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The effects of childhood sexual abuse on women in recovery for substance abuse

Barbara Eileen Egan

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THE EFFECTS OF CHILDHOOD SEXUAL ABUSE ON WOMEN IN RECOVERY FOR SUBSTANCE ABUSE

A Project
Presented to the Faculty of California State University, San Bernardino

In Partial Fulfillment of the Requirements for the Degree Master of Social Work

by
Barbara Eileen Egan

June 2011
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WOMEN IN RECOVERY FOR SUBSTANCE ABUSE

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ABSTRACT

This study assessed if women who are survivors of Childhood Sexual Abuse and receive treatment for this issue, when they were in treatment for substance abuse, stayed sober longer and thus experienced a healthier and happier recovery. The benefit of this research is two-fold as it not only leads to better treatment programs for women who have this co-occurring condition, it also allows for better treatment outcomes and as a result is more cost effective for treatment agencies. The data was collected confidentially through surveys that were distributed at local Alcoholic’s Anonymous meetings. SPSS was used to examine correlations among treatment for Childhood Sexual Abuse (CSA), the types of treatment received, and successful Alcohol and/or Drug (AOD) recovery outcomes. By recognizing a correlation between treatment for CSA and successful AOD recovery rates these dual issues can be identified and ethically addressed in social work practice settings.
ACKNOWLEDGMENTS

I would like to acknowledge my Advisor throughout this process, Pa Der Vang. Dr. Vang has been available to me since this three-year journey began and I may have found this task to be overwhelming without her. Thank you for your guidance and your patience.

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I also thank Michael Sweitzer who went above and beyond the call of duty as a friend and a mentor to keep me on task. To all of my coworkers who believed in me and allowed me the freedoms to take on this challenge and excel.

Finally, to all the recovering women who participated in this study. It is because of your support and love that I was able to accomplish this project.
DEDICATION

To my son Alexander Kyriakos Egan Stefanakos, who has been by my side demonstrating love, support, and humor in his uniquely brilliant style. We’ve come a long way.

To my siblings Janet, Sharron, Maureen, Patrick, Jimmy, Gery, and Kathleen, who have always believed that I was special. To my brothers-in-law Lance, Dennis and Ron, and to my sister-in-law Leah who have come to believe it too. It is because of your example and support that I was able to achieve more than I ever thought possible.

To all of my nieces and nephews who are a great example to me of what life is all about. I hope you all continue to achieve great things that make you happy.

To my dad Gerald O’Conner Egan, who continues to trudge through life with dignity and courage. I am proud to be your daughter.

Finally, in honor of my mother Elisabeth Anne Egan, I miss you and think of you at this very important time in my life. I know that I have made you proud.
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CHAPTER ONE

INTRODUCTION

Problem Statement

Women who are receiving treatment for substance abuse who are also the victims of Childhood Sexual Abuse (CSA) are faced with more than just the challenge of getting sober. They now have the task of letting go of the coping mechanisms that they have utilized for years, alcohol and/or drugs (AOD), and facing these past childhood traumas sober. Addiction treatment programs historically have focused on the "here and now" and believed that by utilizing support groups like Alcoholics Anonymous (AA) and through learning and implementing life skills to live sober, a recovering person can be successful in getting and staying sober (Kinney, 2003 p. 14). Recently studies have been done, with some conflicting results, on the relationship between CSA and the resulting dependence and/or addiction to alcohol and/or drugs. One study from The John Hopkins University School of Medicine reports that

childhood-only abused patients were significantly more likely than never-abused patients to report

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having had a drinking problem in the past, but not significantly more likely to report having a current alcohol problem. They were much more likely to report current and past use of street drugs. (McCauley, Kern, Kolodner, Dill, Schroeder, DeChant, et al., 1997, p. 1365)

The fact remains that women who are in treatment for AOD may also be victims of CSA. This study hypothesized that for these women to receive effective AOD treatment the childhood sexual abuse issues need to be dealt with as well. If this does not occur then the chances of staying sober may decrease as well as negatively impacting the quality of life that these women will experience. Further, women who get sober, either through treatment programs or through utilizing support groups like twelve step programs, but do not receive any CSA treatment, when this is an issue for them, will relapse sooner and more frequently than their female counterparts who have not experienced the trauma of CSA. In addition, I believe these women will struggle with their recovery if some recognition, insight, and treatment into these issues are not made available to them.
The issue of effective AOD treatment and its relationship to CSA is a concern to treatment providers as well as women who have these dual experiences. In this day and age where program effectiveness is measured by treatment outcomes it is becoming more important than ever to carefully examine all the variables that can affect program success. San Bernardino County Alcohol and Drug Services Administration is contracted with local agencies to provide AOD treatment to county residents. The current trend in treatment programs is to recognize co-occurring issues, such as mental health and addiction, and then address both issues for treatment success, as measured by completion of the program.

This same opportunity is needed for women in treatment who are victims of CSA, therefore experiencing a co-occurring condition. While originally AOD use may have been a coping mechanism to help deal with issues of childhood sexual abuse, by the time a woman enters treatment the use has turned into an addiction which is affecting all areas of her life. After getting sober if these past issues are still left unaddressed and untreated they can be major triggers to relapse.
It was important to study this problem further so that more effective treatment programs can be developed. It has been recognized that men and women have different concerns when they are trying to get and stay sober. Women in treatment, who are mothers, are usually held accountable for the effect their addiction has on their children. Many times women come into treatment as a means of regaining parental rights, when the addiction has progressed to the point that their children are being removed from the home. Social workers and treatment providers have an ethical duty to offer women treatment that will promote success in recovery, and increase their opportunities of staying sober and living happy and full lives. For this to occur women need to safely address any and all issues, past and present, no matter how sensitive or taboo the topic may be, that led them to this point in there lives. Any woman who has been the victim of childhood sexual abuse, in any shape or form, has the right to be relieved of this potentially debilitating and certainly oppressive barrier to health and well being.
Purpose of the Study

The purpose of this study was to assess if women who are victims of CSA and receive treatment for this issue will stay sober longer and thus experience a healthier and happier recovery. These findings may change the way AOD treatment programs look at treatment needs for women. If found that women are more successful in the recovery process, as measured by staying sober longer after leaving treatment, when they have also addressed issues of CSA then that practice should become a part of the treatment curriculum. Historically, the theory in AOD treatment has been to address the addiction first and then deal with other issues, but new-age thinking that promotes a recovery model has recognized that by treating co-occurring issues concurrently, treatment outcomes will be more successful.

The specific clients who are served by this study are women in treatment for substance abuse who are also victims of childhood sexual abuse. As previously stated, the trend in addiction treatment is to address all relevant issues that are impacting the individual’s experiences as sober members of society, to ensure a more successful recovery rate and increase treatment outcomes.
These are now classified as co-occurring disorders and typically are recognized as mental health issues and a co-occurring addiction to substances. Women in addiction treatment programs, who have also been sexually victimized as children need to be identified as co-occurring, resulting in this past trauma also being assessed and then treated for the best possible recovery outcomes. This potentially uncovers many concerns for treatment providers who may feel hesitant to delve into areas that could be perceived as harmful to the client. Unfortunately, it is this rational that perpetuates the problem. Only by opening one’s eyes to the real issues that many women face and empowering women to finally reveal this at worst, deeply hidden secret, or possibly a past experience that others have known about but have never given value to, can treatment providers, social workers, therapists and medical personnel fully accept their ethical duty to competently treat women who are victims of childhood sexual abuse. Certainly this will require training, sensitivity, and even creativity in understanding the uniqueness of each individual woman and her specific treatment needs. But treatment providers should not be daunted by this task. Rather it can be
viewed as an opportunity, an era of revolutionizing and improving treatment needs, and enabling women to heal and prosper.

The study was conducted by using a self-administered survey and was given to women who have been sober for any length of time as evidenced by attending twelve step meetings. These women were encountered in support groups and twelve step meetings and asked to volunteer to complete and return by mail a survey that was anonymous. The objective was to separate women who have experienced childhood sexual abuse from those who have not and then to further examine the impact that this experience has had on the quality and length of their recovery. The strategy was to specifically survey women who are attempting to achieve recovery as evidenced by their participation in a twelve-step group, or other supportive environment. Questions posed on the survey attempted to understand the length of sobriety, the quality of the recovery experience and any indicators that supported the hypothesis that unaddressed issues pertaining to past childhood sexual trauma have hindered or negatively impacted the recovery process.
Significance of the Project for Social Work

This study was significant because it asked questions of a specific population of women, those who are in recovery from addiction, and tried to uncover the extent that past childhood sexual trauma has impacted their recovery experience. While awareness of alcoholism and addiction to drugs has increased and treatment for these issues has become more accepted both in a medical milieu and in everyday society, the ability to look at vulnerabilities that have given power to this disease has not. Society does not like to look at things that make us uncomfortable. Childhood Sexual Abuse certainly falls into this category.

The definition of alcoholism, and the need for addiction treatment, has changed over time beginning with the writings of Dr. William Silkworth, one of the original contributor’s to Alcoholics Anonymous who described alcoholics as being plagued by a physical craving, an obsession of the mind and an allergy of the body (Alcoholics Anonymous, 2001). This has evolved to the more modern viewpoint in the 1977 American Medical Association Manual on Alcoholism, which states that “Alcoholism is an illness characterized by significant
impairment that is directly associated with persistent and excessive use of alcohol. Impairment may involve physiological, psychological, or social dysfunction” (Kinney, 2003, pp. 60-61). Further, The American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders refines the concept as alcohol dependence, and states that

once a pattern of compulsive use develops,
individuals with Dependence may devote substantial periods of time to obtaining and consuming alcoholic beverages. These individuals often continue to use alcohol despite evidence of adverse psychological or physical consequences (e.g., depression, blackouts, liver disease, or other sequelae). (American Psychiatric Association 2000, p. 213)

In other words we are now aware, and in most cases accepting, of the benefits of treating substance abuse, as a progressive and chronic and life threatening disease. But treating issues of past childhood sexual abuse may be considered to be more progressive and not as readily acceptable.

All areas of the generalist practice can be informed and affected by this study, including assessment,
intervention, evaluation and follow up. Many women who are victims of CSA have secrets from their pasts that they may have never revealed. Or perhaps they had the experience of having told someone what has happened to them only to be told not to talk about it, or worse, to be blamed and held responsible. As mentioned further in this paper, treatment providers already assess for childhood sexual abuse. But often times this is the beginning and end of the topic. This study revealed the need to implement other strategies beyond assessment throughout the stages of working with women. It is valuable to be aware of this issue and understand its potential impact on women in all areas of their lives. Training for dealing with these issues is essential to improving treatment for this co-occurring issue. This study encourages and promotes an understanding of the issues and its relevance to improving treatment outcomes for women, who are victims of childhood sexual abuse and battling with an addiction to alcohol and/or drugs. The research question for this study is: Do women in recovery from alcohol and/or other drugs stay sober longer if they receive treatment for past issues of childhood sexual abuse?

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CHAPTER TWO

LITERATURE REVIEW

Theories Guiding Conceptualization

One current method of assessing clients who enter into alcohol and other drug treatment programs (AOD) is to conduct an Addiction Severity Index (ASI). The ASI is a widely used bio-psycho-social assessment tool that examines all of the systems affected by the client’s use, abuse, dependence, and progressive addiction to alcohol and/or drugs. This multidimensional assessment tool is designed as a structured interview that will address seven areas of functioning in the client’s life. These include: general information, medical, employment, alcohol/drug, legal, family/social, and psychological. The tool utilizes a scoring system that will indicate the severity of the problem over the individual’s lifetime as well as assessing the last 30 days of use (McLellan, Childress, & Woody, 1985).

This comprehensive approach of looking at the client’s history and current use of alcohol and/or drugs and its impact on all dimensions of the person’s life is now recognized as a systems approach at assessing,
diagnosing and treating alcohol and/or drug dependency. By closely examining all systems of the client’s life, the treatment provider is able to draw on the strengths of the client as well as addressing the problem areas (McNeece & DiNitto, 2005, p. 108). Regarding women and past childhood sexual abuse issues, while this assessment tool may reveal that a woman is the victim of CSA, unfortunately this is often as far as it goes. Treatment professionals do not commonly receive training to pursue the issue of CSA and although the assessment has possibly uncovered the experience, the program does not typically do anything more with it, allowing for no healing of this trauma.

Erikson’s theory of early childhood development assesses healthy development throughout different life stages (Hutchinson, 2003, p. 132). This healthy development is dependent on the mastery of life skills at the appropriate stage and theoretically the inability to master these stages impacts this area of functioning throughout the life span of the individual. For women who are victims of CSA this could result in an inability to trust others, feelings of shame and doubt, feelings of guilt, inferiority, and role confusion, depending on the
age of the abuse (Hutchinson, 2003, p. 74). Women who are unable to master these stages of development are also more vulnerable to substance abuse as a coping mechanism as they may have feelings ranging from being inadequate or ill prepared to manage life’s challenges to experiences of re-traumatization and post traumatic stress.

Recent studies reveal that while there are often negative consequences to traumatic stress, when managed appropriately trauma survivors also report “positive personal changes” following these experiences (Hutchinson, 2003, p. 203). As mentioned, other areas in the adult female’s life that are affected or negatively impacted by CSA are the ability to cope with stress. Current research has begun to look at the development of the central nervous system structures and how early childhood trauma can impact this process. “This work demonstrates that negative infant experiences such as child abuse, family strife, poverty, and emotional neglect correlate with later health problems ranging from depression to drug abuse and heart disease” (Hutchinson, 2003, p. 192). A paradox when examining women who are victims of CSA and attachment issues is that many women
may have formed an attachment to their abuser and this trust is then violated. This must impact the ability to form healthy relationships when the person who is first perceived to be a healthy attachment, a caregiver who is warm and responsive, then becomes the abuser, and the person the child trusted is now the one they fear.

Current Research

Studies have revealed "the prevalence of CSA in community samples ranges from 6.8% to 62%" (Spak, Spak, & Allebeck, 1998, p. 1365). While this is a wide range it can be better understood when one tries to define CSA. This research by Spak, Spak, and Allebeck (1998) found a relationship between substance abuse and childhood sexual abuse but also found that many different factors are relevant. For example, there are different ways to operationalize the definition of CSA. These include different degrees and extremes to CSA which include: intra-familial versus extra-familial, contact versus non-contact, time span of the abuse, which can range from a one time occurrence to over a number of years, the age of the victim ranging from under 5, to under 13, to under 18 years of age, and the method and severity of the
abuse. And impacting all of these issues is concern over the ability of the victims to recall incidences clearly, because logically the younger the victim was the less chance for a clear recollection. The results of the study showed a correlation between CSA under the age of 13 and Alcohol Dependence or Abuse (ADA) but no correlation for those with this experience when it occurred under the age of 18.

Another study found no relationship between alcoholism and CSA, except in the cases of the most intrusive forms of abuse (Mullen, 1993). This included CSA involving intercourse, the use of force, and occurring over the span of two or more years. The studies also showed evidence of other psychological problems like anxiety disorder, depression, and relationship issues (Fleming, Mullen, Sibthorpe, Attawell, & Bammer, 1998). The Fleming studied concluded CSA alone is not a causative factor for alcohol and/or drug abuse and that perhaps more pertinent is the impact of family relationships, specifically dysfunctions like having a cold and uncaring mother, having low self-esteem and feeling that a women has no power and control over her life.
In contrast, a study by The John Hopkins University School of Medicine reports that childhood-only abused patients were significantly more likely than never-abused patients to report having had a drinking problem in the past, but not significantly more likely to report having a current alcohol problem. They were much more likely to report current and past use of street drugs. (McCauley, Kern, Kolodner, Dill, Schroeder, DeChant, et al., 1997, p. 1,365)

The results of this study revealed that CSA is correlated with adult problems including substance abuse. An area of concern in this study was that women who are abused as children are frequently abused as adults as well, and so it was difficult to discern between the impact of the two areas and its influence over the resulting substance abuse.

Treatment Needs for Co-Occurring

Further research has revealed that in order to effectively treat substance abuse one must also treat the underlying causes and aid the recovering woman to avoid relapse (Blume, 1990). Other studies support this by
reiterating the need to treat the underlying issues that predisposed the women to abuse substances and consequently, if left untreated, will result in relapse (Finkelhor & Browne, 1985). This study additionally reveals that there are many factors that may lead to abusing substances. These issues are complex and can be debilitating if left untreated. One of these is CSA and the impact if never addressed on an adult woman can include self-destructive behaviors, anxiety, low self-esteem, a tendency toward re-victimization and substance abuse (Browne & Finkelhor, 1986). Researchers propose that any core issues that lead to substance abuse must be treated to ensure a full recovery and to avoid leaving the woman vulnerable to relapse (Blume, 1990).

Summary

In summary, this study examined issues pertaining to substance abuse and relapse for victims of childhood sexual abuse. There is some research on the types of treatment that would be beneficial for women in AOD treatment who are found to be unable to maintain sobriety. One such study looks at the relationship between women who reported having been victims of CSA,
and the internalized shame experienced because of this trauma which may be a hindrance to staying sober (Wiechelt & Sales, 2001, p. 101). While some research findings are contradictory regarding a correlation between CSA and addiction it is clear that many women who have been impacted by this issue of abuse have consequences and impairments as adults. If that consequence is that they abuse or become addicted to substances and their ability to stay sober is impacted by the non-treatment of this issue then the shame that this woman feels is compounded. By further examining this topic the researcher hopes to show that CSA and AOD treatment should be considered a co-occurring issue and treated as such.

In this research project the term victims of childhood sexual abuse has been used throughout. The researcher will begin to transform this language to include survivors of CSA. This is a fundamental shift in language that will promote the belief that a woman who has lived through both of these experiences, childhood sexual abuse and alcoholism and/or addiction, can and do survive to become complete and balanced women who enjoy and live life to the fullest.
CHAPTER THREE

METHODS

Introduction

This chapter discusses the methods of research that were used to assess the correlation between successful alcohol and drug treatment (AOD) outcomes for women when past issues of childhood sexual abuse (CSA) are also treated. The chapter also includes the research design, the methods of gathering data, what data was collected, and the instruments that were used, and how this data was analyzed.

Study Design

The purpose of the proposed study was to survey women who are currently sober, or attempting to get sober, as evidenced by attending an alcoholic’s anonymous (AA) meeting, and then assess the impact any past trauma of CSA has had on this recovery process. This included the stated length of sobriety and the number and types of treatment for both AOD issues as well as CSA treatment.

The design is a self-administered survey given to women who are currently in recovery for substance abuse. These women were encountered at AA meetings or through
word of mouth in the AA twelve step community. A self-administered survey was handed out to any and all willing female participants, along with a pre-addressed stamped envelope, which was delivered to a confidential post office box. The researcher did not limit this survey to women who identify as victims of CSA, but instead to all recovering women who agreed to take the survey. The surveys were anonymous and did not ask for any names or other identifiers thus providing an atmosphere of safety and freedom of expression.

The possible limitations of this study included women not following through and completing the survey, thus limiting the number of respondents. The researcher was also limiting the respondents to women who attended AA meetings and this may imply a bias in terms of responses. In this regard the researcher was aware that many AA meetings capture all types of addicted participants, not strictly alcoholics but also addicts, and feels that an AA meeting provided the most comprehensive sampling possible.

The research question for this study is: Do women in recovery from alcohol and/or other drugs stay sober longer if they receive treatment for past issues of
childhood sexual abuse? The hypothesis was that women who have received any CSA treatment when in AOD treatment will experience a longer, healthier, happier recovery.

Sampling

The population of interest for this research study was any woman 18 years of age or older who identified herself as being an alcoholic and/or addict and who also has past experiences of childhood sexual abuse. The researcher attended approximately 10 AA meetings in the Inland Empire area, including San Bernardino and Riverside Counties and handed out surveys with the hopes of obtaining up to 50 or more responses from women who are currently in recovery, as evidenced by one or more days sober. The researcher obtained permission from the area steering committee meetings, and/or other appropriate entities, to announce at the end of the meeting that she will be handing out the surveys, with pre-addressed stamped envelopes for any woman who is interested and willing to participate. The concerns for the researcher included the following possible scenarios; not obtaining permission from the meeting leaders, lack of response from the women at the meetings, and the
possibility that those who agreed to take the survey will not follow through and complete and/or mail the surveys.

Data Collection and Instruments

The quantitative data was collected through a survey type questionnaire that was self-administered. Those women who agreed to take the survey were given the questionnaire, along with a pre-addressed stamped envelope so they could complete it and drop it in the mail when done. This process minimized the effort involved in participating and additionally provided the participants with privacy and freedom to complete the survey. The research question was: Do women in recovery from alcohol and/or other drugs stay sober longer if they receive treatment for past issues of childhood sexual abuse?

The dependant variable is length of sobriety. The main independent variable is addressing and treating past issues of CSA. The first part of the questionnaire obtained demographic information including age, ethnicity, income, level of education and marital status. The second section of the questionnaire gathered data regarding AOD treatment history including, if they had
ever been in treatment for AOD, if so how many times, how many times they had relapsed and how long they have been sober.

The third section of the survey obtained data that was specific to any history or experience of childhood sexual abuse. This included if there is a history of CSA, if they ever told anyone, if they ever received treatment for the abuse, including specific types of treatment, i.e., one-on-one counseling, group counseling, educational group, etc. The questionnaire also asked if these issues were ever identified or treated in the AOD treatment programs that they participated in.

The last section asked if the respondent believe the treatment for CSA increased their chances of staying sober, if they have been sober since they received this treatment and in addition, if they have issues that have not yet been addressed regarding shame and addiction and/or CSA (See Appendix A).

The instrument was created for the study because it gathered specific information pertinent to the study. The researcher pretested this with a small sample of women who agreed to participate. These women evaluated the survey for clarity and ease of use as well as sensitivity
regarding the subject matter. This process imitated the pre-planned process, including sending the document to the researcher, and included a comments section to add their invaluable insights, including length of time to complete survey.

Procedures

Data was gathered voluntarily from women in AA meetings and through word of mouth in the AA-twelve step community. The researcher attended meetings in the Inland Empire over a four-week period of time after the Institute Review Board process was finalized. The surveys were distributed to all willing participants along with a pre-addressed stamped envelope. The researcher allowed for approximately 30 days for retrieval of data. The researcher also asked that the secretary of each AA meeting continue to remind participants to mail back the surveys.

Protection of Human Subjects

The confidentiality and anonymity of all participants was strictly enforced by the researcher. There were no identifying characteristics in this anonymous survey. The names of meetings and/or treatment
facilities were not asked for in any section of the questionnaire. Participants were asked to sign an informed consent before participating in the study and to be informed that they can stop taking the survey at any time (See Appendix B). The participants will also be given a debriefing statement, (Appendix C) attached to the questionnaire that will include the name of the researcher, the researcher’s faculty advisor, and that faculty member’s contact information. Also included were resources for women that are relevant to the topics that were addressed. This included hotline numbers for AA and Access Units in the County, which ensured immediate contact with a live responder.

Data Analysis

The data collection process included retrieving the surveys and then inputting the data into SPSS for analysis. The purpose of this quantitative study was to examine any correlation between treatment for past childhood sexual abuse and successful alcohol and drug treatment outcomes for women as evidenced by length of sobriety. The primary independent variable is treating past issues of childhood sexual abuse. The dependent
variable was length of sobriety and both were measured by obtaining nominal, ordinal, and interval data.

Univariate analysis was conducted to analyze the demographic information provided through frequency and descriptive statistics for the gathered data. This was evidenced through percentages, measures of central tendency, and the dispersal of variables.

The researcher then explored possible relationships between the dependent and independent variables by utilizing bivariate analysis and linear regression. Some of the possible analysis included determining any relationship between the length of sobriety (Scale) and any treatment for childhood sexual abuse (Nominal). An ANOVA was conducted for past AOD treatment (Nominal), past treatment for CSA (Nominal), and length of sobriety (Ordinal).

Summary

In order to understand a correlation between treatment for childhood sexual abuse and successful alcohol and drug treatment outcomes, data was collected and analyzed. This was accomplished by utilizing a questionnaire that captured pertinent data to be
analyzed. The analysis of this data allowed for a better understanding of any relationship between AOD treatment and recovery for women who are survivors of childhood sexual abuse.
CHAPTER FOUR

RESULTS

Introduction

This study focused on women who are in recovery from alcohol and/or drugs, as evidenced by current sobriety, and who may/or may not have a history of childhood sexual abuse. The participants are all female, of various adult ages, ethnicities, marital status, education levels, and varying economic status. They have had a variety of experiences regarding treatment for substance abuse, treatment for the childhood trauma and the number of relapses they have experienced in their recovery. Findings of the study reveal many commonalities in their recovery experiences as well as differences in their abilities to get and stay sober.

Presentation of the Findings

Descriptive

The demographic characteristics were as follows. Of the 90 respondents the average age was 46.5 and the average income was $42,000. In terms of ethnicity, Caucasians were overwhelmingly represented at 72.2%
(n = 65), followed by Hispanics at 16.75% (n = 15), African Americans at 5.6% (n = 5), and 5.6% (n = 5) as other. The overwhelming majority were heterosexual 96.7% (n = 87), with (n = 1) identified as lesbian and (n = 1) identified as bisexual.

In terms of education an overwhelming 51.1% (n = 46) reported being a college graduate or higher, followed by 33% (n = 30) reporting having some college experience, while 11.1% (n = 10) graduated from high school. The remaining 4.4% (n = 4) reported some high school.

Regarding marital status the following was found, 15.6% (n = 14) had never married, 43.3% (n = 39) were are married, 4.4% (n = 4) were separated, 32.2% (n = 29) are divorced, and 3.3% (n = 3) were widowed.

Regression

For specific results pertinent to the study the following was found. Of the 90 participants the percentage of women with a history of childhood sexual abuse was 51.1% (n = 46). This reflects a high percentage of women who are dealing with dual issues of substance abuse and childhood sexual trauma.
Do you feel shame about your alcohol and/or drug addiction?

Other descriptive analysis showed that only 32% (n = 29) of women in recovery feel shame about their addiction.
Table two however shows that 60% (n = 9) of those who received treatment for both issues (N = 15) of childhood sexual abuse and alcohol and drug dependence continued to feel shame about their abuse. While shame is not reflected as significant in this study it will be discussed further how unresolved issues of shame could impact the length and quality of recovery.

Using linear regression in SPSS to examine whether women with Childhood Sexual Abuse (CSA) have a higher...
number of relapses the results showed that the relationship was not significant (p = .396). It appears that women with a CSA history and those who do not have that history may have equal struggles staying sober.

For further analysis linear regression was used to analyze if CSA treatment alone was significant for achieving sobriety and the results showed that it was only slightly significant (p = .16). In other words, women who have a CSA history may or may not achieve sobriety when and if this past issue is addressed.

Lastly, using linear regression and to further examine this process, it was found that when women received treatment for both issues of childhood sexual abuse and alcohol and drug dependence they achieved a longer sobriety as indicative of the results which showed that the relationship was significant (p = .002).

Summary

Descriptive analysis and linear regression were performed to examine any correlation between the independent and dependent variables. Percentages were examined to analyze differences and trends in the
findings. The findings of this study are specific to the sample population surveyed.
CHAPTER FIVE

DISCUSSION

Introduction
Childhood sexual abuse is identified in the sample as being prevalent for those who are in recovery for substance abuse. This study was conducted to examine if there is any relationship between a past history of childhood sexual abuse and the ability to get and stay sober. It is evident that those who have had this experience of childhood sexual trauma are at risk for alcohol and drug abuse, as shown through the sample results. This discussion will continue to demonstrate how alcohol and drug treatment outcomes for this specific population will improve if the past childhood sexual trauma is also treated.

Discussion
The demographics show that the women in the study are mostly white, heterosexual with a college education and a middle class income. In other words a relatively high functioning, educated group. This presents some interesting thoughts regarding if these women in particular may be more open to accessing support groups
of the kind we are discussing. One possibility is that the geographic area that the survey was conducted in represented a higher socio-economic level and so this was reflected in the demographic breakdown, or perhaps this homogenous Caucasian group is more comfortable seeking support from outside sources other than their families, than other ethnic groups. According to Hutchinson there are many stressors that an individual may face but key to the development of coping and survival skills are social supports that can lead to healthy adjustments to challenges (2003, p. 205). These include material support like food, clothing, and shelter as well as emotional and instrumental supports, including interpersonal and even casual connections with others in the environment. It is possible that the women who participated in this study have better access to not only outside social supports but social institutions like treatment facilities and support groups (Hutchinson, 2003, p. 397). It is also possible that it is more acceptable for them culturally to seek support outside of their families systems.

The prevalence of CSA in this sample population and its relationship to AOD abuse, that of 51.1% is also evident and consistent with the literature previously
discussed. According to research by Spak, Spak, and Allebeck (1998) there is a relationship between substance abuse and childhood sexual abuse but they also detailed the many factors that are considered to be relevant including the ages of the victims, the type of abuse, and if the abuse was intra-familial or extra-familial, as well as the severity of the abuse. Interestingly, while one study (Martin, Anderson, Romans, Mullen, & Shea, 1993) reported a range of percentages which reflected these different extremes of abuse of 6.8% to 62%, this current study found that 51.1% of those women in recovery for substance dependence reported some form of sexual abuse before the age of 13. The definition used for this study stated that childhood sexual abuse can be categorized as any inappropriate sexual contact between an adult and a minor under the age of 13. The results of this study are consistent with the results of the study by Spak, Spak, and Allebeck (1998) which showed a correlation between CSA under the age of 13 and Alcohol Dependence or Abuse (ADA).

While there continues to be discussion regarding if CSA is the predictive issue that results in addiction the strong correlation between the two suggest that females
who are sexually abused as children do seek relief through alcohol, drugs or other forms of self medication (McCauley, Kern, Kolodner, Dill, Schroeder, DeChant, et al., 1997, p. 1,365). Further, treatment needs that identify and address both issues are also seen to be crucial when dealing effectively with achieving recovery.

Shame is another factor that may be relevant to treatment services that allow for a successful recovery. While this study revealed that only 29% of women who are in recovery feel shame about their addiction, 60% of those who have been treated for both issues still maintain a sense of shame regarding their abuse. One study revealed the relationship between CSA and shame and the resulting problems in social adjustment and relapse, and the internalized shame experienced because of this trauma which may be a hindrance to staying sober (Wiechelt & Sales, 2001, p. 101). This supports the belief that while sobriety is possible, long-term recovery can always be jeopardized if the shame is not alleviated.

While some research findings are contradictory regarding a correlation between CSA and addiction it is clear that many women who have been impacted by this
issue of abuse have consequences and impairments as adults. There are conflicting studies regarding the impact shame may have on an individual but according to (Hutchinson, 2003, p. 132) as well as other theories of developmental stages, it is believed that to live a life that is healthy one must effectively master life skills at all of the appropriate stages. Women who are survivors of childhood sexual abuse and experience shame may be unable to master these stages of development. If this is the case then for the 51% of women who participated in this study they may also be more vulnerable to substance abuse as a coping mechanism. Also included in these challenges are feelings ranging from being inadequate or ill prepared to manage life's stages to being vulnerable to re-traumatization and posttraumatic stress.

Although this study did not reveal that women with CSA have more significant relapses than women without this issue what it did show is that women who receive treatment for both issues are more successful as evidenced by staying sober longer. Studies by Blume (1990), and Browne and Finklehor (1986) as well as this study reinforced the need to treat the underlying issues
that predisposed the women to abuse substances and consequently, if left untreated, can result in relapse.

CSA treatment alone was significant for achieving sobriety and the results showed that it was only slightly significant ($p = .16$). In other words, women who have a CSA history may or may not achieve sobriety when and if this past issue is addressed.

Ultimately, it was found that when women received treatment for both issues of childhood sexual abuse and alcohol and drug dependence they achieved a longer sobriety as indicative of the results which showed that the relationship was significant ($p = .002$). This is paramount to the study as the intention of the study was to show that when women receive treatment for both issues they stay sober longer. This is supported by the research conducted by Browne and Finkelhor (1986) which also reveals that the impact of CSA, if never addressed, can lead to self-destructive behaviors as well as anxiety, low self-esteem, a tendency toward revictimization and substance abuse. Additionally, this supports researcher that proposes that any core issues that lead to substance abuse must be treated to ensure a full recovery and to
avoid leaving the woman vulnerable to relapse (Blume, 1990).

Limitations

Limitations of the study included the lack of ethnic diversity which does not reflect the population who live in the community of the Inland Empire, including San Bernardino and Riverside Counties. This community is largely Hispanic, and this was not reflected in the ethnic breakdown. This is possibly an indication that Caucasian women are more likely to access supports, like Alcoholics Anonymous, from their communities than minorities, as a cultural norm. However, this limits the study regarding the numbers of minority women who may be victims of Childhood Sexual Abuse and their particular experience getting and staying sober.

Also these women are evidently well educated as evidenced by the high percentage of college graduates and of a higher income bracket on average than the San Bernardino and Riverside Counties that they represent. This too limits the study by only addressing one segment of the community and does not reflect the economic demographic that resides there.
Therefore if this research included women currently in treatment programs it would possibly reveal a more diverse ethnic and socio-economic breakdown and reflect the greater struggle that women experience trying to get and stay sober, when they also experience oppression through race, poverty, lack of education and a history of Childhood Sexual Abuse.

Recommendations for Social Work Practice, Policy and Research

The recommendations regarding the results of this study include incorporating empowering treatment to women who have experienced childhood sexual abuse into our alcohol and drug treatment programs for women. Childhood Sexual Abuse needs to be treated as a co-occurring issue for women who are in treatment for substance abuse. This is an issue that can no longer be pushed aside as a secondary treatment need for addicted women when its power to hold women back in the recovery process is now better understood. As evidenced by the outcome of this study women who are treated for both co-occurring issues stay sober longer than those women who did not receive treatment concurrently. It is further recommended that the issues of shame that burden these particular women be
addressed to more fully understand how this oppression can be alleviated. By addressing and reducing this shame women can live more fulfilled and healthier lives.

Secondly, by offering these types of co-occurring services to women treatment outcomes will improve. This is relevant in this day and age where better outcomes support increased funding. Treatment programs need to demonstrate to their funders that their treatment modalities are cost effective. This study demonstrates this by showing that outcomes for women who receive treatment for both issues, substance abuse and childhood sexual abuse, are longer sobriety. In other words, they are not chronically relapsing, losing their children to the system and going back into treatment. All of these result in costly repercussions to communities, families and individuals. This can be evaluated more closely in further research to understand the types of treatment used and then to include this as evidenced based models in treatment facilities.

Conclusions

This study demonstrates the need for co-occurring treatment for women who are experiencing both substance
abuse issues and have a past history of childhood sexual trauma. The study revealed that when women received treatment concurrently for both of these issues they stayed sober longer. This can and will result in healthier, happier lives for these women by empowering them to address these issues and move forward throughout their lives as sober survivors, who can be free of their past trauma. In addition it is the ethical responsibility of social workers and treatment providers to offer women treatment that will promote success in recovery, and increase their opportunities of staying sober and living happy and full lives.
Survey

1. What is your age? ___

2. What is your ethnicity?
   a. Asian-American
   b. African-American
   c. Hispanic
   d. Caucasian
   e. Other

3. Do you identify as-
   a. heterosexual
   b. lesbian
   c. bisexual
   d. transgender

4. Annual Income- _________

5. Source of income-
   a. Cal Works
   b. Full time job
   c. Part time job
   d. Housewife
   e. SSI
   f. Unemployment
   Other- __________

6. level of education
   a. Some high school
   b. High school graduate or equivalent
   c. Some college
   d. College graduate or higher.

7. marital status-
   a. Never married
   b. Married
   c. Separated
   d. Divorced
   e. Widowed

8. How many intimate relationships have you had in your adult life? _________
9. Do you participate in the following twelve-step group?
   a. Alcoholics Anonymous
   b. Narcotics Anonymous
   c. Both
   d. Neither

10. Have you ever been in treatment for Alcohol and/or Drugs?
    a. Yes
    b. No

11. How many times have you been in treatment? ________

12. What is your longest sobriety? ________ years ________ months

13. How many times have you relapsed? ________

14. Do you feel shame about your Alcohol and/or Drug addiction?
    a. Yes
    b. No

Childhood Sexual Abuse can be categorized as any inappropriate sexual contact between an adult and a minor. For the purpose of this study a minor is defined as under the age of 13.

15. Do you have a history of Childhood Sexual Abuse (CSA)?
    a. Yes
    b. No

If you answered no to # 15 you have completed the survey. Thank you.

If you answered yes please continue.

16. Have you ever told anyone about this abuse?
    a. Yes
    b. No

17. Did you receive treatment for Childhood Sexual Abuse?
    a. Yes
    b. no

Did this treatment include:

18. support groups?
    a. Yes
    b. No
19. One-on-one counseling?
   a. Yes
   b. No

20. Educational groups?
   a. Yes
   b. No

21. Did you receive treatment for CSA issues from other outside agencies?
   a. Yes
   b. No

If you answered no to # 21 you have completed the survey. Thank you.

If you answered yes please continue.

Did this treatment include:

22. support groups?
   a. Yes
   b. No

23. One-on-one counseling?
   a. Yes
   b. No

24. Educational groups?
   a. Yes
   b. No

25. Have you been sober since receiving treatment for CSA?
   a. Yes
   b. No

25. Do you feel shame about your CSA?
   a. Yes
   b. No

Developed by Barbara Egan
APPENDIX B

INFORMED CONSENT
INFORMED CONSENT

The study in which you are about to participate is being conducted by Barbara Egan, MSW graduate student at California State University San Bernardino. Ms. Egan is conducting the study under the supervision of Dr. Pa Der Vang, LICSW, Assistant Professor of the School of Social Work. The purpose of the proposed study is to survey women who are currently sober, or attempting to get sober, as evidenced by attending Alcoholics Anonymous (AA) meetings, and then assessing the impact any past trauma of childhood sexual abuse has had on this recovery process. This study has been approved by the School of Social Work Sub-Committee of the Institutional Review Board at California State University San Bernardino.

In this study you will be asked to respond to questions regarding your personal experiences as women in recovery. Completion of the questionnaire should take approximately 10 minutes. All responses will be kept anonymous and confidential. No names or identifying characteristics will be used in this questionnaire. You will be given a pre-addressed stamped envelope to return the survey in.

Your participation in this research study is completely voluntary. You are free to withdraw at any time. There is a risk that this topic will prompt discomfort as the subject matter is sensitive. The researcher will provide resources through telephone numbers which are included in the debriefing statement. These numbers will ensure that the participant will have immediate access to persons who can counsel and direct them. It will also be suggested that the participant utilize their sponsor as this is the common approach for those in recovery.

There is no direct benefit to the participants by completing this survey. However potential benefits include improved treatment outcomes for women in AOD programs when the co-occurring issue of CSA is also addressed. As social workers we have an ethical responsibility to provide effective treatment to women who are in treatment programs by treated their other CSA as well.

If you are interested in the results of this study copies will be available in the California State University, San Bernardino library after September, 2011. If you have any questions about the research at any time you may contact Dr. Pa Der Vang at (909) 537-3775.

I understand and agree to participate. I am 18 years of age or older.

Signature ___________________________ Date ___________________________
APPENDIX C

DEBRIEFING STATEMENT
DEBRIEFING STATEMENT

Thank you for participating in this study.

The study in which you have just participated is designed to assess the treatment needs for women who are both alcoholic/addicts and have a history of childhood sexual abuse. In this study questions are asked to better understand the possible connections between length of recovery and past issues of childhood sexual abuse. This study is particularly interested in women who have received treatment for both issues and if this has enabled them to stay sober longer. All information collected will be kept anonymous and confidential. If you have any questions about this study please feel free to contact, Dr. Pa Der Vang at California State University San Bernardino (909) 537-3775. If you would like to obtain a copy of this study it will be available in the library at California State University San Bernardino after September, 2011.

If you feel distressed as a result of this study please feel free to contact:

Access Unit (909) 381-2420

Alcoholic’s Anonymous (909) 825-4700
REFERENCES


