

Gender, Trauma & Substance Use

Many people with substance use problems or addictions have experienced trauma.

Trauma describes experiences that may overwhelm a person's capacity to cope such as early life events of abuse, neglect, and witnessing violence, or later life events such as violence (e.g. assault, intimate partner violence [IPV], natural disaster, war...etc.)¹

Trauma informed practice is an approach to service delivery and system design that brings an understanding of trauma to all aspects of service delivery, placing priority on an individual's safety, choice, and control. Trauma-informed services seek to not re-traumatize, do not necessarily require disclosure of trauma, and instead focus on the need for physical and emotional safety.²

DID YOU KNOW?

The co-occurrence of mental health issues, experiences of trauma and violence, and substance use problems is common.

The burden of trauma in early childhood and ongoing experiences of trauma impacts people's relationship security, emotional regulation capabilities, parenting, and ability to connect to the support they need from services.

A continuum of trauma-informed and trauma-specific approaches are being consciously implemented and studied within mental health and substance use systems of care.

Some key facts and issues

- Traumatic experiences are prevalent for women with substance use concerns: 90% of women in treatment for alcohol problems in Canada report abuse related trauma as a child or adult.³
- Historical trauma experienced by Indigenous men has been found to be linked to substance use problems and mental health concerns; and trauma-informed and culturally grounded approaches have been found helpful to support recovery.⁴
- 44.6% of participants in the North American Opiate Medication Initiative (NAOMI) in Vancouver reported a history of physical or sexual abuse.⁵
- Trans*female youth report high prevalence of PTSD, gender-related discrimination, psychological distress, and substance use. Substances may be used to cope with symptoms of trauma and discrimination.⁶



Additional Resources & Online Courses

Greaves, L. and N. Poole, eds. *Becoming Trauma Informed*. 2012, CAMH: Toronto, ON.
http://www.camh.ca/en/education/about/camh_publications/Pages/becoming_trauma_informed.aspx

Pepler et al. *A Focus on Relationships - The Mother Child Study: Evaluating Treatments for Substance-Using Women*, 2014, Mothercraft, Toronto, ON.
<http://www.mothercraft.ca/index.php?q=breaking-the-cycle-evaluation>

Poole, N., et al., *Trauma Informed Practice Guide*, 2013, BC Centre of Excellence for Women's Health and Ministry of Health, Government of BC.
http://bcccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

SAMHSA. *The Concept of Trauma and Guidance for a Trauma-Informed Approach* July 2014.
<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

SAMHSA. *Trauma-informed Care in Behavioral Health Services: Treatment Improvement Protocol (TIP) Series 57*, 2014.
<http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>

The relationship of trauma to substance use and mental health challenges appears to be multi-directional.⁷ Exposure to a traumatic event may increase the risk of substance use as a form of self-medication^{6,8}; and mental health issues and/or substance use may increase vulnerability to violence^{7,9} and make people less able to cope with trauma.¹⁰

While the research on the links and impacts of co-occurring issues is growing, most existing services and interventions do not account for these complex interconnections. People with co-occurring violence and mental health issues encounter challenges to accessing services, including: lack of support from service providers, barriers to access and discrimination.¹¹⁻¹⁴

To address the lack of integration and to support engagement, many service systems including child welfare¹⁴, homelessness¹⁵, substance use and mental health^{16,17} systems - are implementing trauma-informed principles and practices at the system, interagency, agency, worker and client levels. These trauma-informed services link to trauma-specific services as needed. However the focus of the trauma-informed approaches is on creating safe, welcoming and trustworthy environments, supporting connection and collaboration and teaching basic self-regulation skills.

Implications for:

Research: Conduct applied research to investigate how to best integrate treatment and support for people with co-occurring experience of trauma and violence, mental health problems and addiction.

Treatment: Emerging evidence suggests that integrated treatment is associated with improved outcomes. Experience of violence and trauma, mental health concerns and substance use problems and addictions needs to be addressed together with coordinated services based on a gender-informed, trauma-informed and diversity-based approaches.

Service systems: are often fragmented, compartmentalized, and have competing and contradictory service approaches among treatment and support services. Improve understanding of how violence and trauma can be central to the co-occurrence of mental health and substance use problems. Increase addiction and mental health services operating from a trauma-informed perspective and providing trauma-specific treatment.

Health Policy: For transdisciplinary service system integration there is a need for: consistent protocols and practices, strong relationships, multidisciplinary training and effective coordination.



References :

1. Greaves, L. and N. Poole, eds. *Becoming Trauma Informed*. 2012, Centre for Addiction and Mental Health: Toronto, ON.
2. Poole, N., et al., *Trauma Informed Practice Guide 2013*, BCCEWH and BC Ministry of Health Vancouver, BC.
3. Brown, C., The pervasiveness of trauma among Canadian women in treatment for alcohol use., in *Looking Back, Thinking Ahead: Using Research to Improve Policy and Practice in Women's Health Conference*. 2009: Halifax, NS, March 17, 2009.
4. Brave Heart, M.Y.H., et al., Wicasa Was'aka: Restoring the traditional strength of American Indian boys and men. *American Journal of Public Health*, 2012. 102(Suppl 2): p. S177-S183.
5. Oviedo-Joekes, E., et al., History of reported sexual or physical abuse among long-term heroin users and their response to substitution treatment. *Addictive Behaviors*, 2011. 36: p. 55-60.
6. Rowe, C., et al., Prevalence and correlates of substance use among transfemale youth ages 16-24 years in the San Francisco Bay Area. *Drug and Alcohol Dependence*, 2015. 147: p. 160-166.
7. Devries, K.M., et al., Intimate partner violence victimization and alcohol consumption in women: a systematic review and meta-analysis. *Addiction*, 2014. 109(3): p. 379-391.
8. Ullman, S.E., et al., Trauma histories, substance use coping, PTSD, and problem substance use among sexual assault victims. *Addictive Behaviors*, 2013. 38(6): p. 2219-2223.
9. Gatz, M., et al., Women's recollections of victimization, psychological problems, and substance use. *Journal of Community Psychology*, 2005. 33(4): p. 479-493.
10. Sullivan, T.P. and L.J. Holt, PTSD symptom clusters are differentially related to substance use among community women exposed to intimate partner violence. *Journal of Traumatic Stress*, 2008. 21(2): p. 173-180.
11. Boyce, C.A., T.D. Willis, and L. Beatty, A call to action for health disparities in boys and men: Innovative research on addiction, trauma, and related comorbidities. *American Journal of Public Health*, 2012. 102(Suppl 2): p. S168-S170.
12. Greaves, L., et al., Mothering Under Duress: Women caught in a web of discourses. *Journal of the Association for Research on Mothering*, 2004. 6(1): p. 16-27.
13. Schmidt, R., et al., Trajectories of women's homelessness in Canada's 3 northern territories. *International Journal of Circumpolar Health*, 2015. 74: p. 1-9.
14. Chadwick Trauma-Informed Systems Project, *Creating trauma-informed child welfare systems: A guide for administrators*. 2013, Chadwick Center for Children and Families: San Diego, CA. p. 131.
15. Prescott, L., et al., *A Long Journey Home: A guide for generating trauma-informed services for mothers and children experiencing homelessness*. 2008, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration; and the Daniels Fund; National Child Traumatic Stress Network; and the W.K. Kellogg Foundation.: Rockville, MD.
16. Hummer, V.L., et al., Innovations in implementation of trauma-informed care practices in youth residential treatment: a curriculum for organizational change. *Child Welfare*, 2010. 89(2): p. 79-95.
17. SAMHSA, *Trauma-informed Care in Behavioral Health Services: Treatment Improvement Protocol (TIP) Series 57*. 2014, Substance Abuse and Mental Health Services Administration: Rockville, MD