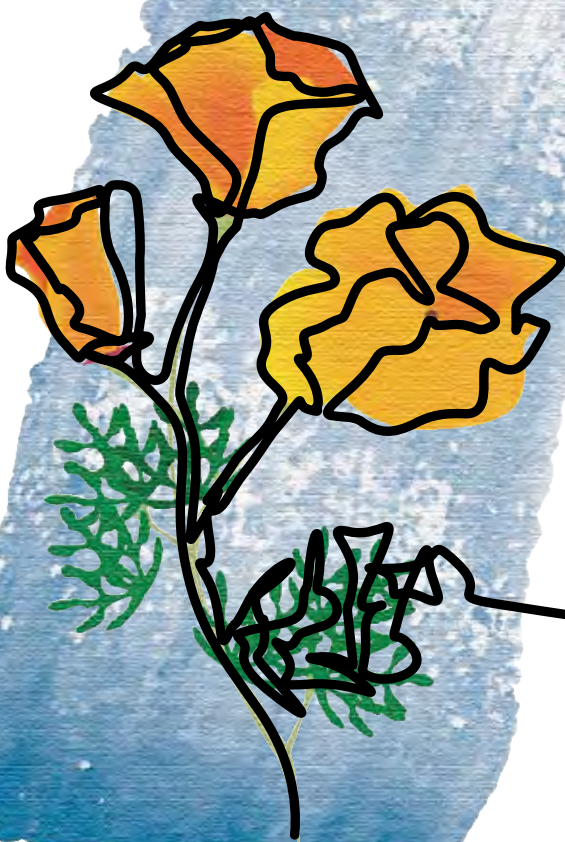


NOT DAMAGED, NOT BROKEN

Exploring Mental Health &
Substance Use with Adult
Survivors of Child Sexual Abuse



01

Groundwork

by Leah Green

Not Damaged, Not Broken: Exploring Mental Health & Substance Use with Adult Survivors of Child Sexual Abuse

July 2023

This publication was written by Leah Green with contributions from the Building Resilience team: Resource Sharing Project, Activating Change, Just Detention International, Minnesota Indian Women's Sexual Assault Coalition, the North Carolina Coalition Against Sexual Assault, and Olga Trujillo, J.D.

A special thank you to Ellie Van Dam, LISW and Linda McFarlane, MSW, LCSW for their contributions throughout this toolkit as well.

© Resource Sharing Project, 2023. All rights reserved.

The content of this publication may be reprinted with the following acknowledgement: This material was reprinted, with permission, from the Resource Sharing Project's publication entitled "Not Damaged, Not Broken: Exploring Mental Health & Substance Use with Adult Survivors of Child Sexual Abuse". This report is available by visiting

www.resourcesharingproject.org.

Graphic and Publication Design by Norio Umezu Hall, RSP.

This product was supported by cooperative agreement number 2019-V3-GX-K040, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U. S. Department of Justice.





01

Groundwork

**For Understanding Mental Health &
Substance Use**



Introduction

If you work regularly with adult survivors of child sexual abuse, you likely have questions about how to best hold space for survivors struggling with mental health, mental health disabilities and/or using substances to cope with the impact of trauma on their lives. For many survivors, child sexual abuse, mental health, and substance use are a tangled knot they are unsure how to navigate. This resource is about this connection and your role as an advocate.

What We Know

First, let's start with what we know about survivors and healing:

- ▶ Trauma doesn't go away. Healing doesn't have an end point.
- ▶ Survivors are whole and capable human beings.
- ▶ What each survivor is experiencing is a normal response to the harm and threat of sexual violence.
- ▶ Survivors do not need to be fixed by advocates. They can benefit from an advocate's support as they access their own strength and resilience.
- ▶ Survivors do not need advocates to provide solutions. They do need to have advocates meet them where they are, listen to them, explore different options, and validate their experience.

Definitions

What do we mean by mental health?

“Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make...choices.”¹

Everyone, including you, has mental health that they are trying to support.

Mental health disabilities are specific conditions that have been diagnosed by a trained mental health provider, and “substantially limits one or more major life activities.”² Mental health disabilities are sometimes called ‘mental illness,’ ‘psychiatric disorders,’ or ‘psychiatric disabilities’ but we prefer the term ‘mental health disability.’

It is never an advocate’s role to diagnose. Instead, advocates help survivors explore what they need or want for their mental health.

1 <https://www.cdc.gov/mentalhealth/index.htm>

2 <https://adata.org/factsheet/health>. See also <https://nami.org/Your-Journey/Individuals-with-Mental-Illness>

What do we mean by substance use?

Substance use is a spectrum. Almost everyone uses substances to regulate themselves; for some, the use becomes debilitating or an obstacle to their health and happiness.³ Legal substances can include nicotine, ibuprofen, caffeine, alcohol, and prescription medications. Illegal substances can include cocaine, heroin, and LSD.

Some substances are legal or socially acceptable based on where you live, like marijuana and psilocibins. Some substances are legal or socially acceptable based on if they have been prescribed to you, like Ritalin or Fentanyl. The social acceptability and response from the criminal legal system to substance use is unfortunately dependent on class, race, ability, and other social factors.

It is never an advocate's role to set the goal of sobriety for a survivor. Instead advocates explore with them the ways that they use substances to regulate themselves, and how they feel about it.

³ <https://www.samhsa.gov/find-help/disorders>, <https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health>, and <https://www.cdc.gov/dotw/substance-use-disorders/>

How are child sexual abuse, mental health, and substance abuse connected?

The connection between child sexual abuse, mental health, and substance use is complex and unique to each survivor. In response to the trauma in childhood, survivors will experience impacts to their mental health such as stress, hyperarousal, anger, sadness, grief, and nightmares. These responses to trauma, such as depression, anxiety, post-traumatic stress disorder, and disordered eating often continue into adulthood.

It is not uncommon for survivors to start using substances in childhood, and continue in adulthood, as a direct response to their trauma. They may not know it, but by using substances they are regulating their nervous system. Legal or illegal substances may be helping them sleep, calm themselves, control their appetite, manage nightmares, and more.

Why don't survivors just use legal medications and "healthy" means to regulate?

- ▶ Legally prescribed medications can be difficult to obtain if a survivor does not have easy and consistent access to health insurance, mental health providers, a pharmacy, and money to pay for medications. Because of recent disruptions in the pharmacy industry due to the pandemic, even having access to these resources does not always give a survivor consistent access to medications.
- ▶ Prescription medications can also come with unpleasant side effects which are difficult to manage on top of the impact of trauma.
- ▶ The medical community has a lengthy and abusive history of harming and experimenting on patients of color. We can't overlook the deep impact this history can have for survivors who are wary of medical providers.
- ▶ When survivors stop using illegal or socially unacceptable ways to medicate themselves, the impacts of trauma return in full force. This can have negative impacts on their finances, employment, relationships, and more.



Closing Thoughts

By the time a survivor of child sexual abuse has reached adulthood, they are experts at coping with the long-term effects of trauma. They are not broken. They are moving through the world the best way they know how: resourceful, adaptive, and strong. What survivors need from advocacy programs is choice – whether that’s a reminder of all the things they already get to choose or expanded options that your advocacy programs can provide. And that is something that all advocates can offer.