Trauma Prevalence & Psychological Distress Among Substance Using Women

Wichada Hantanachaikul, MPH, CHES
Bridget Rogala, MPH, MCHES
Tyler Caroll, AA, CATC-II
Eric Johnson
Kathryn Romo, BA
Disclosure & Acknowledgement

Wichada Hantanachaikul has no relationships to disclose.

The Integrated Services to Avert Risk (iSTAR) Program is funded by the Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment Grant #TI025279
Objective

To examine past traumatic experiences in context of psychological distress among substance using women participating in the SAMSHA funded, Integrated Services to Avert Risk (iSTAR) Program.
The Integrated Services to Avert Risk (iSTAR) Program is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is housed at Safe Refuge in Long Beach, California.

iSTAR aims to provide a culturally appropriate, women and family centered, trauma-informed substance abuse/co-occurring mental health treatment program along with HIV/viral hepatitis services.

Population of focus is highly vulnerable, economically disadvantaged, minority women (ages 18 years and older) who have substance use or co-occurring substance use and mental disorders and are living with or at risk for HIV/AIDS.
Substance abuse, violence, and HIV/AIDS are interconnected and described by the SAVA “syndemic” (Singer, 1996).

It is estimated that lifetime prevalence of intimate partner violence among women ranges from 21-39% (Burke et al., 2005).

Involvement in drug use can increase the risks of being both a victim and/or perpetrator of violence; experiencing violence can increase the risks of initiating illicit drug use (Atkinson et al., 2009).
Many of the risk factors for drug use are shared with those of involvement in violence across multiple levels:

**Individual**
- Stress, Depression, & Anxiety
- Personality & Behavioral Problems
- Aggression
- Mental Health Problems
- Gender & Age
- Education & School Performance

**Relationship**
- Parental Substance Abuse & Deviance
- Family Interaction
- Family Structure
- Peer Behavior

**Community**
- High Drug Availability
- Low Socio-Economic Status
- Neighborhood Disorder

(Atkinson et. al, 2009)
iSTAR Women’s Program

- Free for all eligible clients
- Four months of intensive outpatient substance abuse treatment
- Group and individual counseling
- Therapy for co-occurring disorders available
- Housed at a treatment campus that offers wrap around services
- Overarching goal of HIV risk reduction among substance using women
Methods

- From October 2013 to January 2015 baseline data was collected for 110 women in an intensive outpatient substance abuse treatment program via the Preliminary Intake Assessment and the Government Performance and Results Act (GPRA) instruments.

- SPSS was used to calculate Pearson Chi-Square correlation between self reported trauma history and psychological distress factors experienced in the past 30 days. Additionally descriptive frequencies for those who experienced trauma were also calculated.
### Methods (2)

#### Intake Assessment
- Conducted by Safe Refuge staff before enrollment
- Collects client information regarding:
  - Personal history
  - Armed forces
  - Parole/probation
  - Drug/alcohol history
  - Program (treatment) history
  - Medical/HIV history
  - Psychological history

#### GPRA
- Conducted by the program evaluator at baseline; also collected at discharge and 6 month follow up
- Collects client information regarding:
  - Drug and alcohol use
  - Family and living conditions
  - Education, employment, and income
  - Crime and criminal justice status
  - Mental and physical health problems and treatment/recovery
  - Social connectedness
# Results: Demographics

<table>
<thead>
<tr>
<th>Gender</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>86</td>
<td>97.7%</td>
</tr>
<tr>
<td>Transgender</td>
<td>2</td>
<td>2.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group (Years)</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>5</td>
<td>5.7%</td>
</tr>
<tr>
<td>25-34</td>
<td>35</td>
<td>39.8%</td>
</tr>
<tr>
<td>35-44</td>
<td>28</td>
<td>31.8%</td>
</tr>
<tr>
<td>45-54</td>
<td>16</td>
<td>18.2%</td>
</tr>
<tr>
<td>55-64</td>
<td>3</td>
<td>3.4%</td>
</tr>
<tr>
<td>65+</td>
<td>1</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

- Majority of participants:
  - Ethnic minority (n=59, 67%)
  - Single (n=61, 69.3%)
  - Heterosexual (n=79, 89.8%)
  - Have children (n=75, 85.2%)
  - Housed (n=84, 95.5%)
  - Unemployed (n=75, 85.2%)
  - Have a high school diploma, equivalent or above (n=61, 69.3%)

- Average age: 37.8 years old
- Average treatment duration: 78.7 days
Results: Ethnicity

- Hispanic: 32
- Caucasian: 29
- African-American: 23
- Asian: 2
- Pacific Islander: 1
- Native American: 1
Results: Primary Drug of Choice

- Methamphetamine: 38
- Marijuana: 18
- Alcohol: 16
- Cocaine: 7
- Heroin: 5
- Prescription Medication: 4
Among those who reported trauma, 30.7% self reported a mental health diagnosis (n=27).

Additionally 33.3% of women who reported mental health diagnosis reported more than one disorder (n=9).
Results: Trauma

- Have you ever experienced violence or trauma in any setting?
  - 80% of participants reported trauma history (n=88).

- In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?
  - Among those who reported trauma, 18.2% reported being physically hurt in the past 30 days at least once (n=16).
    - 15.9% reported being physically hurt “a few times” in the past 30 days (n=14).
    - 2.3% reported being physically hurt “more than a few times” in the past 30 days (n=2).
Results: Trauma Consequences

Did any of these experiences feel so frightening, horrible, or upsetting that, in the past and/or the present, you:

<table>
<thead>
<tr>
<th>Questions</th>
<th>Responses (n,%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have had nightmares about it or thought about it when you did not want to?</td>
<td>Yes = 72 (81.8%) No = 16 (18.2%)</td>
</tr>
<tr>
<td>Tried hard not to think about it or went out of your way to avoid situations that remind you of it?</td>
<td>Yes = 72 (81.8%) No = 16 (18.2%)</td>
</tr>
<tr>
<td>Were constantly on guard, watchful, or easily startled?</td>
<td>Yes = 61 (69.3%) No = 27 (30.7%)</td>
</tr>
<tr>
<td>Felt numb and detached from others, activities, or your surroundings?</td>
<td>Yes = 61 (69.3%) No = 27 (30.7%)</td>
</tr>
</tbody>
</table>
In the past 30 days, not due to your use of alcohol or drugs, how many days have you:

<table>
<thead>
<tr>
<th>Questions</th>
<th>Pearson Chi-Square</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experienced serious depression</td>
<td>0.015*</td>
</tr>
<tr>
<td>Experienced serious anxiety or tension</td>
<td>0.004*</td>
</tr>
<tr>
<td>Experienced hallucinations</td>
<td>0.252</td>
</tr>
<tr>
<td>Experienced trouble understanding, concentrating or remembering</td>
<td>0.010*</td>
</tr>
<tr>
<td>Experienced trouble controlling violent behavior</td>
<td>0.407</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>0.084</td>
</tr>
<tr>
<td>Been prescribed medication for psychological/emotional problem</td>
<td>0.184</td>
</tr>
</tbody>
</table>

Of those who reported trauma history, 92.3% reported to be bothered by these psychological distress factors in the past 30 days.

*Detailed in next slide*
### Results: Psychological Distress

*Pearson Chi-Square showed statistically significant association between trauma history and psychological distress factors in the last 30 days*

<table>
<thead>
<tr>
<th>Questions</th>
<th>Responses (n, %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experienced serious depression</td>
<td>Yes = 57 (64.8%) No = 31 (35.2%) Average Days = 13.91</td>
</tr>
<tr>
<td>$\chi^2 = 0.015$</td>
<td></td>
</tr>
<tr>
<td>Experienced serious anxiety or tension</td>
<td>Yes = 61 (69.3%) No = 27 (30.7%) Average Days = 14.87</td>
</tr>
<tr>
<td>$\chi^2 = 0.004$</td>
<td></td>
</tr>
<tr>
<td>Experienced trouble understanding, concentrating or remembering</td>
<td>Yes = 47 (53.4%) No = 41 (46.6%) Average Days = 18.96</td>
</tr>
<tr>
<td>$\chi^2 = 0.010$</td>
<td></td>
</tr>
</tbody>
</table>
Conclusions

- There is a statistically significant correlation between trauma history and experiencing psychological distress within the last 30 days in the forms of depression, anxiety, and impaired cognitive function (trouble understanding, concentrating, or remembering).

- Examining the association between experienced trauma and psychological distress gives insight that substance using women are in need of integrated trauma-informed services to address coexisting issues.

- Trauma-informed substance abuse services accounts for women’s experiences of trauma and strategically maximizes women’s control over their treatment plan and minimizes the use of interventions that might retraumatize (Macy, Renz, and Pelino, 2013).
Limitations

- Trauma definition includes community or school violence; domestic violence; physical, psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief.
- Data collected was self-reported by participants.
- Small sample; Next step would be to compare data across SAMHSA’s Targeted Capacity Expansion: Substance Abuse Treatment for Racial/Ethnic Minority Women at High Risk for HIV/AIDS grantees.
Thank you!

Contact Information:
Wichada Hantanachaikul, MPH, CHES
Program Evaluator/Outreach Coordinator
iSTAR Women’s Program
Safe Refuge
Long Beach, CA

whantanachaikul@asaferefuge.org
(562) 987-5722 ext. 11112
References


