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INTERSECTION OF TRAUMA, SUBSTANCE USE DISORDER, AND MENTAL HEALTH

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A silhouette of a person standing on a mountain peak with their arms raised in celebration, set against a dark blue, starry night sky. A large white speech bubble with an orange border is positioned in the upper right quadrant of the image.

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A photograph of a theater interior. The foreground is filled with rows of red upholstered seats, viewed from behind. In the background, a large white rectangular screen is illuminated, displaying the text "This webinar will be recorded." in bold black font. The theater walls are dark, and red curtains are visible on the left and right sides of the screen.

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Intersection of Trauma, Substance Use Disorder, and Mental Health

THIRD THURSDAY WEBINAR SERIES



indigenous sexual assault & abuse clearinghouse



June 17: Understanding the Science of Addiction

July 15: Connection Between Trauma and Health Disparities

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indigenous sexual assault & abuse clearinghouse

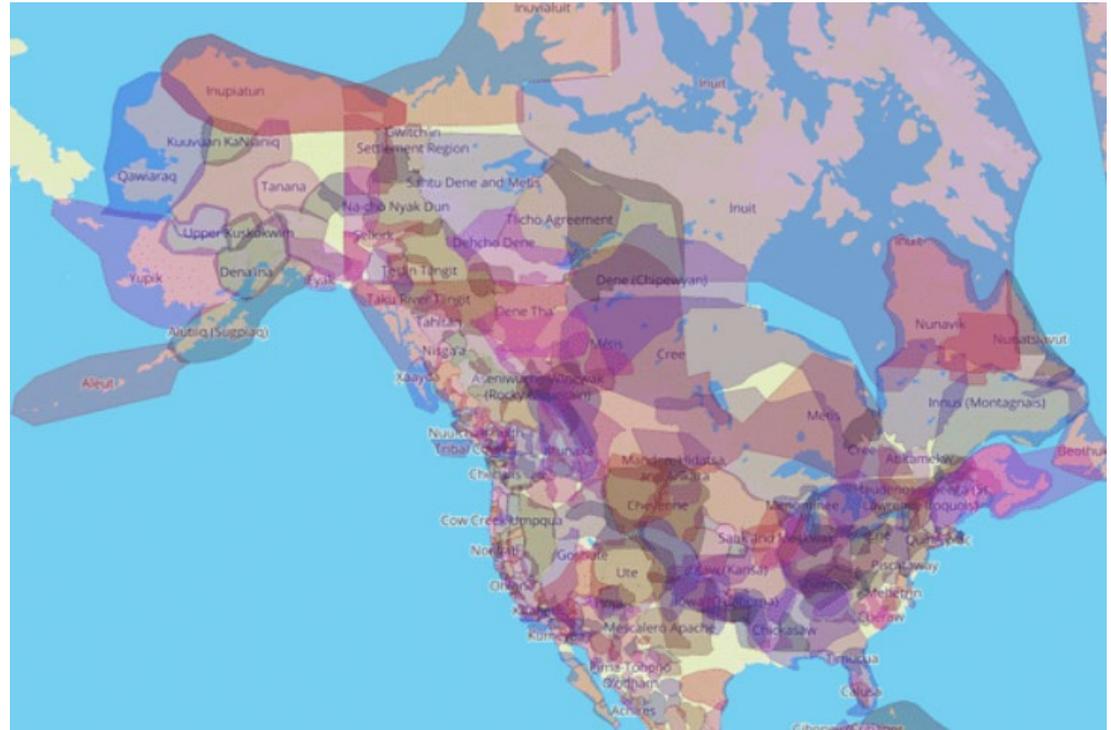


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Today's Speaker



Christina Love (she/her)

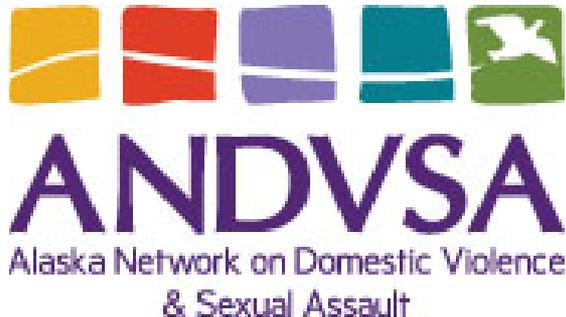
Christina, an Alaska Native woman from Chitina, is a consultant, a recovery coach and a civil & human rights activist dedicated to systems change and healing centered care, through her work with Alaska Network on Domestic Violence and Sexual Assault (ANDVSA).

Welcome



Intersections of Trauma, Substance Use Disorder, and Mental Health

Unearthing the complex unhealthy relationship



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**DOMESTIC
VIOLENCE &
SUBSTANCE USE:
THE SIMILARITIES**

What is Domestic Violence?



- Domestic Violence (DV) is a **pattern** of coercive control of an intimate relationship founded in violence. This can include physical, sexual, and psychological emotional or economic abuse.
- Each form places the victim at risk of injury- including death. The intent of these actions is **to gain control** by making the person feel subordinate, incompetent, worthless and fearful.



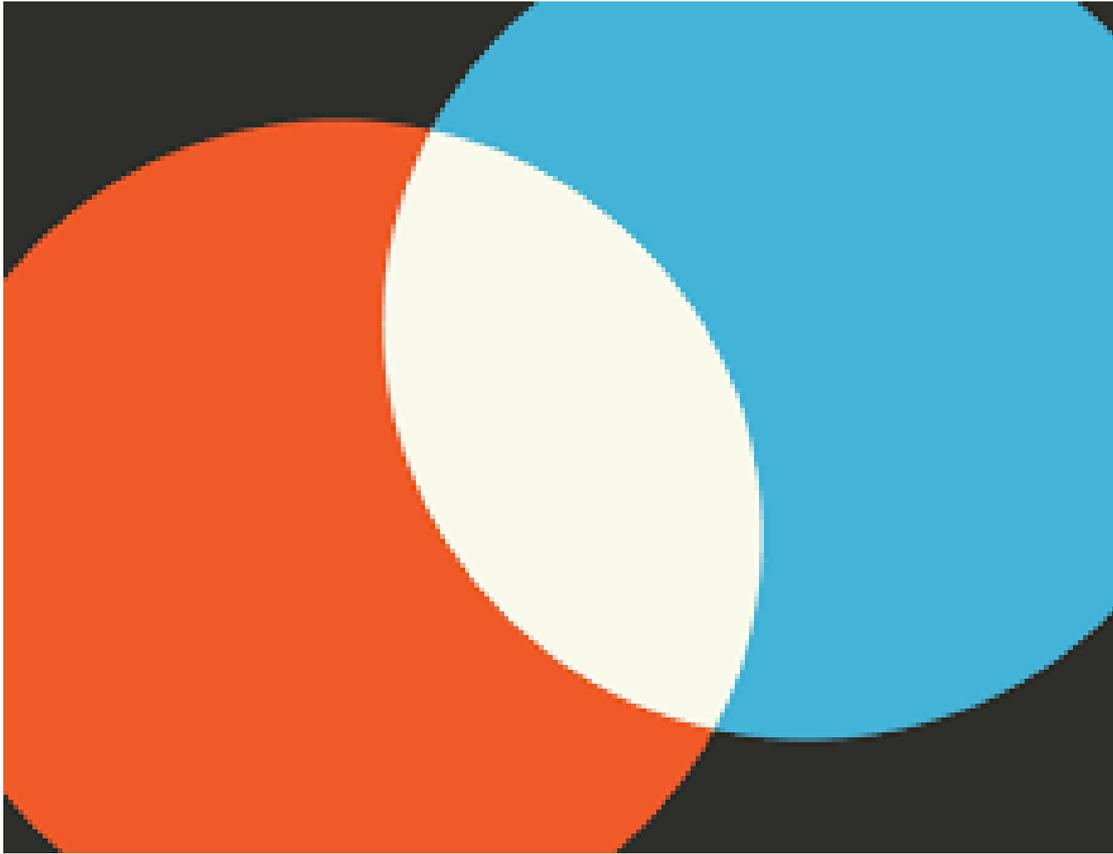
What is Addiction?

- A **chronic brain disease** that has the potential for both recurrence (relapse) and recovery (remission)
- Associated with **uncontrolled** or compulsive use of one or more substances
- The most severe form of **Substance Use Disorder (SUD)**

**PLEASE READ:
IMPORTANT
MESSAGE**

People who have a progressed stage of addiction may become powerless over their substance use

**BUT THEY ARE NOT POWERLESS OVER THEIR
DECISION TO HARM OTHERS.**



Domestic Violence & Addiction

BOTH:

- Involve power and control dynamics
- Impact entire families, often harming three or more generations
- Thrive in silence and isolation
- Carry great societal stigma and shame
- Involve denial systems including:
 - Minimizing and rationalizing

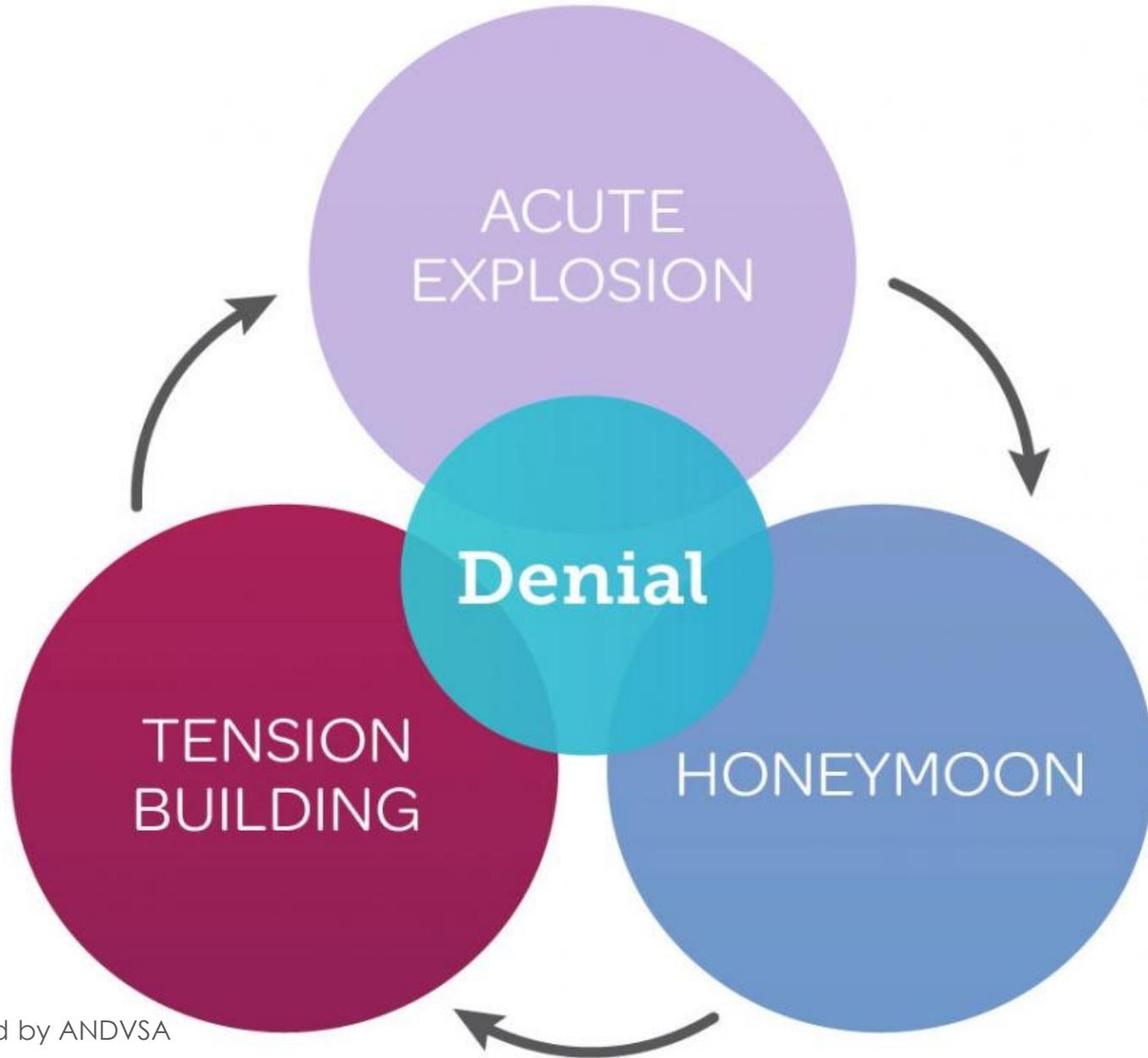
Domestic Violence & Addiction Cycles

POST
TRAUMATIC
STRESS
DISORDER

- Pattern and cycle of Violence
- Continuum and cycle of Addiction
- Traumatic Brain Injury (TBI)
- PTSD



Cycle of Violence

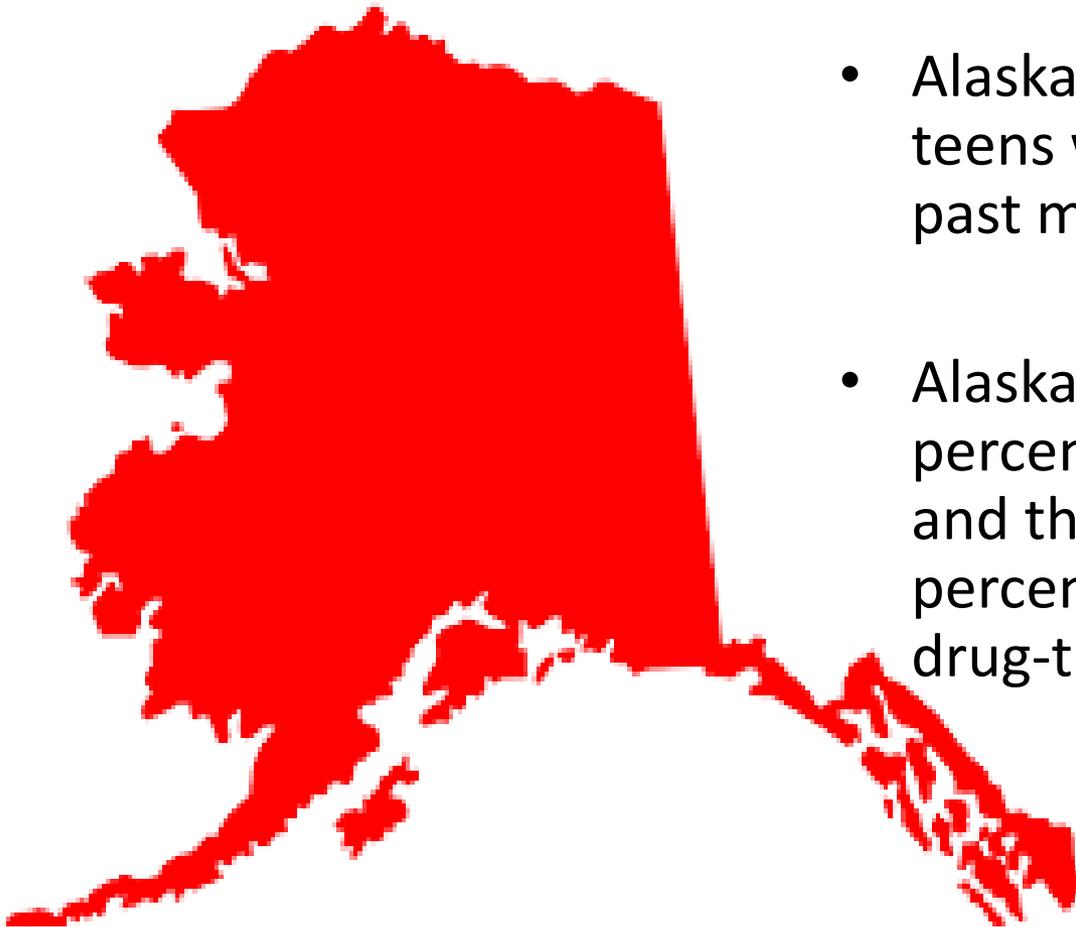




THE SCOPE OF THE ISSUE



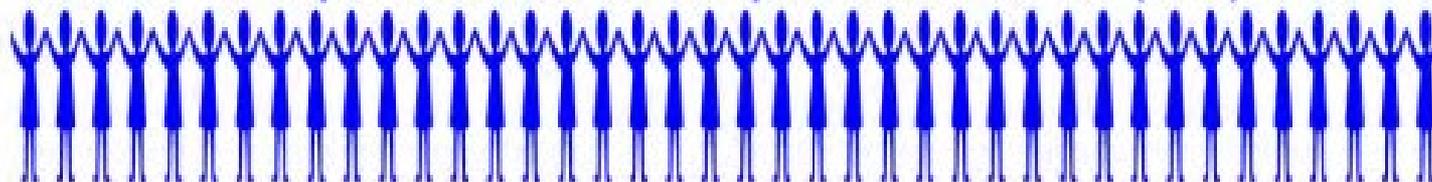
What state has the biggest drug problems?



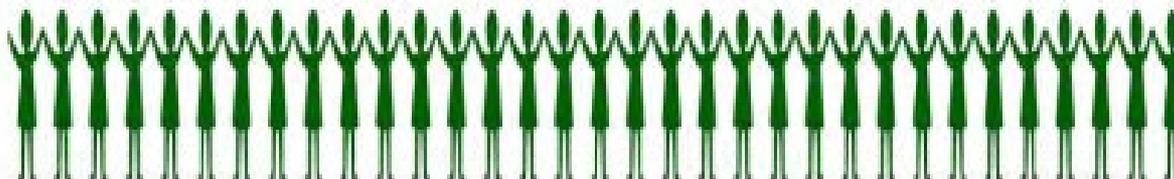
- Alaska has the highest share of teens who used illicit drugs in the past month, at %13.22
- Alaska had the second highest percentage of adult drug users and the second highest percentage of adults with unmet drug-treatment needs.

Out of every 100 adult women who reside in the State of Alaska:

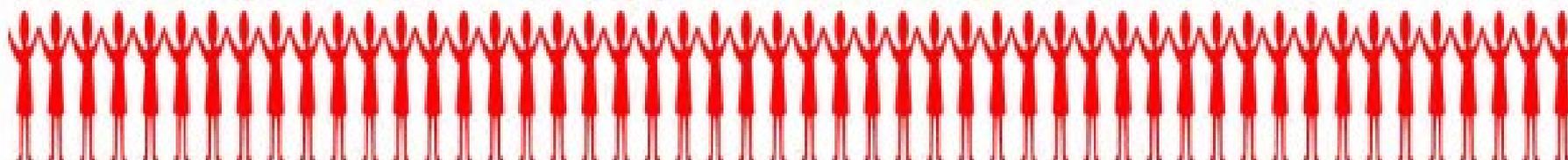
40 experienced intimate partner violence (IPV):



33 experienced sexual violence:



50 experienced intimate partner violence, sexual violence, or both:



**Lifetime
Rates of
Victimization**

Alaska Stats

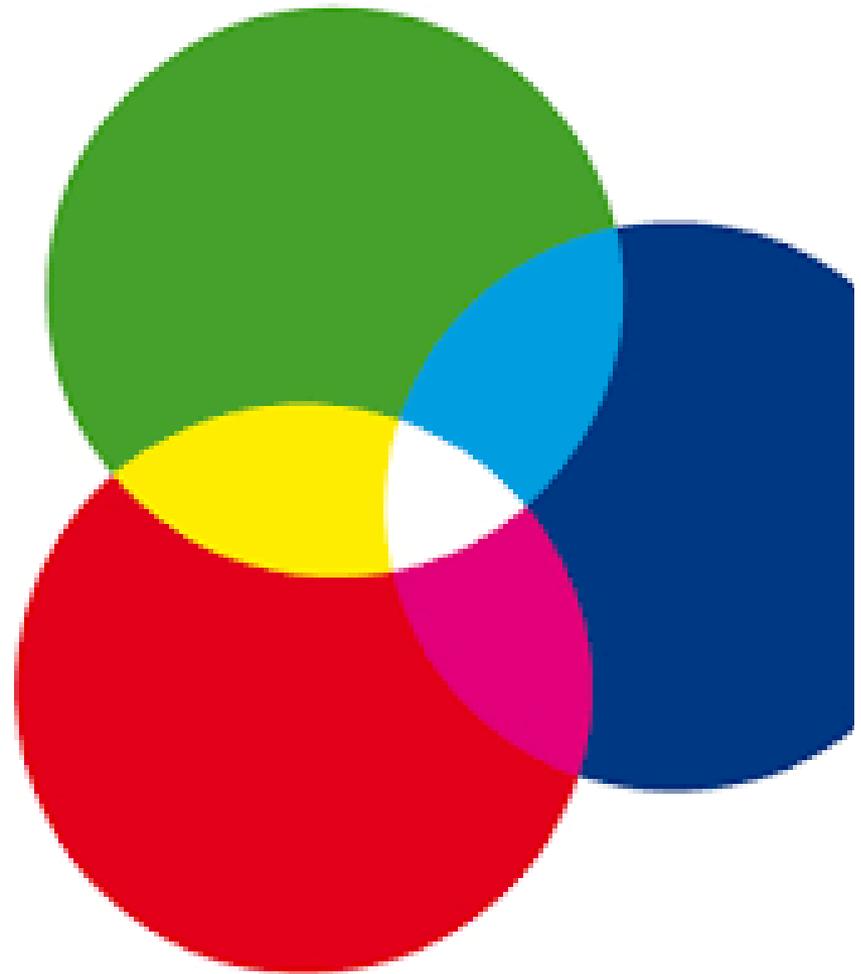
Rows indicate exposure to this form of adverse childhood experience. Columns indicate co-occurrence with other exposures.		Physical Abuse	Sexual Abuse	Verbal/Emotional Abuse	Mental Illness	Substance Abuse	Domestic Violence	Separation Divorce	Household Member in Prison
Abuse	Physical Abuse		35.9%	78.4%	42.6%	60.4%	53.6%	47.2%	21.6%
	Sexual Abuse	43.7%		57.2%	44.4%	56.5%	35.9%	43.0%	18.5%
	Verbal/Emotional Abuse	47.5%	28.4%		42.7%	58.0%	40.8%	44.8%	19.1%
Household Dysfunction	Mental Illness	36.7%	31.4%	60.8%		61.3%	36.3%	43.5%	22.6%
	Substance Abuse	33.2%	25.5%	52.7%	39.1%		37.4%	49.1%	25.8%
	Domestic Violence	55.0%	30.2%	69.1%	43.3%	69.7%		56.9%	25.0%
	Separation/Divorce	27.5%	20.6%	43.1%	29.4%	52.0%	32.3%		20.8%
	Household Member in Prison	36.9%	25.9%	53.7%	44.7%	79.9%	41.5%	60.8%	

Source: Alaska data from the 2013 Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion



The overlap of substance use for:

- Survivors of violence
- Perpetrators of violence
- Commission of a crime



The Overlap for Survivors

WOMEN WHO ARE PHYSICALLY ABUSED:

- Are five times more likely to be sexually abused
- Are 25% of the women who attempt suicide
- Are 22-35% of women seeking emergency medical services
- Are 50-60% of all female homicide victims
- Are five times more likely to be in poverty

Have twice the rate of substance misuse than the general population

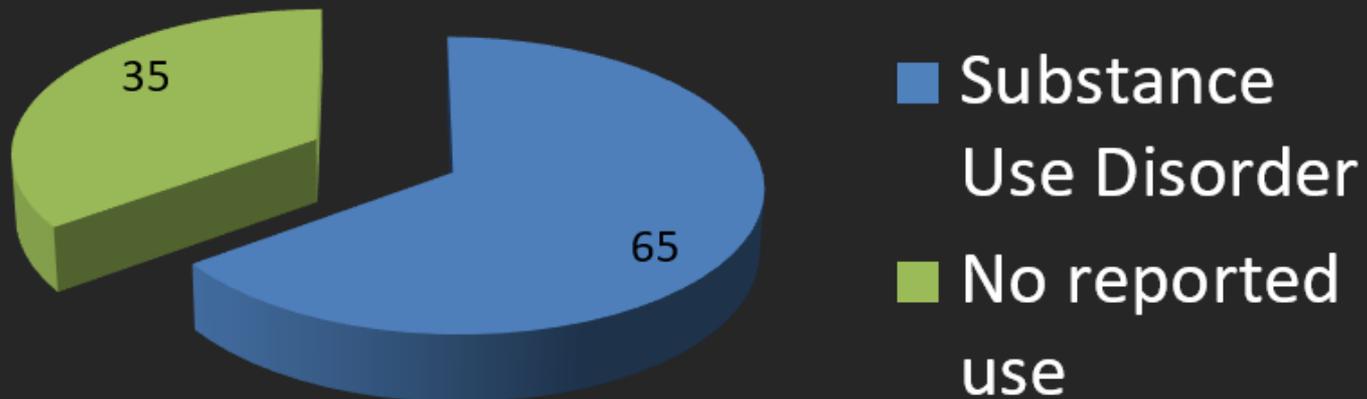
The Overlap for Survivors

A National Institute on Drug Abuse study noted **90%** of women in drug treatment had experienced severe domestic and/or sexual violence from a partner.



The Overlap for Survivors

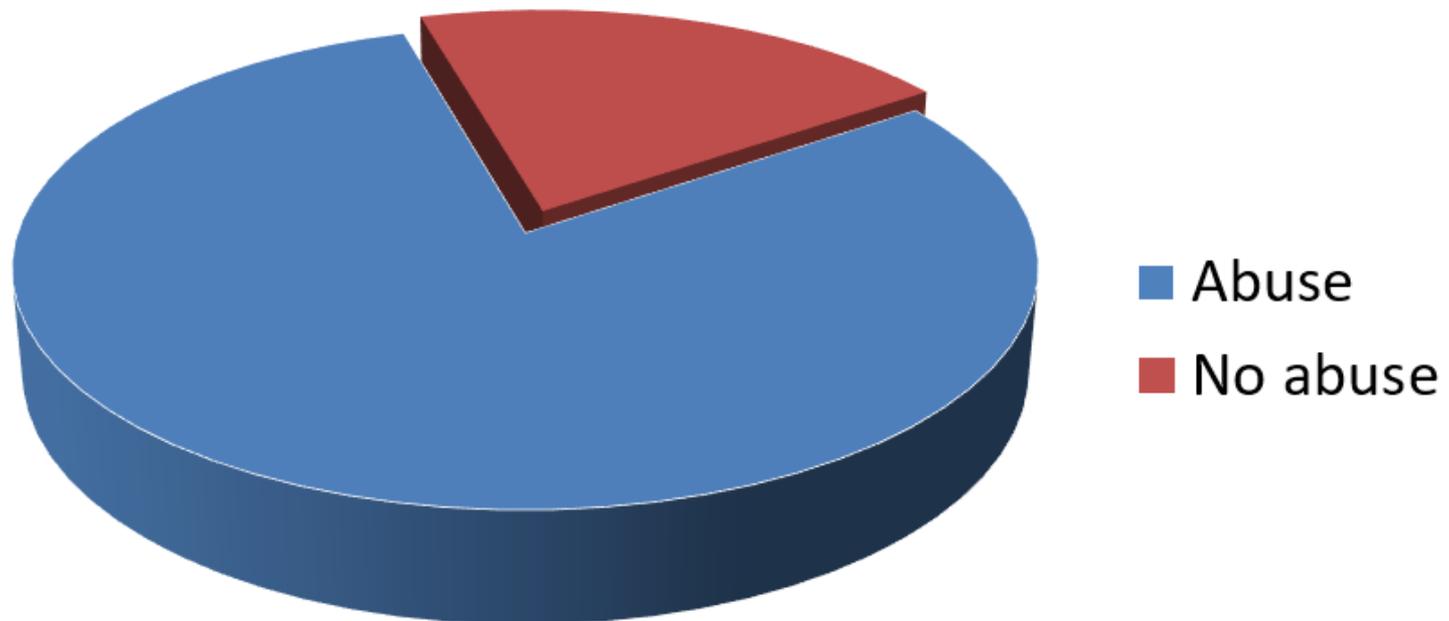
In domestic violence shelters and agencies, 65% of women either met criteria for alcohol dependence or reported problems with their drug use.



The Overlap for Survivors

Between **67-80%** of women in substance use treatment are DV victims.

Medical Treatment Report



The Overlap for people who perpetrate violence

- 50-60% of men who abuse their partners have substance use problems
- Men who perpetrate violence and use alcohol are **twice** as likely to inflict serious injury or death
- 70% of men who abuse their partners also abuse their children

The Overlap in the Crime

- Alcohol is implicated in:
 - 83% of child abuse investigations
 - 60-80% of DV reports
 - 63% of sexual assaults
 - 46% of homicides

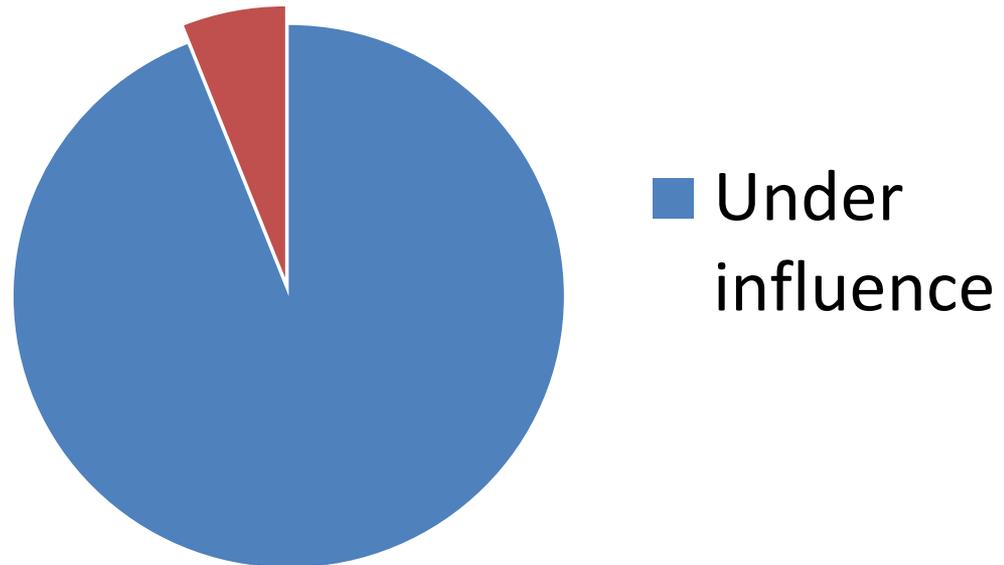


ALCOHOL is the number
one **RAPE DRUG**

THE OVERLAP IN THE CRIME: Domestic Violence

94% of DV calls to police --assailant had used alcohol alone or alcohol w/cocaine, marijuana or other drugs w/in 6hrs of assault.

- 92% of assailants and
- 42% of victims had used alcohol or other drugs on the day of the assault.

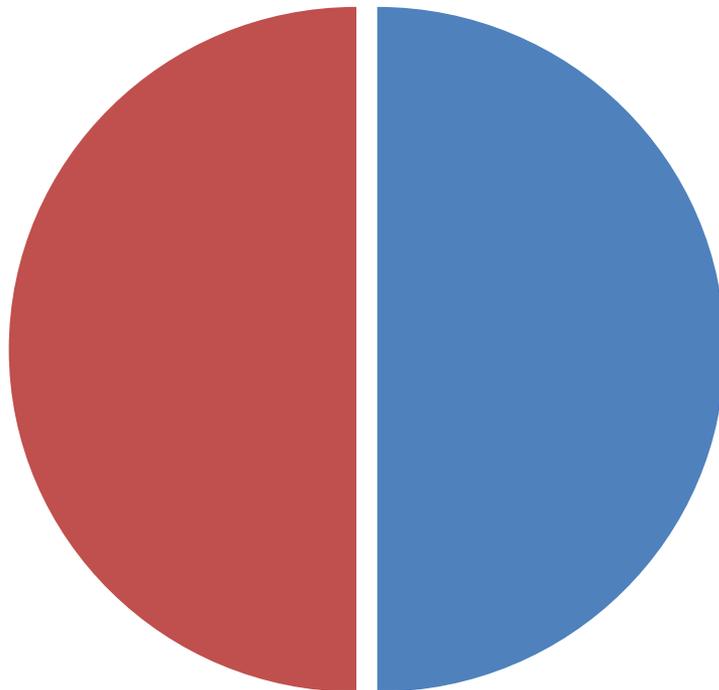


THE OVERLAP IN THE CRIME

Domestic Violence

Over 1/2 of DV cases involve drinking

Domestic Violence Reports



■ Drinking

■ Not
Drinking

Question:

If 94% of DV calls to police involve alcohol or other drugs

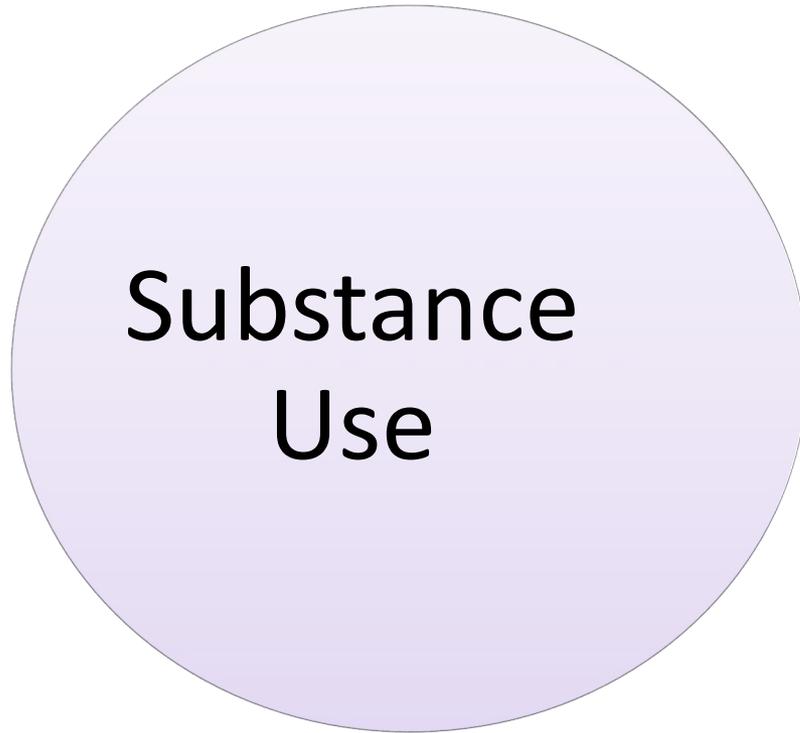
WHY DO ONLY ½ of Domestic Violence cases involve alcohol or other drugs?



**MAIN
POINT...**

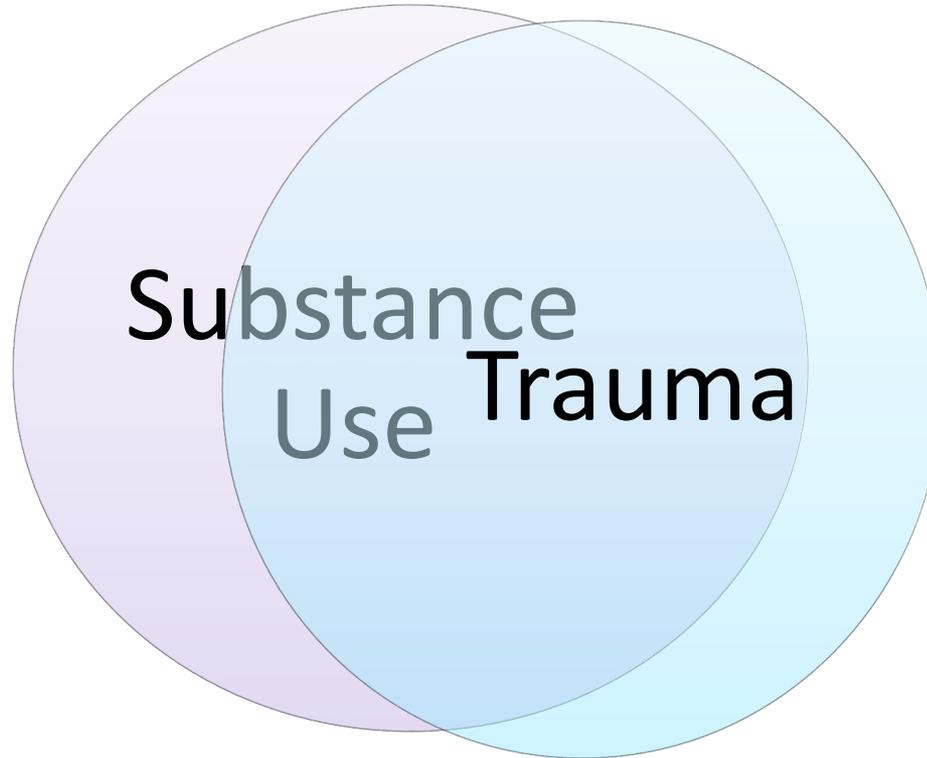
The Scope of the Issue

Silo of services



The Scope of the Issue

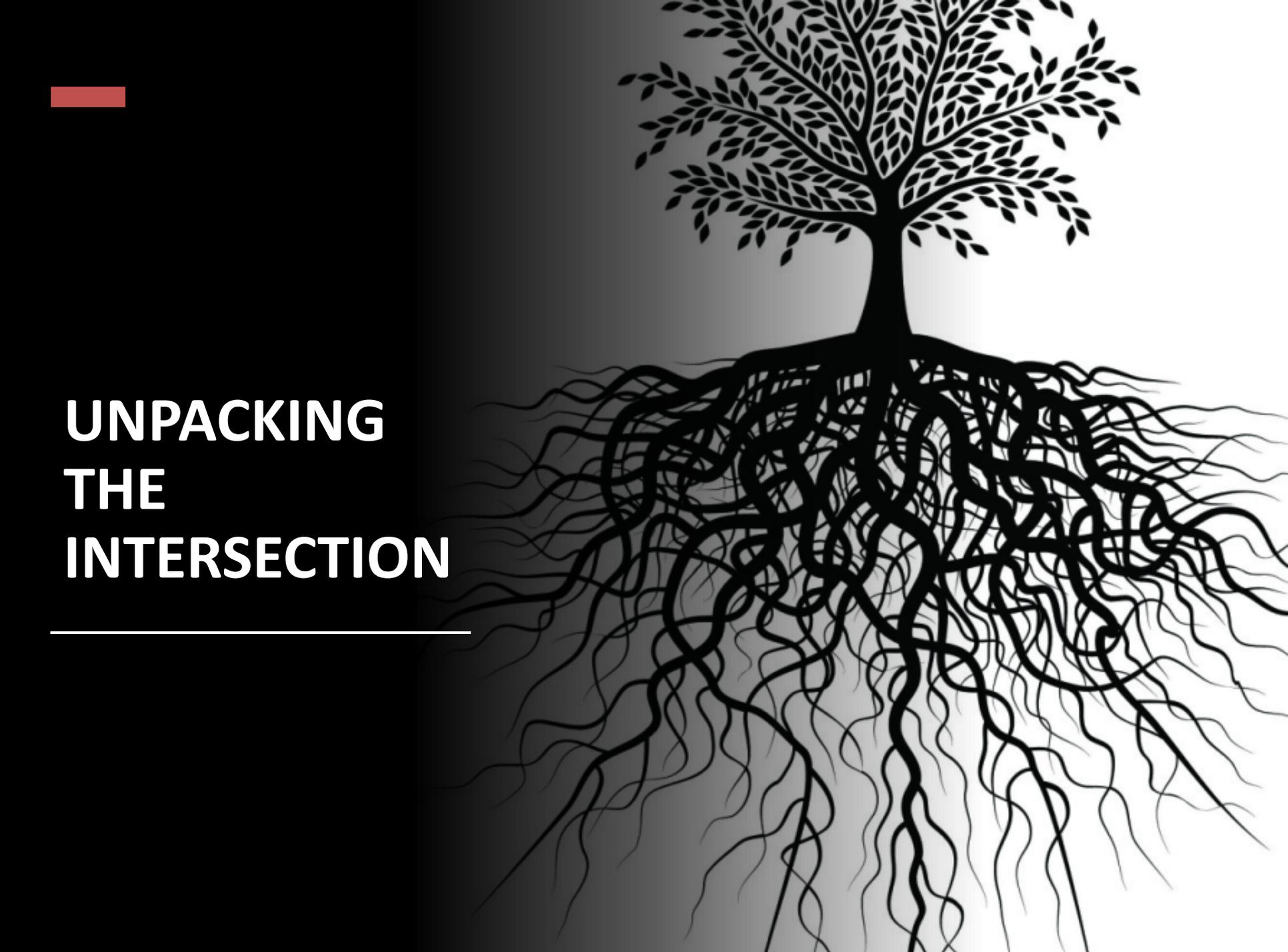
Reality of people we serve



Discussion Questions

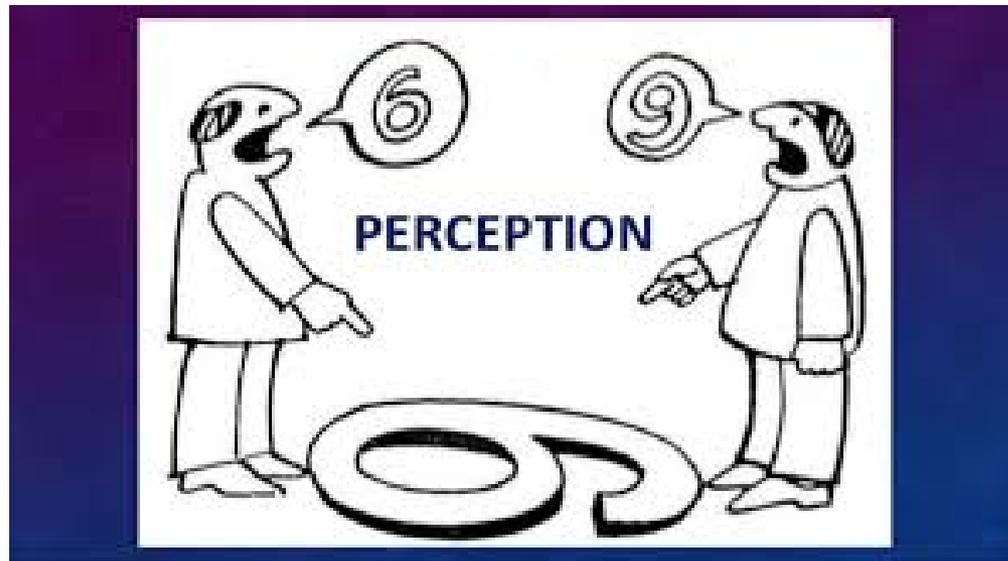
How often do you
see this overlap?





**UNPACKING
THE
INTERSECTION**

WHAT IS A SOCIETAL OR PUBLIC PERCEPTION?



Answer: The social phenomenon known as *public perception* can be seen as the difference between an absolute truth based on facts and a virtual truth shaped by popular opinion, media coverage and/or reputation.

Discussion Questions

1. How many people have heard the myth that substance use causes domestic violence?
2. Why do you think that myth exists?

UNPACKING THE INTERSECTION

- Domestic Violence and substance use disorder co-occur so often that people believe substance use causes domestic violence.
- They seem interconnected because both severity of injuries and lethality rates increase when co-occurrence happens.



Substance use is **Not A Cause**

- **Domestic violence:** The choice to harm often precedes substance use, there is a pre-existing pattern of dominant and controlling behavior by people who perpetrate violence.
- **Sexual Assault:** Substance use is an opportunistic weapon for assault



BUT THERE IS IMPACT

According to the New York State OPDV Model Policy:

“Alcohol and other drug use do not cause men to perpetrate abuse in their intimate relationships, and substance use treatment alone is unlikely to stop the violence. Victims with partners who use drugs consistently report that during their partners recovery abuse not only continued, but **often escalated.**”

SURVIVORS SPEAK



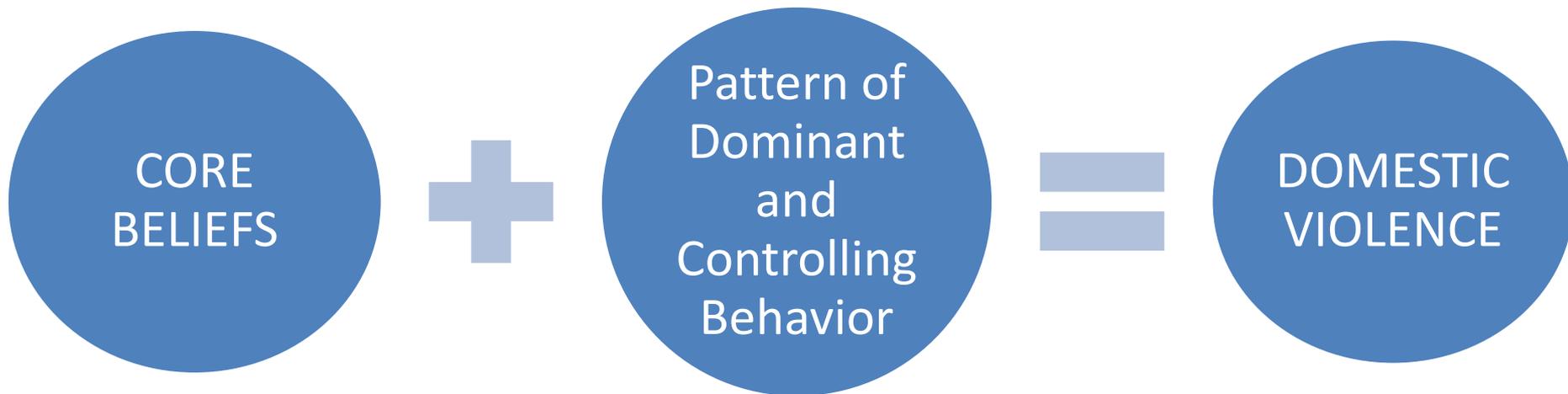
“If you sober up a perpetrator and he doesn’t have treatment for his issues, then what do you have? You have a sober perpetrator. And now he’s more aware”

MAIN Point

- Alcohol and other drugs: **DO NOT** *cause* DV/SA
- Instead, their role in DV/SA crimes:
 - Connected to increased *physical* violence...
 - Used as a tactic of abuse...



Substances can make the violence worse (but doesn't cause it)

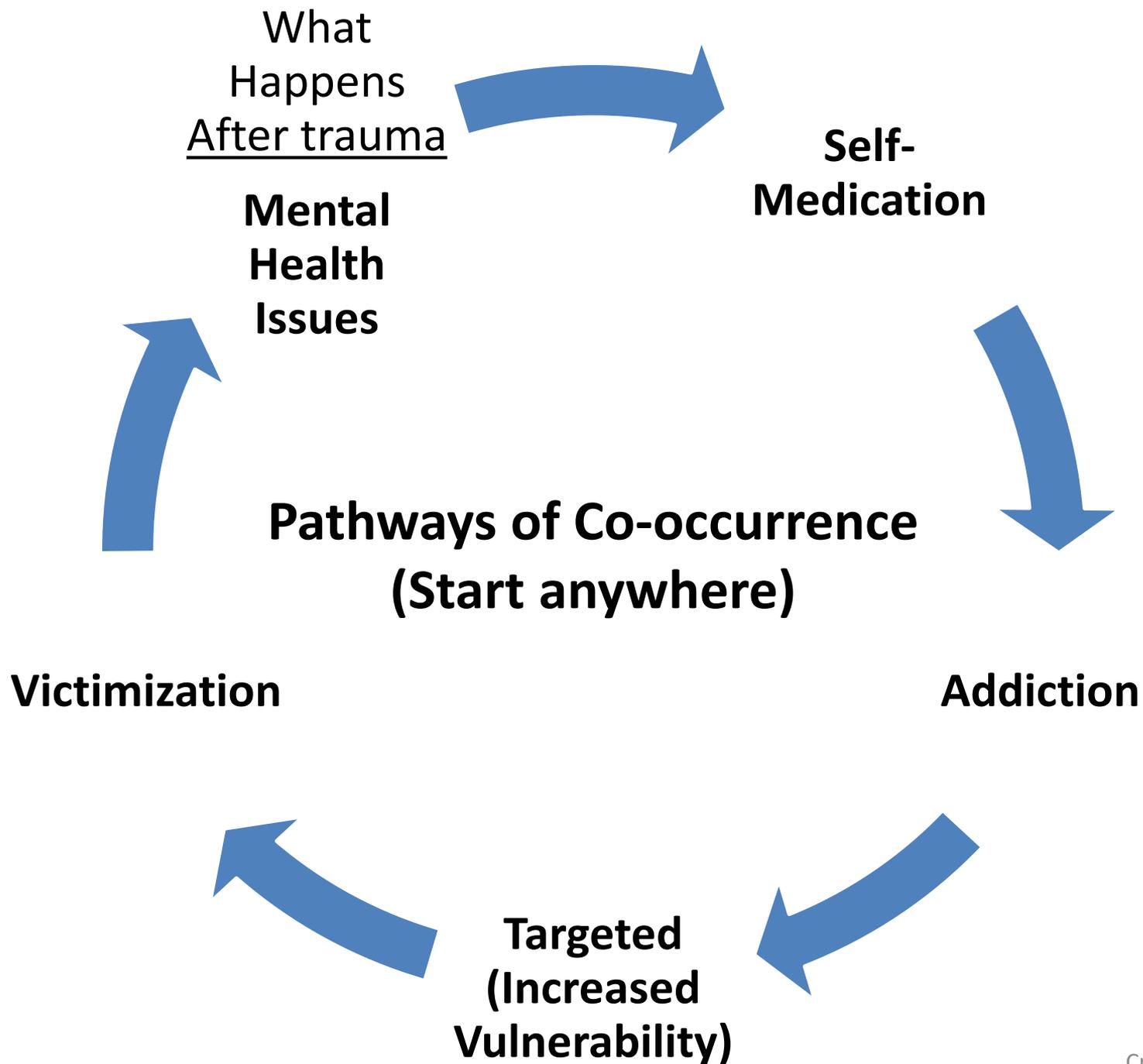


Substances can make the violence worse (but doesn't cause it)





**UNPACKING
THE
INTERSECTION
WHERE DOES
IT BEGIN...**





**UNPACKING
THE
INTERSECTION
VICTIMIZATION**

VICTIMIZATION CONNECTING TO SUBSTANCE USE

Break down

If used as tactic of abuse.....**TACTIC→ADDICTION**

Not used as tactic of abuse, but a form of coping from abuse..... **COPING→ADDICTION**

Combo.....**TACTIC & COPING→ADDICTION**

TACTIC OF ABUSE

- Introducing partner to drugs
- Forcing or coercing partner to use (e.g. dirty needles, cottons, harmful/deadly substances)
- Isolating partner from recovery and other helping resources
- Coercing partner to engage in illegal acts (e.g. dealing, stealing, prostitution)

SURVIVORS SPEAK



“The drugs are an element of control. If they can keep you on the drugs, using or addicted to the drugs, they’re in control. And it’s like strings on a puppet. They just keep you under control because you want that other hit. You want that other drink.”

TACTIC OF ABUSE

- Sabotaging recovery efforts
- Using drug history as threat (*deportation, arrest, OCS, custody, job, etc.*)
- Blaming abuse on partner's use and benefiting from:
 - Able-bodism (Stigma, Shame, Discrimination)
 - Lack of services
 - Societal beliefs re: women & addiction

TACTIC OF ABUSE

- Compulsive use/withdrawal symptoms may make it difficult to access shelter, advocacy, or other forms of help
- A person in recovery may find the stress of securing safety leads to relapse
- If the person is using or has used in the past, they may not be believed



**UNPACKING
THE
INTERSECTION
COPING**

VICTIMIZATION CONNECTING TO SUBSTANCE USE

Survival Strategy

- Using substances often initially serves as a survival strategy or coping mechanism anyone might use in the context of abuse, pain, illness or other trauma
- Studies indicate women are more likely to begin substance use as result of traumatic life event, such as past physical or sexual abuse (Ashley et al., 2003; Weiss et al., 2003)

VICTIMIZATION CONNECTING TO SUBSTANCE USE

Coping Tool

- Many studies have found a significant relationship between the amount of childhood trauma and adult substance use
- Women are more likely than men to report initiating substance use to alleviate trauma associated with abuse

SURVIVORS SPEAK



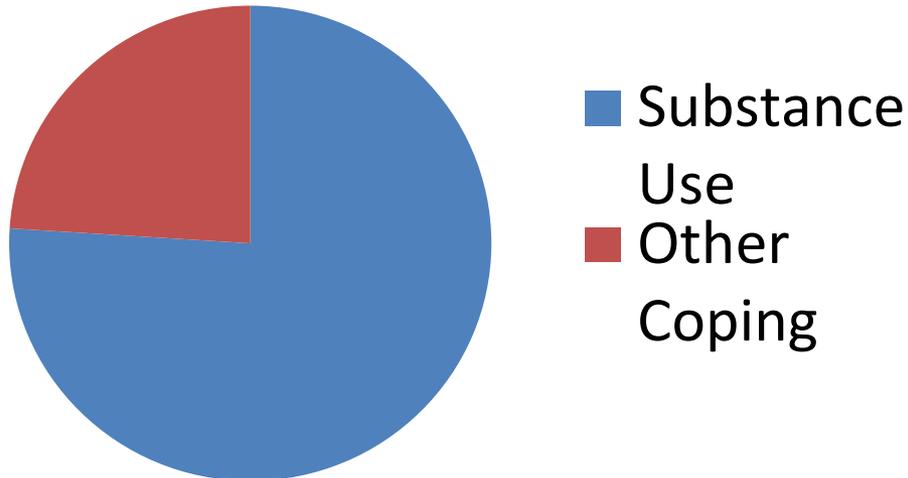
“For me, the substance use when I first started using was over the abuse. Was over the rape, and so that’s how I learned to cope with any type of abuse was to get high, and it made everything okay.”

VICTIMIZATION CONNECTING TO SUBSTANCE USE

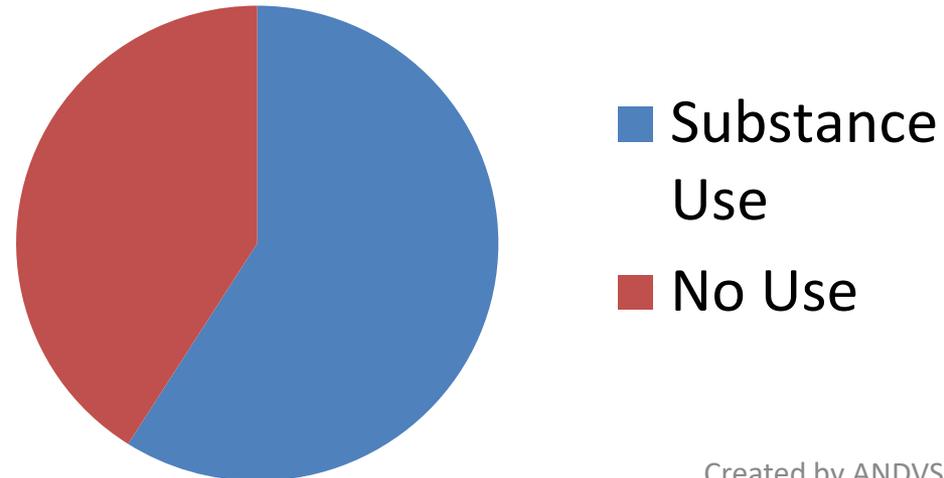
Trauma Increases the Likelihood of Substance Abuse

According to the National Child Traumatic Stress Network, a person will begin using drugs and alcohol after experiencing a trauma up to **76%** of the time. Up to **59%** of people with PTSD will develop a problem with alcohol and/or drugs.

Trauma Experience

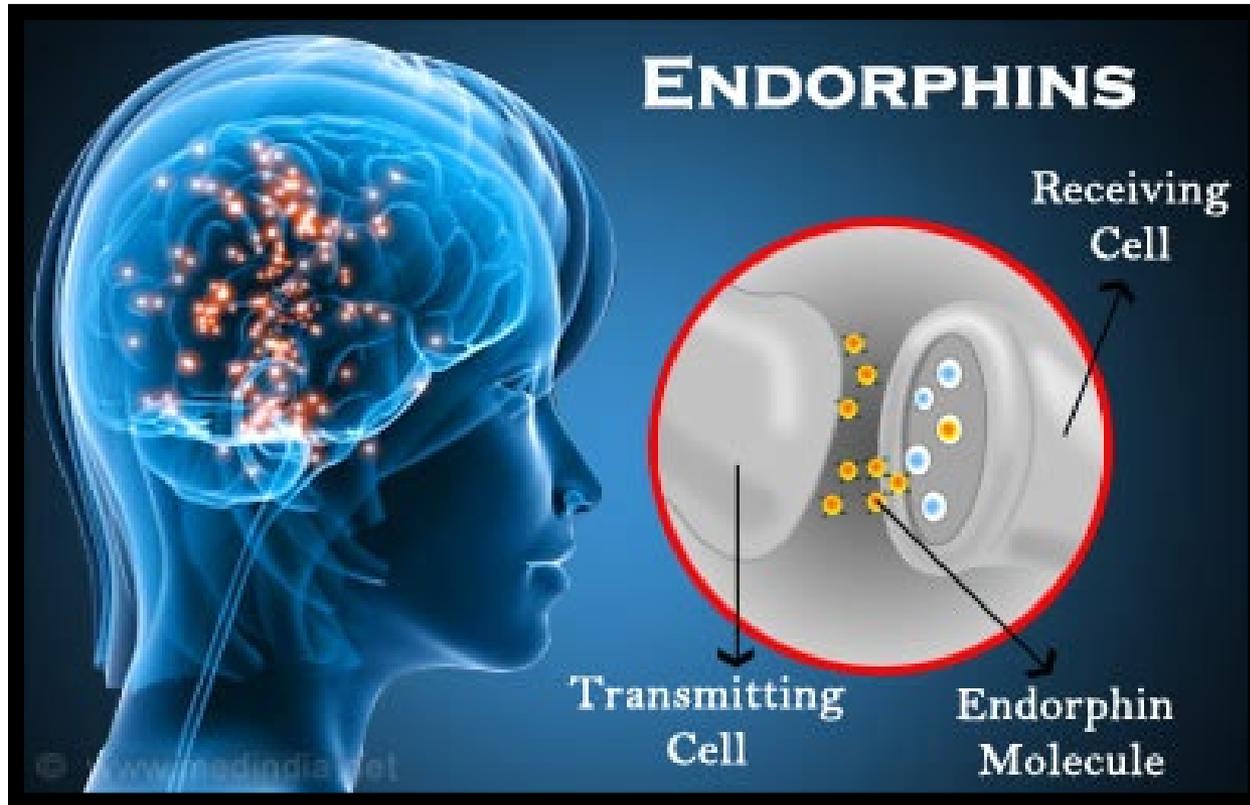


PTSD



VICTIMIZATION CONNECTING TO SUBSTANCE USE

The Science of Substance Use As a Coping Mechanism



When an individual experiences a traumatic event, their brain produces **endorphins** — **neurotransmitters** that reduce pain and create a sense of well-being — as a way of coping with the stress of the moment.

VICTIMIZATION CONNECTING TO SUBSTANCE USE

The Science Of Substance Use As A Coping Mechanism

When the event is over, the body experiences an endorphin withdrawal, which has some of the same symptoms as withdrawal from drugs or alcohol:

- Anxiety
- Depression
- Emotional distress
- Physical pain
- Increased cravings for alcohol or drugs

VICTIMIZATION CONNECTING TO SUBSTANCE USE

The Science Of Substance Use As A Coping Mechanism

According to *Alcohol Research & Health*, many of those with PTSD will turn to alcohol as a means of replacing the feelings brought on by the brain's naturally produced endorphins.

THE POSITIVE EFFECTS OF USE ARE ONLY TEMPORARY

SURVIVORS SPEAK



“I’ve known for 10 years that I had a serious problem with drug use but I was not willing to give it up because that was my way of coping. The drug didn’t hurt as bad as reality”



**UNPACKING
THE
INTERSECTION
SUBSTANCE
USE**

Substance Use Breakdown

**SUBSTANCE USE → TARGETED
→ INCREASED VULNERABILITY**

People who perpetrate violence target their victims.
This leads to increased vulnerability (easier to
maintain power and control over a person)

TACTIC OF ABUSE

Alcohol: The date rape drug

When a person drinks too much alcohol:

- It's harder to think clearly.
- It's harder to set limits and make good choices.
- It's harder to tell when a situation could be dangerous.
- It's harder to say "no" to sexual advances.
- It's harder to fight back if a sexual assault occurs.
- It's possible to blackout and to have memory loss.

SUBSTANCE USE DISORDER IS A DISABILITY

A person with a disability – regardless of age, socioeconomic status, race, ethnicity or sexual orientation – is twice as likely to be a victim of abuse than a person without a disability

(Wayne State University, 2002).

Among adults with developmental disabilities, as many as **83 percent** of women and **32 percent** of men have been victims of sexual assault (ICASA, 2001).

VULNERABILITY

Factors:

- Cognitive impairments
- Loss of memory
- Lack of resources
- Lack of natural supports
- Not seen as credible
- Difficulty following through with tasks
- Physically unwell (Emaciated)
- Difficult to understand
 - Scattered thoughts
 - Slurred speech
- People are afraid/stigma/actively don't like them

VULNERABILITY

Factors:

- Inability to control emotions (e.g. “I’ll help you in 5min...”)
- Thrown away by society (Abuser there when no one else is)
- May not be able to describe experience
- May not immediately grasp meaning of what they hear, may catch meaning every third word, may feel unable to ask you to slow down
- Reading comprehension is often low
- May have trouble expressing themselves
- Note: hyperactivity, tactile defensiveness, impulsivity, rigidity (may be hard for them to transition from one thing to the next)

HOW SUBSTANCE USE MAKES GETTING HELP HARD

75% of men and **55%** of women involved in acquaintance rapes reported using alcohol or other drugs prior to the incident

As a result...

- Automatically distrustful of law enforcement because of their drug/alcohol use. And less likely to be believed.
- More likely to lie about drug use
- People who use drugs are more likely to end up in situations “out of their control”
 - strange people
 - strange places
 - unsubstantiated trust in individuals

Regardless of the
situation and the
substance use, **NO**
ONE DESERVES TO
BE SEXUALLY
ASSAULTED!



SURVIVORS SPEAK



“Somebody wanted to show me support, listen to me, not yell at me, not scream at me, just look at some options instead of that. Through them showing love to me, I began to love myself. I didn’t deserve the punishment I was giving myself for all that had happened in my life. The continuous bad relationships, continuous abusing the drugs, and shame and the guilt I felt from all that. I deserved better. It was also OK to heal from all that”

Takeaways

- People use drugs and alcohol to survive
- Drugs and alcohol is a weapon for abuse
- People experiencing violence want and need integrated services. Knowledge is power.
- Trauma-informed services require collaboration amongst disciplines, integration of curriculum, and activities that build inclusivity, trust, and support



What Does This
Mean for Practice?

What we have done

- **Trained Advocates** as peer **recovery coaches**
- **Trained treatment** providers as **DV/SA advocates**
- **Kaasei** (Higher Voice-Tlingit name for women's advocate Patti Bland who passed away in 2014) **Transitional Housing** for survivors with substance use issues
 - Formalized **Referrals** process
 - **Multidisciplinary** approach
 - **Co-located Support Groups**
 - Jail
 - Treatment Center
 - In Shelter



PATHWAYS TO HEALING

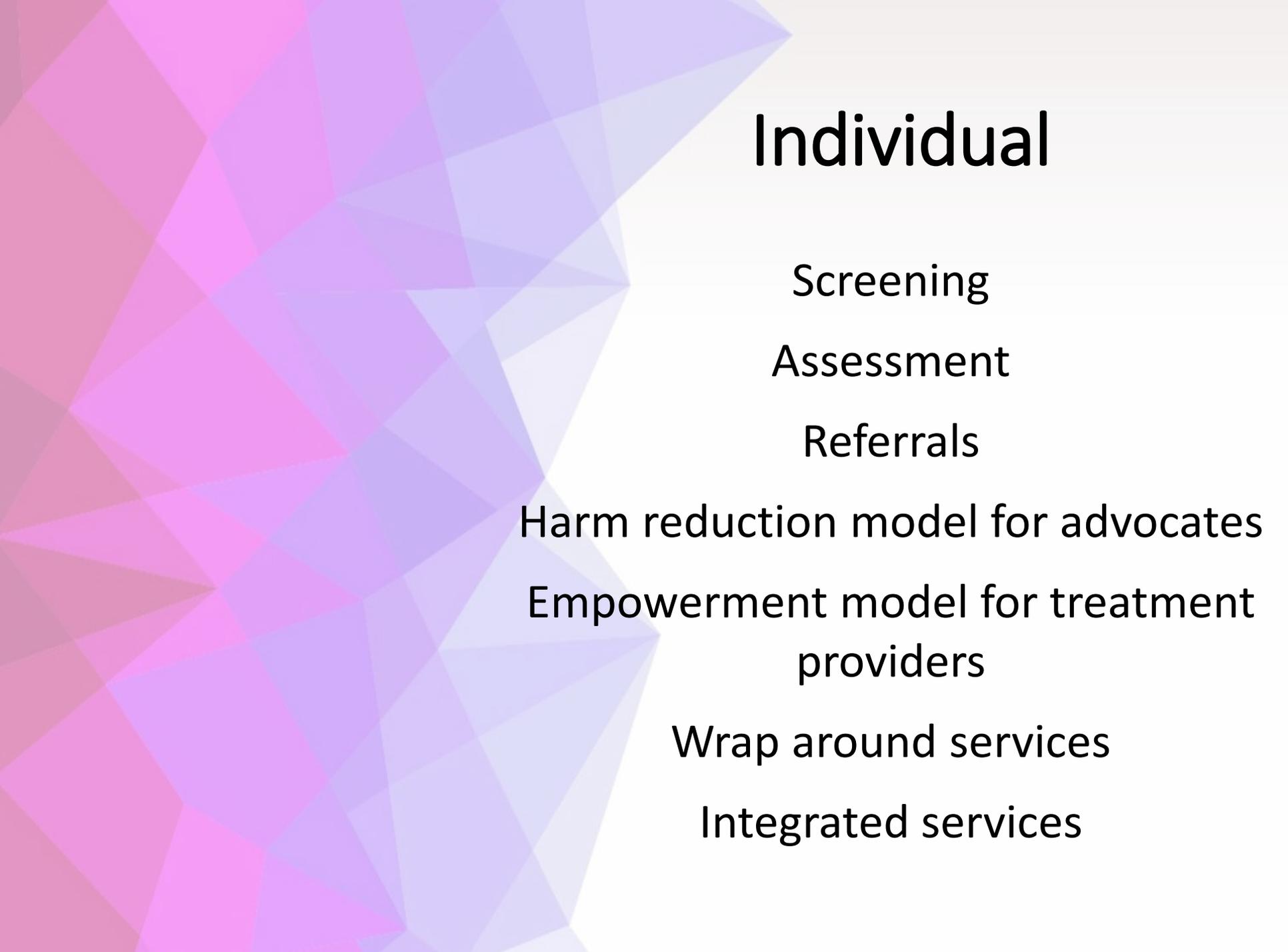




Strength Based,
Empowerment,
and Self-Determined



**Individual,
Organizational,
& Community**



Individual

Screening

Assessment

Referrals

Harm reduction model for advocates

Empowerment model for treatment
providers

Wrap around services

Integrated services



Organizational

This work is to support organizations in their efforts to become more accessible, culturally responsive, diverse, inclusive, equitable and trauma/healing-informed in their approach and services.

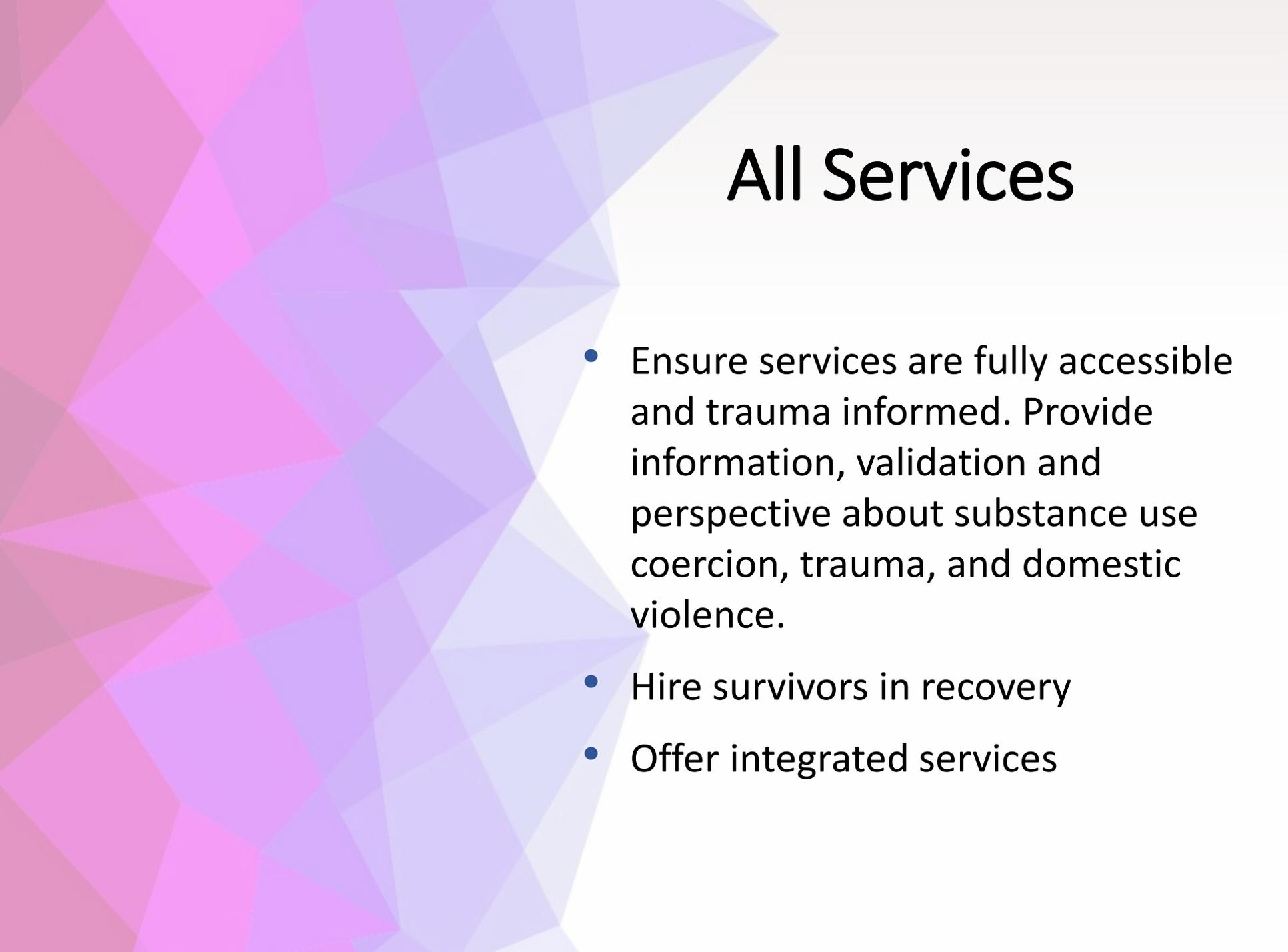
Implications for DV/SA Advocates

- Remember that people who perpetrate harm leverage discrimination/judgment associated with substance use to prevent their partners from accessing services.
- Recognize that substance use coercion is a common tactic of abuse and that both substance use and violence present dangers to survivors.
- Incorporate into safety planning.
- Collaborate with local substance use providers, people in recovery (peers), multiple pathways



Implications for Substance Use Disorder Treatment Providers

- Remember that trauma is prevalent among the people you are serving.
- Incorporate questions about domestic violence, sexual assault, mental health issues, TBI, and substance use coercion into routine assessments.
- Offer information and perspective, validate perceptions, acknowledge impact, and express concern.



All Services

- Ensure services are fully accessible and trauma informed. Provide information, validation and perspective about substance use coercion, trauma, and domestic violence.
- Hire survivors in recovery
- Offer integrated services



Community

Collaboration, Liberation
through education, no wrong
door, out-reach



Resources

Basecamp

Real Tools on ANDVSA website

Updated Toolkit (coming soon)

Training & Coaching

Policy & Practice

Upcoming Events

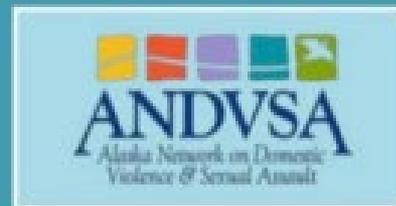
Integrated Topics and Transcripts, “Women Talk About Substance Abuse & Violence”



REAL TOOLS: RESPONDING TO MULTI-ABUSE TRAUMA

A TOOL KIT TO HELP ADVOCATES AND COMMUNITY PARTNERS BETTER SERVE PEOPLE WITH MULTIPLE ISSUES

BY DEBI S. EDMUND, M.A., LPC
AND PATRICIA J. BLAND, M.A., CDP



“Do the best you can until you know better.
Then when you know better, do better.”

“Try to be a rainbow in someone's cloud.”

-Maya Angelou

Discussion and Questions





Chat

Type in the chat box and tell us:

What is one thing that you will put into practice after today?

What is one thing you learned today that surprised you?

Thank You!

An evaluation will be emailed to all registrants following this webinar. If you have several people watching together, please share the link for the evaluation with everyone who is in attendance.

Please also send a list of attendees that have not been formally registered to us at IAFN at isaac@forensicnurses.org.

Next webinar:

“Understand the Science of Addiction” on June 17, 2021 at 2pm EDT

Visit <https://www.isaaconline.org/thirdthursday> to register today.

