

# FACT SHEET

## LINK BETWEEN CHILDHOOD SEXUAL ABUSE, TRAUMA AND ALCOHOL AND OTHER DRUG USE

A significant number of people with alcohol and other drug problems (AOD) will have experienced traumatic events, such as childhood sexual abuse, in their lives and as a result may also have co-occurring mental health issues.

Trauma, responses, symptoms and behaviours associated with experiencing often repeated extreme trauma, especially from childhood, can include:

- distressing and intrusive memories, dreams or nightmares;
- flashbacks of the traumatic event/s;
- avoidance of people, places, activities or any situations that may evoke the distressing memories;
- changes in thoughts and mood that can include distorted beliefs about themselves or others;
- negative self-concept, feeling worthless, blaming themselves;
- feelings of shame, guilt or failure;
- challenges managing strong emotions;
- experiencing angry outbursts, difficulties sleeping and concentrating;
- difficulties with relationships;
- hyperarousal – being easily startled and hypervigilant;
- dissociation - not being present in the moment;
- increased levels of depression and anxiety;
- phobias and eating disorders;
- increased risk of self-harm; and/or,
- suicidal thoughts and behaviour.

## HOW DOES THE USE OF ALCOHOL AND OTHER DRUGS HELP WITH THESE SYMPTOMS?

AOD use can:

- be self-soothing;
- help trauma sufferers to numb themselves from past painful thoughts and experiences;
- help trauma sufferers access their memories and talk about the trauma
- regulate or improve self-esteem;
- create a sense of control in interpersonal functioning;
- decrease the symptoms of post-traumatic stress disorder;
- increase a sense of stability and predictability;



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- decrease the impact of intrusive thoughts and make the symptoms more manageable;
- control insomnia, nightmares, irritability, rage and emotional outbursts;
- contribute to a sense of belonging with other consumers; and/or,
- be a form of self-medication.

## WHY DO PEOPLE RELAPSE?

Relapse is common, not just for AOD use, but for any behaviour that a person makes a resolution to change. Having a lapse, or a relapse, is part of the process of successfully achieving change. It is not a failure.

In terms of AOD, when relapse is defined as “any use”, 90% of individuals attempting to change/cease their drug use behaviour will relapse in first 12 months after treatment (most within first 3 months). When defined as “return to problematic use” 60% of people will relapse.

- For people with a history of childhood sexual abuse, a reduction or ceasing of AOD may result in an increase in intrusive symptoms.
- This increase in psychologically distressing symptoms can lead to a relapse into alcohol and other drug use.
- A combined trauma and AOD approach is important to ensure a relapse into AOD is not misunderstood as the person not wanting or being ready to change.

## UNDERSTANDING THE COMPLEXITY

AOD is often a very functional response by a trauma sufferer to reduce or manage trauma related symptoms and to relieve the distress of painful thoughts and feelings. Community and professional awareness of the complexity and interrelationship of these issues will facilitate a holistic response and support the recovery process.

Listening, believing and validating an individual's experience, understanding and responding compassionately and non-judgementally is critical in building trust and creating a supportive and safe relationship.

NEED  
SUPPORT

