

# Using Trauma-Informed AOD Treatment Practices to Improve Outcomes for African American Survivors of Domestic Violence

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*There is no agony like bearing an untold story inside of you.* – Maya Angelou

## INTRODUCTION

African American women have as high, and in some studies higher, rates of trauma as women from other racial groups in substance abuse treatment (Davis, 1997). Trauma related to poverty, social isolation and living in distressed environments exacerbates the already high rates of trauma found in the backgrounds of all women in substance abuse treatment but also disproportionately affects African American women (Ford, 2002).

According to the California Black Women's Health Project, 90% of California's black women between the ages of 40-59 stated that violence had negatively affected their health (CBWHP, 2002). Over 30% of all black women had been hospitalized as a result of an assault; this was five times more than Latinas, seven times more than white women and eight times more than Asian women. Unsurprisingly, the report also found that "violence is likely to occur in situations characterized by substance use/abuse, low education levels, high stress and lack of social support."

Research from the SAMHSA Women with Co-occurring Disorders and Violence Study (1998-2004) found that substance abuse and mental health programs can improve outcomes for clients by becoming trauma-informed (Moses, 2004). Many substance abuse and mental health treatment programs reported improvements in their efficacy and increases in the successful treatment outcomes for African American women by embracing several easy-to-implement changes to increase the odds of positive

engagement and successful outcomes for this population (Clark, 2008).

It is important to note that in spite of the largest proportion of Black women reporting significant violent victimization, the rates of women in substance abuse treatment facilities reporting abuse is statistically the same across races (Amaro, 2005). From a prevention perspective, this means that many African American women identify ways other than using drugs and alcohol to cope with the after-effects of trauma. These choices are as important to uncover as drug use and drug treatment patterns.

## Make Your Program Trauma-Informed

Programs specifically working with women who have experienced trauma can help clients by having staff, from receptionists to building managers to board members, understand the effects of trauma on women's lives, decision-making, coping and even brain-chemistry. From that foundation of knowledge, staff can assess their own compassion and respond more beneficially and less punitively to the women.

Agencies can conduct a simple agency assessment to identify their specific strengths and weaknesses in terms of being able to effectively address trauma. Sample assessment questions may include:

- Does your staff have a good understanding and knowledge base regarding trauma and trauma's effect on individuals?
- Does your program use the findings of trauma research in the treatment you provide, including evidence-based practices?
- Does your program ensure both mental health and substance use are treated in a coordinated manner.

The assessment is meant to highlight areas for improvement and not to rank or score programs. The assessment comes with a checklist to assist in strengthening trauma-informed practices. The federal National Center on Trauma-Informed Care can work with local systems of care to improve service outcomes.

A trauma-informed program takes active steps not to re-traumatize the women. One easy step is to allow the woman to choose her own priorities, goals and steps, using motivational interviewing techniques. Rather than say, “you should do this” or “you need to do this” or “you better do this,” a counselor or advocate can simply ask, “given all the issues facing you, what do you want to focus on first?” In order to empower her, the professional can say, “Would you like to know some of the things others in your situation have done?” This allows for suggestions that do not sound like commands.

Rules and enforcement is another large area that is rife with pitfalls for re-traumatization. As much as possible, programs should express rules in terms of women’s health and safety; not expediency, staff preference or “that’s how it’s done”. In that way, professionals can work to avoid triggering traumatic responses

For example, if a residential program has a 7pm curfew and tells women they are to be in by then or be exited from the program, that could provoke anxiety and resentment in the women, who may react negatively to being treated like children, criminals or subservient to program staff. Instead, programs should tie the rule to women’s safety: *“We have a curfew because many of the residents are victims of domestic violence, as well as users of substances, that might put them in harm’s way. Many clients are at risk when they leave our facility; as a result, there is a requirement to return by 7pm to ensure everyone is safe. Since the program staff has to alert the police and the program director if*

*someone is not accounted for, if you are not in by 7pm, many people will be worried about your safety. Do you have any concerns about being able to come back by 7pm?”* By asking if there will be difficulties with complying with the rules, we may uncover important information (problems with authority, time management, etc.) and, most importantly, we ask for and consider her input. Co-equal interactions are less traumatizing than hierarchical relationships that mirror abusive relationships.

The focus should always be on the client’s needs, using empathetic connection and motivational interviewing techniques to engage client’s motivation. From a trauma-informed perspective, a woman’s not following program rules is no longer seen as “non-compliance,” but rather as important programmatic information to help discover the real needs of the woman. For example, if Beckie is unable to stay in her room after bedtime, she might be a victim of child sexual abuse and be afraid of being alone in the dark at night. Nighttime staff should be particularly aware of commonplace trauma-related issues, such as night terrors, insomnia, and flashbacks. A trauma-informed nighttime staffer would listen to why the woman is roaming at night, rather than enforcing rules first.

When program rules are enforced, they should always be connected and explained in terms of safety first. Rules should never be used to control and/or punish. This requires a great deal of staff supervision in the beginning, as the human default is to use command-and-control techniques and to respond to ‘non-compliance’ in a punitive way (Zimbardo,1973). This is particularly important when working with African Americans, as recent research has suggested that African Americans receive disproportionately negative responses from authorities (Morris, 2005).

## Conduct a Universal Trauma Screening

Trauma-informed experts recommend a universal screening for trauma (Harris and Fallot, 2001). To conduct this screening appropriately, the screener should be trained in trauma and addiction issues and be both culturally and gender competent. This will ensure that the screener will be both compassionate and non-judgmental and increase the likelihood of honest disclosure, which will help address the women’s real needs.

The screener should be trained to show neither curiosity (“Then what happened?”), nor shock (“Oh my god!”), nor self-disclosure (“Listen to what happened to me.”). Rather, the screener asks the questions neutrally and, at the end, acknowledges the pain by saying something compassionate like, “I am sorry this has happened. You didn’t deserve to be hurt. We will try our best to help.”

The screening is not the appropriate time to investigate or to resolve feelings around trauma, but it is recommended that there be someone available in case the questions provoke feelings. In which case, the screener should state this availability before and after the screening. Some programs have the women complete the screening on their own, but most have found that it works best when facilitated by the screener.

A shortened, sample version of a universal trauma screening is as follows:

### Have you ever:

Been in or seen a bad accident?      Yes    No

Been in a fire, flood,  
or other disaster?                      Yes    No

Had a life threatening illness?      Yes    No

Been in a war zone?                      Yes    No

Been physically attacked, struck, pushed or shoved?                                      Yes    No

Been touched in a sexual manner against your will?                                      Yes    No

Been forced to have sex against your will?                                      Yes    No

Witnessed violence in your family?                                      Yes    No

Personally experienced violence in a relationship?                                      Yes    No

Do you feel that you have ever been discriminated against or harmed because of your:

	<u>Currently</u>		<u>In the past</u>	
Culture	Yes	No	Yes	No
Skin color	Yes	No	Yes	No
Gender	Yes	No	Yes	No
Religion	Yes	No	Yes	No
Sexual orientation	Yes	No	Yes	No
Disability	Yes	No	Yes	No

The SAMHSA Women with Co-Occurring Disorders and Violence Study (1998-2004) used the Life Stressor Checklist Revised and found it effective and valid (McHugo, 2005).

Once the screening is done, the agency has a better idea of the extent of trauma in this woman’s life. If she has experienced a significant amount of trauma, it is reasonable to expect that she may need more services and supports both inside and outside the program. On the other hand, women who have experienced little or no trauma may be able to make progress quickly and may complete their goals faster than more traumatized women.

### **Offer Gender- and Trauma-Specific Services**

Fortunately, there is an abundance of research that shows that gender-specific and trauma-specific treatment curricula work (Najavits, 2002, Clark 2008) to reduce both the aftereffects of trauma (PTSD, depression, anxiety, etc.) and

subsequent coping (substance use) that may lead to addiction. In fact, the challenge may be in choosing from the many available:

**Seeking Safety:** Seeking Safety is a cognitive Behavioral psychotherapy treatment for individuals struggling with post traumatic stress disorder (PTSD) and substance abuse. The intervention is designed to help individuals with active substance abuse and PTSD to establish safety in their lives.

**TREM:** The Trauma Recovery and Empowerment Model (TREM) is a multi-faceted intervention with psycho-educational, cognitive behavioral and relational elements that emphasizes survivor empowerment.

**ATRIUM:** The Addictions and Trauma Recovery Integrated Model (ATRIUM) is a manualized trauma recovery program that provides a bio-psychosocial framework to respond to the complex treatment needs of trauma survivors.

**TARGET-AR:** TARGET is a strengths-based approach to education and therapy for trauma survivors who are looking for a safe and practical approach to recovery. TARGET's goal is to help trauma survivors understand how trauma changes the body and brain's normal stress response into an extreme survival-based alarm response.

**TRIAD:** The Triad Women's Group is a cognitive-behavioral integrated intervention for women with substance abuse and mental health disorders who have experienced violence.

**Voices** (for girls): It was created to address the unique needs of adolescent girls and young women. *Voices* encourages girls to seek and celebrate their "true selves" by giving them a safe space, encouragement, structure, and support to embrace their important journey of self-discovery. The program advocates a strength-

based approach that helps girls to identify and apply their power and voices as individuals and as a group.

All of these curricula have been used in programs that are majority or have substantial numbers of African American women.

### **Listen to Her and Let Her Select Her Own Goals**

First, listening does not equal agreeing. We can all listen to what someone has to say without offering our opinion, and/or agreeing with what the person has said. Trauma affects one's worldview: the world seems unsafe all the time. Our job is to create safety and trust and the key is taking the time to listen.

This is especially important when someone is having a negative reaction. Responding with compassion, helping the woman ground and self-soothe, and addressing specific behaviors in a respectful manner that does not generalize, label or demean her will have positive longer-term effects.

There are numerous courses that emphasize active listening and motivational interviewing techniques. These practices are evidence-based and show very positive response rates among clients in terms of making decisions around change and setting goals and priorities.

### **Identify, Concentrate On and Exalt Her Strengths**

Most of us have a hard time identifying our own strengths and for women with trauma-related issues, it is usually even harder, as this woman may not even have the capability to identify,

much less acknowledge, her strengths. Nonetheless, this is the key to believing that the struggles of learning to cope with pain and stress without using substances are worth the effort.

While each person has her own strengths, African American-specific strengths include strong kinship bonds, strong work orientation, adaptability of family roles, high educational achievement, and a strong religious orientation (Hill, 1972; 1997). Women's strengths include commitment to relationships, concern for their children and families, resiliency, responsibility, flexibility, nurturing, organization and many other individual characteristics.

Maybe she loves to dance. Dancing is a very positive form of coping, for example. Is there any opportunity to incorporate dance into the program? Are there local dance studios that offer African or hip-hop dance instruction? Not only is dancing good for the soul, it is also good for the heart. In San Diego, Shakti Rising is a trauma-informed transitional living program that incorporates dance and mediation.

Maybe she loves to cook. Cooking is another positive coping, especially if the food is hearty and healthy. Can the program allow a woman to cook for the group? Can she cook when she feels stressed?

Maybe she loves kids. Are there opportunities to let this woman care for the children of other women? Can she work on a certificate as an

early childhood development expert? Developing transferable job skills is one of the

most successful ways for women to both leave a violent environment and to stay substance-free.

Faith is a strong component of many black women's lives. The African American church is a major community resource for black women as they move forward. Does the program offer opportunities to discuss faith? Does the program offer an opportunity to speak with a member of the clergy who has also been trained on issues regarding trauma and substance abuse?

For all women, having role models is a strengthening and calming influence. Does your program have African Americans on staff? Are there blacks in leadership positions? If your agency personnel does not equally reflect the faces of your clients, there may be room to make some changes that will benefit clients looking for people they can see themselves in. Of course, this does not have to be done in a mathematical way, but an honest assessment of staff make-up and client demographics might uncover some reasons why African American women may drop out at higher rates, if this is the case in your agency.

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*The African American Technical Assistance and Training Project is managed by ONTRACK Program Resources, Inc. ONTRACK offers cost-free consulting services and training on issues related to improving access, decreasing disparities and increasing successful treatment and recovery outcomes for African Americans. For more information on available services, visit: [www.getontrack.org](http://www.getontrack.org).*

## Resources

Institute on Domestic Violence in the African American Community  
[www.dvinstitute.org](http://www.dvinstitute.org)

Provides information and training on issues related to African American Domestic Violence.

California Black Women's Health Project

[www.cabwhp.org](http://www.cabwhp.org)

Provides advocacy, research and information about issues facing African American women in California, mental health issues, and sexual trauma.

The National Center on Trauma-Informed Care

[www.mentalhealth.samhsa.gov/nctic](http://www.mentalhealth.samhsa.gov/nctic)

Provides the trauma training and technical assistance to assist in the transformation of publicly-funded agencies, programs, and services to a more supportive environment that is more supportive, comprehensively integrated, and empowering for trauma survivors.

The federal government maintains two websites on minority women's health issues

<http://womenshealth.gov/minority/africanamerican/>

Offers information relating to a wide variety of African American-specific health information.

<http://www.omhrc.gov/templates/content.aspx?ID=3723>

This site gives summaries of health disparities for African American women.

California Evidence-Based Clearinghouse for Child Welfare

<http://www.cachildwelfareclearinghouse.org/>

Facilitates the utilization of evidence-based practices as a method of achieving improved outcomes of safety, permanency and well-being for children and families involved in the California public child welfare system.

Community Connections, Washington DC

<http://www.ccdc1.org/>

Provides an array of consultation and training programs to human service agencies throughout the country, specializing in Trauma-Specific Treatment Approaches, Implementation of Trauma-Informed Systems, and the Integration of Mental Health, Addictions, and Trauma Services.

Institute for Health and Recovery, Boston MA

<http://www.healthrecovery.org/default.asp>

Provides training, technical assistance, and consultation on numerous issues, including substance use and abuse, co-occurring disorders/violence, trauma, parenting, gender-specific treatment, women and HIV/AIDS, trauma and children, child welfare, and tobacco cessation ranging from the development of community-based services to the impact and development of state policy.

The Small Business Innovation Research/Small Business Technology Transfer Program

[http://ncmhd.nih.gov/our\\_programs/smallBusinessresearchTechnology.asp](http://ncmhd.nih.gov/our_programs/smallBusinessresearchTechnology.asp)

The federal government runs a small research grant program funds small business and nonprofits to research activities designed to empower health disparity communities to achieve health equity through education, partnerships and disease prevention.

UCLA Center for Culture, Trauma, and Mental Health Disparities

Headed by Dr. Gail Wyatt, the Center looks at how depression, PTSD and other mental health issues affect ethnic minorities.  
310-206-9860

## **Bibliography**

Davis, Ruth E., Trauma and Addiction Experiences of African American Women, *Western Journal of Nursing Research*, 19 (4) 442-465, 1997

Ford, Briggett C., Violence and Trauma: Predicting the Impact on the Well-Being of African American Women with Severe Mental Illness, *Violence and Victims*, Vol 17, N. 2, 219-232, April 2002

Corcoran, Mary, et al., Long-Term Employment of African-American and White Welfare Recipients and the Role of Persistent Health and Mental Health Problems, *Women and Health*, Vol. 3 N.4, December 2003

California Black Women's Health Project, *Unheard Voices: Findings from the California Black Women's Health Survey of 2000-2001*, January 2002

Harris, Maxine and Roger Fallot, Using Trauma-Theory to Design Service Systems, *New Directions for Mental Health Services, Using Trauma Theory to Design Service Systems*, No. 89, Spring 2001

Najavits, Lisa, *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*, Guilford Press, New York, 2002

Jones, Lani V., et al., Mental Health Recovery: A Strengths-Based Approach to Culturally Relevant Services for African Americans *Journal of Human Behavior in the Social Environment*, Volume 15, Numbers 2-3, , pp. 251-269(19), 29 November 2007

Hill, Robert, *The Strength of Black Families and the Strength of Black Families 25 Years Later*, 1972 and 1997

Morris, Edward W., "Tuck In That Shirt!" Race, Class, Gender, and Discipline In An Urban School, *Sociological Perspectives*, Vol. 48, Issue 1, pp. 25-48, 2005

Newmann and Perkins *Women, Trauma Histories, and Co-occurring Disorders: Assessing the Scope of the Problem*, *Social Service Review*, September 2004

Moses, M., et al., *Developing Integrated Services for Women with Co-Occurring Disorders and Trauma Histories Lessons from the SAMHSA Women with Alcohol, Drug Abuse and Mental Health Disorders who have Histories of Violence Study*, National Center on Family Homelessness, April 2004

Clark C., et la., Consumer Perceptions of Integrated Trauma-Informed Services Among Women with Co-Occurring Disorders, *The Journal of Behavioral Health Services and Research*, Vol. 35 Issue 1, p71-90, Jan 2008

Amaro H., Racial/Ethnic Differences In Social Vulnerability Among Women With Co-Occurring Mental Health And Substance Abuse Disorders: Implications For Treatment Services, *Journal of Community Psychology*, Vol. 33, No. 4, 495–511, 2005

McHugo et al., The Assessment Of Trauma History In Women With Co-Occurring Substance Abuse And Mental Disorders And A History Of Interpersonal Violence, *Journal of Behavioral Health Services & Research*, April 2005