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Abuse and misuse

The ultimate hidden population



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For a number of years, workers in the addiction field have noted that a growing number of their clients are 'addicted survivors'. The association between adult substance misuse and childhood sexual abuse is increasingly being documented.

Perhaps unsurprisingly, substance misusers report significantly higher rates of childhood sexual abuse than is found in the general population. Between two in three and nine in ten substance-misusing women and around two in five men say they have been molested as children.¹



Not only is there a strong association between childhood sexual abuse and adult addiction, but there are also high levels of disclosure which drug agencies are unable to deal with

While the earliest studies suggested that little or no harm resulted from such experiences,² current research leaves little doubt that child molestation can result in long term, serious mental health risks for survivors.³ Along with depression, self-destructive behaviour, anxiety, feelings of isolation and stigma, poor self-esteem and a tendency towards re-victimisation, substance misuse is continually cited as a possible outcome for survivors.⁴

Many authors who work with both sexual abuse and addiction have argued that if the emerging symptoms of abuse are not recognised and treated appropriately, the risk of relapse into one form of abuse or another (sexual or substance) is greatly increased.⁵ Along with this, we also know that early sexual abuse has been associated with behavioural outcomes which greatly increase the risk of HIV transmission.⁶

Turning a blind eye?

Against this potentially explosive background – in which perhaps half of all drug agency clients may have experienced such childhood trauma – there have only been a handful of British studies on the subject.

But as the relationship between sexual abuse and substance misuse could be a major hidden variable in terms of service delivery, the Scottish Drug Training Project decided to conduct a study using both survey and focus group methodology to explore the emergence of (and response to) childhood sexual abuse issues in addiction services. In all, 76 addiction services in the voluntary and statutory sector contributed to the research.

The research consisted of a preliminary survey followed by five focus groups which sought to explore the level of sexual abuse disclosure by clients, the workers' responses, agency policies and the needs of workers.

A wing and a prayer

Results from the survey show that only seven per cent of addiction services record client information on childhood sexual abuse, and over two-thirds (71 per cent) do not have agency policies for handling childhood sexual abuse issues. Two women-only agencies which *do* record such information gave prevalence rates of childhood sexual abuse among their clients of 61 and 64 per cent.

This failure to identify sexual abuse as an issue at the agency level is not, however, mirrored within the agencies. Firstly, 58 per cent of agency workers identified it as an issue which *inevitably* leads to problems in adult life. And yet, it was one of the top four problems they felt least confident handling (the other three were eating disorders, sexual dysfunction and violence to children).

Secondly, training, information and materials on childhood sexual abuse were rated as extremely valuable. Half of all workers felt that they needed to learn how to work with childhood sexual abuse issues, but 57 per cent had no access to a specialist consultant.

Out of focus

Drawing on the survey, five focus groups were then held throughout Scotland, with representatives from 47 agencies. Three in four participants believed that addicted survivors make up at least half of their caseload. In four groups, participants revealed a rapid rise in male 'disclosures' in recent years. As so few records are kept, this information can only be anecdotal

and caution is advised in relying too heavily on it. However, it is consistent with documented prevalence rates of childhood sexual abuse.

The descriptions offered on the type and range of disclosures received, attest to the fact that 'dissociation' is widely employed by many clients, who may in turn be hidden under a 'dual diagnosis' label.

While some workers felt confident about dealing with a client's childhood sexual abuse, they were in the minority. The vast majority expressed concern and frustration about their lack of knowledge or skills in this area and many felt overwhelmed by the severity and complexity of problems these clients present with.

The matter of whether to refer such clients on came up in all groups. Lack of experience, the nature and policy of their agency and the pressure of caseloads were all cited as factors in any decision to refer. However, other workers felt that the development of trust, the need to build a strong relationship, the importance of choice and control for the client and the need for a holistic approach were important considerations for holding onto such cases.

But across all the focus groups, what invariably lay behind the 'refer, or not to refer' question, was the fact that agencies were severely under-resourced to cope with the realities of the caseload they work with.

The tip of the iceberg

This study's results are extremely concerning. It would appear that not only is there a strong association between childhood sexual abuse and adult addiction, but there are also high levels of disclosure in drug agencies. Levels of disclosure which agencies are patently unable to deal with.

It also seems that this is not restricted to Scotland. When we advertised a conference to report on the findings, we were inundated with calls up and down the country for a copy of the study and any information we could offer on the subject.

We now have a picture of how childhood sexual abuse issues are dealt with in drug agencies. But there is still very little discourse in the field on this issue. This collaborative research effort is just the beginning ■

1. Roshenow, D. *et al.* "Molested as children: A hidden contribution to substance abuse?" *Journal of Substance Abuse Treatment*: 1988, 5, p.13-18.

2. Bender L. and Blau A. "The reactions of children to sexual relations with adults." *American Journal of Orthopsychiatry*: 1937, 7.

3. Finkelhor D. *A Source Book on Child Sexual Abuse*. London: Sage, 1986.

4. Briere J. *Child Abuse Trauma: Theory and Treatment of the Lasting Effects*. London: Sage, 1992.

5. Young E. "The role of incest issues in relapse." *Journal of Psychoactive Drugs*: 1990, 22(2), p.249-58.

6. Zierler S. *et al.* "Adult survivors of childhood sexual abuse and subsequent risk of HIV infection." *American Journal of Public Health*: 1991, 81(5), p.572-75.