

# Re-traumatization: Sexual Abuse, Post-Traumatic Stress Disorder and Sexual Risk Behaviors among Club Drug Users

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The authors  
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## Introduction

- Exposure to trauma, especially in childhood, has been linked to substance use, as a self-medicate attempt and to dampen mood symptoms associated with a dysregulated biological stress response.

- Previous studies identified high rates of psychiatric symptoms among club drug users.

- There has been few research into sexual abuse and Post Traumatic Stress Disorders (PTSD) among club drug users.

## Aim

To assess sexual abuse and subsequent development of Post-Traumatic Stress Disorder (PTSD) and their outcomes in club goers

## Method

### Sample selection and procedures

- Target sampling and ethnographic fieldwork were used as recruitment strategies.

- Face to face Interviews were conducted in loco using the GAIN instrument to assess demographics, sexual risk behaviors, substance use patterns and psychiatric symptoms (based on DSM-IV criteria).

### Inclusion Criteria:

- The sample comprised 240 club drug users, age 18-39 years, who had used ecstasy and/or LSD at least once in the last 90 days prior to the interviews.

- Not in treatment for drug or alcohol problems at the time of the study.

### Statistics

- The association between sexual abuse and PTSD among club goers was analyzed by Chi-square test.

- Quantitative variables with symmetric distribution were compared by T-student test; whereas those with asymmetric distribution were compared with Mann Whitney test.

### Ethics

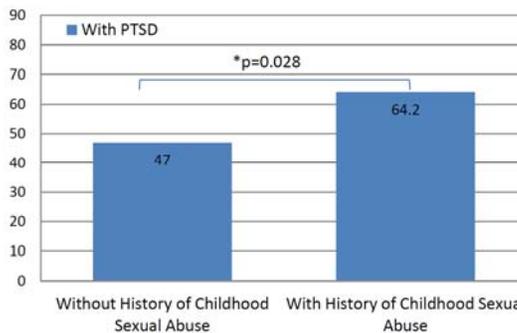
- The study was approved by the IRB and Ethics Committee of the HCPA. All participants provided written informed consent.

## Results

**Table 1.** Demographic characteristics among individuals with and without PTSD

Variable	Without PTSD (n=116)	With PTSD (n=123)	p
Age ± SD*	23.91±4.9	22.11±4.03	0.002
Gender (%)			0.152
Men	62 (53.4)	77 (62.6)	
Women	54 (46.6)	46 (37.4)	
Education (%)			0.001
High school	72 (62.1)	90 (73.8)	
Higher education	39 (33.6)	19 (15.6)	
Income (%)			0.001
Without income	18 (15.7)	24 (19.8)	
3 or less minimum wage	60 (52.2)	83 (68.6)	
3-5 minimum wage	26 (22.6)	7 (5.8)	
> 5 minimum wage	11 (9.6)	7 (5.8)	
Sexual orientation (%)			0.117
Heterosexual	88 (75.9)	82 (66.7)	
Homosexual/Bisexual	28 (24.1)	41 (33.3)	
Severity of drug use**	52.0 (32.2 – 78.4)	66.2 (38.4 – 91.0)	0.043

\* T-student test, mean ± standard deviation; \*\*Mann-Whitney test, median (interquartile range)



**Figure 1.** Club drug users with PTSD divided by with and without childhood sexual abuse

**Table 2.** Early onset of drug use, sexual abuse and PTSD among club drug users

Age of first use	Childhood Sexual Abuse Without PTSD	Childhood Sexual Abuse With PTSD	p
Ecstasy	17 (16 - 19)	21 (17 - 27.5)	<0.005
LSD	17 (16.25 - 18.75)	19 (17 - 27)	<0.005
Cocaine	15 (14 - 16)	16 (15 - 18)	<0.005
Alcohol	13 (12 - 14.25)	13 (11.75 - 13.25)	0.259
Marijuana	15 (13 - 16)	14 (11.5 - 16)	0.121

- 63.7% of the participants had unprotected sex.
- PTSD club drugs users showed a higher prevalence of sexual risk behavior: 69.8% of those with severe PTSD symptoms had unprotected sex, compared to 44.4% with no PTSD symptoms (p>0.047).

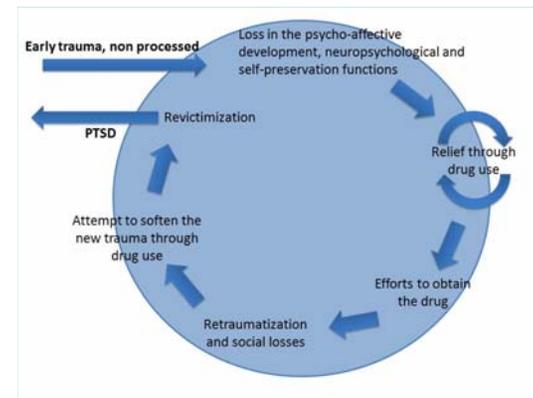
## Discussion

- Club drug users have high rates of early sexual abuse;

- Club drug users with sexual abuse start earlier in drug use and have more chances to develop PTSD, denouncing an unfavorable socio-affective condition to process trauma, that continues to rise;

- Those with PTSD have a severe drug use pattern, seeking in drug an attempt to anesthesia, they also have more sexual risk behaviors;

- It creates a re-traumatization cycle:



**Figure 2.** Retraumatization cycle

## Conclusion

- Early sexual abuse among club drug users is associated with development of PTSD;

- Those with childhood sexual abuse and PTSD show a non-resolutive maintenance of the traumatic experience, which possibly drives:

- To a search for anesthesia through an earlier onset and more severe pattern of drug use;
- To additional sexual risk behaviors exposure.

## References

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