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## System Failure

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**Huge numbers of people accessing drug or alcohol treatment have experienced childhood sexual abuse, yet most services remain ill equipped to offer them the support they need. DDN reports.**



Read the full article in May 2019 DDN Magazine

'I credit alcohol as the coping mechanism that saved my life,' says Claire, one of the people quoted in the One in Four charity's stark new report *Numbing the pain: survivors' voices of childhood sexual abuse and addiction* (DDN, April, page 5). 'The feelings of shame, self-disgust, dirtiness, worthlessness lead to a deep pain that only medication with alcohol can pacify,' says Elizabeth.

Although disturbingly common, the link between childhood sexual abuse as an underlying trauma and adult substance misuse remains poorly understood, says the report. The ongoing adverse childhood experiences (ACE) study, which began 20 years ago, has identified that people who experienced four or more types of ACE – which includes sexual abuse as well as emotional and physical neglect and exposure to domestic violence – are ten times more likely to be involved in injecting drug use, seven

times more likely to be alcohol-dependent and 12 times more likely to have attempted suicide. Anecdotal estimates by One in Four put the proportion of people in substance treatment who have experienced childhood sexual abuse at anything up to 70 per cent.

One significant problem, however, is that this data is not routinely collected in the UK, and the document calls for all treatment services to record anonymous adult disclosure of abuse, which could then be collated via the National Drug Treatment Monitoring System (NDTMS). Services also need to make sure that workers are trained to respond to disclosure, and that appropriate processes to support survivors are in place.

While some organisations have taken measures to equip their staff with the necessary skills to respond appropriately (DDN, 19 October 2009, page 6), they remain far from the norm. But what services really need to be doing, the report stresses, is properly ‘making the link’ between the underlying trauma of childhood sexual abuse and adult substance issues.

The report is not the first to highlight the need for better understanding and cooperation – just over two years ago, a PHE-commissioned report on young people’s specialist substance misuse services by the Children’s Society called for better joined up working with child sexual exploitation and abuse support services, with PHE’s director of alcohol, drugs and tobacco, Rosanna O’Connor, stating that it was important to remember that young people did not ‘develop substance problems in isolation’ (DDN, February 2017, page 4).

Many survivors of childhood sexual abuse self-medicate with drugs and alcohol to ‘numb the emotional pain of this trauma’, says project consultant for the One in Four report and senior lecturer at the University of Roehampton, Christiane Sanderson. ‘We are encouraging addiction services to make the link between addiction and the underlying childhood trauma and signpost clients to specialist support, following recovery, so they can achieve post-traumatic growth in their lives.’

The document comprises 14 powerful and harrowing first-person testimonies from people who have experienced childhood sexual abuse. Their ages range from 20s to 60s, and common to them all is the use of substances. This can be to ‘feel euphoria or fill the void’, says the charity, with drugs or alcohol often providing ‘a mask to bury the secret’ of abuse, the ‘corrosive feelings of shame and self-hate associated with it, and to keep negative mental health and suicidal thoughts at bay’. The testimonies describe journeys through addiction and recovery – often after hitting ‘rock bottom’ – as well as PTSD, anxiety, depression, self-harm and repeated failures by professionals to offer appropriate help.

Many of the survivors also painfully detail the impact on their emotional lives and ability to relate to others, with fear and mistrust of intimacy leading to loneliness and isolation, and substances often becoming a substitute for relationships. Drugs and alcohol can be ‘life saving’, says the report, as for some, emotions can be so ‘unbearable and overwhelming that they are unable to manage them, or they shut down to the extent that they don’t feel anything at all’.

One in Four has developed a National Lottery-funded film for treatment services to promote awareness of the links between childhood trauma and addiction, which urges services to build links to specialist support so that when clients are ‘stable following recovery, their underlying trauma can be addressed’. A guidebook for drug and alcohol workers, GPs and others, *Numbing the pain: a pocket guide for*

professionals supporting survivors of childhood sexual abuse and addiction will also be launched in the summer.

While the organisation acknowledges that funding remains a challenge for many services, they still need to move beyond the ‘medical model of dealing with addiction and begin to provide support for survivors holistically’ as in far too many cases they are still treating the ‘symptoms rather than the cause’, it states. Without identifying the trauma of childhood sexual abuse, it is not possible to ‘begin the process of managing the trauma symptoms’.

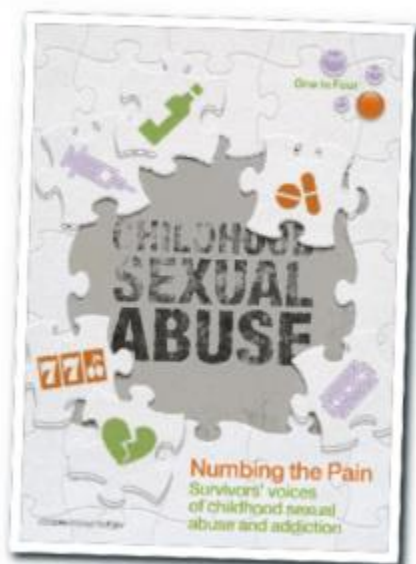
Childhood sexual abuse is still ‘dealt with poorly across addiction services’, says addiction consultant to the study, Chip Somers, with services under-resourced and residential rehabs ‘out of the reach’ of most people.

‘We all know the numbers are immense, yet this is an issue which still gets side-lined,’ he said at the report’s launch. ‘I don’t blame the workers – I blame the system. The workers don’t have the opportunity to engage in proper sit-down time and talk with service users. The work is not being done because people don’t have the time. And I can see those resources disappearing year-on-year.’

At the start of his 30 years in the substance field there was a ‘general attitude that you should never go near trauma and child sexual abuse in any way,’ he stated. ‘What we are saying today is the opposite – if you don’t do that work a lot of the other recovery work we are doing can easily be wasted, because we are not getting people to a place of good stability and they are much more likely to fall back into bad ways.’

It was vital to make sure that people felt safe and properly supported, he said, and it was ‘really so easy’ to make a referral. ‘If you work in a service that deals with drug and alcohol addiction, then it is your responsibility to find what’s available in your local area.’

## **SURVIVORS’ VOICES**



Report at [www.oneinfour.org.uk](http://www.oneinfour.org.uk)

‘My story is difficult to hear. I don’t want to hear it myself. I don’t want it to be about me. I don’t want it to be true. Better to have no story at all than to have mine. It has taken me over 60 years to find the courage to face the truth about my childhood. Sixty years during which I have defended against the pain of that knowledge in the only way I knew how, by dissociating so completely I wasn’t really there.’  
Thomas

‘I was drinking to numb myself and block it all out. The blackouts became frequent, landing me in some dangerous situations. It’s as if I had no care for myself left anymore. I felt like I died during the abuse and had nothing left to live for. I went past the point of controlling my drink and I could no longer predict where I would end up if I picked up the bottle. It was like a game of Russian roulette.’ Claire

‘When I went to drug counselling we talked about triggers, cutting down, substituting, creating healthy habits. By that time, the reason why I used had pretty much been forgotten. I used because I used. That was just my thing, my problem. I tried to talk about the sexual abuse a few times. But I could not face it. I would go to a session and yammer about my dad, anything to change the subject from how I was, the deep fear and hurt that I carried.’ Eve

‘Even in my early 20s when I went to my GP with depression and told him about the CSA [child sexual abuse] he only prescribed anti-depressants, which I used in a suicide attempt. Even then in A&E they didn’t ask why I had attempted suicide and didn’t offer me help. I asked to be hospitalised, and although they didn’t want to section me, I was not referred for help.’ Elizabeth

‘To others with the same sexual abuse history, I want to say you are not alone. Seek some help. Be kind to yourself. There is a future. You are worth fighting for. Let go and live.’ Aishya

**Report at [www.oneinfour.org.uk](http://www.oneinfour.org.uk)**