Numbing the Pain
Survivors’ voices of childhood sexual abuse and addiction

#CSANumbingThePain
One in Four would like to thank all the participants in the Survivors’ Voices project for their willingness to give their time to write about their experiences so that others may understand the personal impact of sexual abuse in childhood, and its link to addiction.

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Project Consultant: Christiane Sanderson
Addiction Consultant: Chip Somers
Project Co-ordinator: Clarinda Cuppage

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One in Four is a London-based charity providing specialist trauma counselling and support for adults who experienced childhood sexual abuse.

Founded 20 years ago, we have extensive experience working directly with survivors. Many clients find our service in a last attempt to seek help for their trauma of childhood abuse, often feeling misunderstood by other services, compounding their isolation and pain.

We understand the personal and complex impact of sexual abuse and recognise how these traumatic experiences significantly affect people’s lives. Our work focuses on three distinct areas:

- Therapeutic intervention and advocacy for people affected by sexual abuse
- Prevention work with children and young people
- Professional development for counsellors and others working with sexual abuse.

Our therapeutic programme works with approximately 250 people a year. We offer long-term (two year) counselling based on a relational model that emphasises the importance of the therapeutic relationship and addresses the complex trauma of sexual abuse. We provide therapy groups and psychoeducation workshops on experiences common to survivors. Through our advocacy service we ensure people who have chosen to report are guided and supported throughout the criminal justice process.

To protect the lives of future generations of children and young people, One in Four delivers prevention work with children and young people in schools and provides in-school counselling for children affected. We train and support school staff around disclosure and in working with children who have experienced sexual abuse.

One in Four has an established professional development programme delivering training for counsellors and other professionals working with survivors. We provide specialist resources for professionals and survivors on working with and managing the impact of sexual abuse.

One in Four is a not for profit organisation, reliant on charitable support and donations. We have our name because it is estimated that one in four young people will experience some form of sexual abuse before the age of 18.
As someone who has worked with people with substance misuse, dependency or chronic addiction for 32 years, I have been struck by how high a proportion of my clients have suffered some form of sexually dysfunctional or traumatic experience as a result of childhood sexual abuse (CSA).

I would place that figure in the high 70% to 85%. I do not believe it to be the cause of addiction, but it is a significant factor amongst many, that combine to make someone so ill at ease with themselves that the anaesthetic benefit of drugs and alcohol is like a siren call.

I recognise it now as a major part in my desire, or need, to quiet the ‘noise’ that told my inner self that I was worthless and perverted. I had kept my shame secret for 37 years. Once free of drugs and alcohol I was able to gain some clarity. I was able to realise that I was a victim.

I believe the traumatic impact of CSA is of even more importance now. Just because people are talking about sexual abuse more openly, just because young children use the word ‘paedo’ as some sort of cheap insult, I do not believe the problem has gone in to decline. If anything I am seeing the reverse. CSA comes in many forms, some overt and obvious, some secretive. The openness of discussion has at last brought out the wide range and background of perpetrators. The normal constraints have been removed. ‘Stranger danger’, whilst valid, has been shown to be only a part of the CSA story. The barriers that may have prevented previous abuse have disappeared. This, combined with the internet and its endless supply of images and stimulation have I believe made sexual abuse both within and outside the family to be a growing problem.

I regretfully have to acknowledge that CSA is dealt with poorly by all services. ‘Recovery’ services are now run by local authorities where the primary driving force is the cost of the service rather than the quality. A result of a three or four year cycle of retendering contracts provides no stability for staff and creates workloads that make anything other than a basic health check, once every two weeks, the reality for most service users. GP surgeries would be pushed enough to refer a patient presenting with CSA for perhaps six to 10 sessions of CBT. Residential rehabs, now almost exclusively out of reach except for those with medical insurance or substantial income, provide usually four to six week treatment episodes. CSA may be highlighted during that time, but often not dealt with, thus leaving people almost worse off than when they started. Raw, exposed and floating about, with an extremely poor chance of being referred to a therapist or group experienced enough to deal with CSA.

Unless we realise how extensive an issue CSA is amongst people with substance misuse or mental health problems, we will continue to consider CSA a ‘difficult’ topic.

Chip Somers
Psychotherapist, addiction expert, former government advisor,
Clinical Advisor to Help Me Stop
Introduction

Childhood sexual abuse is a significant public health issue, which can have devastating, long-term consequences that are often misunderstood or neglected.

There is a growing recognition that the experiences of childhood sexual abuse are traumatic and impact the child’s ability to relate to others and to manage their emotions.

Whilst there is increasing awareness of the scale and impact of childhood sexual abuse, this report illustrates an area where acknowledgement of childhood sexual abuse as an underlying trauma is often neglected, and maybe is therefore not dealt with.

Survivors Voices

Numbing the Pain: Survivors’ voices of childhood sexual abuse and addiction is the second Survivors’ Voices project publication from the London-based charity One in Four. The project gives survivors their voice to write about the impact of childhood abuse on their lives, to educate and inform others.

This report focuses on childhood sexual abuse and addiction. Many of the clients we work with have had issues with substance use and other addictive behaviours, which we recognise as a coping mechanism or form of self-medication to numb emotional discomfort and pain, much of which originates in childhood trauma including childhood sexual abuse.

Over 25% of our clients at their initial consultation in 2017 told us they use or have used drugs and alcohol heavily, others reveal excessive substance use during counselling. Like sexual abuse, addictive behaviours can be shameful and hard to talk about and may not be revealed until the counselling relationship is established. Some of our clients participate in the 12-Step fellowship programme including Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) along with many survivors.

The accounts and recommendations by survivors in this report, together with the professional review conducted by leading expert and author on childhood sexual abuse Christiane Sanderson, bring to light the challenges faced by survivors who develop addictive behaviours to manage their pain, before understanding the impact of their underlying trauma of sexual abuse and processing their thoughts and feelings through counselling and trauma therapy.

Our previous publication Survivors’ Voices: Breaking the silence on living with the impact of child sexual abuse in the family environment, published in 2015 contributed to wider understanding of the lived experiences of survivors, with specific reference to the complexity of sexual abuse in the family context, and is used as a teaching resource for professionals. To find out more visit www.oneinfour.org.uk/survivorsvoices.

How we did it

Participants were informed about the project by London-based survivor organisations. Some participants came to the project via friends or other professionals. Anyone interested had a conversation to discuss their participation. Criteria for participation included access to counselling if triggered. Any writers going through the criminal justice process were excluded.

We offered writing workshops at One in Four for people wanting to explore how to write their account and partnered with Spitalfields Crypt Trust to run a writing workshop with their service users. A couple of writers dictated their submissions. Many wrote without further contact.

Fourteen accounts were submitted, 10 by men and four by women. The ages of the writers ranged from their 20s to 60s. Nine were written by survivors in their 40 and 50s.

Participants were included for their willingness to write about their experiences, rather than their experience of writing. Although some were supported to clarify their pieces, including grammar and punctuation, and editing identifying factors, the writings are their own. To protect their identity, the writers have taken a pen name.

These accounts bring the lived experiences of survivors to light and illustrate the journeys of many survivors through the pain of addiction, the challenges of getting appropriate support and the loss, in terms of years of life, that occurs when this trauma is untreated. They illustrate that many survivors experienced multiple forms of abuse in childhood, often originating in the family, leading to confusion and the need to suppress difficult and conflicting feelings.

We encourage professionals working in addiction services, charities working with people with addictions, policy makers, healthcare professionals to read these accounts to develop greater understanding of the connection between the trauma of abuse and addiction.
Executive summary

Numbing the Pain highlights the link between substance misuse and childhood sexual abuse. Through 14 first-hand accounts and critical analysis this report illustrates how childhood sexual abuse predisposes survivors to substance use and addiction.

Research from Adverse Childhood Experiences (ACE) studies conducted worldwide and in the UK, illustrates that there is a significant increase and risk of vulnerability for substance misuse as a result of adverse childhood experiences, including childhood sexual abuse.

Increasingly we are recognising childhood sexual abuse within a trauma context, in that not only is the experience of the abuse traumatic, but the trauma also impacts survivors’ abilities to relate and manage emotionally. For some, their 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.

Unfortunately, the funding currently available to services working with survivors in recovery is often unable to go into the history of the trauma. The trauma symptoms as a result of childhood sexual abuse are not necessarily specifically addressed, or the link to the underlying trauma is not made. As a result, survivors are supported in mental health or addiction services, with the underlying trauma of childhood sexual abuse not being treated.

We are encouraging agencies to look at alcohol and drug misuse as a form of self-medication. While it is important to work with harm minimisation and stabilisation, it is necessary to make the link to the origins of the addiction, or the vulnerability to addiction, so that the underlying trauma can be addressed.

The cost of failing to treat the trauma of childhood sexual abuse in addiction can be immense, leaving survivors vulnerable to relapse. Public Health England estimates the economic burden of alcohol-related harm alone is between 1.3% and 2.7% of annual UK GDP, approximately £25bn and £50bn each year. In 2014, the National Treatment Agency estimated the overall annual cost of drug addiction was around £15.4bn. £13.9bn due to drug-related crime, and £0.5bn for NHS costs for treating drug misuse.

We have an imperative to improve the adult lives of people who experienced the trauma of sexual abuse in childhood.

Key findings

- Self-medicating with drugs and alcohol can be seen as a life-saving strategy by users to regulate emotions either by numbing the pain or promoting euphoria and a feeling of aliveness
- Addiction services rarely make the link between substance use and the underlying trauma of childhood sexual abuse, yet survivors report mental health issues including anxiety, especially social anxiety, depression, Complex Post-Traumatic Stress Disorder (CPTSD), depression, eating disorders and self-harm
- Childhood sexual abuse creates a fear and mistrust of relationships, leading to isolation and loneliness. This fear of intimacy results in substance misuse being a substitute for relationships
- Post-traumatic growth can be achieved through a sense of connection and belongingness in a non-judgemental and safe place, where survivors recognise their behaviours were a response to trauma.

Key recommendations

- Establish the scale of childhood sexual abuse trauma in people with addictions by recording adult disclosures of childhood sexual abuse anonymously collated, for example via Public Health England’s National Drug Treatment Monitoring Service (NDTMS)
- Addiction services to ensure all staff are trained to respond to disclosure and have an agreed process to support survivors
- Addiction services and mental health services to develop a trauma model in working with people in addiction, making the link between underlying trauma and addiction, and support survivor referral to specialist services, as appropriate
- Survivor support agencies to build links to local addiction services.

3 National Treatment Agency for Substance Misuse, Why invest? , 2014
Thomas

My name is Thomas and I have been asked to tell you my story. I thought it would be easy, but it has turned out to be much harder than I imagined.

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.

I have had no self-confidence, no self-respect, no peace of mind and, most painful of all, I have had no sense of self. I have been an alcoholic and a drug addict and I have prostituted to get the money to feed my habit. I have cheated and stolen. I have self-harmed and attempted suicide and I have been in mental institutions. I have felt so bad I thought it must be because I was really bad.

But I am not a bad man. I am a man who has suffered horrific childhood sexual abuse, neglect and abandonment at the hands of the people who should have been keeping me safe and showing me love.

It has taken me over 60 years to find the courage to face the truth about my childhood. 60 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.

Quite unconsciously, I developed the ability to separate from my feelings during intensely painful or distressing experiences, and eventually this became a permanent state as natural as breathing. This defence kept me safe, but the price was inordinately high because you can numb emotions and feelings, but you can’t numb selectively. In shutting down on the pain, I shut down on joy as well.

This is my story.
I am not a bad man. I am a man who has suffered horrific childhood sexual abuse, neglect and abandonment at the hands of the people who should have been keeping me safe and showing me love.

I needed to get clean and sober before I could face the truth and get the right kind of psychiatric help but even then it took eight years of AA (Alcoholics Anonymous) and NA (Narcotics Anonymous) 12 Step programmes, before I was strong enough to come out of denial and face up to the reality of how badly I had been damaged by the neglect and sexual abuse in my childhood. I was finally ready to work with a specialist sexual trauma counsellor through the charity One in Four.

You’d think it would be a cause of celebration to wake up after so many years asleep. But the pain of realising the truth brought sorrow and grief and pain over the loss of my childhood, my adolescence, my young manhood, and all the things that most people take for granted – warm secure attachment, sexual pleasure, intimacy, loving connection. The pain was as bad as the pain of withdrawal from drugs and alcohol.

I worked for two years with the trauma counsellor and the most important thing I remember about those years is that I was heard and seen and believed. I thought I needed a fairy godmother, but what I had been needing all my life was someone to sit with me and watch while I let go my burden of unexpressed grief. I thought I would never stop crying. I cried for two years. And then came the rage, and then more grief. I thought it would never stop.

Where am I now? Well, I am still grieving all the lost years and trying to find a healthy way to express my rage and anger. It has been hard to face up to all this loss and sorrow so very late in my life. Hard not to fall into self-pity and ask, “Why wasn’t the help there when I needed it? Why was there nobody to talk to?” But I am learning to separate from my family, learning to let go and learning to stop being a victim. I was not to blame for what happened to me. I had no part in it. I was an innocent little boy who did what he had to do to survive. I have learned to accept that I must take care of myself in the here and now, let go of the past and live in the present moment as intensely and as purposefully as I can in the short time that is left to me.

Some days I can’t face getting out of bed and find it hard to put one foot in front of the other. But the good days are becoming more frequent. Days when I feel stronger and less afraid. Days when I have a sense of myself as a worthwhile person. Days when I am free from emotional flashbacks. I am not sure if I will ever be ready to have a healthy relationship, but I do know that I have reached a place where I can look kindly at myself and say, “Here is a good man of great personal worth and very great courage”. I live in the sunshine now, not in the shadows and I have prevailed.

You’d be forgiven for thinking from my story that I’d fallen into the hands of a satanic cult, or monsters such as Jimmy Savile or Fred and Rosemary West. Not at all. I was abandoned and neglected and abused by the very people I loved and who should have loved and cared for me.

How could these people do what they did? Well, I’ll tell you. They were in denial. They were damaged and shut down and in denial. That’s how they do it. But that’s also how I survived. I went into denial. And that’s what the entire culture is so very good at whenever it is confronted with something hard to hear, it shuts down and goes into denial. The Government is in denial. It’s something that is endemic.
At age 11, I discovered alcohol and felt like I’d finally found what was missing. I credit alcohol as the coping mechanism that saved my life until it stopped working years later. Alcohol was like liquid confidence.

Claire  FEMALE

During the abuse I would dissociate, sometimes completely out of my body looking down on myself from the corner of the room. Other times my body would go numb from the waist down. I now battle dissociation and painful muscle tension because of this. I was suicidal at different points during my childhood.

At age 11, I discovered alcohol and felt like I’d finally found what was missing. I credit alcohol as the coping mechanism that saved my life until it stopped working years later.

Alcohol was like liquid confidence. It had enabled me to hang out with people but only with a persona, so I never really made true genuine relationships with people. The drink enabled me to cope and to do the things I couldn’t do without it.

My drinking became very dark. 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.

Some days I would pick up the bottle and miss an entire day with no recollection of what had happened, and most times I’d end up in strange places with no idea of how I got there.

After a few years, I woke up with a jolt in complete terror remembering the abuse. I couldn’t believe how my mind had blocked it out for so long. Now it felt so real as if it had only happened yesterday. I didn’t know how to handle it. I tried telling some people, but it was dismissed by them. The nightmares and the flashbacks wouldn’t leave me. I just drank and drank and drank, and it didn’t go away.

My drinking ended up with me alone in my room scared to leave. I couldn’t look people in the eyes. The drink stopped working for me and the flashbacks came back, and no amount of drink would shut them up. I was suicidal again. My drinking brought about psychosis where I was seeing things and hearing things that weren’t there and became very paranoid and had many anger outbursts. Everything drink gave me it stole away from me and stripped me of all ability to cope again. I’d by now become physically dependent on the drink too so was suffering from the shakes and delirium tremens. The only thing that had helped me was now harming me.

Someone I worked with pointed me to AA. It gave me a support network that I never had. It was a cure for my isolation. I tried to stop for a day and ended up in the shakes and was advised by another member to go to the hospital where the doctor there told me to not quit abruptly as I could have a fit and so he referred me to a detox programme. I took the steps, and it helped me open up and get honest with myself.
Unfortunately, though, there was no proper support for the trauma I had. So once I uncovered it during steps 4 and 5 I had no tools to handle it. I was suicidal again. There’s a part of the 12-Step programme that doesn’t fit with trauma. Where it tells you that you always have a part in something that’s happened to you. This is simply not true of sexual abuse you have not got a part to play.

I had flashbacks everyday, and feelings of intense rage which I had no method of managing. I began self-harming, punching and scratching myself. Dissociation came back, sometimes feeling completely paralysed and unable to move.

After a little while the other traumas of my past during childhood came bubbling to the surface. I felt completely floored again. At this point I had been in a relationship with my partner for over a year. In my panic I leaned on her for support, but she was equally ill equipped. The lack of support in society has put a massive strain on our relationship. My partner had no idea how to manage this situation just as much as I didn’t.

Once the memories came back it’s been near impossible to work and maintain a decent living. This has also added pressure to my partner in which they’ve had to work twice as hard to be able to keep us afloat. We both ended up losing our home and were homeless for a month living in a budget hotel. I then became homeless again a year later for another four months staying with people from AA. If I didn’t have the support network I have in AA I wouldn’t have had anywhere to turn to.

I’d have flashbacks where I couldn’t decipher the difference of the past and the present and would therefore see my partner as my abusers and would react out of fear.

I’ve unconsciously avoided my triggers so much that life has become very small. Certain people, places and things remind me of the trauma. I sometimes see my abusers in other people outside which sends me into a panic every week. It’s as if their faces or mannerisms morph into the perpetrators and it triggers me into flashbacks, muscle tension/pain and dissociation. I had a promising career which I’ve been unable to fulfil due to the trauma symptoms, drinking helped me achieve a great deal before it stopped working for me and left me with the abuse memories to battle alone again.

I attend One in Four and have now also joined SoSAA, a different 12-Step group for survivors alongside AA. I feel like I’m now making progress into building a new life and being able to manage my symptoms. Having a support group to go to has alleviated some of the pressure on my partner too. With the support I now have it’s very rare that I self-harm. I wish that these tools were available to everyone.

I had to get help from AA for my drinking and laid a good foundation of support and cleared my head to be able to get further help but that didn’t deal with trauma and I needed to get professional help and other support for these deeper issues too.

My hope for the future is that there would be centres for survivors, as there are rehabs for alcoholics and addicts. Where survivors could learn grounding techniques and get educated on what they’re living with. I would hope that in future public services like the police, doctors, schools and social services would point survivors to survivor groups and counselling facilities that specialise in treating sexual trauma. I hope that the future will bring more training and support teams inside the police so that survivors are made to feel safe and heard.
Getting drunk was the only way to drown the horrific feelings and savage, obsessive thoughts, and I would do anything to get hold of enough alcohol to reach the oblivion I now craved.

Matt

When I was eight years old, I was targeted by a group of predatory paedophiles who subjected me to 18 months of horrific sexual abuse. Like almost all survivors, I was too ashamed and scared to tell anyone what had happened – not my parents, friends or family.

My life has been one of extremes, since suffering the horrific trauma of being regularly sexually abused in public toilets, and leading on to teenage alcoholism, ‘sexual anorexia’ and living with complex post-traumatic stress disorder. And now? I have been blessed with over 25 years of recovery from addiction, a successful, fulfilling career in theatre and, for the most part, a sense of peace and purpose in my life. Far beyond the material success I have achieved, the most important realisation is that I know I am being intuitively guided on a journey of spiritual awakening which is hugely rewarding and profoundly healing. I have become aware of a beautiful presence deep within me, which is a source of immense strength and love.

It has been a long, tough journey to get here…

For most of my adult life, other than a few vague, fleeting memories I could not remember anything which happened to me before I was 12 years old. I would look through the family album and see myself on holiday or at a family reunion, but have no conscious knowledge of being there or of what happened.

As soon as the abuse had finished, I buried the horrific memories so deep inside of me I could barely remember anything – until, aged 12, my reaching puberty triggered off savage memory flashbacks to the abuse. I immediately became aware of a deep, visceral feeling of horror inside of me, which was so overwhelming it was soon crippling my life. I felt dirty, ashamed and disgusted with myself but didn’t have enough visual memory to understand exactly why.

On the surface everything looked fine; I could flick a switch in my mind and ‘act’ so no one knew what was going on beneath. But I had begun to feel threatened by the physical presence of certain men, scared of being attacked, even at times with men I knew and had no reason to question or distrust; I began to
withdrawn within myself; I became very anxious, depressed and often paranoid about other people’s intentions.

I had my first drink of alcohol when I was eight years old (the same age when the abuse started) and I loved it. Whilst I hated the taste the effect throughout my body was sensational. It felt like a chemical reaction was surging through me, and I felt alive in a way that I never had before. I adored the explosive effect throughout every cell of my body; it was like a firework display going off inside of me.

These feelings of euphoria didn’t last and by my late teens I was a desperate alcoholic. Getting drunk was the only way to drown the horrific feelings and savage, obsessive thoughts, and I would do anything to get hold of enough alcohol to reach the oblivion I now craved. I started getting the delirium tremens (DTs) most nights, imagining snakes at the bottom of the bed coming up and attacking me, which brought on horrendous palpitations. The self-harming became worse during the DTs; in my insanity I would often head butt the bedroom walls to try to knock myself out. I hit rock bottom aged 20 years and, with horrendous fear and trepidation, attended Alcoholics Anonymous.

This was the turning point in my life, although I didn’t know it at the time. With the support of AA, I haven’t had an alcoholic drink since 1 March 1993. AA has offered me so much more than physical sobriety. It has become my spiritual foundation and created the opportunity to explore a variety of healing pathways which, over the last 25 years, have included conventional trauma therapies for PTSD in the UK; to Spain where I enjoyed an exhilarating month long pilgrimage along the 500-mile Camino to Santiago de Compostela; to Brazil where I experienced profound healing on a meditation retreat; and on numerous visits to India where I studied spiritual philosophy, meditated in ashrams, and trekked the Himalayas.

My journey of healing started as soon as I stopped drinking and accepted I needed help. I was diagnosed with PTSD aged 20 years and, until I was 43 years old, the PTSD effectively served as a powerful anaesthetic in the sense that I had so few memories of anything before the abuse took place. The happy, joyful memories of me as a young, playful and shy, small boy didn’t come back to me until I was in my early 40s.

Such was the long-term, crippling effect of the abuse on my memory, it sometimes felt as if the abuse was all that had ever happened to me before the age of 12.

There has been plenty of healing over the years through AA’s 12 Step programme, with the expertise of gifted professional therapists, and through my spiritual practices (including meditation). Although the effects of the abuse have greatly diminished, there are times when I can still feel profoundly traumatised. This is the challenge of living with complex PTSD (I was diagnosed with CPTSD two years ago); the survivor often re-lives the abuse (you are there, it is happening in real time around you), rather than remembering it on a screen in your mind.

Consequently I have struggled with emotional and sexual intimacy all my life. A psychologist told me, when I was in my 20s, that I ‘almost had a phobia of relationships’. Looking back, I can see there is much truth in that statement.

It is only more recently that I have been able to write in detail what happened during the abuse. This was another turning point in my life and the first time I’d had the courage to write down everything I could remember.

It is only more recently that I have been able to write in detail what happened during the abuse. This was another turning point in my life and the first time I’d had the courage to write down everything I could remember. It was during this process that I knew instinctively that I needed to place the trauma of the abuse into a broader, healthier perspective. I started writing a document which evolved during the course of the next 18 months into my memoir A Small Boy Smiling: A remarkable journey of healing from the trauma of child sexual abuse to spiritual awakening.

Writing the book has been profoundly healing for me. There is more of a “distance” in the memories of the abuse now. I’ve gradually become more able to be a witness to the trauma; I still experience the physical and emotional symptoms, but I am consciously aware that I am a 45-year-old adult remembering what happened during the abuse, rather than being the eight-year-old child reliving the full extent of the horror and savagery of what took place.

It has taken over three decades to fully come to terms with the trauma, guilt and shame; and to heal from its longer-term consequences – that of sexual anorexia and living with CPTSD. I do hope my story might offer some encouragement to fellow survivors on their healing journey. It has been hugely important for me to know that I am not alone, and that there are professional organisations, charities and voluntary groups offering support.
I was young and wanted to party and have fun, yet I had this horrible trauma inside me. The drugs and the alcohol were giving me a sense of feeling high and I didn’t want to give up my lifestyle. But my drinking got progressively worse in order to manage the pain of the trauma. But as my body developed a tolerance to drinking, I pushed the trauma even deeper inside, so eventually when I started to look at this in recovery, there were many layers to go through.

I drank my way through most of my 20s. I managed to work, but I would self-sabotage my jobs, believing I was unworthy. Eventually I got a really good job with a good salary, health insurance and the same cycle of unworthiness repeated itself. I missed days off work, would drink heavily telling myself it was the stress of the job. But in reality, I was frightened of giving up the drugs and the alcohol, frightened of looking at the pain inside.

Eventually I was signed off work and had a mental breakdown. I drank alone in my flat all day, every day, for a couple of weeks. A friend had recommended The Priory, but I was terrified they would take my alcohol crutch away. Still I went.

At assessment the psychologist spoke to me about my addiction, then a member of the programme staff team came to see me. I remember it to this day. I said to her “I cannot stop drinking and I’m terrified I’m going to die.” I was crying, and I looked up at her and she said, “It’s alright, we are going to look after you.” I broke down. I’d never heard those words before. Nobody had ever said that to me – from my mum, my school, the police, the GPs, the doctors in A&E, nobody had ever offered me help. I was 30. I had first spoken out about the abuse when I was 12.

Yet I still had to make the decision to go into recovery and become abstinent. It’s harder to get to the root issue when you go to services offering harm minimisation.

Thankfully my health insurance paid, and I went. The recovery programme was an intense, at times mind-blowing experience. I knew my drinking was closely linked to my CSA, but I didn’t understand I was drinking to deal with it.

Over the 28 days I learnt I was using alcohol as a result of my trauma. The programme validated me. For the first time in my life, I felt seen and understood. It was so powerful.
But it was hard at times too. I knew my trauma from the CSA was very serious, and it had been getting worse because I was no longer self-medicating. I started to realise why I’d drunk as I had. Emotionally I had an awful time, I got worse before I got better. I realised I’d been drinking so heavily because of what it was doing for me. It had been helping me cope. Honestly, I don’t think I would be alive today, if I hadn’t found alcohol. It did so much for me, it saved my life. So, I realised why it was so frightening for that to be taken away. For someone with CSA, it’s like a death sentence.

I worked hard at my recovery. I was in the 12-Step fellowship and had a sponsor, I had counselling and group work also accessed a trauma programme. I believe the CSA was so seriously deep in me it was hard to get to the core of it. I had to get beyond the addiction to see it all.

It takes a long time and it’s a lifetime of recovery – especially when there is addiction on top. I think many people who have suffered CSA will suffer addiction to substances or behavioural addiction, something that is going to help them cope. We are not equipped to live with that amount of pain. The feelings of shame, self-disgust, dirtiness, worthlessness lead to a deep pain, that medication with alcohol can only pacify, until the feelings come back, each time worse and worse, so the addiction gets stronger and stronger.

The decision to change my life was not easy. I think many people who have suffered CSA will suffer addiction to substances or behavioural addiction, something that is going to help them cope. We are not equipped to live with that amount of pain. The feelings of shame, self-disgust, dirtiness, worthlessness lead to a deep pain, that medication with alcohol can only pacify, until the feelings come back, each time worse and worse, so the addiction gets stronger and stronger.

The decision to change my life was not easy. The decision to follow a spiritual life based on the 12-Step programme was something I have had to dedicate myself too. It’s been tough to make those decisions, to change my life. I had such deep feelings of unworthiness, so making the effort to make my life better was challenging when I felt I wasn’t worth it.

But with help, I slowly chipped away at my lack of worthiness and shame. And started to think I did deserved a better life.

I’ve been able to look at the impact of the CSA from many different angles, I’ve learned many coping mechanisms. But the trauma can still get triggered and suddenly, I can be back there again. Thankfully now, I know how to bring myself back to the present moment, so the feelings subside. But my body still holds the trauma, in bodily sensations. And I still get feelings of shame, and disgust but I know they are no longer mine.

I don’t think anyone who has suffered CSA will ever fully recover. But since my recovery from addiction and trauma work on my CSA, I’m starting to feel fulfilled in ways I’ve never experienced before.
There’s something about sexual abuse which seems quite sick – during it my body felt really alive, there was such an intensity and I think I got addicted to that... because without it my life felt so much less.

Charles MALE

My childhood was affected with every kind of abuse, sexual, physical, emotional and neglect. I sort of grew up never feeling safe, never knowing about trust.

The abuse and sexual abuse started when I was very young. Looking back, I wonder if I had ‘paedos’ plaything’ emblazoned on my forehead. I had been easy pickings.

From when I was very young, I have some snippets of memory of what happened, but for the most part I have blocked it out. I get a lot of physical reactions and emotional reactions. If I see some things talked about or depicted on TV or in the media I start to shake and, I get muscle memories, and sometimes I start to cry.

I was bullied in school, by my peers, and by teachers. I was split inside. Part of me studious and sensitive, part of me acting out. The bullying at school led to an injury to my shoulder and I was given three shots of morphine in hospital. It planted a seed. I liked it. And when I first earned money, I started using, so I didn’t have to be with myself, or my pain inside. I’d felt a lot of fear, despair, terror really, and drugs were a nice place for me to be. Ultimately, they were my safe haven and that’s where I ended up.

Years ago when I was on bail, and went into rehab for the first time, some guy shared about being sexually abused and I thought, “I have a memory of something like that happening to me”. For a long time I wondered if I was attention seeking. It took me years to speak of it. I’d internalised I was a bad person so why would I share this?

I think probably the biggest impact on my life was not trusting women which affected relationships, especially intimate relationships. I needed to control my environment and everyone in it, which meant I’d sometimes get violent and mess up my relationships. I would objectify women and I had some distorted attitudes towards sex.
I was often drawn to people who also had sexual dysfunction in their childhood, or sexual abuse. And when I was having sex I had difficult feelings, sensations, fear and shame and over time I connected this with my early experiences. I’d wonder why I am freaking out over touch, why can I not just relax and be natural?

Later on, when I started to paint professionally my cut-off feelings became more apparent. I used to spend the day painting and afterwards I’ve feel emotionally exhausted. I would sit down and have a cup of tea look at my work and cry. So, without being aware of detailed memories, some things shifted, released and moved through me without me having to identify it.

Doctors could not help with the issues I had. And I couldn’t turn to my parents, because that’s where some of the difficult stuff started. So, what did I do? I used heavily for years. I went to my drug dealer for relief. Or to the pub or off-license. I had a pattern of using, getting violent, blaming myself for being a bad person, wanting to take my life and using again, to avoid these feelings.

But that amount of using can only happen for so long, and eventually my body shut down and I ended up on the steps of A&E. Later I went to the Maudsley Hospital.

Due to my drug using I was arrested a few times. It was a policeman in the CID who really helped me as he introduced me to someone in AA. I started going to meetings, and from there to rehab. I got clean for almost 22 years, with some relapses. There are many people in the fellowship who were abused as children. Not everyone talks about it openly, but I’d reckon it’s about 90%.

Ultimately if I didn’t want to be a detriment to myself or society, I had to address my history, which included facing the sexual abuse and releasing terror I’d experienced as a child. It took a long time.

At times I had terrible suicidal thoughts and I wanted to be sectioned. Some years back they got so bad, I wanted to use again and the only option I’d not tried was going into the Maytree (a residential non-medical sanctuary for people feeling suicidal). They were brilliant. And they introduced me to One in Four. My counsellor was amazing. She never made me feel ashamed of anything I’d done. This perspective helped me see my behaviour was a natural response to what had happened. I recognize my internalised critical voice, a blending of my parents, teachers and authority, was what was punishing me so harshly.

I no longer bear resentment to those who abused me. I look at my parents and see they had their own challenges, I’m sure my Dad has PTSD from his time in the army. He must have seen a lot. And my mother’s father was a violent alcoholic, so she’d experienced much too. There is so much trauma and abuse.

The greatest thing for me is just finally being heard and believed and there is nothing in my heart that wants to run around to shoot the perpetrators or harm anyone. It’s just about me being validated for that part of my life and being able to let that go and move on and not hang onto it.
Joshua  MALE

I am a 45 year-old gay man. The first time I took drugs was shortly before my 41st birthday. I was offered mephedrone in a sexual setting and initially I said no. Then I thought “I’ve been good all my life and what good has that ever done me,” so I changed my no to a “Go on then”. Before then I was repulsed by drug use.

After inhaling the drug, I felt ‘good’ inside which I had not experienced before and I was immediately hooked. I can remember a few days later thinking I wanted that experience again. I now realise that feeling was an escape from the torture of being myself with an inner world, full of neurotic worry and pain. The relief I had found led to me using on a weekly basis for the next year. During that year no one noticed I was using and it did not seem to have a significant impact on other areas of my life.

I started a relationship which was emotionally and sexually abusive. By Christmas I had recognised the abusive nature of the relationship and that I had a choice and I ended it.

My partner introduced me to crystal methamphetamine, this was about the same time I remembered my abuser taking me to a paedophile ring when I was nine years old.

When I stopped using mephedrone, replacing it with crystal meth, I was able to escape and function better mentally at the same time, until the comedown that is! Some time after I was really struggling to deal with returning memories and I felt terrified. I decided to tell my mum as I wanted support and some understanding. She asked me who the abuser was, and I outed the truth. The response was “I don’t believe you”; that I was making it up to get attention. After this conversation I felt pressure and cues for me to act like nothing was wrong or ever happened – and it all felt very familiar. At this point the nature of using changed and I started to depend on crystal meth to feel better and cope. I had needed/expected some understanding, support and compassion but experienced shame and rejection from all my family except my brother. This was extremely traumatic, I felt I needed my family to heal but the reality was they made me feel worse – I think I regressed at this point into a pattern of pretending outwardly to be happy and fine whilst hiding inside that I was full of pain and rage. It was at this point that using became increasingly problematic and started affecting all areas of my life.

So, I now ask myself what changed? Looking back, I had just begun to acknowledge and start to make sense of fragmented memories of childhood sexual abuse. The memories started to enter my conscious thoughts a couple of years prior, and as my abuser was a family member, it took a while to concede the truth. Also, I was resentful of ‘being good’ without reward as my life was a mess: at age 40 I, had just found out I was dyslexic and was struggling academically on an HNC course. I had been bankrupt, I was struggling with work and always had, I had given up on relationships as they were so painful, was living with parents and had been diagnosed HIV.
Some months later I was using a higher dose just to feel ‘normal’ and be able to function. I outed myself as using to my family and sought support. I started having key working and I managed a two week stretch sober by the end of key working, but something kept driving me to use again although I pretended to have stopped. I knew my underlying trauma was driving my drug use and my key worker gave me information about organisations that specialise in supporting people that have suffered sexual violence/abuse and I made a self-referral for counselling with a sexual abuse charity.

I continued to prop myself up during that summer using crystal meth weekly. I found that there were aspects of the come down I actually liked which were feeling nothing at all and sleeping for two days.

I tried to get my focus off using and decided to enrol on a degree course. My use at this point drastically increased as I could not cope with the study, the increased use made me less able to cope so I used more in an effort to cope and my use became more and more out of control.

I began counselling. During the third session I had difficult feelings surfacing relating to abuse and I used drugs for eight days after. My therapist helped me see how much my feelings relating to the abuse destabilised me and I immediately accessed support and did a four-weekend structured program. After that there were much bigger gaps between using – to every two weeks, six weeks, a month – but around the end of July I began using more regularly again for a few weeks until I started to realise how angry I had been and still was. The drive to use drugs remained but its grip lessened after this.

Over the following two to three months, with my therapist’s help, I began to own and express my anger more healthily.

Months later my anger was receding and it left space for something else – a memory emerged of earlier sexual abuse when I was three and everything changed. From this point I felt a lot less compelled to use, I think because I had faced something I had been running away from since the third counselling session.

Over the next five months I realised how I was unable to look after myself properly and that the very part of myself I trusted to look after me mirrored my abuser and got me into trouble. I saw and acknowledged that I had been wrecking my own life as a result of the mental injury the abuse caused. I now am able to look after myself much better and I feel a lot safer from myself. I can now appreciate why I used because I feel better naturally than any high from a chemical but the emotional effect of the abuse on my being made my life a tortuous existence.

These days using is not an issue thanks to my journey with SurvivorsUK – I feel different now. I feel good inside and I don’t need to make myself feel better, and if I were to use, I would lose that feeling for a week.

If I did not access specialist services for the childhood sexual abuse I would not be where I am now. I could not stop until I could say No to myself and this was only possible after I was able to remember and revisit the abuse, realise I was now an adult and not powerless and able to say no to abuse in the present.
Simon

Choose me, abuse me. Nurture me, torture me. Guide me, ride me. Life pending, happy ending?

I have found it very hard to unravel my past and understand that I was a victim of child abuse from two sources. I have been very confused for most of my life, isolating at one extreme and getting involved in things that didn’t concern me, all in the pursuit of a missed childhood.

The first abuser was my father; heavy handed and old school, all he knew was confidence, anger and strength. Soft and passive was not his thing. A regular beating kept me from bleating like a lamb (to the slaughter). I was told to be a man, not to cry, don’t lie. I was scared of him, I wanted him to love me, encourage me and hold me.

The second was my surrogate father, tall and strong, fit and healthy, the blue-eyed boy. I worshipped the ground he walked on. He was there for me. He loved me, he encouraged me and he reciprocated his love.

Eleven years old, new school, new home, new friends, new beginnings I had hoped. My father had gone away to work, thank God. I acted out, attention seeker, class clown and I was alone. I migrated between different groups at school – the brainy bunch, they were boring, and the naughty crowd, smoking and sniffing glue behind the bike sheds – that was definitely more exciting. Caught between what should be wrong and what should be right. I could not see, I could not connect, I was lost, and I did not know who I was. I was scared to lead, or make a mistake, it was easier to follow. I had to live up to my father’s expectations. You are not as good as your older brothers; you are an embarrassment to me; you are a worthless piece of shit.

I was a worthless piece of shit is what I told myself every day from then on – I must work harder, only to set myself up to fail again and again.

As I grew, I entered adolescence. I started to change. I didn’t understand, I couldn’t ask my father, he became ill and angry. I was always scared to anger him and get beatings, so I asked my surrogate father and he introduced me to a new world…

Years later, I got my qualifications and I moved away. I had a job, a girlfriend that needed fixing, and a heavy drug, alcohol and gambling addiction which I hid from my nearest and dearest.

I was lost, I was hopeless, I lied, I cheated, I stole, I committed crimes, I lost my liberties, I lost my jobs, I lost my girlfriends and I did not care.

I confronted my perpetrator, but to no avail. I told my mother and she did not believe me. Just wipe it under the carpet as we always did in our family. What you can’t see can’t hurt you. I had to end up homeless on the street, wanting to die before I found my voice again. I remember the last night I got wasted. It was New Year’s Eve, I was on a park bench, with a bottle of vodka and a crack pipe, a sleeping bag and the clothes on my back as my only possessions.
During this period, I joined an organisation which supports the homeless and people with mental health and addiction problems. It was there that I was introduced to One in Four and Survivors’ Voices. I have attended several workshops with One in Four and I have found a huge power in picking up my pen and writing about my life, what has gone before and how I feel now.

I pity my abusers today. They must have had it tough themselves, and had to take it out on vulnerable children like I was to get their feel-good factor.

Today I can hold my head up high, not in shame or blame, but in pride and ownership and not be afraid to share how I feel. If I have learnt anything recently, it is that I need to feel to heal. Having emotions and feelings has enabled me to connect with other human beings at a much deeper level. I have learnt how to love and be loved. I have learnt to forgive myself. I am not my abusers. I am my own man. If you are reading this then you too can make a difference. Go out there and tell the world how you feel. We need suffer no more.

“Having emotions and feelings has enabled me to connect with other human beings at a much deeper level. I have learnt how to love and be loved. I have learnt to forgive myself
Family can sometimes be hard. As they say, you cannot pick your family, but you can pick your friends. Friends are very hard to find. I have true friends, the ones that stuck by me when I was drinking and they weren't. My drinking friends are now just associates.

My hands are usually warm which means I have a cold heart. My heart is broken. And sometimes it beats very fast. I know one day my heart will be warm and the feeling will pass, it will be filled with love, compassion, less fear and frustration. Understanding and loving and giving. Bring back my feelings, bring back my belonging.

My perpetrator – you were supposed to be my protector, my carer, my saviour. Instead you betrayed me, abused me, corrupted me, hurt me and confused me. I am glad that you are dead. I should have killed you instead. My whole family is a mess. I hope you have gone to hell with no rest. I let you control my life no more. I will survive. You should have known better, you’re bigger and older and should have been my protector.

The sexual abuse definitely happened before secondary school, I’ve no clue about the age but before 11 years old. I have drunk to blank it out. I remember I asked at school can you get pregnant without periods and everyone laughed at me.
At 16 I told my older sister. She had a feeling something was wrong because of my behaviour. I’d lock my bedroom door and block it with furniture, so no-one could get in. She was motherly and told me about my other sister who had also been abused. She went mad, lost her marbles, she didn’t have the strength and committed suicide. That’s when I escaped and left home. I had to leave. My Dad’s violence scared me, even on the phone. “You f**king wait, till you f**king get home’. He wasn’t happy till he saw blood. One day I pretended to pass and out and faint. He jumped on me, he weighed a lot.

I cannot visualise what I was like before the abuse. I can remember a six-year-old party and hiding under the table and knocking a drink over and I got a beating in front of my friends.

Dad introduced me to drink the day the abuse started. I would go to my drama class drunk and no one noticed or said a thing. He would send me out to fetch drink, he knew the manager in the shop.

The abuse went on until I was 16 years old. When he found out I had told my sister he fled the country. I think he felt ashamed. At 16 I had a relationship and got pregnant. I was confused because I thought the baby might have been my father’s. I had post-natal depression.

My elder sister and my mum knew about it (the abuse). I loved my Ma so much and now I think she must have known about it, and I’m angry at her for that. It was hard she never would sit with me, she always distanced herself. I think she felt guilty that I got pregnant. I could have been someone.

My oldest sister introduced me to crack. She is very strong-minded. If had a problem I would tell my oldest sister everything. We got closer as sisters and smoked together. She didn’t smoke with anyone else, just me.

I had no morals. I had no self-esteem or self-respect. I didn’t know the difference between love and sex. When I was younger I knew no better. I was like the town bike. I was drunk all the time. From 14 years old.

There are days when I hate myself still. But now, I can think about tomorrow. I can think about my children and my grandchildren. I wouldn’t have been able to do that before.

It took a long, long time to get off drink. I didn’t care, couldn’t think about tomorrow. When I was 21 I tried to get off drink. I tried too many times. “You are going in there to have a break?” My friends would ask. I went because my ex-partner was going to leave me.

I was like ‘the man’ in the relationship, coming home late and drunk. I went to rehab for him. I thought it was going to work, but it never does, unless you do it for yourself. I wasn’t going to any meetings. I didn’t last a month.

One time my grandchild said, “My other nanny takes me out, but you never ever take me out, you’re wasting your life.” That woke me up. And I got help. I’ve been sober for three years. It feels excellent to say that. My sister says ‘Wow’. She’s really proud of me.

In my first rehab I had to talk about the abuse. But I never went there, just mentioned it in my life story. First couple of rehabs I never spoke about my sister who died. Once I wrote my story and I included her, but I couldn’t get the words out. She didn’t get no help. She did drink and wouldn’t say she was an alcoholic, she tried to commit suicide because of her abuse. They took her kids away from her. So, she did it properly, she killed herself.

There are days when I hate myself still. But now, I can think about tomorrow. I can think about my children and my grandchildren. I wouldn’t have been able to do that before.

I’ve been with my partner for over 12 years. We are friends. He wants to marry me. But I cannot live with no one. If I was to have a relationship rather him than anyone else, he came to the rehab and visited me, he’s a nice person, doesn’t drink or smoke.

The abuse has ruined my sex life, I cannot relax. My dad had said this (alcohol) will relax you. I wasn’t strong enough and I wasn’t sober to get help for the sexual abuse. I would have had a drink before or after. There isn’t fear there now, but before I was scared. But I have to say if I don’t do it I will be stuck. I would like to let it go. You can forgive, but not forget.

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.
Lying in bed aged seven, I wouldn’t know what time but the traffic had been quiet for a long while, I would be wide awake staring at the gap of the door, my heart pounding, paralysed by fear, waiting for the bogey man...

Some 40 years later I caught myself lying on the kitchen floor maybe three o’clock in the morning on a week night. I was trying to lift the washing machine with one hand and look and scrape underneath with a bit of cardboard. I was sure some drugs had fallen there.

Everything should have been fine, but I was constantly tearful. “Don’t cry or I’ll give you something to cry about” was my father’s mantra. Now middle aged, I hadn’t cried since I couldn’t remember. Emotions were for others, the weak if I’m honest. They weren’t allowed. I’ve since learnt that stopping the child from expressing their feelings helps protect the abuser, keeps them cloaked. Suppression of my feelings was engrained.

I’d accepted that I had a compulsive, addictive personality. It was a curse, my cross to bear. I had dragged it around all my adult life. If it wasn’t alcohol it was drugs or gambling, or all. I had learnt to hide and deny. It was under control, according to my delusion. There would be periods when I wouldn’t function, I’d go down into the abyss. The voice of my addiction could change and adapt so as to speak to me, the best way, the direct way, the subtle and powerful way, but always a constant in my life, my loyal companion.

I’d hit a wall. I wasn’t joining in anymore, constantly tearful. I was back to sitting inside quietly threading beads when the other children were out playing in the sun. No matter which way I looked forward there wasn’t a way through. The world was doom, the life was hopelessness but my companion was there, my companion who took its’ toll. It took my integrity. It chipped away at it. The sacrifice of my integrity took with it my conscience, my real connection to others and so it took my soul. I didn’t know what to do, I didn’t want to hear it and I wouldn’t accept it. I had to numb at any cost.

I felt a new inner voice trying to speak to me. The sun was shining through the blinds. I adjusted them and was cast back to my 20s when I went to visit that cousin, they had the same blinds. Then it made sense. I had a moment beyond a clear thought, more a halting realisation. When I was a small boy he, who grew big quick, used to stay with us at Christmas and sleep in my room. You see. Safe from the bogey man. Safe from my father: my abuser. My cousin’s death took away what little sense of safety my inner child had.

From an early age I was abused by my father. I was also abused by a man at the swimming baths. The abuse stained my soul with confusion and fear. I was alone.

The abused child is traumatised and cannot process, speak out, understand, prevent.
The child is suppressed and manipulated and becomes an object of shame, a feeling which possesses them all their life. The world is no longer wondrous. It is only a world of fear from which the child has no escape. The child can only suppress the fear and shame and guilt they feel and bravely carry on in this hopeless frightening world because they have no choice or voice. The child learns to survive. Learns to numb.

Childhood sexual abuse is an international epidemic. As many as one in four females and one in nine males suffer childhood sexual abuse. Consider the scale of this. We are now recognising its existence. Not just recognising, but realising its magnitude and the harm it causes. An abused child is damaged for life from the moment it happens unless it is dealt with. The harm can create addiction. The need to numb. The need to escape that cauldron of feelings that bear so heavy. Addiction is part of the survival. It is the companion that many survivors like me need.

We have shone a bright light on childhood sexual abuse. We need to talk and talk about it. We see it as a darkness in society that we previously ignored: we turned our backs on it and let the survivors suffer in silence. But no more. That light must get brighter. We must understand the effects of abuse on the child and the effects throughout their lives. Together we will find the ways to stop childhood sexual abuse.

The survivors? Those courageous people who live in continual torment. Those that have found a way through. We become overwhelmed with despair, with doom, possessed with anger, self-loathing, shame and guilt believing the abuse was in some way our fault, and often we become addicts. We live a half-life because a full life without the companion of addiction is too much to bear.

If what I have said talks to you then I will tell you clearly: you have made it this far and so proved you have the strength and courage to take that journey. You owe it to your inner child. That child who survived.

The python weakens. It lets go. The voice of your addiction fades. You get to choose, no longer compelled to numb.

Reach out. Say what happened to you. You are not alone. People will listen and believe you. You will realise that you are a survivor. You are a warrior. You have an undefeatable indefatigable spirit. Light will come into your life and you will feel peace. You will love yourself because you are beautiful. A beautiful pure soul lives within you.

It’s time to rescue your child. Go through the journey. Feel and feel and feel until you are totally exhausted and feel more and the light and peace will come, my friend. I know, I have seen it, I have felt it. Self-love and joy of life will possess you.
I started collecting tobacco from discarded cigarette butts in the street. I would smoke them, and cut myself with little pieces of glass. At the time, smoking, cutting and music rolled together to form perfect escapism.

Eve  FEMALE

Hello. The abuse happened when I was about 11-12. It was a friend of my brother’s who was on the autism spectrum.

Further abuse happened from the age of 13-16 in the form of statutory rape as I had sex with men for money. There were also incidents of questionable consent from the ages 14 and onwards.

My brother’s friend would touch me inappropriately, while I was awake and while I was asleep. I always avoided him. If I woke up I would pretend to be sleeping, but shift slightly and he would run out the room. If I was awake I would just do anything to leave the room/ignore it.

I don’t remember feeling anything much. Though one time we were watching TV with my family and he was abusing me. No matter how many times I left the room to get his hands off me, every time I returned they were back again instantly. I remember feeling despair, and very ‘jangly’. By jangly I mean anxious, on edge, discomfort in my stomach, restricted breathing and tension. This is still a common feeling for me and one I struggle with.

I confronted him. We had gone to supper at another family’s house. The adults were next door while the kids mucked about in the living room. Maybe I felt safer because of the other kids, I confronted him, shaking, and told him he had to stop what he was doing. I said, “Do you know what I mean?” He said yes, and that he would stop. He looked terrified.

He did not stop and I started barricading the door at night with a chair. One morning my Mum tried to come in and asked me about the chair. I told her. Maybe she was more sympathetic but she said she “thought that he had been following me about” and that maybe he ‘doesn’t realise it’s wrong’ (on account of the autism). She said he wouldn’t be allowed to stay over again. Although I don’t think she ever explained it to my brother, who seemed angry about it.
Once I came home and his jacket was there, I froze in panic. I asked why it was there and Mum just said he had visited while I was away and left it by accident. Every time I walked past it I felt fear and aversion.

I started collecting tobacco from discarded cigarette butts in the street. I would smoke them, and cut myself with little pieces of glass. At the time, smoking, cutting and music rolled together to form perfect escapism.

Very soon I started drinking. Going to the kitchen at night and mixing a little of everything, then gulping it down while I listened to music. I would fantasise about being popular at school (I was decidedly very unpopular). The alcohol, music, smoking and fantasies gave me a sense of euphoria.

There was a point where I remember lying in bed while I was being called for lunch. My Mum was getting increasingly frustrated. I remember the heavy feeling in my body. A sense of utter dead weight, like I was covered in a great, heavy blanket, totally dejected. While I had often been melancholy at school, this is my first clear memory of complete depression.

My Mum organised a counsellor. I can’t remember but I may have suggested it. I remember my nanny telling me that I should tell them everything, and that I can tell her and Mum anything. I remember nodding and focusing all my effort on not crying.

I had trouble being touched. A light touch, even now sends shivers down my spine. Causes me to stiffen and feel rage, which I think is fear. At school, when my desk mate brushed me while reaching for books, I would react very strongly, shouting “Don’t touch me!” – it looked and felt like an over the top reaction.

Growing up I had an acute sensitivity to gender injustice. My Dad loved sexist jokes. One day I remember my nanny telling me that I should tell them everything, and that I can tell her and Mum anything. I remember nodding and focusing all my effort on not crying.

My fear of teachers and punishment completely evaporated. There was nothing they could do that mattered. I think the illusion of healthy, in-control adults disappeared.

I don’t remember the uncomfortable thoughts but I remember how I dealt with them. The moment one entered my head I’d force it back out, before it had a chance to formulate. As a consequence, my attention span was low.

Later, I largely replaced alcohol with weed. This is because at boarding school weed was a lot easier to get hold of, hide, and use, than alcohol.

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.

I’m 29 now, and my baby is almost a year. I decided to get help when I was pregnant. The pregnancy brought stuff up for me, plus it was the first time I’ve been clean for years. I had psychosis about five years ago. The CBT I got during the aftercare was amazing. I was ready, and it was a very intensive treatment. We discussed the sexual abuse but I could never bring myself to address it. My counsellor said that, maybe at some point in the future I might want to address it, when I found that it was affecting a relationship for example. Well I feel ready to face it now.

I hate any words that remind me of sex, or are gendered. I won’t write words like ‘huge’, ‘tight’, ‘period’, ‘hysterical’ if I can find another one. I hate sounds that sound like sex; pasta being eaten, dogs drinking water. And I am scared of men, especially if I fancy them. I am also pretty scared of women, I have social anxiety. If I think about sex, or something that makes me sad I often get pain in my lower abdomen. At work I find it hard to have healthy interpersonal relationships with men. At times I struggled with scenes of violent sexual imagery. This was often at work, when I was alone, it made it very hard to focus on work. I tried to combat it with mindfulness but I would often breakdown and cry from the unbearable horror. Sometimes when my daughter cries I feel that she is being abused, the imagery and feelings that come with this are very hard to deal with.
The fact that I was being sexualised at six did not seem strange or odd, or even bad. I knew no different.

I remember the first time quite clearly. Someone in my family showed me pictures of naked women, their pubic hair erased in those days. I remember the model’s name – Mary Skinner. Odd that I recall that so clearly. I remember him showing me his erection. Then he asked me to go to the kitchen and get the Lyons Golden Syrup, there was a picture on the tin of a lion that looked like it was dead with flies around it. When he tied me to the bed I just did as I was told. That is what I was told to do. Over and over by everyone, my parents, my teachers and now him. Do what you’re told! So I did. Some of what he did felt nice. I didn’t know it was wrong.

He would ask me quite often to do the same thing. Gradually I did begin to think that something was wrong because my mother came back once and I could tell he was worried. But I didn’t say anything. Who would I have told? Who would have listened? We didn’t talk as a family. We were told. I remember having to knock on the drawing room door if I wanted to see my parents and I remember you had to have a purpose for doing so. So I just did as I was told and kept it quiet, locked up inside.

I was sent away six months later to boarding school. No preparation, no explanation. Just a car journey and then a shocking and traumatic realisation that I had been abandoned. I remember that day too, in vivid detail. A feeling of utter and total loneliness. Once more I was told to do what I was told. The difference this time was that there were at least other boys there. I got used to it. You get used to anything in time.

Then the music lessons started. At first the lessons were on an upright piano in a room near the headmaster’s. The teacher put his hand on my knee. We wore shorts all year round. It felt quite nice having physical contact. He just rested his hand there. I tried to play the chords but I found it difficult. After a few weeks we moved to another room with a much larger piano at the back of the school assembly room. Now his hand started to stroke me, gently, tenderly and his fingers crept slowly up my shorts. I would just keep my hands still on the keyboard and he would slowly arouse me. I didn’t resist or shout. I didn’t stand up and shout out. I just sat there. I did as I was told. He was an adult, a teacher. I was seven.

The same thing happened every week. I knew what was going to happen and every week I was aroused. A strange, but not unpleasant feeling. I think there was a vague sense of unease that this was ‘not right’ but he would quietly say “Good boy” and I would feel strangely reassured. But I don’t know what I really felt. It was even then confusing. He didn’t hurt me. He wasn’t threatening. He just did the same thing every week and every week I came and sat on the same piano stool. That went on for about two years.

There were a few of us who played with each other. A little gang. I remember a small group of four of us and we would draw diagrams of houses and they would always include a room set aside for sexual stuff. I can’t remember the vocabulary we used but I remember sitting in the trees between the football pitch and the golf course and talking about sex.

By now there was a growing sense of confusion. There was definitely a sense now that these thoughts and these actions were not allowed. That bonded us and we would touch and masturbate each other regularly. It never crossed my mind to associate that behaviour with my first abuse at home or the music teacher. Nobody was getting hurt. It was physical contact and that was an unknown at home.

I was at an all-boys prep school and went to an all-boys public school. I was extremely sexually promiscuous. I was the school tart. A pretty boy – a ‘stig’. My first term at public school one of the prefects told me to come to his bed. I played with him, held him and revelled in the fact that I was wanted, needed and popular. I think I slept, fell in love, kissed or played with over three dozen boys at that school.
No one really saw or knew the ‘pervert’ that lived within me. Nobody must ever find out. Drugs, alcohol and separation from normal society seemed a natural hiding place and for many years worked.

By now I knew for sure that what I was doing was not allowed. I knew without any doubt that you would be expelled if you were caught. So began an association between danger, risk and pleasure that I can see now remained with me always. I never talked about the behaviour of my first abuser or the music teacher that now had been locked away. The ‘other stuff’ was fine to talk about but those two experiences were somehow different. They both made me feel dirty and perverted, different to the stuff with the boys at school. I didn’t know how or why. They just were and no one was going to ever find out.

I never said another word about the way I had been treated when really young until I was 37. In retrospect I can see now that those experiences affected so many areas of my personality and behaviour. I walked around continually ensuring that no one really saw or knew the ‘pervert’ that lived within me. Nobody must ever find out. Drugs, alcohol and separation from normal society seemed a natural hiding place and for many years worked. When that stopped working I eventually found myself in a therapy group deciding to talk about what had happened. I started to tell the story and laughed. I didn’t know how you were supposed to react and thought everyone would judge me. People were shocked, supportive and from there the process began over several years of understanding, learning and evaluating what had happened and how it had affected me. I learnt that it had affected nearly every single area of my life. How I felt about myself, my sexual preferences, my self-worth and I realised that I was a victim not a willing participant in perverted behaviour.

I started to grow, feel better and have done my best to help others find their voice. I am proud of who I am today. I am not ashamed. I can talk about what happened in an appropriate way, with appropriate reactions. I can still get triggered. Still get confronted with an image that takes me right back there. But I have enough knowledge now to know it for what it is. Sometimes I cry about it, not often. But I think I cry for what was stolen from me, not for who I am today.
"My babysitter… made me do unspeakable things to her. Things that a four-year-old child should never have had to endure. It made me feel sick, shameful and disgusting.

Emma FEMALE

If I could go back in time and advise anyone else to learn from my mistakes, it would be to please do it now. Speak out now. Get help now. Go towards your pain and your memories now and don’t waste any more time running away from your memories nor yourself. Life is too short to keep living it in pain.

Why do I say do it now? Because personally, I took way too long to go towards my pain, too many decades, too much time lost not wanting to deal directly with my CSA. Then thinking I had when really in essence, deep down I hadn’t. I used a myriad of excuses.

For decades, I told myself that my abuse wasn’t as bad as anyone else’s. So, who was I to complain? Other people had suffered much more, far worse, and therefore I simply didn’t have the right to speak out about my own.

I convinced the younger me that my abuse didn’t matter as much because my CSA took place over months, rather than years. It wasn’t even a family member so I should consider myself lucky! And finally, if those weren’t good enough reasons to negate its impact, I told myself that my abuser wasn’t even a member of the opposite sex. My abuser was a woman. A woman abusing a little girl. And because there was no penetration, no orifices involved – it wasn’t nearly so serious nor did it justify reporting. I told myself I should be able to just get on with it, let it go and move on.

That was the denial of my younger self! Was it also a very useful protection mechanism to stop me having to go there? To speak out or to acknowledge the pain, the fear and the shame.

However, in hindsight and speaking up for my younger self as I do now, my babysitter actually made me do unspeakable things to her. Things that a four-year-old child should never have had to endure. It made me feel sick, shameful and disgusting. Those feelings and the ingrained beliefs about being bad, unworthy and dirty sadly stayed with me for years. Staining my self-esteem, my self-worth, my identity and even it felt like, my soul. I knew from four years old throughout my childhood and my youth that I was tainted and damaged goods.

I only realised many years later and into my 30s and 40s – after battling with mental health issues, being sectioned and admitted to a psychiatric clinic in my 20s for a psychotic break, then going on to get treatment for my addictions and co-dependency – that earlier trauma had a massive part to play in my life story.

I saw that it was not only the trauma of childhood sexual abuse, although that was the origin of the self-alienation, there was later sexual trauma too which managed to compound the “I am bad” belief even more than before. This manifested in never being able to hold a boundary with people, particularly men, getting myself into scraps and scary situations because of my drinking and the self-neglect. Plus being such a people pleaser and rescuer of others, I could never put my own needs first nor did I learn to say no. I was too terrified of rejection and abandonment to be myself and too hidden to not put on a mask, in case others could see my badness and my shame.
But, thankfully, trauma always seeks a way out and the human spirit seeks to evolve and live in joy and peace and be well. Trauma wants to be resolved, removed and released from our bodies. Mine did so gradually and over the space of 20 years of training, healing, coming into my body and learning how to be a good enough therapist and how to love myself again. Yes, funny that, how I pursued my own healing which led to me training as a therapist myself. There is much about the wounded healer healing her or himself and then hopefully helping others.

Thankfully, I put down my addictions and got myself into recovery around alcohol, food and relationships. It was hard… but I was determined to stop medicating my feelings and learn to sit with them instead.

I did do some work on my CSA in one-to-one therapy and in other healing modalities, using inner child work, neuro-linguistic programming, reiki, hypnotherapy and journaling. Believing I’d done enough work on it, I’d dealt with it, I was healed – until almost a decade later, I found out at 49 that I was suffering with ovarian cancer. So, to deal with that diagnosis, the shock and all the feelings that come along with cancer, I re-entered therapy.

I was lucky in a way to have had that diagnosis and looking back I’m glad because it highlighted for me surprisingly that there were still unprocessed feelings about my CSA that my body was holding onto. I had done a deep-dive retreat and learnt that my body was still signposting me to look at the CSA and my wounding. So began the next level of healing. I thought I had overcome it. I knew how much I had helped others, but I hadn’t realised there was so much emotion still left in this memory that was locked up inside.

I began some Eye Movement Desensitization and Reprocessing (EMDR) again (a technique used for trauma and PTSD) and found my body was still holding feelings about my CSA that needed to be processed. In EMDR when clients shake in the body or the legs and arms start to twitch, they are back in ‘flight, fight or freeze’. By allowing the body to free itself up through the shaking it allows the memory to be processed in the body. The somatic system, the body can then let it go. I needed to do this with my own body and self.

But having revisited my CSA, and processing hopefully the last level of trauma on the abuse, I was then able to speak openly for the first time a few months ago about my CSA experiences. This was a breakthrough for me. I then managed to speak to an audience of 200 school children telling them the story of my CSA and later rape and asking them to speak out sooner and not continue their lives in silence around their abuse if had ever happened to them. I felt like I’d overcome a milestone in being able to speak out and have no shame anymore.

Also, it helped me to know that I could empower younger sufferers. I believe if I or others had been able, or are now able, to get support as a child, and open up about abuse and not suffer in silence and shame for years, the repercussions and the addictions and mental health issues may not have had nearly the impact that they had on me.

Maybe us all one day speaking out together and getting help on our own childhood trauma will have a knock-on effect for our children, grandchildren and the next generation. Wouldn’t it be marvellous if they didn’t have to suffer as much or undergo the kind of stigma or shame in future years?

Finally, my one biggest wish for you in reading this, is you don’t wait 20 or 30 years to get help for your trauma either. Please go towards the emotional healing you need, and deserve, in order to overcome your CSA. I promise you there is a way out, it’s through.

It’s worth bearing the feelings to get your voice back, to get your power back and to be able to live your life shame free.

I put down my addictions and got myself into recovery around alcohol, food and relationships. It was hard... but I was determined to stop medicating my feelings and learn to sit with them instead.
The abuse that happened to me took place between the ages of two to five years old, I know this because I know who the man was – he was a boyfriend of my mother.

Growing up as a young boy and as an adolescent I was outwardly very smiley, bubbly and engaging but my inner world was swimming in darkness, confusion, anger and loneliness. I would do anything for those around me and always happy to help. I was so desperate to be liked, loved and adored. Right up until my early thirties, I would live in my head pretending that I was somebody else – a somebody else who was worshipped by millions of people. I was either a famous rock star or a humanitarian who was saving the world and I received adulation and adoration for my actions – in my mind. I couldn’t be satisfied by external validation so I would live in a fantasy world in which I was the best. One thing was for sure, that it was not OK to be me, it was far from OK.

I was a people pleaser and even now there are still remnants of that behaviour that crop up from time to time and hang around. I didn’t know how to say no, because saying no meant that I would be/feel rejected and disliked. The idea of somebody not liking me used to break me and I would spend hours/days/months focusing on what was wrong with me for somebody not to like me. I remember one of my close friends becoming so frustrated at my constant need to do things for her, to help her, to please her that one day she turned to me and said, “There is such a thing as being too nice, David”. This broke me, if I can’t do this then who am I?
At 13, I started drinking along with my other schoolmates, but there was an insatiable energy and intention that sat behind my desire to drink. Bit by bit I moved on to other stimulants – weed, then amphetamines, cocaine and crystal meth. I had no off button. At the time I felt like the drugs made it easier for me to connect more easily with others, I could say what I wanted to say without fear of rejection or abandonment. I could be sexual in a way that didn’t show my pain or my fear. The high gave me a confidence, albeit a false confidence – I wasn’t engaged, I wasn’t present and I was covering my vulnerability. More pain only showed itself once I came down from the drugs and I would return to this feeling of a dirty emptiness.

Sometimes it is hard to know which aspects of my abusive childhood have led me to act out in certain ways and I have spent many years in therapy on a healing journey to understand this. One thing is clear – that as I became sexually active (not until my mid-20s) my relationship with boundaries was pretty much non-existent. My promiscuity would constantly reach new heights. I would get myself so drunk or high on drugs that I would have sex with pretty much anybody that showed me attention. Of course, I wouldn’t remember most of these incidents and so my existence swung between shadowed memories and feeling a deep sense of shame. I was still in the space I was in as a young boy, but just acting this out in a man’s body.

My need for love and acceptance was clear and ultimately I was looking for connection on some level, any level, just something…

Shame, let’s talk about shame. I have spent so much of my life acting out from this place of deep shame, a shame that ultimately isn’t even mine, but was passed on to me by my abuser. I would wander about my life with an almost indescribable feeling of ‘I am wrong’. Attached to this were also ingrained beliefs of feeling dirty, disgusting and just plain unworthy. It would and still does filter through to many areas of my life, that feeling of inadequacy. Where is the justice of having somebody else’s disturbances drilled in to us?

To this day, my relationship with intimacy continues to be a work in progress. There has always been some level of sexual dysfunction in my longer-term relationships, basically our sex life would be non-existent. I was affectionate with partners, hugely caring/over-pleasing, but when it came to sexual connection, my interest and my libido would disappear. And yet, all I wanted was sex with strangers.

There has always been a big question around believing whether any of the sexual abuse happened to me. Even though I have that one very clear memory, I would often tell myself that this was just me; me adding to the drama of my upbringing. And yet, there was no doubt that it was true. I would worry that if I told somebody else, would they believe me? So it felt easier to keep quiet, yet the memories, the experience and the pain would just swill around my body and mind.

It takes a lot to live with a core feeling of inadequacy and it takes a lot to break it down and rebuild our self-esteem. Today I am a happy man and fill my life with people that bring out the magic in me, but whilst the memories of my early sexual abuse become less self-defining, the feelings will remain.
Dear little you
If I could go in to your room and take away your fears I would
If I could hug you and tell you everything is going to be ok, I surely would
If I could make you feel safe and secure, I really would
If I could take the pain, wipe yours, without question I would

When he came in to your world, I would have told you I care
When he came in to your dreams, I would have hugged you tight
When he left your room, I would have told you, “This is not your fault, you’re not to blame”
When you were tossing and turning, I would have read your favourite book
The times you laid awake waiting for him to come, I’d have told you to go to another room
The times you couldn’t think in school, I would have told your teacher what was happening
The times you couldn’t wake up in the mornings, because you had been laying awake in fear, I would have made you rest a little longer
The times every part of your mind body and soul ached, I could have whispered to your spirit, “It’s all going to be alright”.

Dear teenage you
I need to tell you, stop don’t take that drink or that drug
Please don’t go near that boy, you’re not a toy
Please go back to school, you’re about to lose it all.

Dear adult you
We knew this was going to happen, sat in prison cells
Now locked away with your abuser still prisoner in your mind
Every time a punter touches you, it’s him isn’t it
Reliving the nightmares, the guilt and the shame,
Are the drugs and alcohol really numbing the pain?
Now you’ve really done it, locked on a psychiatric ward
Completely going insane
Potions and pills, still your abuser giving you the chills
The guilt, the shame, the overbearing pain
But still you still refuse to tell,
Keeping yourself in a living hell
Now an overdose to add to the strain, it’s time, it’s time none of this was felt in vain.

Dear adult you
Coming up four years without a drink or a drug, living with CPTSD,
You get up every morning, after fighting the demons from the night before
He has no power over you now; you go to work, college and meetings
Free from the guilt and shame, you no longer take the blame
You forgive him, you’ve forgiven yourself.
Signed with love from you to you.

PS – I would also like to tell you, I see a survivor not a victim of their past, and I think you should know I’m really proud of you!
CSA and addiction survivors’ recommendations for change

Professionals across the public sector

- Recognise the scale of CSA and the long-term impact on people’s lives
- Understand trauma, including the trauma of CSA, and how it impacts people’s lives
- Build links to specialist services and guide people who disclose CSA towards appropriate support services
- Recognise substance abuse, and other addictive behaviours, are common coping mechanisms for feelings of self-disgust, self-loathing and self-hatred often experienced by CSA survivors
- Understand recovery from CSA can take a long time, and when compounded by addiction may take longer, yet is possible
- When faced with people presenting challenging behaviours, self-harm, suicidal attempts etc., ask what happened to them and recognise the behaviour as a symptom of the underlying trauma
- Support people to disclose, recognising that presenting behaviour depression, anxiety, substance misuse are common responses to the trauma of CSA

Addiction services

- Recognise the scale and trauma of people with CSA amongst the clients with substance abuse and mental health issues
- Broaden the medical model recognising addictions result from coping mechanisms to manage PTSD symptoms (memories, flashbacks etc) or difficult feelings associated with abuse
- Receive training to recognise how trauma may present in clients
- Provide initial support for clients/service users to recognise, overcome and deal with childhood trauma especially sexual abuse
- Offer integrated care for sexual abuse/trauma within substance abuse counselling services
- Develop referral pathways from addiction services to specialist services and support clients post recovery to get CSA support
- Offer psychoeducation to clients about trauma and CSA

Specialist support

- Establish specialist trauma support centres where survivors are educated about impact of CSA and trained in self-management of trauma symptoms
- Recognise CSA impacts education, employment and offer support as needed
- Create peer support groups for survivors with addictions
- Improve understanding by counsellors of PTSD manifestations and the role of addictive behaviours
- Provide long-term (minimum of two years) support for survivors
- Expand the existing nationwide network of support groups for survivors
- Promote the message that recovery from CSA is possible.
What these survivors’ narratives tell us

Analysis by child sexual abuse specialist Christiane Sanderson

These narratives provide compelling evidence of the link between CSA and addictions. They reflect current research on the impact of early childhood adverse experiences on later mental and physical health, and increased vulnerability to addiction.

A number of Adverse Childhood Experience (ACE) studies have found that adverse childhood experiences such as physical, emotional and sexual abuse, neglect, and growing up with domestic abuse increase the risk of addiction (Felitti et al 1998). Individuals who have experienced more than four ACEs are seven times more likely to become addicted to alcohol, 10 times more likely to be at risk of intravenous drug addiction and 12 times more likely to have attempted suicide.

This research has led to a deeper understanding of addiction as a form of self-medication to manage painful experiences (Khantzian, 2008) and attempts at emotional regulation (Mate, 2009; van der Kolk, 2015) due to impaired or broken attachments (Flores, 2004).

In analysing these narratives a number of themes emerged (see Table 2) which can be summarised into three core themes (see Table 1) – history of CSA, the quest for oblivion and euphoria and filling the void of loneliness – all of which reflect recent neuroscience formulations in the understanding of addictions.

Core themes

History of CSA

The narratives describe a range of early CSA experiences including single and multiple perpetrators both inside and outside the family, which included parents and extended family members, as well as family friends, teachers, tutors, babysitters and members of a paedophile ring. For many the CSA was accompanied by other abuses such as physical abuse, emotional abuse, neglect and abandonment or living in violent circumstances thereby increasing the number of ACEs which were often denied and dismissed, and remained unprocessed. As much of this abuse was perpetrated by those who should have cared and protected, survivors learned that relationships are sources of danger rather than safety and protection and the only way to manage the trauma and the pain of the betrayal, shame, and confusion was to suppress their feelings, and numb the pain through a combination of dissociation and the use of alcohol or drugs.

The quest for oblivion and euphoria

A predominant trauma symptom characteristic of CSA is emotional dysregulation wherein survivors either become hyper-aroused or hypo-aroused. In the absence of protective adults to soothe or comfort the child, or helping it to regulate it’s feelings, the pain of the abuse and the ‘cauldron of feelings’ become increasingly unbearable. All survivors resorted to some form of emotional regulation, or self-medication through the use of alcohol or drugs in order to bear the unbearable. For those who are hyper-aroused, the numbing effect of alcohol, or opiates such as heroin, not only blocks out the pain to the point of oblivion, it is also a compelling way to suppress and contain intense and overwhelming feelings such as anger and rage which are too dangerous to express. In contrast, survivors who are hypo-aroused or highly dissociative and have shut down all feelings are drawn to stimulants such as cocaine to feel alive and to counteract their despair and depression. Some survivors use a range of substances such as alcohol, opiates and stimulants, leading to a repetitive cycle of numbing or euphoria in order to regulate unbearable emotions. Ultimately, self-medicating the pain becomes a survival strategy to regulate emotions, thoughts and mood and is often seen as a life saver in making life more bearable.

Filling the void of loneliness

CSA and the associated relational trauma results in impaired and broken attachments and a deep sense of mistrust and fear of intimacy, leading to isolation and loneliness. The need for connection, a sense of belonging and feeling loved is often expressed through people pleasing, co-dependency and not being able to set boundaries or say ‘no’. Initially alcohol or drugs appear to facilitate connection through feeling more confident, or subduing fears of expressing feelings of warmth and closeness which cannot otherwise be permitted. Yet the experience of relationships as places of danger rather than safety make it very difficult to connect at a deeper level due to a deep sense of unlovability, and fear of rejection, abandonment. The fear of trusting others is so ingrained that the drug of choice becomes a more reliable and predictable substitute for relationships and is seen as a more trusted, consistent and loyal companion.
### Table 1: Core themes

<table>
<thead>
<tr>
<th>Theme</th>
<th>Description</th>
<th>Survivor quotes</th>
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| **History of CSA**                         | The range of childhood sexual abuse (CSA) including single and multiple perpetrators both inside and outside the family, by those who were supposed to protect and care for them. CSA was often accompanied by other abuses such as physical abuse, emotional abuse, neglect and abandonment, and domestic abuse. | “My childhood was affected with every kind of abuse, sexual, physical, emotional and neglect”  
“I sort of grew up never feeling safe, never knowing about trust”  
“I am not a bad man. I am a man who has suffered horrific childhood sexual abuse, neglect and abandonment at the hands of people who should have been keeping me safe and showing me love” |
| **The quest for oblivion and euphoria**    | The drug of choice makes life more bearable, as it either numbs the pain by inducing oblivion or promotes euphoria, and a feeling of aliveness. Self-medicating the pain is a survival strategy to regulate emotions and mood, and is often seen as a life saver as it helps them to bear the unbearable. | “I don’t think I would be alive today, if I hadn’t found alcohol… it saved my life”  
“The feelings of shame, self disgust, dirtiness, worthlessness lead to a deep pain, that medication with alcohol can only pacify”  
“I had to numb at any cost”  
“You can numb emotions and feelings, but you can’t numb selectively. In shutting down on the pain, I shut down on the joy as well”  
“We live a half life because a full life without the companion of addiction is too much to bear”  
“We are not equipped to live with that amount of pain” |
| **Filling the void of loneliness**         | CSA and the associated relational trauma results in broken attachments and a deep sense of mistrust, loneliness and isolation. The need for connection and a sense of belonging is often expressed through people pleasing, co-depedency and not being able to set boundaries. Initially, alcohol or drugs appear to facilitate connection, yet the fear of intimacy and deeper connection results in the addiction becoming a substitute for relationships. | “The drugs made it easier for me to connect more easily with others”  
“My need for love and acceptance was clear and… I was looking for connection on… any level”  
“I was so desperate to be liked, loved and adored… I didn’t know how to say no, because saying no meant that I would be/feel rejected and disliked”  
“I had my companion, my addiction… always a constant in my life, my loyal companion” |

**CSA and the associated relational trauma results in impaired and broken attachments and a deep sense of mistrust and fear of intimacy, leading to isolation and loneliness**
### Other themes

The core themes are subsumed by a number of other themes across the narratives.

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<thead>
<tr>
<th>Theme</th>
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<th>Survivor quotes</th>
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<tbody>
<tr>
<td><strong>Numbing the pain</strong></td>
<td>The drug of choice numbs the unbearable pain, suppresses feelings of anger, rage, and sadness, or blocks out negative, obsessive thoughts and rumination.</td>
<td>“I’d felt a lot of fear, despair, terror, really, and drugs was a nice place for me to be”</td>
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<td>“Getting drunk was the only way to drown the horrific feelings, and savage obsessive thoughts and I would do anything… to reach the oblivion”</td>
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<td>“You can numb emotions and feelings, but you can’t numb selectively. In shutting down on the pain, I shut down on the joy as well”</td>
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<td><strong>Feeling alive</strong></td>
<td>To counteract feeling bad, depressed, or numb as a result of dissociation, the drug of choice is used to induce euphoria, confidence, feeling good and restoring a sense of aliveness.</td>
<td>“The drugs took all my pain away and produced blissful euphoria”</td>
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<td></td>
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<td>“Bring back my feelings”</td>
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<td>“Alcohol was like liquid confidence”</td>
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<td>“After inhaling the drug I felt “good” inside which I had not experienced before”</td>
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<td><strong>Dissociation</strong></td>
<td>A common symptom associated with CSA and trauma is dissociation which anaesthetises the pain psychobiologically. Alcohol and opiates supplement the numbing of feelings while stimulants enable those who are highly dissociated to feel alive.</td>
<td>“During the abuse I would dissociate, sometimes completely out of my body looking down on myself from the corner of the room”</td>
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<td>“My body would go numb from the waist down”</td>
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<td>“Dissociating so completely I wasn’t really there”</td>
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<td>“I developed the ability to separate from my feelings… and eventually this became a permanent state as natural as breathing”</td>
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<td><strong>Escape being me</strong></td>
<td>To survive CSA, survivors have to pretend and cover up their inner sense of self. Alcohol or drugs enable the survivor to escape being themselves by masking their self-loathing, shame and unlovability and pretending that they have not been affected by the abuse.</td>
<td>“I was outwardly very smiley, bubbly and engaging but my inner world was swimming in darkness, confusion, anger and loneliness”</td>
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<td>“I could flick a switch in my mind and ‘act’ so no one knew what was going on beneath”</td>
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<td>“I would live in my head pretending that I was someone else”</td>
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<td>“Escape from the torture of being myself”</td>
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<td>“I had to escape being me”</td>
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<td><strong>Denial</strong></td>
<td>Keeping the secret of the abuse necessitates denial by the survivor and others, including the abuser and family. Denial also helps to suppress the pain and shame, as well as keeping reality at bay, including the negative impact of addiction.</td>
<td>“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”</td>
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<td>“For a long time I wondered if I was attention seeking”</td>
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<td>“The denial of my younger self… to stop me from having to… acknowledge the pain, the fear and the shame”</td>
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<td>Theme</td>
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<td>Survivor quotes</td>
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| Corrosive shame             | CSA induces self-blame and a deep sense of shame in which the survivor feels dirty, worthless, inadequate and perverted. The sense of shame, self-loathing and self-disgust is further reinforced through the cycle of addiction. | “The feelings of shame, self disgust, dirtiness, worthlessness lead to a deep pain, that medication with alcohol can only pacify”  
“I felt dirty, ashamed and disgusted with myself but did not… understand why”                                                                                                                                                                                                                                                                   |
| Erosion of mental health    | A range of mental health problems were reported which were often either undiagnosed or misdiagnosed, or solely attributed to the prolonged effects of the addiction. These consisted of depression, anxiety, social anxiety, CPTSD, self harming, eating disorders, psychosis, paranoia and mental breakdowns. | “I was suicidal… and very paranoid… and had many anger outbursts”  
“Looking back, I see a catalogue of missed opportunities where professionals should have helped”                                                                                                                                                                                                                                                   |
| The lure of suicide         | The lure of suicide was omnipresent and marked by suicidal ideation and attempted suicide. Some of these were direct attempts while some diced with death in their use of drugs and alcohol in a form of Russian roulette | “I had terrible suicidal thoughts and I wanted to be sectioned”  
“Suicide was an option I wrestled with many times”  
“I felt I died during the abuse and had nothing left to live for”  
“I had attempted suicide… I asked to be hospitalised… they didn’t want to section me”                                                                                                                                                                                                                  |
| Losses                      | All survivors reported significant losses, including loss of childhood, loss of family as a safe place, loss of trust, connection and safety. Many lost jobs, partners, their family, their home, or their liberty as a result of their addiction. A common theme was the loss of integrity, conscience and self-respect through lying, cheating and stealing to support their addiction. | “Loss of my childhood, my adolescence, my young manhood…warm, secure attachment, sexual pleasure, intimacy, loving connection”  
“I was lost. I was hopeless. I lied. I cheated, I stole. I committed crimes, I lots my liberties. I lost my jobs, I lost my girlfriends and I did not care”  
“I cry for what was stolen from me”  
“It took my integrity. It chipped away at it… it took my conscience, my real connection to others and it took my soul”  
“I have been a liar, a fantasist… I have prostituted to get the money to feed my habit… I have had no self-respect… I have cheated and stolen”                                                                                                                                 |
| Relationships as sources of danger and pain | Relationships were commonly experienced as too painful and difficult which increased the sense of alienation and isolation from self and others. When in relationships they tended to try and please others, or become co-dependent in not being able to set healthy boundaries. Some survivors were consistently drawn into abusive or violent relationships. | “I had given up on relationships as they were too painful”  
“The biggest impact on my life was not trusting women which affected my relationships. I need to control my environment… which meant that I’d sometimes get violent. I would objectify women”  
“A repetitive cycle of falling for unavailable and abusive men”  
“A psychologist told me I almost had a phobia of relationships”                                                                                                                                                                                                                                           |
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| Contaminated sexuality            | CSA invariably contaminates the survivors’ sexuality and ability to be sexual. This can range from avoiding sex and becoming sexually anorexic to becoming hyper-sexual and promiscuous. Some survivors were only able to have sex under the influence of alcohol or drugs, while others became addicted to sex, or became sex workers to pay for alcohol or drugs. | “The abuse ruined my sex life, I cannot relax”
“Our sex life would be non-existent. I was affectionate with partners… caring/over pleasing but when it came to sexual connection… my libido would disappear”
“A light touch… sends a shiver down my spine… causes me to stiffen and feel rage… fear”
“When I was having sex I had difficult feelings, sensations, fear and shame”
“I didn’t know the difference between love and sex” |
| Recovery                          | The process of recovery was often long and arduous, with recurrent relapses. Uncovering the CSA and layers of trauma is excruciatingly painful and many survivors feared giving up their addiction and looking at the pain inside. The realisation of the impact of CSA, being in touch with the suppressed feelings and the myriad losses incurred are often overwhelming and yet have to be felt and worked through in order to feel and live in the present without alcohol or drugs. | “I woke up with a jolt in complete terror remembering the abuse. I couldn’t believe how my mind had blocked it out for so long. Now it felt as though it had happened only yesterday”
“The pain of realising the truth brought sorrow, and grief and pain… was as bad as the pain of withdrawal from drugs and alcohol”
“I was frightened of giving up the drugs and the alcohol, frightened of looking at the pain inside”
“For the first time in my life, I felt seen and understood” |

### Numbing the pain

Survivors who are primarily hyper-aroused, and flooded with overwhelming feelings and obsessive thoughts, reported feeling compelled to self-medicate by numbing the pain and drowning their feelings. Drugs or alcohol were seen as a way of blocking out the pain, to calm unbearable feelings and quell obsessive negative thoughts – often to the point of oblivion. The drug of choice was experienced as a source of comfort that enabled them to regulate their emotions, especially potentially dangerous feelings such as anger and rage, which made their life more bearable. As such the addiction acts as a life-saver and a respite from traumatic feelings, memories and thoughts.

### Feeling alive

Survivors who are hypo-aroused, or highly dissociative, and psychobiologically shut down reported that their drug of choice made them feel alive and euphoric. The chemical reaction of alcohol, or stimulants like cocaine, provided a surge of euphoria akin to ‘a firework display’, which energised them, and helped them to feel more confident, and able to function better mentally. The sense of feeling good and the increased ‘liquid confidence’ makes it easier to connect to others, form attachments and experience a sense of belongingness, and feel truly alive.

### Dissociation

Dissociation is an adaptive psychobiological survival strategy that anaesthetises the traumatic impact of CSA by numbing painful experiences and feelings. For some survivors, dissociation becomes a permanent state as ‘natural as breathing’ as it continues to suppress feelings such as pain, despair, anger and rage, but also feelings of pleasure and joy as it is not possible to numb selectively. Survivors who are dissociated use substances to either keep them in a state of numbness and hypo-arousal, or to bring them out of their shut-down state and feel alive.

### Escape being me

A common theme is the need to escape the torture of being themselves. To manage the CSA survivors often feel shame, self-loathing and self disgust, and alcohol or drugs temporarily suspend those feelings. To mask the feelings of confusion, anxiety, shame, rage and loneliness they pretend to be well adjusted by appearing to be happy and functional. This persona enables the survivor to connect with others, albeit on a surface level as being too close would...
expose the real self lurking beneath the mask. The pretence and need to hide the real self is facilitated by being what others want them to be and people pleasing which often extends into adulthood wherein alcohol or drugs help them to continue to hide the real self.

**Denial**

Denial is a strategy that helps to keep the secret of CSA and deny the truth of what happened to them. It also helps the survivor to deny any harm done, and associated feelings of shame and self-blame. Alcohol and drugs allow the survivor to stay in a state of denial by blocking out memories, drowning out flashbacks and feelings. This denial is further reinforced by others especially the abuser or family members who prefer to dismiss the CSA by labelling the survivor as attention seeking, mentally unwell or a fantasist as a result of their addiction.

**Corrosive shame**

CSA invariably engenders self-blame and shame with survivors feeling dirty, worthless and inadequate. These narratives demonstrate the corrosive nature of shame which leaves an indelible stain on their sense of self-worth and self-esteem. The overwhelming feelings of self-loathing and self-disgust can only be quelled by pushing them out of conscious awareness through the use of alcohol and drugs. Paradoxically, in disavowing the shame of CSA it re-emerges as a result of the addiction, especially when survivors have to manipulate, lie, cheat or steal, or prostitute themselves or commit crimes to support their addiction. This becomes part of the addiction cycle whereby self-medicating the shame with alcohol or drugs leads to further shame and a greater need for the drug of choice.

**Erosion of mental health**

Most of the narratives described the erosion of mental health either as a result of the CSA – anxiety, especially social anxiety, depression, complex post-traumatic stress disorder (CPTSD), depression, eating disorder and self-harm, or as a result of the addiction. All too often the mental health problems were undiagnosed for many years, or misdiagnosed as primarily a consequence of the addiction. Rarely was the link made between mental health difficulties and a history of CSA, and the need to self-medicate these. A number of survivors reported mental breakdowns, being sectioned, and pervasive suicidal ideation, or being diagnosed with psychosis or paranoia. When seeking help, survivors often felt ignored or dismissed resulting in missed opportunities for referrals or access to specialist CSA and trauma services.

**The lure of suicide**

The lure of suicide resonated throughout the narratives as suicidal ideation and/or suicide attempts. As survivors of CSA often feel that a part of them died during the abuse, they often feel they have nothing left to live for, making suicide a captivating option. Some of the suicide attempts were overt whereas others were more covert in courting death through playing Russian roulette by placing themselves in risky or dangerous situations such as drinking to oblivion, or taking enormous quantities of drugs. Death was often seen as the only option to permanently escape the pain of the CSA and the enslavement of the addiction.

**Losses**

The narratives are a testament to the myriad losses associated with both CSA and addiction. In the case of CSA the losses included loss of innocence, loss of childhood and adolescence, the loss of education, self esteem, the loss of warm and secure attachments, loving connection, intimacy, sexual pleasure and feeling of safety. The losses as a result of the addiction consisted of loss of integrity and self-respect, employment, relationships, family, and friends, and for some the loss of home leading to homelessness and rough sleeping, and the loss of liberty through imprisonment due to criminal activity to support their addiction.

**Relationships as sources of danger and pain**

CSA, especially by a family member or someone who is supposed to love, nurture and protect the child, leads to fear of attachment and intimacy as relationships are experienced as sources of danger rather than safety. These narratives demonstrate how relationships are often fraught with difficulties such as lack of trust, the inability to say no or set boundaries or to express feelings and needs, and the negative consequences of addiction. This is often due to a lack of trust that others genuinely love them, or are able to soothe or comfort them. The only way to avoid being hurt, rejected or abandoned is to please others, or try to rescue or fix them. This renders addicted survivors more vulnerable to abusive relationships which are characterised by submission or domination, or violence and coercive control. The unpredictability of relationships and the fear of being let down or betrayed, means that many survivors detach from others and become more attached to their drug of choice as a substitute for the yearned
for connection. The drug of choice becomes the primary attachment as the connection to others weakens. This reinforces the sense of isolation and loneliness while increasing the need to drink or to numb the pain.

**Contaminated sexuality**

Many survivors reported that their sexuality was contaminated as a result of the CSA, with some becoming either hypo-sexual and sexually anorexic, or hyper-sexual resulting in sexual acting out, promiscuity and sex addiction. Those who experienced sexual difficulties would often need to drink or take drugs to relax enough to permit closeness and intimacy, or to have sex without fear or being plagued by flashbacks. Survivors who became hyper-sexual would use their drug of choice to aid their sexual acting out and sexual addiction, with some engaging in chemsex (chemical sex) without necessarily linking these behaviours to the CSA.

**Recovery**

Recovery for many of the survivors was a long process peppered with relapses and a crippling fear of giving up their drug of choice. Going through recovery meant not being able to numb feelings and re-experiencing deeply buried feelings, or reliving the CSA experiences in the present. These unbearable feelings were often accompanied by deep sadness and sorrow as they acknowledged the myriad losses, including the loss of the most principal attachment and most loyal companion: the alcohol or drug that helped them to stay alive.

**What helped survivors**

The narratives reveal that a number of things helped survivors with their addiction including the connection and sense of belonging offered by the The Fellowship in their 12-Step programmes such as Alcoholics Anonymous (AA) and Survivors of Sexual Abuse Anonymous (SoSAA), as well as group therapy, and specialist trauma focused therapy to address the CSA. The key healing elements were a sense of connection and belongingness through the fellowship in which they were able to identify and share with others. Breaking the silence and secrecy of CSA in a non-judgmental environment enabled them to speak out and reduce the crippling sense of shame and begin to make links between CSA and their addiction. Being seen, heard and understood allowed them to feel and express the unbearable feelings, and recognise that it is through feeling the feelings that healing occurs rather than continuing to numb the pain.

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<td>12-Step programmes (AA, SoSAA)</td>
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<td>Specialist services</td>
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<td>Other healing modalities</td>
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**Section bibliography**


There is increasing evidence that adverse childhood experiences such as childhood sexual abuse (CSA), physical abuse, neglect, relational trauma and early childhood stress significantly increases vulnerability and elevated risk of developing addictions.

To manage the impact of abuse, trauma and emotional dysregulation many survivors self-medicate to numb the pain through oblivion, or through the pursuit of euphoria to feel alive. This is typically achieved through the use of substances such as alcohol or drugs, or food, excessive exercise, sex, gambling or unhealthy relationships. Despite the growing evidence of the link between early childhood trauma and addictions, many alcohol, drug and addiction services tend to focus on harm minimisation and often do not have the resources to explore the underlying causes of addiction.

This guide, written by child sexual abuse specialist Christiane Sanderson, identifies the links between CSA, complex trauma and addiction within the context of damaged relationships and lack of emotional self-regulation. The focus is to support practitioners working with addictions and substance misuse to develop a deeper understanding of the link between addiction and complex trauma and how to respond more effectively to survivors of childhood abuse who self-medicate. It will identify the impact of complex trauma, the barriers to disclosure, such as dissociation, fragmented memories and shame, and introduce the principles of trauma-informed practice such as the use of psychoeducation and stabilisation to aid emotional self-regulation.

To restore control over dysregulated emotional states the guide introduces a range of resources such as grounding skills and mindfulness to reduce the need for external sources of self-medication and create a personalised recovery toolkit. In addition it will emphasise the importance of restoring relational worth and how to facilitate post-traumatic growth.

The guide will be of interest to both health and mental health practitioners, drug and alcohol workers, those working with rough sleepers and in the criminal justice system, as well as counsellors, therapists, GPs and anyone working with survivors.