

Benzodiazepine addiction and child sexual abuse

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There is now an extensive literature on benzodiazepines (over 18,400 publications since 1966), particularly regarding their addictive potential (Feely, 1988). The importance of this finding lies in prescribing as well as in the treatment of existing addiction. However, psychological factors are also important in the maintenance of addictive behaviour and one should not assume that all are recognised. For example, it is known that drugs are used to reward children employed by the pornographic industry and that sexually abused children can develop drug addiction (Burgess *et al.*, 1984). There are now over 300 publications on child sexual abuse but none linking it with benzodiazepine addiction specifically. This is the first one.

The study

Adults suffering from mental illness who attended a psychiatric day hospital in London were routinely asked over a period of six months about the history of sexual abuse in their childhood using the same definition as that in the MORI Poll 1984 (Baker & Duncan, 1984). Their age range was from 17 to 70 years and the average age was 36. There were 11 female and six male patients who gave a history of being sexually abused as children. Of those who had been sexually abused, ten were addicted to benzodiazepines and seven were not. Of those who had not been sexually abused, six were addicted to benzodiazepines and 24 were not.

The most commonly abused benzodiazepines were diazepam, temazepam and lorazepam. The majority of patients were unaware of their dependence on these drugs and readily agreed to this medication being withdrawn. The severity of withdrawal symptoms seemed to be worse with shorter acting benzodiazepines. The psychiatric diagnoses among the sexually abused were: six cases of depression, five of schizophrenia, three of manic depressive illness, one of obsessive compulsive disorder, one schizoaffective disorder, and one generalised anxiety disorder. Of those not sexually abused as children the diagnoses were: ten cases of schizophrenia, ten of major depression, four of manic depressive illness, five of personality disorder, and one of neurosyphilis.

It was possible to withdraw gradually benzodiazepines in 12 cases. The outcome in the remaining four

cases was as follows: two obtained benzodiazepines from other doctors, one patient could not be traced and one committed suicide. All four had been sexually abused as children. Most patients were in the past abused by men with the exception of one male patient who committed suicide and had been abused by his mother. χ^2 test was performed on the above data giving $P < 0.01$.

Comment

The above findings suggest that patients with mental illness who have been sexually abused as children, even many years after the traumatic events, have a potentially higher risk of developing benzodiazepine addiction than patients with similar diagnoses who have not been sexually abused as children. Patients admitted to this day hospital represent a selective sample. Paradoxically, one of the exclusion criteria for the admission to the day hospital is drug addiction which seems to indicate professional unawareness of the problem at least at the time of the study. It is also significant that, despite the fact that the majority of patients had chronic illnesses and had seen psychiatrists before, the history of child sexual abuse was rarely found in case notes. Most of the patients in this study were glad that this history was noted and that some interpretation could be made regarding their poor self esteem and addictive behaviour.

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References

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