‘USE AND ABUSE’

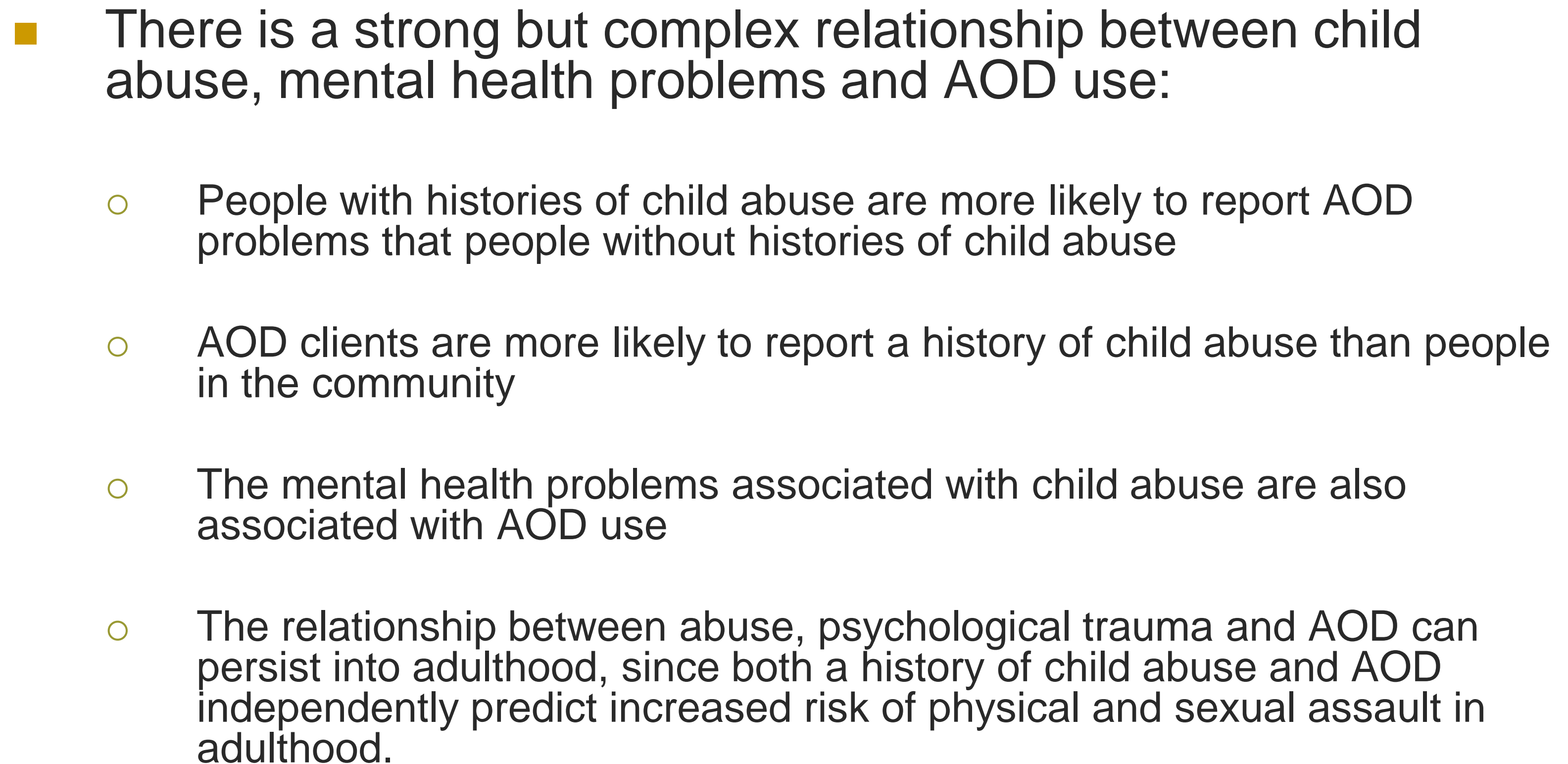
Understanding the intersections of childhood abuse, alcohol and drug use and mental health

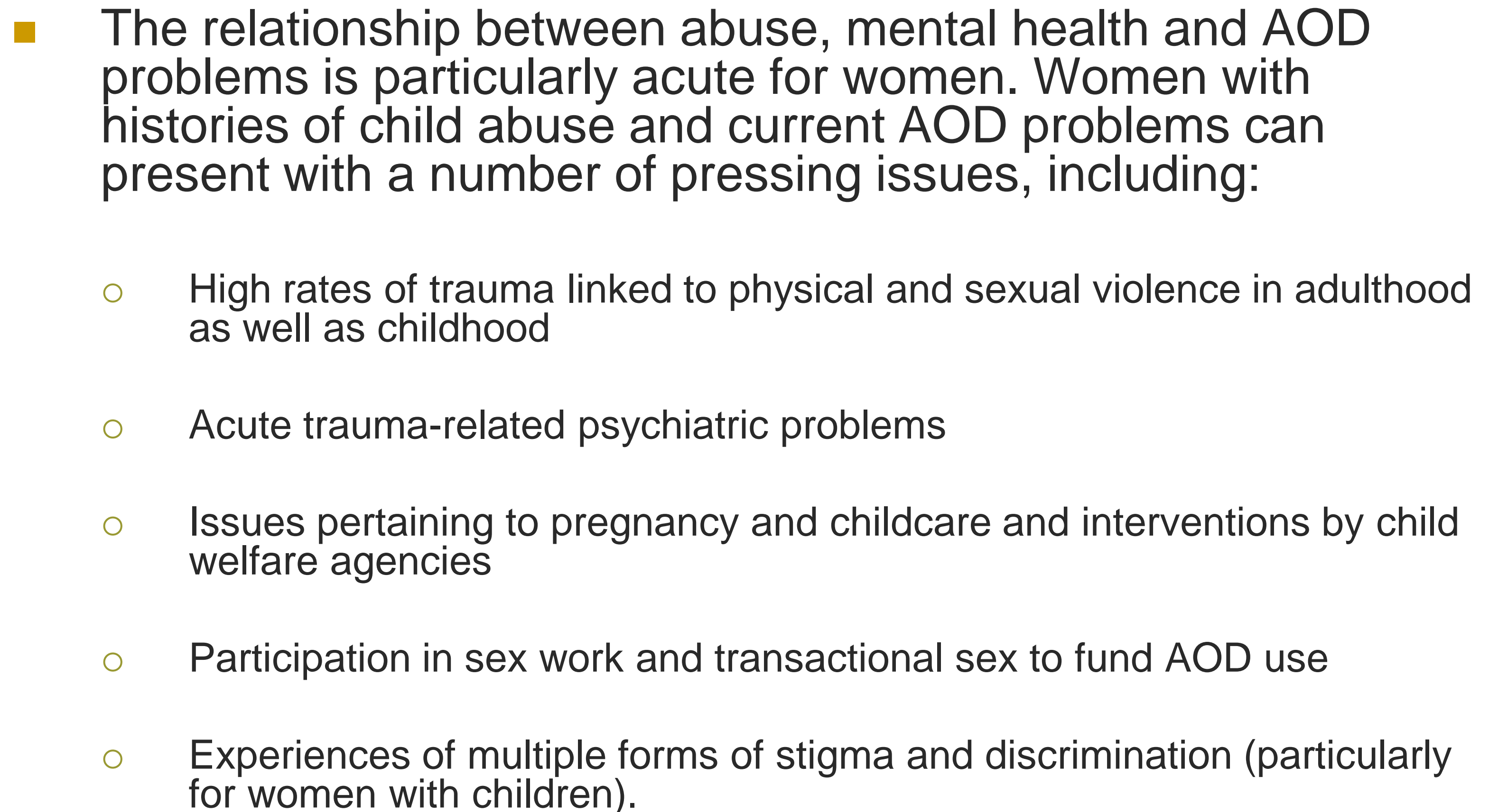
A collaborative project

- The ‘use and abuse’ research project was a qualitative study designed to explore the adequacy of service provision to adult survivors of child abuse with alcohol or drug (AOD) problems.
- 16 adult survivors of child abuse who had accessed AOD services in the previous five years in NSW were interviewed about their experiences of treatment,
- 15 AOD workers were interviewed about their experiences of working with this client population.
- The project complements existing research, however it explores these issues from the perspectives of clients and workers.

Background to the research

- In the Australian media, AOD use is a stigmatised activity frequently associated with physical and psychiatric illness, criminality and moral failure (Bright, Marsh et al. 2008)
- 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 reported using an illicit substance in the previous twelve months (Australian Institute of Health and Welfare 2008)
- In a separate body of literature, child protection data and research findings confirm that emotional, physical and sexual abuse are common childhood experiences in Australia (Mazza, Dennerstein et al. 2001; AIHW 2006)


There is a strong but complex relationship between child abuse, mental health problems and AOD use:
People with histories of child abuse are more likely to report AOD problems that people without histories of child abuse
AOD clients are more likely to report a history of child abuse than people in the community
The mental health problems associated with child abuse are also associated with AOD use
The relationship between abuse, psychological trauma and AOD can persist into adulthood, since both a history of child abuse and AOD independently predict increased risk of physical and sexual assault in adulthood.



- The relationship between abuse, mental health and AOD problems is particularly acute for women. Women with histories of child abuse and current AOD problems can present with a number of pressing issues, including:
  - High rates of trauma linked to physical and sexual violence in adulthood as well as childhood
  - Acute trauma-related psychiatric problems
  - Issues pertaining to pregnancy and childcare and interventions by child welfare agencies
  - Participation in sex work and transactional sex to fund AOD use
  - Experiences of multiple forms of stigma and discrimination (particularly for women with children).

The clinical picture

- AOD clients with histories of child abuse often present with:
  - Heightened levels of depression, anxiety, somatisation, dissociation, phobias and eating disorders
  - Increased risk of self-harm and suicide
  - Increased levels of sexual and physical victimisation in adulthood
  - Histories of high risk behaviours, including sex work and/or sharing needles
  - Increased risk of relapse, since AOD treatment is complicated by the presence of other psychological problems and needs.

Rationale for this project

- A significant proportion of adult survivors of child abuse may, as a result, experience social, emotional and psychological problems of a serious and disruptive nature when they are adults (Thompson, Arias et al. 2002; Springer, Sheridan et al. 2003).

- The literature identifies strong links between childhood abuse, especially sexual abuse, and the development of AOD dependency and co-morbid psychiatric conditions in adulthood (Gossop and Stewart 2000; Burnette et al. 2008).

- Research has consistently found that adult survivors of child abuse are over-represented amongst adults with alcohol and drug problems (Bartholomew, Rowan-Szal et al. 2002; Simpson and Miller 2002).

Aims

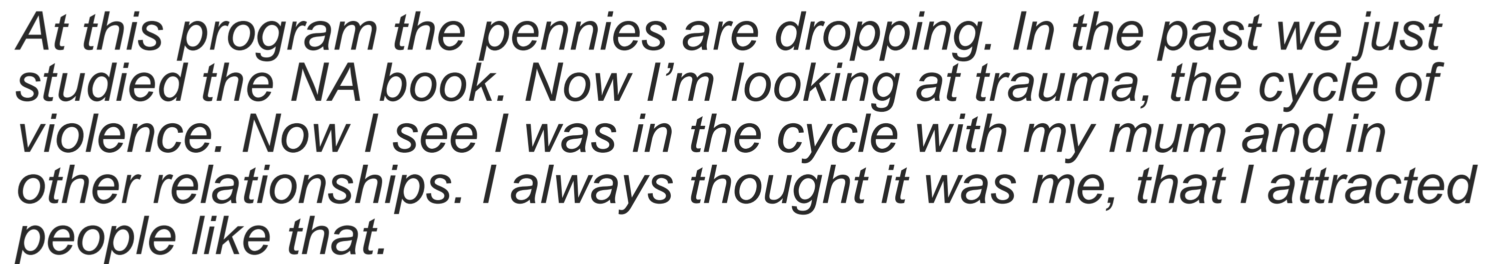
- To explore the experiences of a small sample of adult survivors of child abuse who have accessed alcohol and drug services
- To explore the experience of a small sample of AOD service workers’ perceptions of this groups needs
- To identify the complex issues involved in AOD service provision to adult survivors of child abuse and develop a range of recommendations for best practice.

Participating services

- NGO community-based counseling and support.
- Public and private rehabilitation and post withdrawal services, including residential programs, supported accommodation and peer-based support strategies such as AA and NA.
- Detox services not included in the project due to concerns re clients physical and emotional vulnerability and the risk of potential distress.

Results - Making the links

- Clients and workers recognised the complex linkages between child abuse, AOD use and adult mental health concerns.
- They each described the mental health consequences of child abuse as chronic, pervasive and unpredictable and framed AOD use as a (dys)functional form of symptom control.
- Workers and clients universally identified that the linkages between AOD use and child abuse were evident but added that the linkage was not always clear to clients prior to treatment.
- Clients spoke of the helpfulness of a worker explaining how a history of child abuse may have influenced their AOD use.

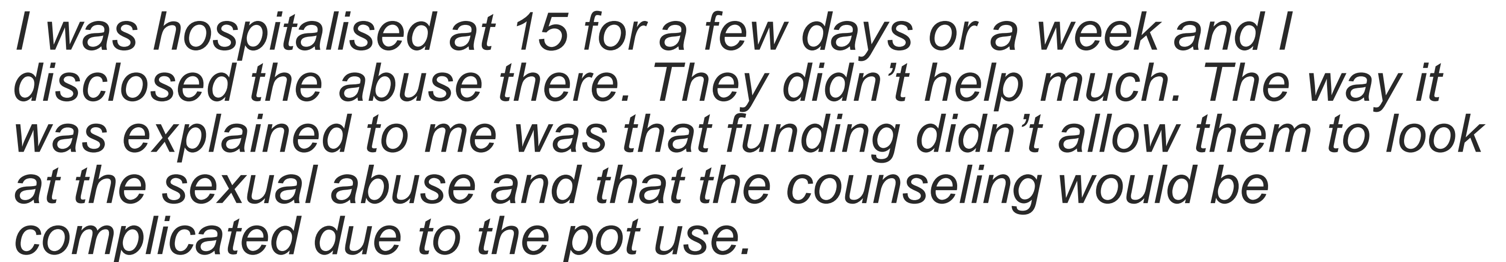


At this program the pennies are dropping. In the past we just studied the NA book. Now I'm looking at trauma, the cycle of violence. Now I see I was in the cycle with my mum and in other relationships. I always thought it was me, that I attracted people like that.

Female client participant

Experiences of treatment

- Clients described fragmented experiences of service within and across the alcohol and drug and mental health sectors.
- Many workers spoke of the ‘service silos’ with workers feeling they were not resourced to address both mental health and AOD use concurrently.
- Client participants had complex needs but services were described as having prescribed responses and the capacity of workers to adapt this response to the needs of specific clients was limited.



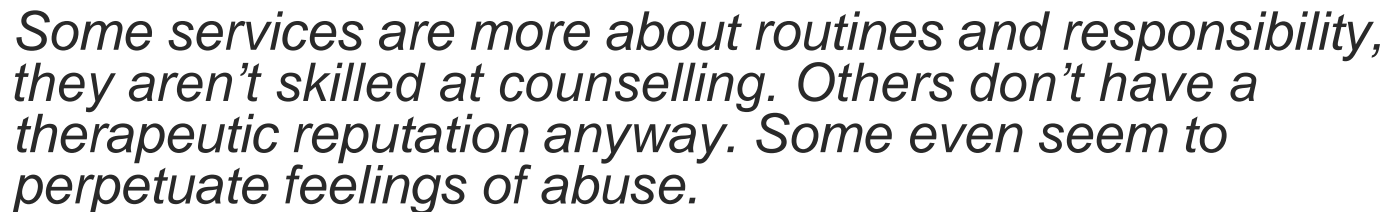
I was hospitalised at 15 for a few days or a week and I disclosed the abuse there. They didn't help much. The way it was explained to me was that funding didn't allow them to look at the sexual abuse and that the counseling would be complicated due to the pot use.

I was steered towards drug and alcohol services even though I wasn't seeking help for the pot. I wasn't allowed help for the sexual abuse until I dealt with the pot. I went to a private hospital and walked out after a few days as they refused to talk about the sexual abuse without me giving up the pot. I keep trying to get help but I can't find someone who understands both issues.

Female client participant

Particular treatment Issues

- **A lack of recognition:** Worker and client participants indicated that adult survivors of child abuse are not generally recognised in the AOD sector as a client group with specific needs.
- **Lucky coincidences rather then systematic responses:** For many client participants, the efficacy of treatment seemed to depend on "luck" - finding the right worker, at the right time, in the right place.
- **'My way or the highway' :** Workers and clients alike felt that the AOD sector was dominated by a rigid "one size fits all" paradigm of treatment that views AOD use as both an illness and a moral failure.



Some services are more about routines and responsibility, they aren't skilled at counselling. Others don't have a therapeutic reputation anyway. Some even seem to perpetuate feelings of abuse.

There is a hierarchical structure of people who can sanction and punish you for the things that you do. This can be okay for some and not for others. If you have clients who self medicate and you take that away without working on their trauma it won't be enough to contain them.

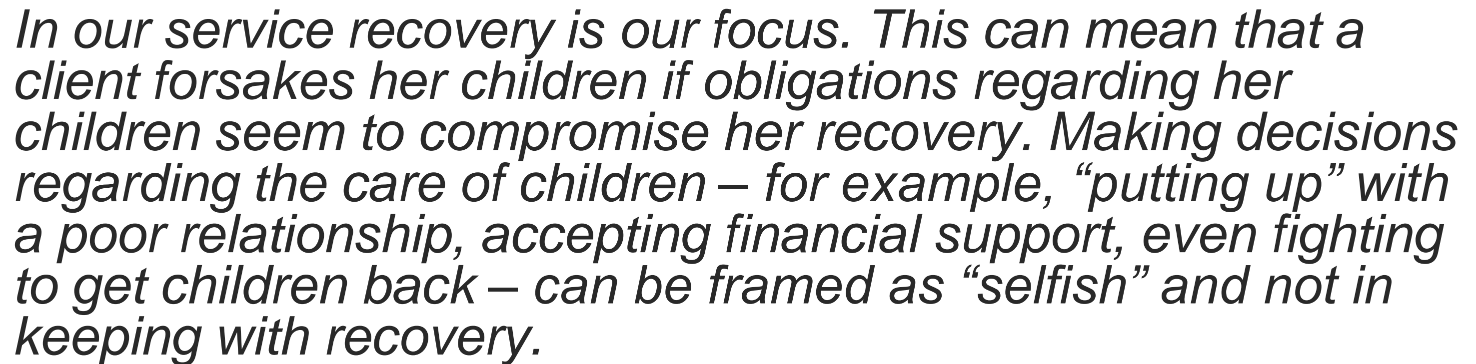
Service worker participant

Service strengths and gaps

- **Counselling and therapy:** Client and worker participants consistently emphasised the importance of professional counselling for survivors of child abuse with AOD problems – currently limited choices.

- **Group programs:** While groups are the ‘backbone’ of the AOD sector in many regards, client and worker feedback on the usefulness of group work for abuse survivors with AOD problems was mixed.

- **Parenting programs:** A number of workers spoke of their concerns about the approach of many AOD services to clients with children. Even with services that were said to be for parents and children, many clients did not feel well supported in their parenting.


In our service recovery is our focus. This can mean that a client forsakes her children if obligations regarding her children seem to compromise her recovery. Making decisions regarding the care of children – for example, “putting up” with a poor relationship, accepting financial support, even fighting to get children back – can be framed as “selfish” and not in keeping with recovery.

In one case recently it was thought that doing things to care for a grown child was not in a client’s interests, that is, in the interests of her recovery.

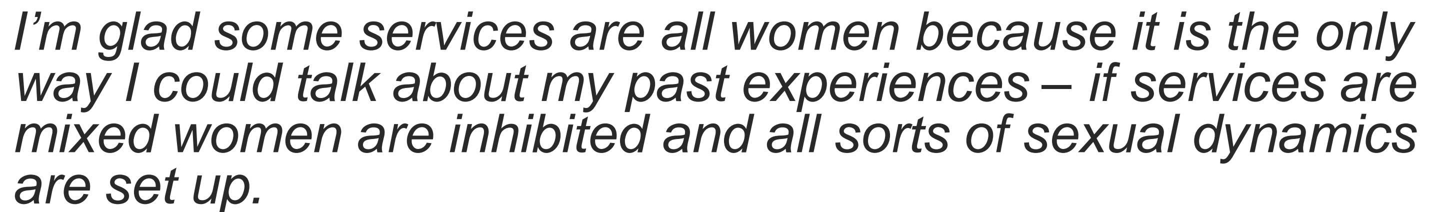
Service worker participant

Building a platform of care and treatment

- **A continuity of care in a supportive environment:** Clients indicated that consistent contact with a sympathetic worker that they could trust was one of the key factors in their recovery and wellbeing.

- **Increased provision of therapeutic services**: Workers suggested that, for AOD services to be more responsive to the needs of adult survivors of child abuse, there was a need for greater capacity for therapeutic work within the AOD sector *as well as* outside it.

- **The importance of gender responsive services:** Both clients and workers discussed the importance of gender-specific services, although workers and client participants (male and female) discussed concerns re male behaviour and culture in AOD settings.

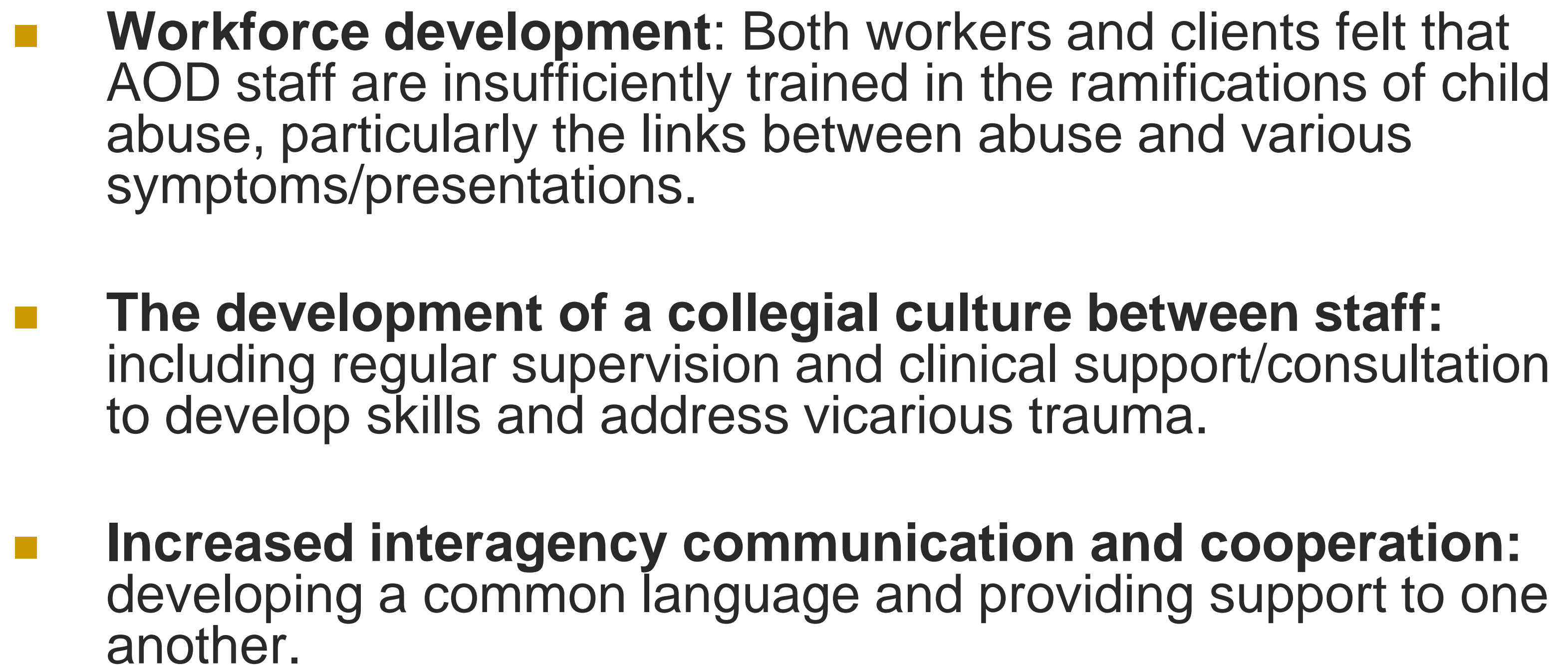


I’m glad some services are all women because it is the only way I could talk about my past experiences – if services are mixed women are inhibited and all sorts of sexual dynamics are set up.

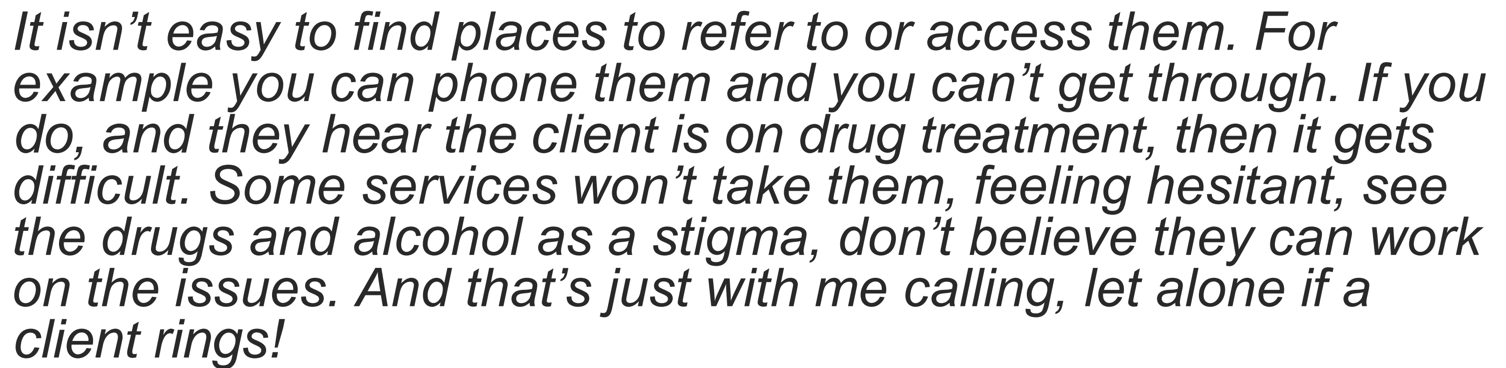
Female service user

I was really scared. It was hard as there were a lot of crims bonded to that place .Some people who’d never been exposed to that came out criminals. It was quite harsh.

Male service user



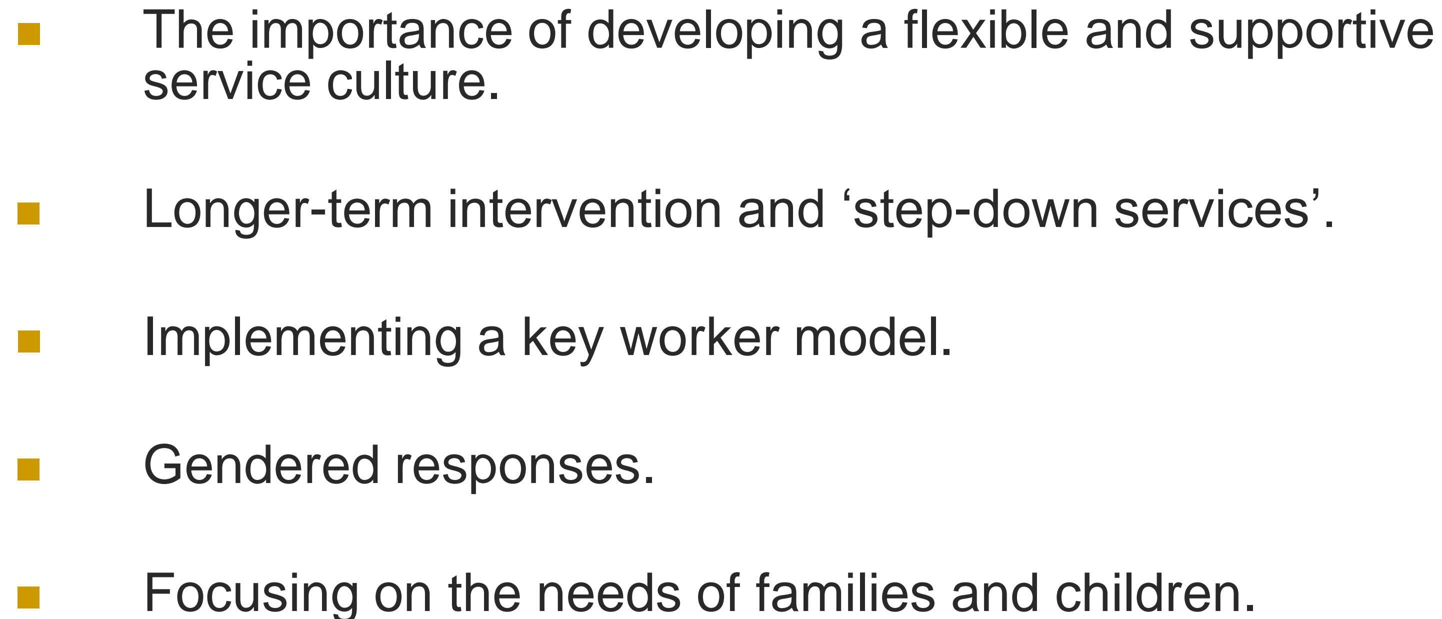
- **Workforce development**: Both workers and clients felt that AOD staff are insufficiently trained in the ramifications of child abuse, particularly the links between abuse and various symptoms/presentations.
- **The development of a collegial culture between staff:** including regular supervision and clinical support/consultation to develop skills and address vicarious trauma.
- **Increased interagency communication and cooperation:** developing a common language and providing support to one another.



Service worker participant

Project recommendations

- Increasing worker capacity and skills.
- Service screening for childhood trauma.
- Identifying when and how to refer.
- Psychoeducation about the links between abuse and alcohol and drugs e.g. web-based resources, adolescent education.
- Building capacity across agencies and sectors.


The importance of developing a flexible and supportive service culture.
Longer-term intervention and ‘step-down services’.
Implementing a key worker model.
Gendered responses.
Focusing on the needs of families and children.