

The Pervasiveness of Trauma Among Canadian Women in Treatment for Alcohol Use

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Introduction

- Community research explored use of harm reduction strategies in women's treatment programs across Canada.
- Women's problem use of alcohol is a significant determinant of women's health and well-being.
- Women report they use alcohol to cope with complex life stories including abuse and trauma.
- In this research 90% (n=55/61) of the women interviewed report childhood or adult abuse histories in relation to their problem use of alcohol.
- 93% of women report childhood or adult abuse and other forms trauma (i.e., illness, death, serious accidents, loss)

Introduction

- This pervasiveness of trauma is supported by other research.
- The life long impact of trauma is also supported by research including: difficulty with relationships, coping, self-esteem/worth, drugs and alcohol, depression and anxiety, eating disorders, identity.
- In one Nova Scotia study on binge eating and binge drinking childhood violence and trauma were reported by 86% (n=16/18). (Brown & Stewart, 2008)
- In another Nova Scotia study on the relationship between depression and alcohol use among women trauma was reported by 80% (n=18/20). (Brown, Stewart, Horvath, Wiens, 2008)

Community Based Research

- Examined perceptions of harm reduction among women in treatment for an alcohol use problem and service providers.
- Mixed Method: Quantitative and Qualitative.
- 6 alcohol use treatment sites across Canada (3 harm reduction and 3 abstinence).
- Provincial and site policy documents (i.e., whether harm reduction or not).
- Total sample: service users (N=157); Interviews service user (n=61), service provider (n=31), directors (n=8), focus groups (n=6).

Research Participants: Service Users

- Average Age 40; 21-65 range (n=117).
- 67.5% Unemployed (60.7% under \$15,000 a year).
- Ethnic background self-described: 56.5% Caucasian, 2.6% Black/African, 6.8% First Nation.
- Education 18.8% less than high school, 13.7% high school, 25.6% some college, 41.9 college or university.
- 31.6% said physical or cognitive barriers.
- 82.9% heterosexual
- Living situation: 31.6 % live alone
- 59.8% have children.
- 76.9% self-report depression

Prevalence of Trauma

Trauma Type	N=61	%
Childhood Abuse reported	43	70.5
➤ Childhood Abuse (physical/emotional)	32	52.5
➤ Childhood Sexual Abuse	30	49.2
➤ Childhood Abuse(physical/emotional/sexual)	19	31.1
Adult Abuse reported	38	62.3
➤ Partner Abuse reported	32	52.5
❖ Partner Emotional Abuse	17	27.9
❖ Partner Physical Abuse	25	41.0
➤ Adult Sexual Abuse (including non-partners)	16	26.2
Childhood and Adult Abuse reported	26	42.6
Abuse Type Trauma reported	55	90.2
Other Types of Trauma events *	37	60.7
Trauma reported	57	93.4
No Trauma reported	4	6.6

* Other types of trauma include: deaths of family members; accidents; illness; abuse of children (by others); loss of custody; marital breakdown; abortion; witnessed abuse/violence; parental divorce; victim of crime; childhood bullying

Using Alcohol to Cope

- Self-regulate emotional states
- Self-medicate with alcohol
- Relief- numb negative emotions
- Reward – increase positive emotions
- To manage anxiety and depression subsequent to post-trauma

Prevalence: Drinking to Cope with Trauma

- Lots of trauma. I've never worked with a woman who hasn't had trauma in her life. Ever. And the trauma often is part of the using. - (SP, Patricia, Winnipeg)
- Sexual abuse is high. High rates among these women. Domestic violence in relationships. Dysfunctional families, dysfunctional marriages. Lots of stress, abuse- it's become a coping mechanism for them. - (SP, Karen, Calgary)

Drinking to Cope with Trauma: Self-medication

- So if you are looking at the issue from a post-traumatic stress disorder basis...it's huge. So I think based on that when you're looking at the high percentage of women even in our MATRIX program, that were victims of sexual assault—that self-medication becomes a big issue. Whether it's drinking or drugs...the lack of worth one feels in one's self- the lack of self-esteem. The emptiness that one feels, the inability to join in a relationship of trust... it can be a very isolating- and vulnerable experience for women. - (SP, Joe, Halifax)

Drinking to Cope with Trauma: Self-medication

- I started drinking so that I could forget about it [sexual abuse]. It didn't, it doesn't affect me as much when I drink. Cause I numb out my feelings.... I think women turn to drinking as a means to cope. - (Jill, Vancouver)
- The pills and the alcohol- where – my coping skills are so low. I don't have very good coping skills. So I use those to cope. - (Lynn, Halifax)

Drinking to Cope with Trauma: Self-medication

- I was twelve when I took my first drink. And thirteen regular drinking. I lived on the street when I was thirteen due to sexual abuse at home that I was running from. So I got involved with the wrong people, the wrong place and I started abusing alcohol very much at that time. Also drugs. - (Terri-Lynn, Calgary)
- I actually started drinking when I was around 11 or 12. I was sexually abused by my girlfriend's brother. And that just seemed to set the ball in motion.... It seemed to happen every time I'd go out at my girlfriend's.... I never, never said anything to anybody. - (Mary, Ottawa)

Drinking to Cope with Trauma: Self-medication

-my father died suddenly, then the bike accident, then the snakebite, and then raped and losing my job- it was sort of line crossing that happened.... I started drinking again...I was really depressed. I think I was just kind of medicating. - (Jade, Ottawa)
- I lost my son to suicide two years ago. So that became my painkiller, really. I started to drink more heavily then because I was in so much pain. - (Mandy, Halifax)

Barriers to Treatment: Self-Blame, Minimization and Ambivalence

- Treatment is fragmented as trauma gets seen as a mental health issue rather than an issue for addiction work.
- The predominance of the medical model for dealing with trauma and alcohol use means that in the main this relationship is more of an afterthought.
- Dominant discourse on drinking allows that to happen as drinking is separated from the context of women's lives and reduced to a disease.
- Not only does treatment not address women's trauma histories, women themselves often avoid exploring the connection.

Barriers to Treatment: Self-Blame, Minimization and Ambivalence:

- Women's internalized dominant stories about gender, relationships and violence often results in minimization, self-blame, and ambivalence about trauma in their lives.
- Women's internalized dominant stories about “addiction” often means not contextualizing their drinking.
- Taken together the approach to women's trauma by both women and treatment services means that trauma issues are often poorly addressed.
- This has serious ramifications for the outcome of women's treatment when trauma seems to play a significant role in motivation to drink.

Self-Blame

- I was so drunk one night – I passed out in back of a cab so I was raped by the cab driver. Drinking makes me unsafe to myself.... I don't know if I had passed out or if I was in a blackout because I can't remember getting in the cab either.... I woke up and pushed him off and just ran into my apartment. - Georgia (Toronto)

Self-Blame

- I didn't know what to say.... I don't wanna cause a scene, I don't know what to do.... I mean I was even old enough to know better. But thinking well what the heck did I do to make him - do that? I just never - never understood - why - what did I do to - to make myself a victim and - and let - you know, give the people these - this signal that it was OK to do that stuff? I'm still having a hard time. But - probably because I didn't say anything, and I just kind of - acted like - everything was OK. Like it's all OK. - (Clarissa, Calgary) [*recalling an incident as a young woman – history of childhood sexual abuse by father*]

Minimization

- in my early twenties, I was in a - couple of situations where I got really, really drunk and - well - I don't know if you wanna call it rape, but it - I'm not sure - uhm - uhm - uhm - I was sodomized. - (Flora, Ottawa)
- I did it because of my past and present problems. And it didn't solve any of them. It created more....I didn't make the connection at first.realized that I buried my past....Now I am not saying it did. And it played a factor, but it wasn't the whole thing....It was just me. I was bored, I had the money and I did the coke. I liked it. And after three years I got tired of it. - (Annette, Ottawa)

Ambivalence

- I started doing cause it felt good and then I got addicted. Whether it's due to my childhood abuse or being abused or rapes, the molestation- it's all of that. I don't know....When I started doing it I didn't say, do it because you want to forget what your father said- and did. You know you've asked me several times and it's bothering me. I've answered you twice now. But I can't be direct with you because I don't have a direct answer. It could be- maybe it's not. I know lots of women who were never abused, never touched, well respected and they were drunks and addicts anyway. And it had nothing to do with that.... I feel mad, glad or sad. Those are not any reasons or excuses to drink or use. I would do it when I was happy. I'd do it when I was mad. I'd do it when I was sad. And so, I was trying to validate it you know? Minimize my blame? I had no one else to blame? My son didn't put the coke up my nose...It was me- It was me entirely. Combined with the way people were treating me.... - (Annette, Ottawa)

Ambivalence

- ...it came out in group session. I don't really want to go into it.... It just helped me give closure on something. OK? And I don't want to go into it specifically because it's a major trigger.
- (Kara, Toronto)

Gender Based Treatment Barriers

- In addition to self-blame, minimization and ambivalence there are other gender barriers to women treatment including: gender mixed groups; safety; mothering/pregnancy; childcare; child welfare; transportation; work conflicts; stigma; access and cultural differences; dominant disease addiction discourse; gender discourse; focus on abstinence; lack of attention to trauma and mental health issues; lack of staff and training.

Gender Based Treatment Barriers

- Another big gap is having ways to deal with the trauma issues that many women with addictions present with. Just don't have enough staff to deal with those trauma issues. - (DSP, Billy, Toronto)
- So it's an empowering place for women here and they feel safe and secure. And they can talk about some of the horrible trauma done to their lives in a safe place. Research talks about when men and women are in a mixed group it is great for men. They tend to share their feelings more, but women shut down. Tend to shut down and give men a voice- and take second place. - (DSP, Janet, Calgary)
- I often felt shut down by some of the men there. I also felt threatened by some of the things they'd share - [i.e. that they] took a gun to their wife. - (Jade, Ottawa)

Gender Based Treatment Barriers

- I've seen so many women that are mothers, and they lose their children due to their addiction. I mean that just creates a legacy of problems. - (Jill, Vancouver)
- And the only way I could have come to group here is because there was child-care available. - (Randi, Ottawa)
- I went through five years of not wanting to go back into treatment. Because I had a daughter. And I had her father - and if he knew I was scared - he would try to take her away from me. - (Faith, Halifax)

Gender Based Treatment Barriers

- Women also by and large still don't make as much money as men. Seem to be having good jobs and being able to take the time off work to go to treatment. - (Georgia, Toronto)
- I find too that men in the workplace they will send them for treatment. Women get fired. I have a friend and he's actually in the program. And they paid for the program and he's paid with leave.- (Angel, Halifax)
- Women alcoholics are so frowned upon.... She's an alcoholic. What a lousy person. And that means she's a rotten mother, a rotten wife. She's a slut or whatever....society's got to make a change...[so] women don't feel bad about themselves and do go out and get help. ...They have trouble admitting that they are alcoholics- like to keep it covered up and closed. - (Amy, Toronto)

Gender Based Treatment Needs

- I decided to come here because it was all women and I felt comfortable....I learned that I was covering it up. I was covering up the hurt and the pain. And now I can peel back the layers and get to the core of my hurt and pain. And you know, my sexual abuse went on for six years...I honestly wish treatment centers would focus more on abuse of children. Sexual abuse, physical abuse, emotional abuse- because for me, I think that that's why we all have our addictions today. - (Terri-Lynn, Calgary)

Gender Based Treatment Needs

- I think part of it is taking out their secrets....A lot of times women will divulge for the first time they've been abused. When they are here to find out that 5 or 6 women in the room have been in the same situation. So it's "Oh, my God, it's not my fault. I've heard that a thousand times but- here's other women who I wouldn't say it was their fault, so why would it be mine?" - (SP, Emma, Winnipeg)

Gender Based Treatment Needs

- I really don't know. Maybe somewhat. So there's a very good possibility. But I haven't investigated it. I haven't - you know, I haven't - received therapy for it so I don't know - to what extent the two have in common,... I don't know. I don't know. - (Hunter, Ottawa)

Harm Reduction, Abstinence and Trauma

- The predominance of the dominant disease based addiction model encourages women to avoid looking at context for exploring their alcohol use.
- The model also encourages self-blame, minimization and ambivalence.
- The tendency is to focus on abstinence and not on self-reflection; motivations for drinking are seen as excuses.
- While it appears that trauma and alcohol are connected for many women, many women and treatment services avoid addressing this.
- When women use alcohol as a form of self-medication for the effects of trauma and this is not addressed in treatment is likely they are being set up to fail at their own goals.
- A harm reduction approach that is more compassionate about controlled drinking and self-medication may be more likely to encourage making the connections between alcohol use as self-medication for trauma.

Harm Reduction, Abstinence and Trauma

- I think that it is maybe because of all the things that you haven't dealt with and that everything is kind of there. I've been "clean" [emphasis added] - but I haven't really dealt with the stuff that brought me to using? Like the abuse, the death of both brothers. I've been in "recovery" to try to stay "clean"...work in that kind of way to stay "clean", but I haven't worked with my issues... The only way I can put it is I haven't dealt with anything like that. The abuse- I still feel like I'm to blame. - (Faith, Halifax)

Harm Reduction, Abstinence and Trauma

- They all like to focus exclusively on the drinking problem, well of course the drinking's only – you know, the tip of the iceberg....It's only a symptom of something much more deeper than that. So while, you know, a treatment program for substance abuse is not the place to go for psychotherapy, I mean I think these issues should be slightly dealt with....I was thinking that it never brought the relationship between mental illness- like depression or psychological problems or you know, the abuse and correlation of substance abuse never. Ever. - (Marnie, Toronto)

Harm Reduction, Abstinence and Trauma

- There's a reason why we are drinking. I think you need to deal with those issues. If you don't deal with those issues, there's one thing to take away- the alcohol and not deal with nothing. You've taken that away.... but you are still just as miserable as you were when you were drinking so you may as well be drinking. - (Faith, Halifax).

Harm Reduction, Abstinence and Trauma

- Well it [disease model] sets up more barriers for women. It limits the treatment of it from a medical point of view. There is not a lot of focus on empowerment and choice and relationships and all those things inherent in dealing with the issues. - (SP, Stella, Winnipeg)

Conclusion

- Pervasiveness of trauma and alcohol use problems suggests that treatment needs to be prepared to address both.
- Integrated women-centered approaches need to be developed which address mental health issues, trauma and substance use (Poole, 2006).
- Self-medication with alcohol and drugs suggests treatment needs to address coping and cognitive skill work.
- There is a greater need for staff trained in addressing the gaps in working with women who have overlapping issues with mental health, trauma and substance use.
- Policy shifts need to focus on addressing the implications of addictions/mental health service delivery, training and funding as well as child welfare reform.

Conclusion

- Harm reduction strategies need to be improved to better offer viable choices for women, especially around whether harm reduction or abstinence based approaches best meet their needs for dealing with trauma.
- Reduce high threshold for entry into treatment.
- Social supports and resources are needed including transportation, childcare, employment benefits, counseling.
- Women's self-blame, minimization and ambivalence in their trauma stories are reinforced by the lack of attention to trauma in treatment.
- Dominant discourse on gender/violence/addiction and PTS.
- Taken together women's self-blame, minimization and ambivalence, dominant discourse and related practice, and the lack of treatment for trauma set women up for failure.

The End