in harm reduction and its political implications. *Social Science and Medicine*, 62(12), 3035–3047.
- Mullen, P. E., J. L. Martin, J. C. Anderson, S. E. Romans and G. P. Herbison (1993). Childhood sexual abuse and mental health in adult life. *British Journal of Psychiatry*, 163, 721–732.
- Nelson, E. C., A. C. Heath, M. Lynksey, K. K. Bucholz, P. A. Madden, D. J. Statham and N. G. Martin (2006). Childhood sexual abuse and risks for licit and illicit drug-related outcomes: a twin study. *Psychological Medicine*, 36(10), 1473–1483.
- O'Brien, L., C. Henderson and J. Bateman (2007). Finding a place for healing: Women survivors of childhood sexual abuse and their experiences of accessing services. *Australian e-Journal for the Advancement of Mental Health*, 6(2), 1–10.
- Ompad, D. C., R. M. Ikeda, N. Shah, C. M. Fuller, S. Bailey, E. Morse, P. Kerndt, C. Maslow, Y. Wu, D. Vlahov, R. Garfein and S. A. Strathdee (2005). Childhood Sexual Abuse and Age at Initiation of Injection Drug Use. *American Journal of Public Health*, 95(4), 703–709.
- Plotzker, R. E., D. S. Metzger and W. C. Holmes (2007). Childhood sexual and physical abuse histories, PTSD, depression and HIV risk outcomes in women injection drug users: A potential mediating pathway. *The American Journal on Addictions*, 16(6), 431–438.
- Siegel, J. M., S. B. Sorenson, J. M. Golding, M. A. Burnam and J. A. Stein (1987). The prevalence of childhood sexual assault: the Los Angeles Epidemiologic Catchment Area Project. *American Journal of Epidemiology*, 126(6), 1141–1153.
- Simpson, T. L. and W. R. Miller (2002). Concomitance between childhood sexual and physical abuse and substance use problems. A review. *Clinical Psychology Review*, 22(1), 27–77.
- Slade, T., A. Johnston, M. A. Oakley Brown, G. Andrews and H. Whiteford (2009). 2007 National Survey of Mental Health and Wellbeing: methods and key findings. *Australian and New Zealand Journal of Psychiatry*, 43(7), 594–605.
- Teesson, M., W. Hall, M. Lynksey and L. Degenhardt (2000). Alcohol- and drug-use disorders in Australia: implications of the national survey of mental health and wellbeing. *Australian and New Zealand Journal of Psychiatry*, 34(2), 206–213.
- Trull, T. J., K. J. Sher, C. Minks-Brown, J. Durbin and R. Burr (2000). Borderline Personality Disorder and Substance Use Disorders: A Review and Integration. *Clinical Psychology Review*, 20(2), 235–253.

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