



The Intersection of Substance Use, Trauma and Incarceration

A resource designed to help people feel educated and empowered about the pipeline of trauma to incarceration



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THIS IS A TRIGGER WARNING!



A TRIGGER WARNING is a stated warning that the content of a text, video, etc., may upset or offend some people, especially those who have previously experienced a related trauma:

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Wellness

The ultimate gift you can give to yourself, your family, and your community is to take care of yourself



Remember that you can not pour from an empty cup



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Storytelling is the most effective way to merge meaning and emotions.



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SECTION 1

**AN EXPERIENCE:
STRESS VS. CRISIS VS. TRAUMA**

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Stress

- An event that can cause a person physical or emotional tension
- Physical or emotional effects removed when the stressor is removed

Neighbors Loud Party Again



Training Institute on Strangulation and Prevention; "Victim Advocacy, Safety Planning and Tips for Interviewing Victims"

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Crisis

- A temporary disruption of coping and problem solving skills- but not life threatening
- Resolved when the crisis passes

A person's car has been stolen

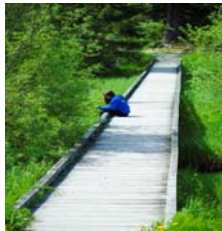


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Trauma

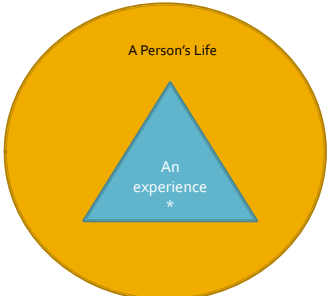
- A more extreme version of stressful events perceived as dangerous
- Have physical and emotional responses that last long after the event is over
- Fear and psychological arousal continues and the body may never fully recover.
- Because of this, a crisis for one person could be a trauma for someone else



A person has been beaten by their partner

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An Experience




*Experience could be a stress, crisis, or trauma


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Alaska Stats

Lifetime Rates of Victimization

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:


These lifetime estimates come from a 2015 survey of adult women in the State of Alaska.
Source: UAA Justice Center, Alaska Victimization Survey, <http://justice.uaa.alaska.edu/avs>.



MULTIPLE LAYERS OF TRAUMA THE CROSSROADS OF GREAT PAIN

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MULTIPLE LAYERS OF TRAUMA

Unresolved trauma from:

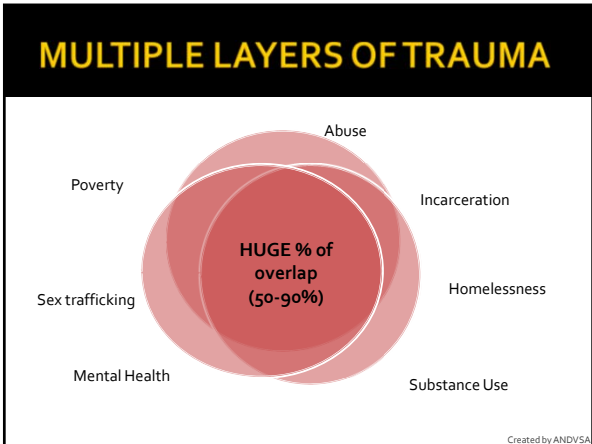
- Childhood sexual abuse
- Physical abuse or neglect
- Substance use disorders
- Psychiatric issues (Mental illness)
- Disabilities (Physical, hidden)
- Chronic or untreated medical conditions
- Growing up in a home where domestic violence or active substance misuse was present
- Growing up or currently living in a dangerous neighborhood
- societal oppression
- Historical trauma
- Intergenerational grief
- Poverty
- Homelessness
- **Incarceration**

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More than One Experience

MULTIPLE TRAUMAS

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SURVIVORS SPEAK



“I didn’t have time to heal. Because every time you drink, then there’s no emotional growth. Or you just start to look at the issue like alcoholism or domestic violence. You just start to look at the sexual assault and it’s too painful. You drink to numb the pain. So it never really goes away. It’s never dealt with. It just gets under the rug, and it resurfaces again and again.”

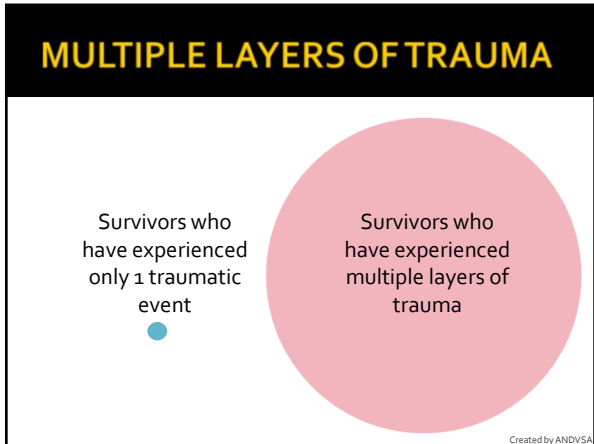
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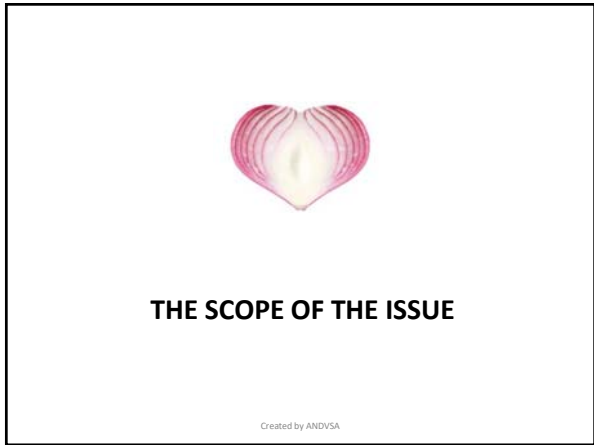
MULTIPLE LAYERS OF TRAUMA

“It’s rare that I see someone who is not affected by more than one issue.”
 Karen Foley, behavioral health specialist and intensive case manager

“The majority of the people I work with are affected by multiple issues. That makes getting safe, sober and stable even more difficult” (Foley).

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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%	42.7%	61.3%	36.3%	43.5%
	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

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Why do survivors use drugs?

Some of the reasons include:

- ❖ Because of coercion
- ❖ To cope with or block out traumatic memories
- ❖ To deal with feelings of isolation & loneliness
- ❖ To improve feelings of self-worth & self-esteem
- ❖ To harm or punish themselves for their sexual/physical abuse
- ❖ To cope with mental health issues



Photo by Anyes Galleani

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MULTIPLE LAYERS OF TRAUMA

About **1 in 2 girls** and **1 in 6 boys** are sexually abused before the **age of 18**.

Both female and male survivors have been found to suffer long-term effects from such abuse, including more **suicide** attempts, alcohol and **drug problems**, **psychiatric issues** and learning **disabilities** – problems which often persist into adulthood (ICASA, 2003).

Depression, post-traumatic stress disorder, anxiety and **panic disorder** are common among people seeking services from domestic violence shelters (Warshaw et. al., 2003).

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MULTIPLE LAYERS OF TRAUMA

An individual may experience co-occurring psychiatric or other disabilities or experience a medical condition that impacts options. These issues may or may not be a direct result of trauma, but they often complicate efforts to address it.

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COMPLEX TRAUMA

Complex traumatic stress or complex psychological trauma can result from prolonged and repeated abuse, especially if the abuse began in early childhood or came from multiple sources. Some experts distinguish between

"Type I" trauma – resulting from a **single incident** such as a serious car accident, a natural disaster, or a one-time episode of abuse or assault –

"Type II" complex or repetitive trauma resulting from child physical or sexual abuse, severe domestic violence or community violence that is ongoing and chronic (Courtois & Ford, 2009).

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ANOTHER LAYER OF TRAUMA: SOCIETAL ABUSE AND OPPRESSION

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SOCIETAL ABUSE AND OPPRESSION



Trauma that is bigger than the individual

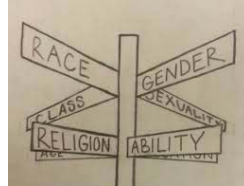
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SOCIETAL ABUSE AND OPPRESSION

Societal abuse refers to the disadvantages that a group experiences as a result of unjust social structures (Benbow, 2009).

An example is discrimination and oppression based on misperceptions about:

- Race
- Ethnicity
- Religion
- Age
- Socioeconomic status
- Disabilities
- Sexual orientation
- Immigration status



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MULTIPLE LAYERS OF TRAUMA

"There are confusing mixed messages when the people we serve are not **'perfect victims,'** and they fight back, and they also – in the grips of their addictions – commit crimes." Karen Foley

"And then, at the same time they're dealing with sexist issues, they're dealing with poverty. They are oppressed in society. It's just so intertwined."

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SOCIETAL ABUSE AND OPPRESSION: Limiting Access

Marginalized groups are disproportionately affected by **poverty, homelessness and incarceration** – **NOT BECAUSE THEY COMMIT MORE CRIMES** or have greater rates of pathology, but because discrimination often keeps them from getting the same benefits enjoyed by members of the dominant culture (Davies, n.d.; Cawthorne, 2008; HUD, 2007).

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SOCIETAL ABUSE AND OPPRESSION: Direct Impact

- Discrimination/racism/etc. can be traumatic
- Trying to fit in to what society's wants you to be can be traumatic
- These things can lead to post-traumatic stress, anger, shame.
 - Inward: Internalized oppression
 - Outward within your own group: Lateral violence

(Green, 2007) (Comas-Diaz, 2007)
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SOCIETAL ABUSE AND OPPRESSION: Trauma Passed Down

Intergenerational grief: grief passed on from the generation experiencing the trauma to their children even though they may not be aware of or have direct experience of the actual traumatic event.

Historical trauma: cumulative trauma that occurs in history to a specific group of people, causing emotional and mental wounding both during their lives and the generations that follow (AIFACS, n.d.).

Epigenetics: (Blood memory) Science has made the connection between experience being passed down through DNA.

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INTERSECTIONALITY

There is no such thing as a single-issue struggle because we do not live single issue lives.

Audre Lorde



Visual Break



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TRAUMA CAUSES CHANGES

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Changes in the Body

- **Changes in consciousness.** Following exposure to chronic trauma, a person may repress memories of the traumatic events, experience intrusive flashbacks, or experience dissociation.
- **Somatization.** Survivors of complex trauma may experience unexplained physical pain or medical problems.

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Changes in Relationships

Because of its extreme nature, **complex trauma** can have a profound impact on an individual's personality development and basic trust in primary relationships (Courtois & Ford, 2009; Warshaw, 2010).

Changes in expectations regarding personal relationships. People who have been repeatedly traumatized often expect to be assaulted, betrayed, exploited or abandoned by significant others, or people to whom they turn for help, because this has been their lifetime experience.

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Changes in Emotions

- **Emotion regulation problems.** People with complex trauma often experience difficulty managing their emotions. They may experience severe depression, have thoughts of suicide, or have difficulty controlling their anger. They may experience numbing, or an absence of emotions other than anxiety, guilt, shame and sadness.

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Changes in Spirituality

- **Spiritual alienation.** People exposed to chronic or repeated traumatic events may develop a fundamental sense of alienation from themselves, other people, and spiritual faith as a result of feeling permanently damaged. They may experience existential or spiritual changes in their view of the world, including loss of faith in humanity or a sense of hopelessness about the future.

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Changes in Memory

- Memory issues:
 - Stress hormones that protect the body can impede memory encoding and recall
 - Can't recall events in a linear way (at shelter intake, law enforcement interviews)
 - BUT STILL ACCURATE
 - May remember more later
 - Missing appointments; not responding to phone calls (on purpose and not)
 - Strong sensory memories
 - Triggers and flashbacks

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Changes in Behaviors

- Focus on short term
- Manipulation
- Reading non-verbal cues
- Coping strategies
- May not disclose "important" details
- **Provoking violence**
- **Difficulty with authority/power/control**
- **Finding ways and means to get more...**
 - Stealing
 - Lying
- **[Survival Skills]**

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TRAUMA INFORMED APPROACH

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What is a Trauma Informed Approach?

- Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and **avoid re-traumatization.**

- -SAMHSA



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But, Really...What's it Mean?

- A change in perspective to understand people's behavior differently:

From:

What's wrong with you?



To:

What's happened to you?

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But, Really...What's it Mean?

- A change in perspective to understand people's behavior differently:

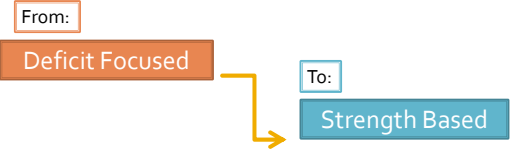
There is nothing wrong with anyone

There are only things that are missing

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But, Really...What's it Mean?

- A change in perspective to understand people's behavior differently:



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How to Have a Trauma Informed Approach

- Be aware of the impacts of trauma on neurobiology and behavior. The more we understand the science of trauma the brain the less we blame people for their natural response.
- Try to understand how trauma may be affecting why a victim/survivor may be acting a certain way in the situation and the response.

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How to Have a Trauma Informed Approach

- Relationship and Connection
 - Relationships are central to healing, growth, and change.
 - When trust has been betrayed, being honest, clear, transparent and consistent and relating in ways that are genuinely respectful are essential to creating safety and building trust.

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How to Have a Trauma Informed Approach

- Hope and Resilience
 - Believing in the human capacity to survive and heal and recognizing strengths, resources, and toll that survivors already possess are central to holding hope and resilience. Being a steady source of hope and acknowledging and naming peoples profound resilience are critical parts to supporting healing.
 - This also means that we embody a genuine sense of openness in our relationships at work.

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How to Have a Trauma Informed Approach

- Holistic Approach
 - Seeing the whole person
 - Meet the person where they are at
 - Build off of strengths
 - No judgement. Full acceptance!

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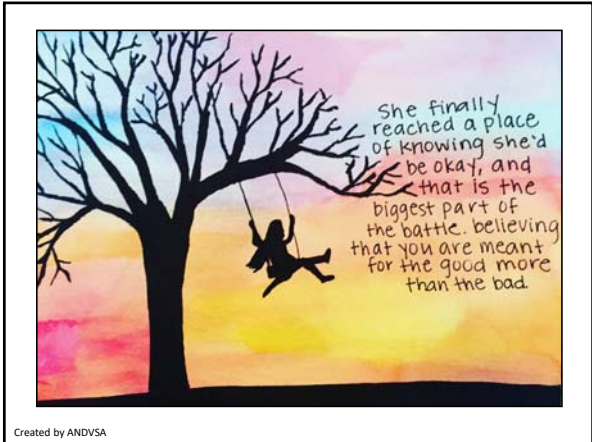
**NOT WHY THE ADDICTION,
BUT WHY THE PAIN**

GABOR MATE

**“Shame and stigma can't coexist with compassion,”
“If you can create a place for compassion, then you
create the space where people can actually heal.”**

Vicky Dulai

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References

Chamberlain, L.B. The Amazing Brain: Trauma and the potential for healing. *The Alaska Department of Health and Social Services.*

Center for Disease Control: <http://www.cdc.gov/violenceprevention/acestudy/>

Training Institute on Strangulation and Prevention; "Victim Advocacy, Safety Planning and Tips for Interviewing Victims"

Youtube video "Neurobiology of Trauma", 1/5 Bowdoin Title IX, featuring Dr. Rebecca Campbell

Real Tools: Responding to Multi-Abuse Trauma
A Tool Kit to Help Advocates and Community Partners
Better Serve People With Multiple Issues
<http://www.andvsa.org/real-tools/>

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