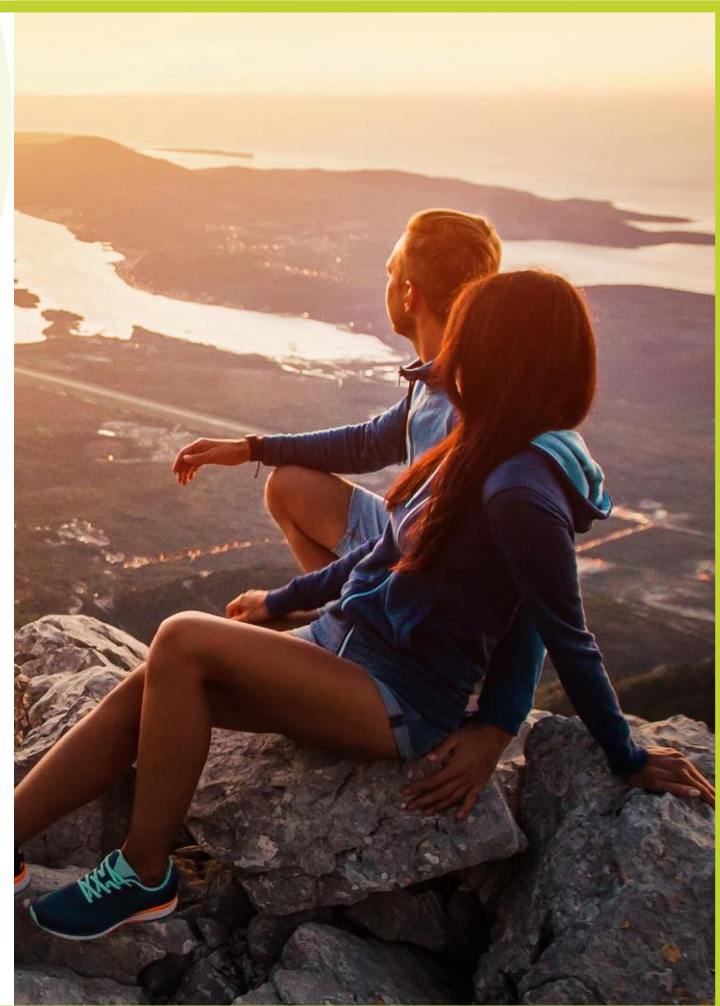




HEALING BETRAYAL TRAUMA

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Today we will discuss ...

1. What is sex addiction induced trauma (SAIT)?
2. General overview of trauma.
3. The 13 'Sex Addiction Induced Trauma' dimensions
 - a. Betrayal Trauma
4. Stages of treatment for partners



WHAT IS SEX ADDICTION?

“Sexual addiction, also known as “sexual compulsion,” “hyper sexuality,” and “hypersexual disorder,” is a dysfunctional preoccupation with sex, often involving the obsessive pursuit of non-intimate sexual encounters (affairs, casual sex, anonymous sex, prostitutes, pornography, compulsive masturbation, and the like).”



WHAT IS TRAUMA?

A deeply distressing or disturbing experience. Emotional shock following a stressful event or a physical injury, which may be associated with extreme fears and often leads to long-term neurosis.

SYMPTOMS OF TRAUMA

- Flashbacks
- Panic
- Anxiety
- Depression
- Numbing
- Obsessive thinking/worry
- Emotional outbursts
- Insomnia
- Black-out
- Hopelessness/helplessness
- Nightmares
- Difficulties being present
- Memory loss
- Concentration
- Low self-esteem
- Fatigue
- Low functioning

SYNONYMS FOR TRAUMA



torment · agony · suffering · pain ·
anguish · misery · distress · heartbreak ·
affliction · wretchedness · woe · hell ·
shock · upheaval · distress · stress · strain ·
pain · anguish · sorrow · grief · heartache ·
torture · disturbance · disorder · jolt ·
ordeal · trial · tribulation · trouble · worry ·
anxiety · burden · adversity · hardship ·
nightmare

Betrayal Trauma

- Betrayal Trauma is the term used to explain how partners are affected by the partner's addiction.
- Research has shown that partners experience PTSD symptoms and symptoms of acute stress disorder.
- Trauma which repeats and is related creates 'complex trauma'.




Betrayal Trauma

- This trauma brings fear into the psychological system, triggering trauma responses involved with survival: fight, flight or freeze.
- It can feel like a “loss of self”.



SEX ADDICTION INDUCED TRAUMA

13 Dimensions

1. Discovery Trauma
 2. Disclosure Trauma
 3. Reality-Ego Fragmentation
 4. Impact to Body and Medical Intersection
 5. External Crisis and Destabilization
 6. SAIT Hyper vigilance and Re-Experiencing
 7. Dynamics of Perpetration, Violation and Abuse (SAIP)
 8. Sexual Trauma
 9. Gender Wounds and Gender-Based Trauma (GBT)
 10. Relational Trauma and Attachment Injuries
 11. Family, Communal and Social Injuries
 12. Treatment-Induced Trauma
 13. Existential and Spiritual Trauma
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1. Discovery Trauma

- Discovery can be a first awareness, a slow evolving awareness, or an “intuitive sense”.
- Discovery is a traumatic event as well as an ongoing traumatic process (multiple discoveries).

2. Disclosure Trauma

- A disclosure is the process of being told about some aspect of the deceptive, compartmentalized reality system (factual or not).
- There can be many disclosures, spontaneous or forced disclosures, and professionally guided disclosures, which is a clinical treatment process.

DISCLOSURE TRAUMA

- “Staggered” disclosures occur when the addict only partially discloses his or her behaviors.
- Often because:
 - a) addict doesn’t want to “hurt” the partner with a full disclosure; or
 - b) addict is afraid of the partner’s reaction.
- 90% of partners wish to know the truth.
- 59% of addicts and 70% of partners report more than one major disclosure.

DISCLOSURE TRAUMA

- Typical 'staggered disclosure"
- Deny everything, blame, hide, denial
- Disclose what the addict thinks they can get away with
- Disclose a bit more "See, I'm honest NOW"!
- Be confronted as more comes out
- Repeat

3. Reality-Ego Fragmentation

- Managing our internal world and responding adequately to reality is essential for psychological health and stability. That is the function of the 'ego'.
- The greater the difference between what was thought was 'reality' and the 'deception,' the greater the traumatic impact and consequence on ego.



REALITY-EGO FRAGMENTATION

The partner can no longer rely on their ego to differentiate between reality and the traumatized psyche, causing functional impairment, similar to brain injury.

This manifests as traumatic memories, body experiences and traumatic coping patterns and intrusions, requiring treatment.

Additional symptoms include alterations in consciousness, self-perception; amnesia or hyper-amnesia, dissociative episodes, depersonalization and “reliving traumatic experience” either through PTSD symptoms or through the process of ruminative preoccupation (Herman, 1997).

4. Impact to Body and Medical Intersection Trauma

- This could include the impact on body image, triggering of eating disorders, weight loss or weight gain, vomiting, insomnia and sleep disturbance, crying episodes, physical expressions of rage, muscular constrictions, vaginal spasms, aversion to physical or sexual touch, sharp pains.



IMPACT TO BODY AND MEDICAL INTERSECTION TRAUMA

- Some partners may be also dealing with pre-existing medical concerns or physical health concerns such as being pregnant or dealing with breast cancer and rounds of chemotherapy when suddenly impacted by sex addiction-induced trauma.
- Medical professionals and other healthcare providers should be taught on how to screen, assess and treat sex addiction-induced trauma.

5. External Crisis and Destabilization



- External crisis and destabilization means all the practical changes, sudden or long-term external changes, and the overwhelming chaos that ensues and often endures as a direct result of the sex addiction.
- This can include concerns related to finances, moving, separate sleeping arrangements, changes in routine, sudden shifts in residence, childcare routines changed, co-parenting dynamics altered, impact on family system, disclosures, what to say to whom, or how to find treatment, being stalked by others, etc.

EXTERNAL CRISIS AND DESTABILIZATION

- Because the addict is the “identified patient”, the partner or spouse often may end up “holding down the fort” and being “the together one” in the early stages of the process.
- This may result in a profound submerging of trauma, a form of extreme traumatic constriction based on survival. It may only be when the conditions have stabilized that the partner can even become aware of the traumas.

6. SAIT Hyper-vigilance and Re-Experiencing

- PTSD is often characterized by heightened sensitivity to potential threats, including those that are related to the traumatic experience including spontaneous memories of the traumatic event, recurrent dreams related to it, flashbacks or other intense or prolonged psychological distress.
- Most PTSD sufferers remain 'hyper-vigilant' on guard for the symptoms of PTSD and re-traumatization.
- Triggers can be so nuanced and different for every partner; bill boards, magazines, other women, cell phones, blond hair, texting, computers, cities, restaurants, intimacy, sexual positions, receipts, etc.

7. Dynamics of Perpetration, Violation and Abuse

- Gaslighting is the process in which the addict intentionally manipulates a partner's reality in order to protect reality and the truth from becoming known or discovered by the partner. This is a form of psychological manipulation and covert psycho-emotional abuse and perpetration.
- For many partners, the manipulation and emotional abuse can be almost a greater offense than the acting out.



Dynamics of Perpetration, Violation and Abuse

- Other dynamics of abuse, violation and perpetration can include marital rape and coerced sex with a partner or sexual manipulation.
- Also may include collusion with the other people whom she honored and trusted who may have known and colluded in denial and silence or even supported the acted out (including acting out with the addict).
- Includes impacts on children, including parentification, using children post-trauma for self-soothing, post-traumatic unhealthy alliances within family systems (triangulation); sex addict blaming child for own sexual acting out; permitting and allowing misrepresentation of truth socially; (covering for the addict).

8. Sexual Trauma

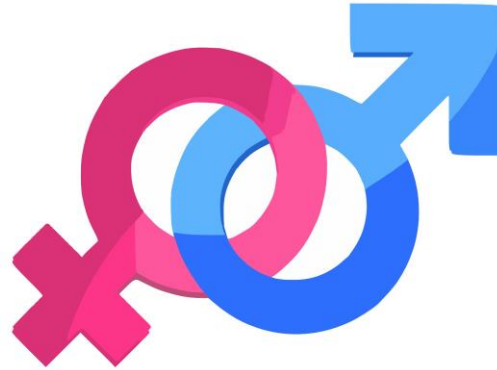
- The symptoms of SAIT on a partner's sexuality are similar to those in women who have been raped or sexually traumatized.
- Symptoms include avoidance or lack of interest in sex, numbing; somatic genital and sexual symptoms (ex. vaginismus; vulvic pain); fear and panic about disease or infection, psychological sense of "being dirty and feeling contaminated"; PTSD-induced-hypersexuality; internalized obligatory sexual pressure, aversions to touch or intimacy, aversion to physical holding, physical contact and sexual activity (sometimes with anyone and sometimes specific to perpetrator).

SEXUAL TRAUMA

- STDs sometimes lead to loss of pregnancies or abortions and other serious gynecological trauma and physical consequences to a partner's sexuality and reproductive system.
- Sex addiction can include rape. Marital rape can be part of an ongoing system of sexual domination and violation, sometimes in the name of various ideas of marriage, religion or gender expectations and obligations.
- Being pressured around any form of sexual behaviors which the partner does not agree to is traumatic.
- Forms of dissociation and detachment, during or around sexuality, is a vital symptom and coping strategy utilized by many partners to endure sex in which their true will is not being honored.

9. Gender Wounds and Gender-Based Trauma

- To the extent that the addict justifies their acting out as a privilege or 'flaw' of his or her gender, there exists dynamics shaped by gender based repression.



Gender Wounds and Gender-Based Trauma

- Partners are often profoundly impacted at the core of their gender 'constructs' such as wife, mother, feminine, sexual being, worthy being, body image, and core gender esteem, worthy human, etc.
- Identity and gender esteem is a primary and core dynamic in identity, self-esteem, and self-worth and is foundational to psychological well-being. It is very closely related to sexuality.
- Gender-based violence like 'victim blaming' applying to victims who are women of color, women who may not have legal status, female domestic employees, homeless or poor girls and women, sex traffic victims and sex industry victims, and pornography victims who are directly or indirectly impacted by sexual acting out disorders and sex addiction.

10. Relational Trauma and Attachment Injuries

- Healthy and secure attachment is essential for all human beings. Rupture from what was experienced as a secure attachment, which included psychological and emotional dependency, is a traumatic and critical event and dynamic in itself.
- Many victims cannot imagine trusting, depending on, or connecting to the addict or future partners again.



11. Family, Communal and Social Injuries

- “My life has been turned upside down, but because everything about sex addiction and its’ victims is kept a secret, I am denied the usual support of friends and family despite the fact that my world has been shattered while my husband’s life goes on like usual without any external consequences or changes for him.”

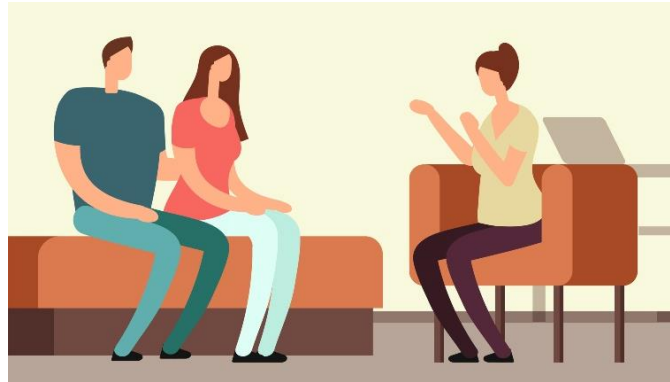


Family, Communal and Social Injuries

- Partners may end up holding secrets from loved ones and family, experiencing a loss of integrity with others she had always cherished. Partners may lose friends, may find out their friends colluded or also violated her.
- The trauma may also cause social constriction and avoidance, causing significant changes to how the partner relates to her social reality, community and to human beings in general, including agoraphobic symptoms or loss of faith in humanity.

12. Treatment-Induced Trauma

- Caused by clinical (counseling or medical) interventions that are organized around the traditional co-sex addiction model (COSA) (Carnes, 1991), or single-concept codependency model (CODA), and other traditional interventions, such as sex positive therapy, based in the omission of recognizing or treating SAIT among partners.
- Many "sex positive" counselors and educators will prescribe "date nights or sex nights" for traumatized and sexually abused partners and couples impacted by SAIT, not identifying the trauma.



Treatment- Induced Trauma

- Many therapists reframe a partner's safety-seeking attempts ("snoop-ervising", "pain shopping", or "playing victim") as "pathological co-sex addiction" that 'demonstrate the partner's unmanageability and proof and confirmation of her insanity".
- The traditional sex addiction treatment model which assumes "co-sex addiction" is repetition of the harm of the sex addiction (identifying the acting out behaviors as motivated by, or excused by, deficits in the relationship (sexual, emotional).

13. Existential and Spiritual Trauma

- The relationship to that which supports our (spiritual/religious) systems of meaning is often impacted by SAIT.
- This can result in ego destabilization, ruptures with attachment and core psychic reliance on God, faith, humanity, love, and life itself.



TREATMENT FOR PARTNERS OF SEX ADDICTS

TREATMENT FOR PARTNERS IS NECESSARY BECAUSE OF THE
PROFOUND HARM.

MOST PARTNERS CANNOT MOVE ON FROM THE TRAUMA WITHOUT
SUPPORT, VALIDATION, UNDERSTANDING AND SYMPTOM
REDUCTION.

Treatment for Partners of Sex Addicts

Treatment Includes 3 Phases:

Early Stage (damage control):

Focus on safety and stability; build skills such as regulating emotions, contain trauma symptoms, establish boundaries, stress management.



Treatment for Partners of Sex Addicts

Middle Stage:

Trauma work, work through pain and grief, maintain stability and safety.



Treatment for Partners of Sex Addicts

Late Stage:

Help client rebuild self-esteem, explore intimacy and sexuality issues.





THANK YOU!

Questions?



Further Reading

International Institute of Trauma & Addiction Professionals:

<https://iitap.com/>

Dr. Stephanie Carnes, Addiction Specialist and Clinical Sexologist, President of IITAP, senior fellow at Meadows Behavioral Healthcare, multiple publications and books on treatment of sex and love addiction

<https://stefaniecarnes.com/>

Dr. Kevin Skinner, faculty member of IITAP and co-founder of Addo Recovery, leading authority on sexually compulsive behavior, infidelity, and trauma from sexual betrayal

<https://www.drkevinskinner.com/>