

Factsheet: Trauma, mental health and substance abuse

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Research is showing in a variety of settings and with a range of populations that trauma may be implicated in the development of co-occurring mental and addictive disorders, particularly among women.
(Newmann and Sallmann, 2004).

Data accumulated since the 1980s show that co-occurring disorders are so common that dual diagnosis should be expected rather than considered an exception (Minkoff, 2001).

Numerous studies consistently show high rates of mental health and substance abuse issues co-occurrence:

- 50-60% of women who enter treatment for substance abuse also have a co-occurring mental health disorder during the prior 12-months (Newmann and Sallman, 2004)
- 59% of persons with a lifetime history of illicit drug abuse or dependence had a lifetime mental disorder (National Co-Morbidity Survey (NCS), Kessler, 1994; Kessler et al., 1996)

More recently, studies have begun to look at the co-occurrence of trauma – usually occurring as child abuse, child sexual abuse and/or domestic violence. These rates are also high:

- In a review of rates from numerous studies, 48-90% of women with co-occurring disorders also have histories of interpersonal violence (Becker, et al., 2004)
- Women who report being victims of childhood sexual abuse are at higher risk for 13 of 16 subsequent lifetime mood anxiety and substance disorders in comparison to women who did not report having such childhood experiences (Molnar, et al., 2001 using NCS data).

A study of women in mental health/substance abuse services in Dane County (WI) (Newmann and Salmann, 2004) showed:

- 89% had been either physically or sexually abused.
- 70% had had serious money problems at one point
- 59% had gone to jail
- 58% had history of both physical and sexual abuse
- 36% had children removed from their care

In a study of twins (Kendler, et. al., 2000), women with reported sexual abuse histories were at greater risk for a variety of mental health disorders:

- 10.2 times greater risk for PTSD
- 9.1 times greater risk for bipolar disorder
- 2.0-2.3 times greater risk for drug problems and dependence
- 1.8-2.7 times greater risk for major depressive disorder and dysthymia
- 1.5-2.8 times greater risk for alcohol problems
- 1.3-1.9 greater risk for other anxiety disorders

Poverty is a link

2001 Better Homes Fund Report looked at intimate partner violence among women who are extremely poor and found them to be/have:

- More likely to have suffered childhood sexual abuse
 - More likely to have had a foster care placement
 - Lower current self esteem
 - Partner much more likely to abuse substances
 - Parents more likely to have fought physically
 - Mother much more likely to have been battered
 - The female caretaker (mother) more likely to have had mental health problems
- (Bassuk, et al., 2001)

California's no exception

62% of the homeless adults with serious mental illness studied in California had co-occurring disorders. (Mayberg, 2003)

A 2007 statewide needs assessment of domestic violence shelters in California found that at least 40% of women entering shelters had a substance abuse issue and at least 30% had a significant mental health issue. (Grant, 2007)

Women's drug treatment programs in California see the need for information on domestic violence:

- In a 2006 needs assessment of California treatment programs serving women, the second highest identified need for staff training involved "working with women with co-occurring domestic violence and substance use disorders."
- The third highest need was "working with women with co-occurring mental health and substance abuse disorders. (Children and Family Futures, 2006)

In a 2002 study of women who received CalWorks benefits, 33-45% had a persistent co-occurring mental health/substance abuse issue. Of those, 28-34% also reported serious domestic violence. Of those women with domestic violence, mental health and substance abuse issues, one-third also reported having learning disabilities.

Policy implications: Training, integration and client-identified needs

Newmann and Sallmann made numerous recommendations for policy change:

1. Service providers need to be appropriately **trained to explore women's abuse histories** as well as their co-occurring mental health and substance abuse problems.
2. **Current safety concerns are more immediate** and should be **dealt with first** – domestic violence, housing, food, child care and reunification with children.
3. To be broadly effective in women's lives, providers should have familiarity and **facility moving across issues and systems of care and services**. Services need to be better integrated at the individual level.
4. An **appreciation of the diversity** that women present must be central to efforts to improve services – race, age, sexual orientation, work circumstances, parental and marital status.
5. Research is also suggesting that **trauma must be expanded** beyond histories of physical and sexual abuse to include other events and conditions and experiences that may equally trouble women.

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