

Relationship between Sexual Abuse and Addiction

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Opinion

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Opinion

For human beings, sexuality is an important dimension. From birth until death, they express their sexuality in many different ways (symbolised through clothes, the way they express themselves and relates with others, etc.). It is therefore essential that they live their sexuality in a safe and healthy way. According to WHO, sexual health is not based on sickness absence, dysfunction or inability but also includes a general state of physical, emotional, psychological and social well-being connected with sexuality. Consequently, human beings have the right to take actions to achieve a fully enjoyment of their sexuality, and not only as a momentary relief of their discomfort, but also as an actively seeking of pleasure and sexual well-being.

In connection with seeking of pleasure, human beings have been using addictive substances as another source of pleasure throughout history. The goal of using drugs is to achieve well-being and satisfaction immediately. Although this seeking of pleasure, problems and inconvenience of the use of drugs can lead to people are not considered, and more specifically in their sexual response.

Using the clinical practice in centres that work with people suffering from addiction, it can be observed how these user profiles have difficulties to maintain a healthy sexuality. Both topics are obviously linked, such as the expectations of people who use drugs and their impact on the cause effects during sexual intercourse. They often have the misguided impression that drug consumption would made them have a more pleasant and enjoyable sex. The reality, however, is markedly different because substance use often causes difficulties in the sexual response (erectile dysfunction, premature ejaculation,

anorgasmia, vaginismus, lack of sexual desire, etc). Furthermore, and due to their effects, drugs are a source of risk for unsafe sexual practices and can lead to unwanted pregnancies or sexually-transmitted infections by not using the appropriate protection. Other frequent uses that combine substance use and sex are as follows: seeking trust or disinhibition to get close to potential sexual partners; drug use in places of prostitution; the non-acceptance of the sexual identity [1].

Perhaps, one of the more harmful aspects to human beings that could trigger a drug addiction, is to be sexually assaulted in their childhood (SAC) [2]. This does not suggest that children who have suffered from sexual abuse would be potential drug users. But it does mean that there is a huge prevalence between both pathologies among people who attend treatment for addiction. On the research done by Konkolj, et al. [3], it was found that if the abuse had occurred in a critical developmental period, addictive behaviours lasted longer over time. On the other hand, childhood sexual abuse has been associated with alcohol, nicotine, cannabis consumption and the use of other illegal drugs and increases risky sexual practices [4]. In everyday clinical practice, and according to many patients' stories, it is observed how they started using drugs to avoid, forget or relieve an abuse suffered in the past. Or they even have started their consumption at the moment the sexual abuse took place. It should not be forgotten that the majority of sexual assaults often occur in the field of the patient (family or close relatives), which make it an extremely traumatic experience.

These patients often try to avoid talking about it due to their feelings of guilt and shame caused by this abuse

experienced. They tend to think that they were allowing the abuse and their unease is intensified. Usually, they have not talked about this with their reference people, father or mother, and if they have done it they have not received the protection and the support they needed. Relatives often play down these episodes due to conflict that implies disclosing this situation within a family, such as report a brother or a father. The type of relationship they have with their partners is not very healthy because they tend to avoid conflicts and accept uncomfortable situations and they do not deal with problems.

To tackle the therapeutic approach with patients who have an addiction and have suffered a sexual abuse, it has been proved that humanistic conductive-behavioural therapy is effective and achieves an adequate treatment adherence. In addition, it is important to include the family in the treatment due to the feelings of guilt involved [5]. It is crucial that the people learn how to express and regulate their emotions regarding the abuse, as well as with themselves and their family [6].

Despite all this, there are still certain limitations when working these associations. In fact, there are few occasions in which the patient who comes for addiction treatment talks about suffering sexual abuse if a specific sexual treatment is not applied. Some addiction treatments focus on the withdrawal of the substance by encouraging personal, family and social skills by putting aside sexuality. However, those who solve their addiction without having therapeutically worked the abuse they tend to relapse into the addiction and return to therapy. This leads us to think of addiction treatment programmes

and sexuality inclusion as a core dimension in people's life and as a key factor in relapse prevention.

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