

# Trauma, Substance Use, HOPE & HEALING

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# CHRISTINA LOVE (SHE/HER)

**Survivor**

**SME on Trauma, Substance Use,  
and Mental Health Coercion**

**JUNEAU, ALASKA**

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Alutiiq/Sugpiaq/Unanga̋, Egegik Tribal Member

Not Invisible Act Commissioner

United States Advisory Council on Human Trafficking

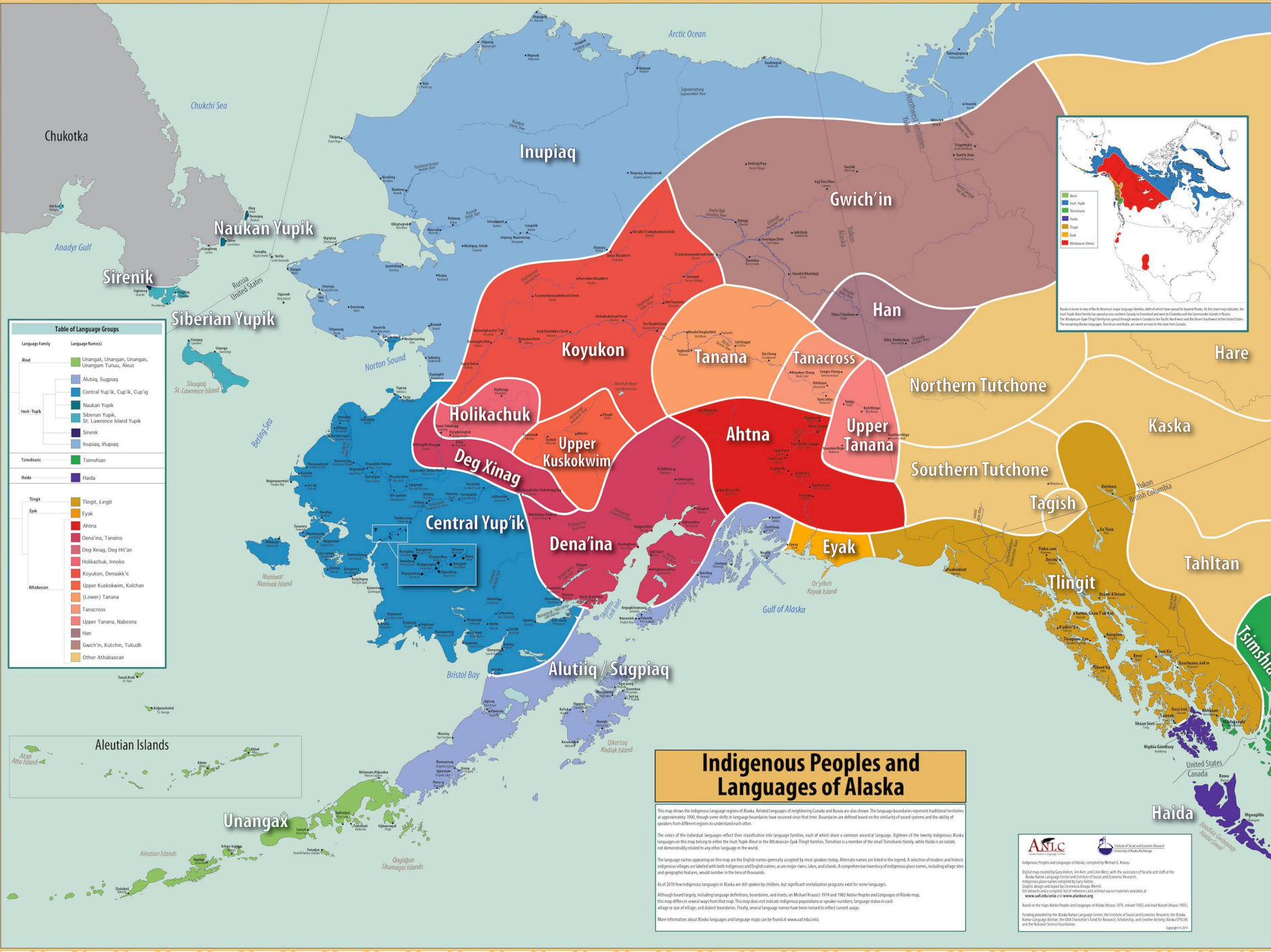
ACLU Board Member

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**Table of Language Groups**

Language Family	Language Name(s)
Aleut	Unangan, Unangan, Unangan, Unangan Tanana, Aitut
	Alutik, Sugpiaq
	Central Yup'ik, Cup'ik, Cup'ig
	Naukan Yupik
Inuit-Yupik	Siberian Yupik, St. Lawrence Island Yupik
	Sirenik
	Inupiat, Inupiaq
	Tsimshian
Tsimshianic	Tsimshian
Haida	Haida
Tlingit	Tlingit, Lingit
	Eyak
Athabaskan	Ahtna
	Dena'ina, Tanana
	Deg Xinag, Deg He'an
	Holikachuk, Inocho
	Koyukon, Demakik'e
	Upper Kuskokwim, Kolchan (Lower) Tanana
	Tanacross
	Upper Tanana, Nabesna
	Han
	Gwich'in, Kutchin, Tukudhi
Other Athabaskan	

### Indigenous Peoples and Languages of Alaska

This map shows the Indigenous language regions of Alaska. Related languages of neighboring Canada and Russia are also shown. The language boundaries represent traditional territories at approximately 1700, though some shifts in language boundaries have occurred since that time. Boundaries are defined based on the similarity of sound systems and the ability of speakers from different regions to understand each other.

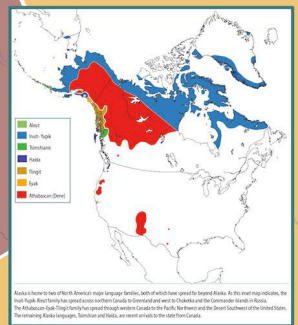
The colors of the individual languages reflect their classification into language families, each of which share a common ancestral language. Eighteen of the twenty Indigenous Alaska languages on this map belong to either the Inuit-Yupik or the Athabaskan-Yuk-Tlingit families. Tsimshian is a member of the small Tsimshianic family, while Haida is an isolate, not demonstrably related to any other language in the world.

The language names appearing on this map are the English names generally accepted by most speakers today. Alternate names are listed in the legend. A selection of modern and historic Indigenous language names (along with both Indigenous and English names, as an major river, lake, and island). A comprehensive inventory of Indigenous place names, including village sites and geographic features, would number in the tens of thousands.

As of 2010 few Indigenous languages in Alaska are still spoken by children, but significant revitalization programs exist for some languages.

Although based largely on linguistic language definitions, boundaries, and mostly on Michael Krauss's 1974 and 1982 *Native Peoples and Languages of Alaska* map, this map differs in several ways from that map. This map does not indicate Indigenous populations or speaker numbers; language status in each village or area of origin; or dialect boundaries. Finally, several language names have been revised to reflect current usage.

More information about Alaska languages and language maps can be found at [www.uaf.edu/iala](http://www.uaf.edu/iala).



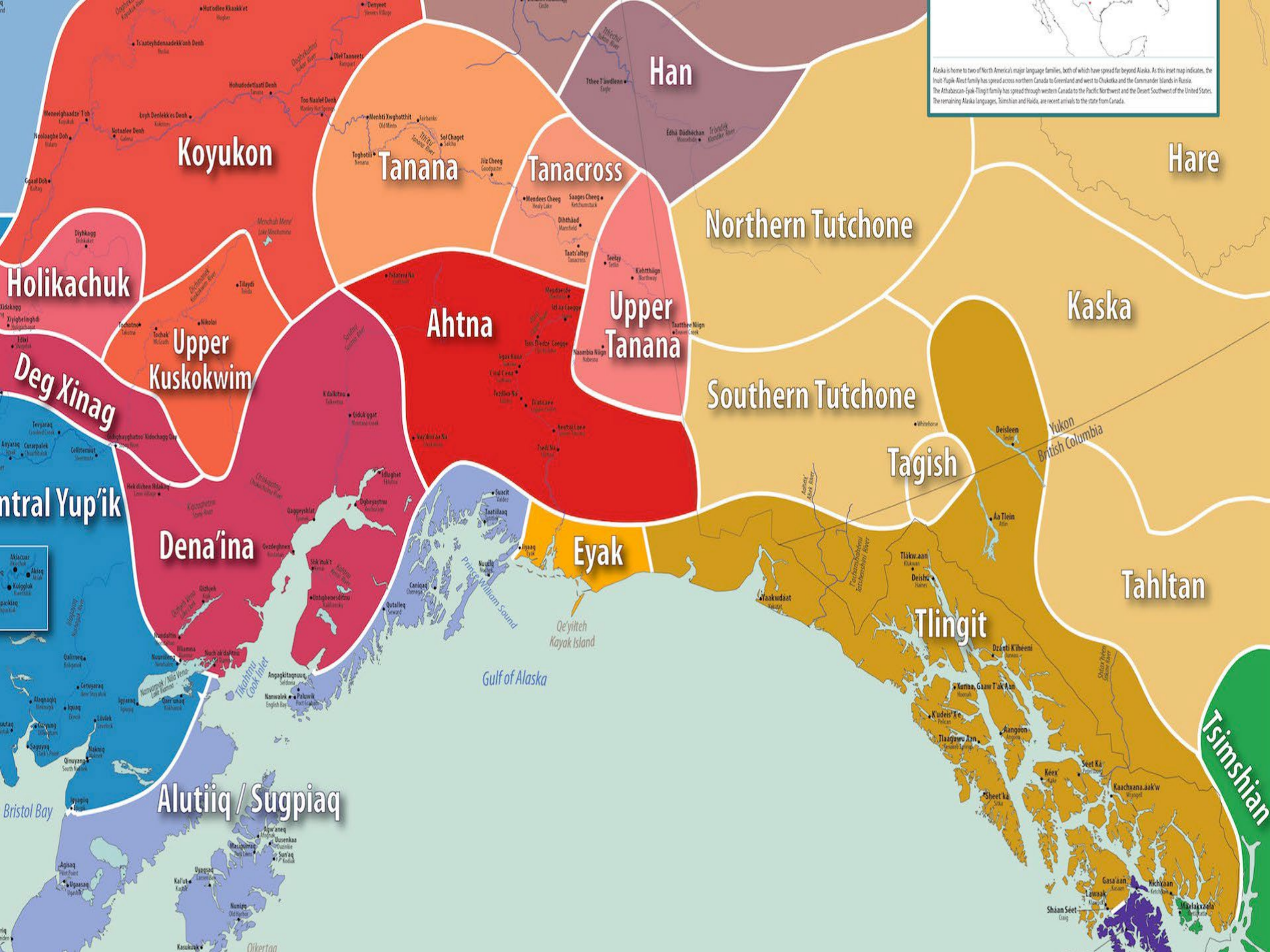
Alaska lies to the north of North America's major language families, both of which have spread far beyond Alaska. In this inset map indicates, the Inuit-Yupik and Athabaskan-Yuk-Tlingit families have spread across northern Canada to Greenland and north to Yukon and the Northwest Territories. The Athabaskan-Yuk-Tlingit family has spread through western Canada to the Pacific Northwest and the South-Southwest of the United States. The remaining Alaska languages, Tsimshian and Haida, are not related to the other North American.

**ANILC**  
 Alaska Native Language Center  
 University of Alaska Fairbanks

Indigenous Peoples and Languages of Alaska, compiled by Michael E. Krauss.  
 Digital map created by Gary Heiko, Jim Aves, and Collin West, with the assistance of faculty and staff at the Alaska Native Language Center and University of Alaska and Economic Research.  
 Graphic design and layout by Christine Anne Borek.  
 GIS software and a complete list of references and archival source materials available at [www.uaf.edu/iala](http://www.uaf.edu/iala).

Based on the map *Native Peoples and Languages of Alaska* (Krauss 1974, revised 1982) and *First Peoples* (Krauss 1995).  
 Standing provided by the Alaska Native Language Center, the Institute of Social and Behavioral Research, the Alaska Native Language Center, the Alaska Center for the Language Learner, the Alaska Center for Language Research, Scholarship, and Innovative Activity, Alaska UPAA, and the National Science Foundation.

September 2013



Alaska is home to two of North America's major language families, both of which have spread far beyond Alaska. As this inset map indicates, the Inuit-Yupik-Aleut family has spread across northern Canada to Greenland and west to Chukotka and the Commander Islands in Russia. The Athabaskan-Eyak-Tlingit family has spread through western Canada to the Pacific Northwest and the Desert Southwest of the United States. The remaining Alaska languages, Tsimshian and Haida, are recent arrivals to the state from Canada.

**Koyukon**

**Han**

**Hare**

**Tanana**

**Tanacross**

**Northern Tutchone**

**Kaska**

**Holikachuk**

**Upper Kuskokwim**

**Ahtna**

**Upper Tanana**

**Southern Tutchone**

**Deg Xinag**

**Tagish**

**Central Yup'ik**

**Dena'ina**

**Eyak**

**Tahltan**

Gulf of Alaska

**Tlingit**

**Alutiiq / Sugpiaq**

**Tsimshian**

Bristol Bay

Oikertaa



## **DEDICATION**

**This training is dedicated to all those who tirelessly work for social change on behalf of others to bridge the gap between what people need and what programs, systems, and organizations are able and willing to provide.**

***“We will remember you...”***

# INDIGENOUS ACKNOWLEDGEMENT OF LAND AND IDENTITY



We acknowledge that the land each of us live, learn, and thrive on are the traditional, ancestral, and unceded homelands of Indigenous and tribal nations.

We acknowledge the genocide and systems of oppression that have dispossessed Indigenous people of their lands, and we honor and respect the diverse and beautiful peoples still connected to this lands.

We acknowledge the preservation of our languages, traditions, rituals, and cultural knowledge; and, just as important, the reimagining of our lives through storytelling.

We are more than the harm that has been done to us! We are brilliant, joyful, strong, hilarious, kind, giving, loving, caring, connected, honorable, respectful, gracious, authentic, and thoughtful relatives.



**We acknowledge that the movement to end violence has long been rooted in gender but excluded an intersectional lens. We are dedicated to acknowledge this harm and making the changes necessary to effectively address the violence that is in our culture. The movement to end violence against women took shape and primarily evolved within white-dominant structures, systems, and beliefs that perpetuate racial inequities. A deficit of Black and Indigenous voices and leaders within agencies that have directly contributed to this problem. Lack of representation at the national level reinforces the systems that prevent inequities. Black and Indigenous people often experience disparate, inequitable, and punitive pathways to safety, recovery, and healing. It is important for our nation to recognize that not everyone who has sought after safety, recovery, or healing, has had equitable access to their choice of services and supports. We must also acknowledge that these systems have not supported all pathways to safety, recovery, and healing and we need to focus our influence to address equitable access while also addressing anti-racism within national, statewide, and local standards, policies, and practices. For organizational transformation and community healing, we must examine the deeply rooted structures, systems, and beliefs of white supremacy; implement antiracist practices within our agencies strategically, adjusting to suit the needs of each organization; and shift our priorities toward healing centered engagement and practices.**

**-Christina Love (Egegik Tribal Member)**



**ACKNOWLEDGEMENT**

# Safety to Healing Centered



Trauma  
Informed



Trauma  
Responsive



Centering  
Healing




Healing is always present in everything we do



# ***The Power of Words***

*The following words are considered stigmatizing or unhelpful and should be replaced with the preferred terminology .*

-  **Addict, Alcoholic, Abuser, Substance Abuse, Substance Misuse**
- These terms label a person by their illness.
  - No distinction between the person and the disease.
  - Deny the dignity and humanity of the individual.
  - These labels imply a permanency to the condition, leaving no room for a change in status.

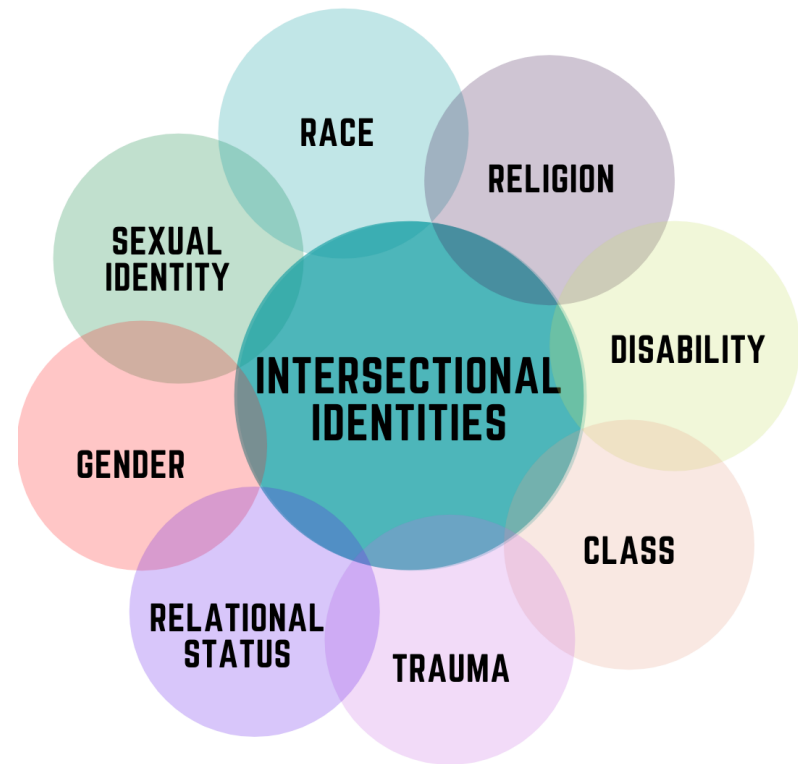
 **Preferred terminology: *Substance Use***

 **Pro tip:** *Person* who drinks or person who is using substances or a **A Natural Response** to trauma/pain.

# INTERSECTIONALITY EXPLAINED

“A lens, a prism, for seeing the way in which various forms of inequality often operate together and **exacerbate** each other.”

“Identity isn’t simply a self-contained unit, it is a **relationship** between people in history, people in communities, people in institutions.”



–*Kimberlé Crenshaw*

# INTERSECTIONALITY

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

**Audre Lorde**



### **MMIW (Missing and Murdered Indigenous Women)**

Focuses specifically on Indigenous women who are missing or murdered.

Highlights gender-specific violence against Indigenous women.

### **MMIWG (Missing and Murdered Indigenous Women and Girls)**

Extends the focus of MMIW to include both women and girls.

Emphasizes the vulnerability of both adult women and young girls in Indigenous communities



### **MMIP (Missing and Murdered Indigenous Persons)**

Encompasses all Indigenous people, regardless of gender or sexual identity.

Recognizes the broader spectrum of violence impacting the entire Indigenous community.

### **MMIR (Missing and Murdered Indigenous Relatives)**

Uses the term "relatives" to emphasize the familial and community ties.

More inclusive and culturally sensitive, recognizing that the loss affects entire families and communities.

## The Power of Words

# The Power of Words



## Epidemic vs Crisis

"The word epidemic also suggests a short-term, isolated problem. ... Using the word epidemic deflects responsibility because it fails to acknowledge the agency of perpetrators and those who allow the problem to continue. The world also utterly fails to account for the crisis's roots in history and law."

Sarah Deer, *The Beginning and End of Rape: Confronting Sexual Violence in Native America*, pp ix-x

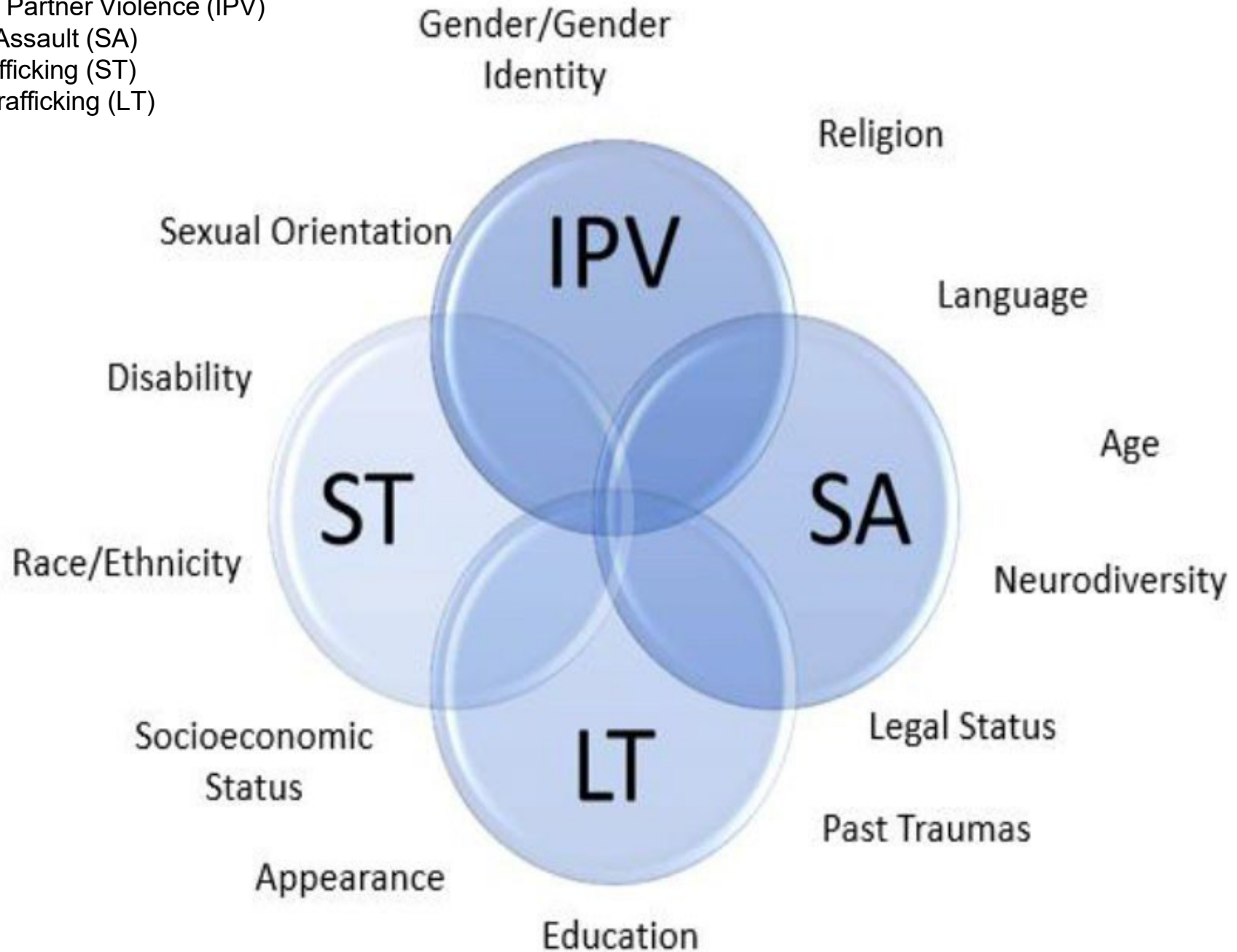
**"The connotation of the word allows society to absolve itself of blame."**

Which **INTERSECTIONAL** identities and experiences contribute to our relatives facing the highest rates of violence, disappearance, and murder?



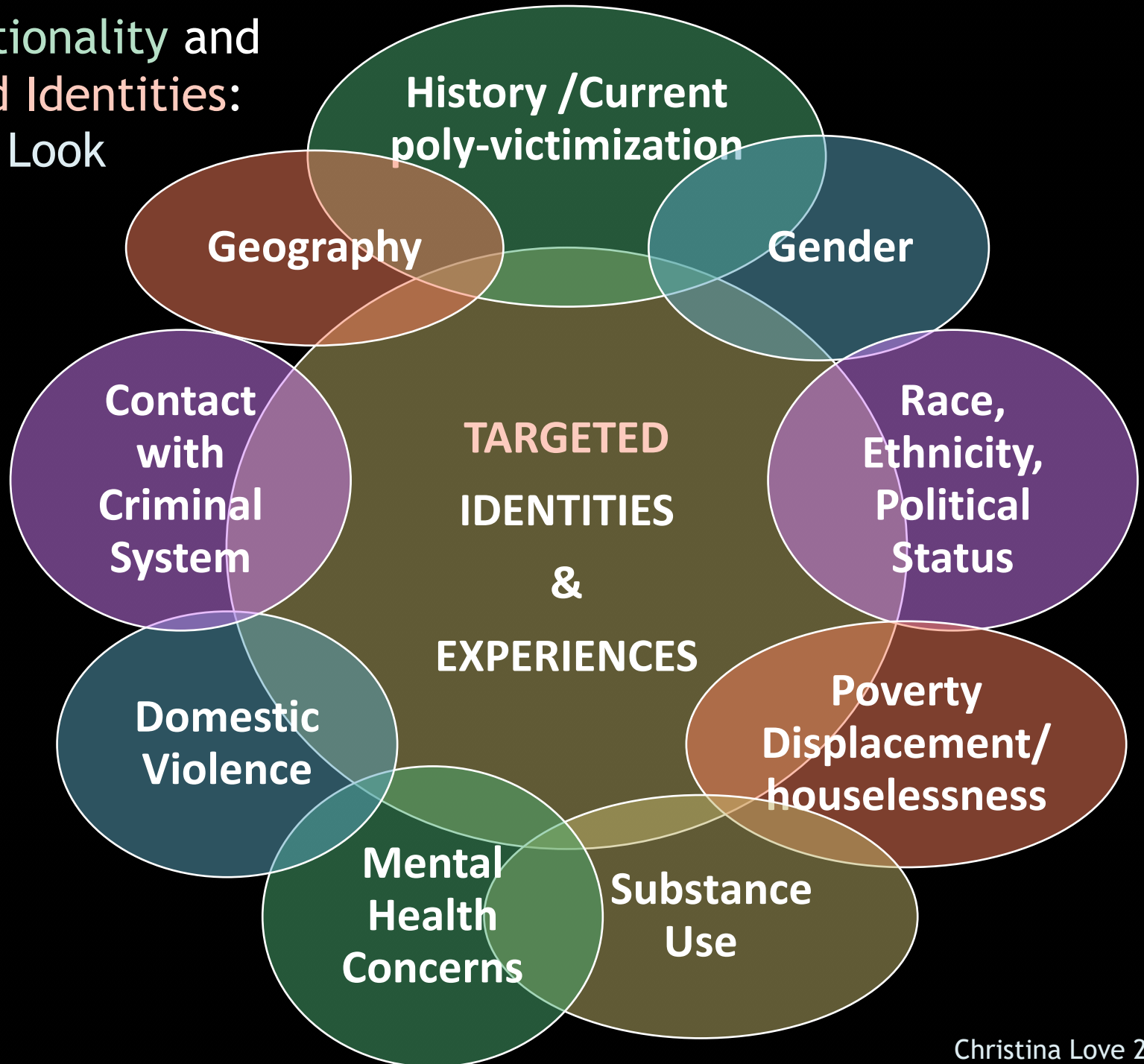
# Intersections

- Intimate Partner Violence (IPV)
- Sexual Assault (SA)
- Sex Trafficking (ST)
- Labor Trafficking (LT)





# Intersectionality and Targeted Identities: A Closer Look





# Addiction/Substance Use ...

# Surgeon General



Dr. Vivek Murthy  
Surgeon General

“We need a cultural shift in how we think about addiction. For far too long, too many in our country have viewed addiction as a moral failing”










# History of Addiction

# Models of Drug Use

<b>Moral Model</b>	Addiction is viewed as a sin or moral failing.
<b>Psychodynamic Model</b>	Links addiction to childhood traumas and adult coping mechanisms.
<b>Disease Model</b>	Suggests addiction originates within the individual, emphasizing biological and genetic factors.
<b>Social Learning Model</b>	Proposes that addictive behaviors are learned and exist along a continuum, influenced by behavioral and cognitive processes.
<b>Public Health Model</b>	Considers drug use as an interaction among the drug, the individual, and the environment.
<b>Genetic Model</b>	Examines evidence of genetic predisposition in addictions, noting that certain addictions often run in families.
<b>Socio-cultural Model</b>	Views substance use and addiction within a broader social context, often associated with social inequalities.

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# Definitions of Addiction

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**Addiction is a natural reaction to very  
unnatural occurrences**

**-C Love**



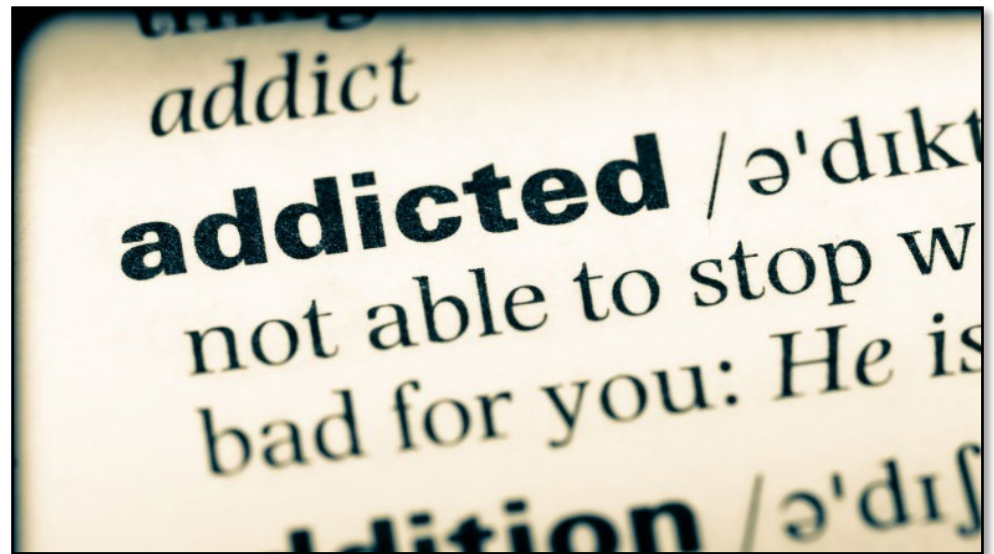


**“Substance use is an  
adaptive strength”**

**“Substance use is a natural coping mechanism”**

**“Substance use is a chronic  
need to self sooth”**


# What is Addiction?




Addiction is "a complex disease, often chronic in nature, which affects the functioning of the brain and body.


The most common symptoms of addiction are severe loss of control, continued use despite serious consequences, preoccupation with using, failed attempts to quit, tolerance and withdrawal."


# Addiction IS a Disease

 Who says so?


 The American Medical Association


 The American Society of Addiction Medicine

 Studies published in top-tier publications like *The New England Journal of Medicine*

 A disease is a condition that changes the way an organ functions.

 Addiction:

 Changes the brain on a physiological level

 Alters the way the brain works

 Rewires the brain's fundamental structure



# Addiction

- A **chronic brain disease** that has the potential for both recurrence (relapse) and recovery (remission)
- Associated with **uncontrolled** or compulsive use of one or more substances
- The most severe form of use is **Substance Use Disorder (SUD)**





# Trauma & Addiction ...

**NOT WHY THE ADDICTION,**

**BUT WHY THE PAIN**

GABOR MATE

# Why do some people use drugs?

- *To feel good*
- *To feel better, different, or numb*
- *To do better*
- *Curiosity and “because others are doing it”*





# Why do survivors use drugs?

Some of the reasons include:

- ❖ Substance Use 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
- ❖ Its easy to access and readily available



# If taking drugs makes people feel good or better, what's the problem?

- **At first:**
  - people may perceive what seem to be positive effects with drug use.
  - They also may believe that they can control their use.
- **HOWEVER, DRUGS CAN QUICKLY TAKE OVER THEIR LIVES.**
- **People who frequently use substances:**
  - Reach a point where they seek and take drugs...
  - Despite the tremendous problems caused for themselves and their loved ones.
  - May start to feel the need to take higher or more frequent doses (even in the early stages of their drug use)

# Is continued drug use a voluntary behavior?

- The initial decision to take drugs is mostly voluntary.
- As the disease of addiction progresses, a person's ability to exert self control can become seriously impaired.
- Brain imaging studies show physical changes in areas of the brain that are critical to:
  - **Judgment**
  - **Decision making**
  - **Learning and memory**
  - **Behavior control**



# Once someone is addicted, they're not using drugs to feel good — **they're using drugs to feel normal**

- Studies have shown that consistent drug use severely limits a person's capacity to feel pleasure at all.
- Once the brain has been altered by drug use, it requires more and more drugs just to function at a baseline level.



# Loss of control...

**As the brain becomes altered using the substance the person suffering from a substance use disorder eventually loses their ability to chose. They are at the mercy of the brain's hierarchy of survival.**

**PLEASE READ:  
IMPORTANT  
MESSAGE**

People who have a progressed stage of addiction may become powerless over their substance use

**BUT**

**THEY ARE NOT POWERLESS OVER THEIR DECISION  
TO HARM OTHERS.**



Nature/Nurture  
...

# Nature & Nurture...

By Anand C. Paranjpe



Studies of addiction have found **BOTH** environmental and genetic influences matter, as well as interactions between the two.



# Risk Factors

## Addiction

```
graph TD; A[Addiction] --- B[Brain Mechanisms]; B --- C[Biology/Genes]; B --- D[Environment]; B --- E[Drugs]; C --- C1[Genetics]; C --- C2[Mental Health]; C --- C3[Family History]; C --- C4[Generational Trauma]; D --- D1[Chaotic Home]; D --- D2[Witnessing violence]; D --- D3[Early physical/sexual abuse]; D --- D4[Community]; D --- D5[School]; E --- E1[Early use]; E --- E2[Route of administration]; E --- E3[Effect of drug itself]; E --- E4[Availability];
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### Brain Mechanisms

#### Biology/Genes

- Genetics
- Mental Health
- Family History
- Generational Trauma

#### Environment

- Chaotic Home
- Witnessing violence
- Early physical/sexual abuse
- Community
- School

#### Drugs

- Early use
- Route of administration
- Effect of drug itself
- Availability



# Trauma & Addiction ...



# Domestic Violence & Addiction

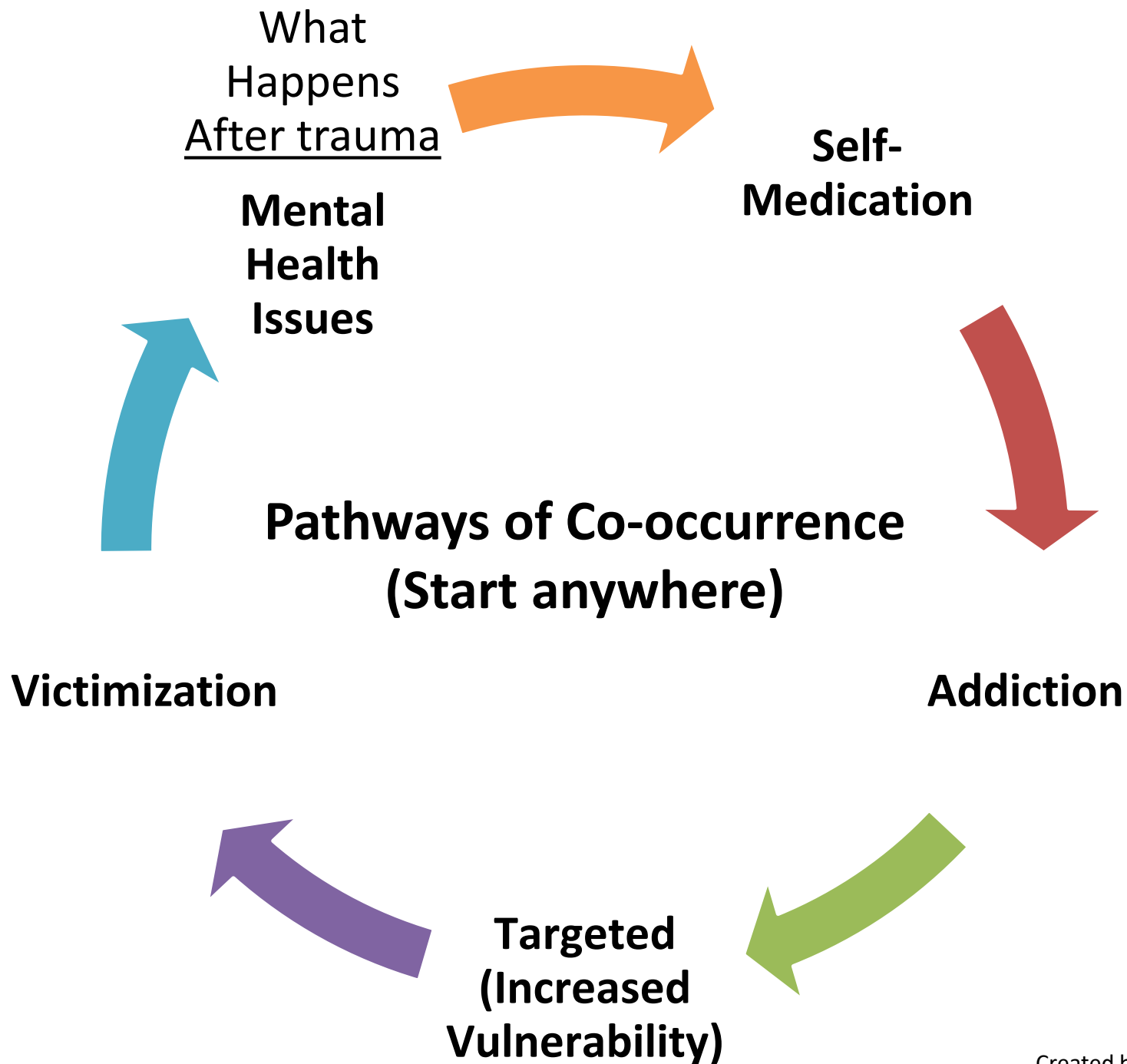
## **BOTH:**

- Involve power and control dynamics
- Impact entire families, often harming three or more generations
- Thrive in silence and isolation
- Carry great societal stigma and shame
- Involve denial systems including:
  - Minimizing and rationalizing

# Domestic Violence & Addiction Cycles

**P**OST  
**T**RAUMATIC  
**S**TRESS  
**D**ISORDER

- Pattern and cycle of Violence
- Continuum and cycle of Addiction
- Traumatic Brain Injury (TBI)
- PTSD

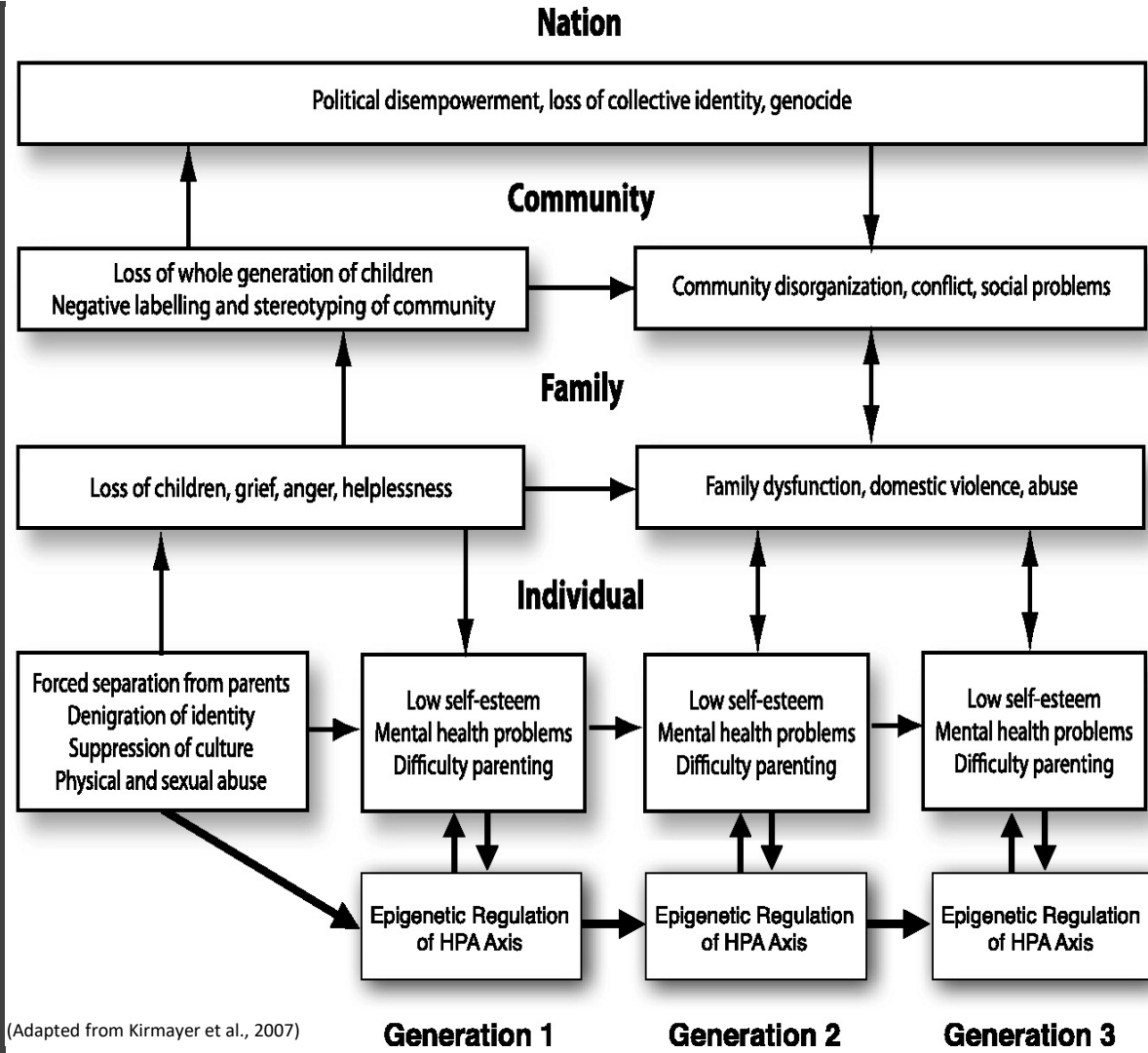


Rows indicate exposure to this form of adverse childhood experience. Columns indicate co-occurrence with other exposures.		Physical Abuse	Sexual Abuse	Verbal/Emotional Abuse	Mental Illness	Substance Abuse	Domestic Violence	Separation Divorce	Household Member in Prison
Abuse	Physical Abuse		35.9%	78.4%	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%		61.3%	36.3%	43.5%	22.6%
	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%	

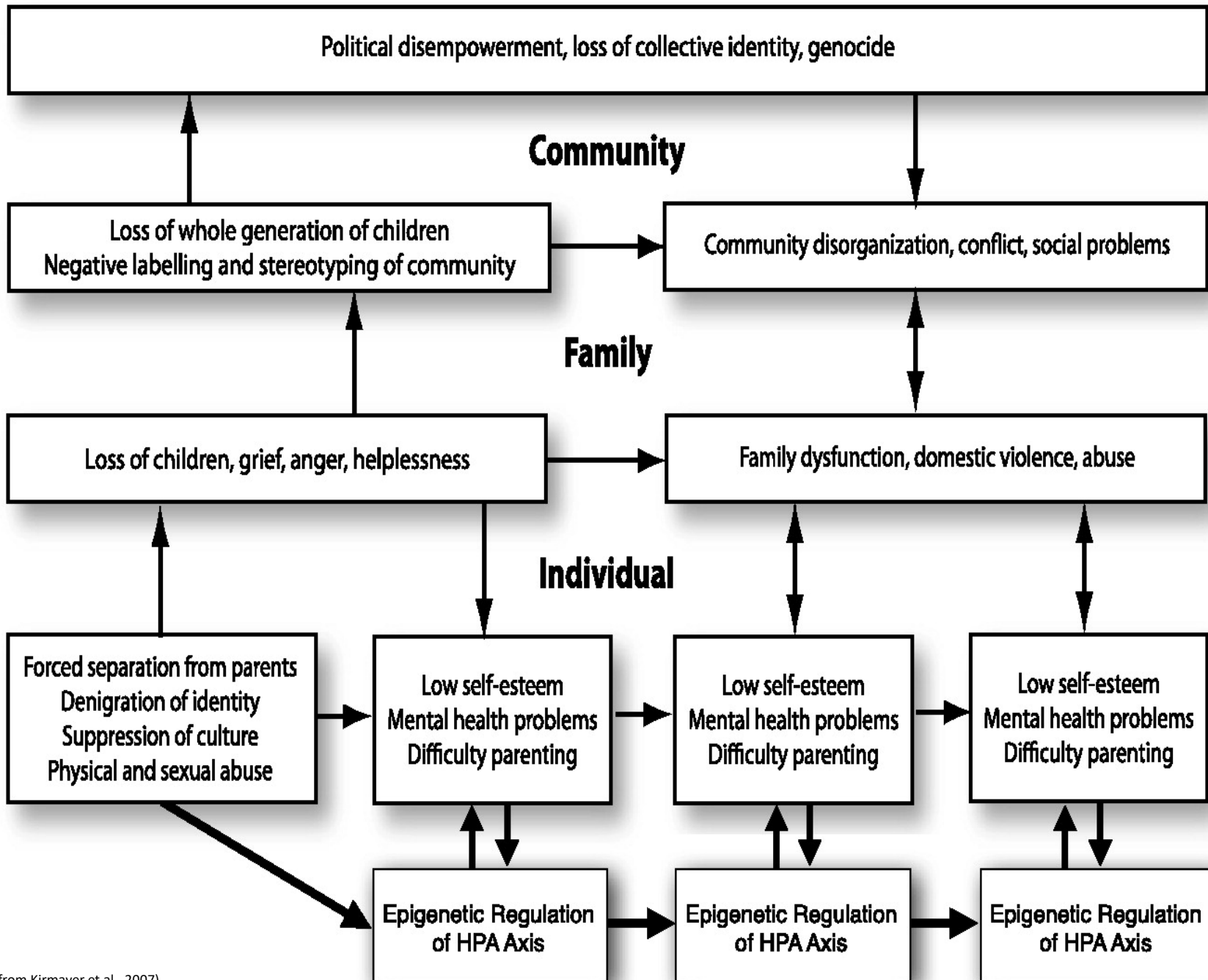


Source: Alaska data from the 2013 Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion

The diagram depicts some of the hypothetical pathways through which the effects of trauma and loss may be transmitted across generations through processes at multiple levels, including epigenetic alterations of stress response; changes in individuals' psychological well-being, self-esteem, and self-efficacy; family functioning; community integrity and cultural identity; and the continuity of identity and collective efficacy of whole nations or peoples.



# Nation





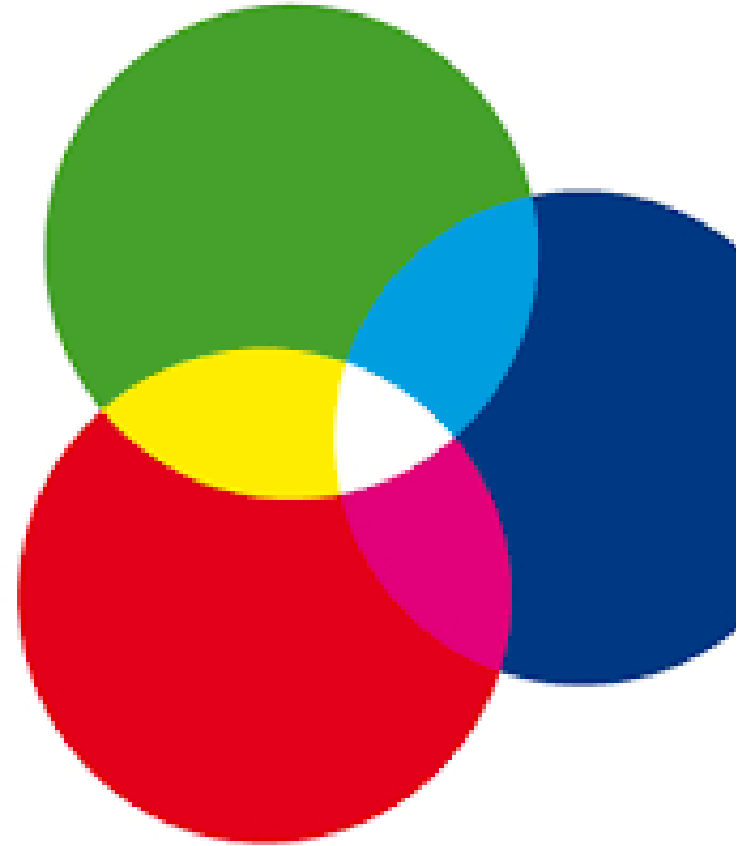
# History Lives in the Body

- Epigenetics
- Blood memory
- Pain and strength passed down through generations



# The overlap of substance use for:

- Survivors of violence
- People who Perpetrate violence
- Commission of a crime



# The Overlap for Survivors

## WOMEN WHO ARE PHYSICALLY ABUSED:

- Are five times more likely to be sexually abused
- Are 25% of the women who attempt suicide
- Are 22-35% of women seeking emergency medical services
- Are 50-60% of all female homicide victims
- Are five times more likely to be in poverty

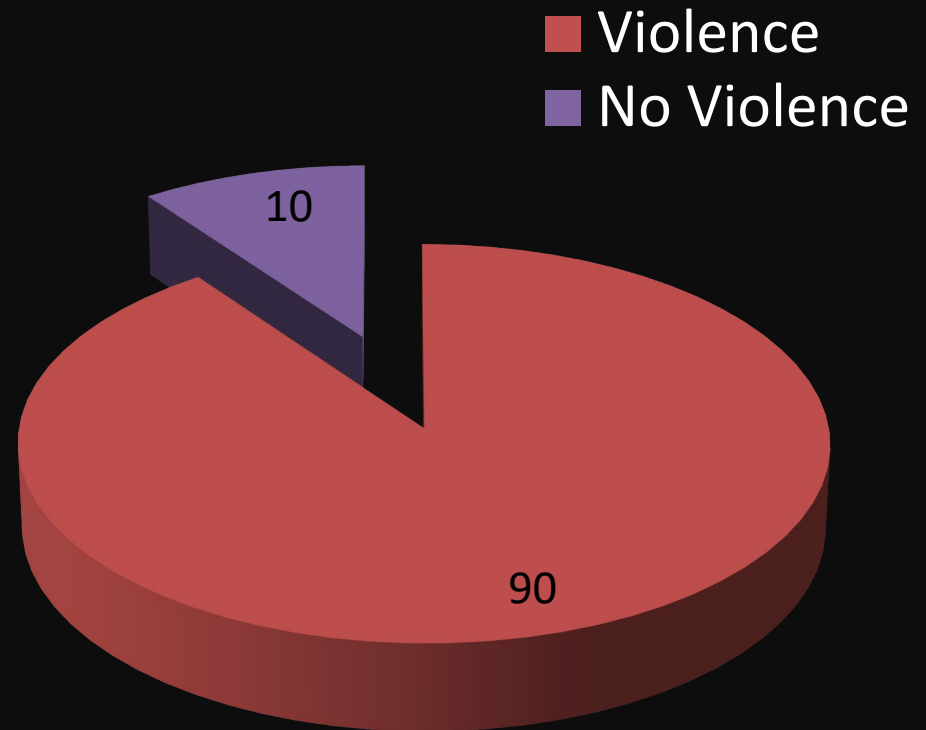
**6 X** the rate of substance misuse than the  
general population

## The Overlap for Survivors

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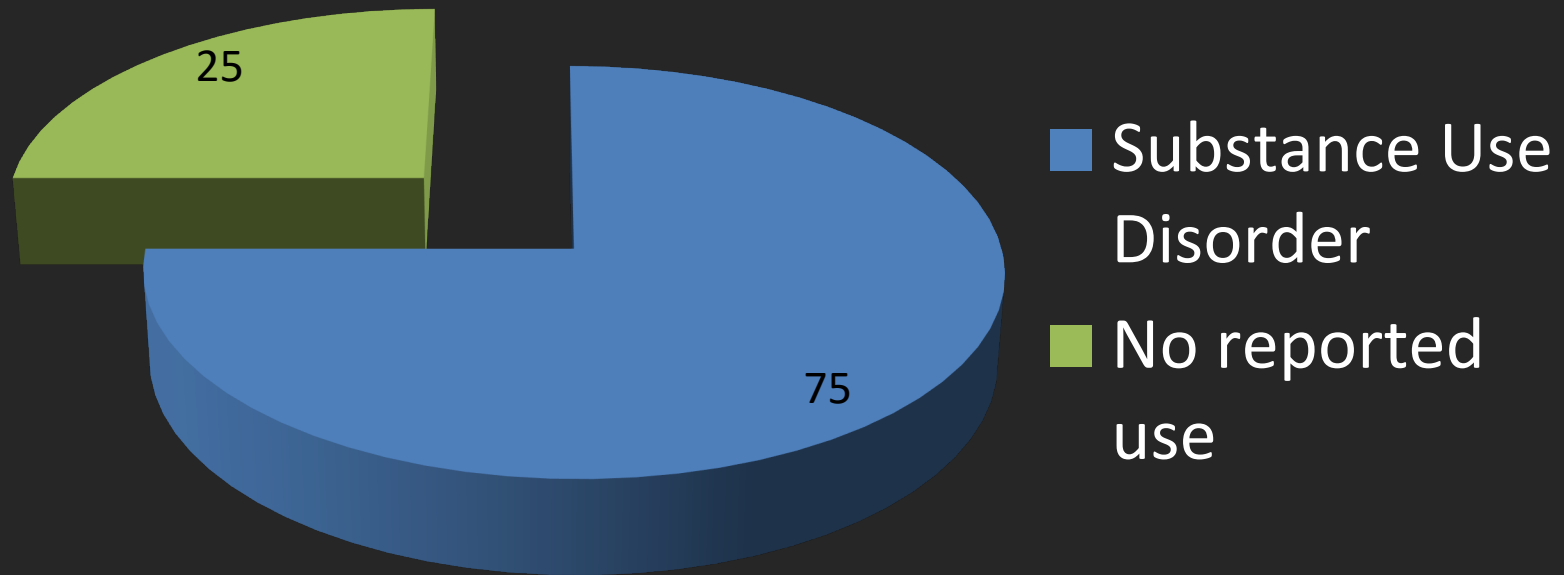
A National Institute on Drug Abuse study noted **90%** of women in drug treatment had experienced severe domestic and/or sexual violence from a partner.

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# The Overlap for Survivors

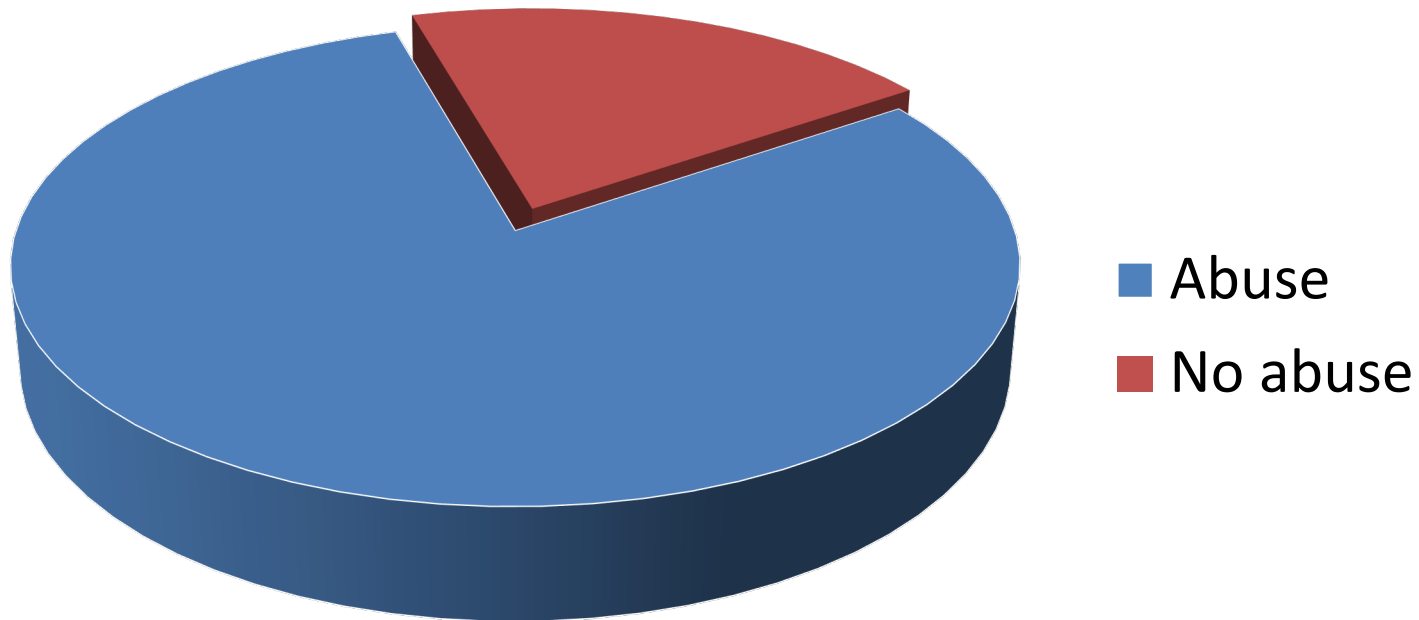
In Alaska's domestic violence/sexual assault shelters and agencies, **75-95%** of women either met criteria for alcohol dependence or reported problems with their drug use.



# The Overlap for Survivors

Between **67-80%** of women in substance use treatment are DV victims.

## Medical Treatment Report



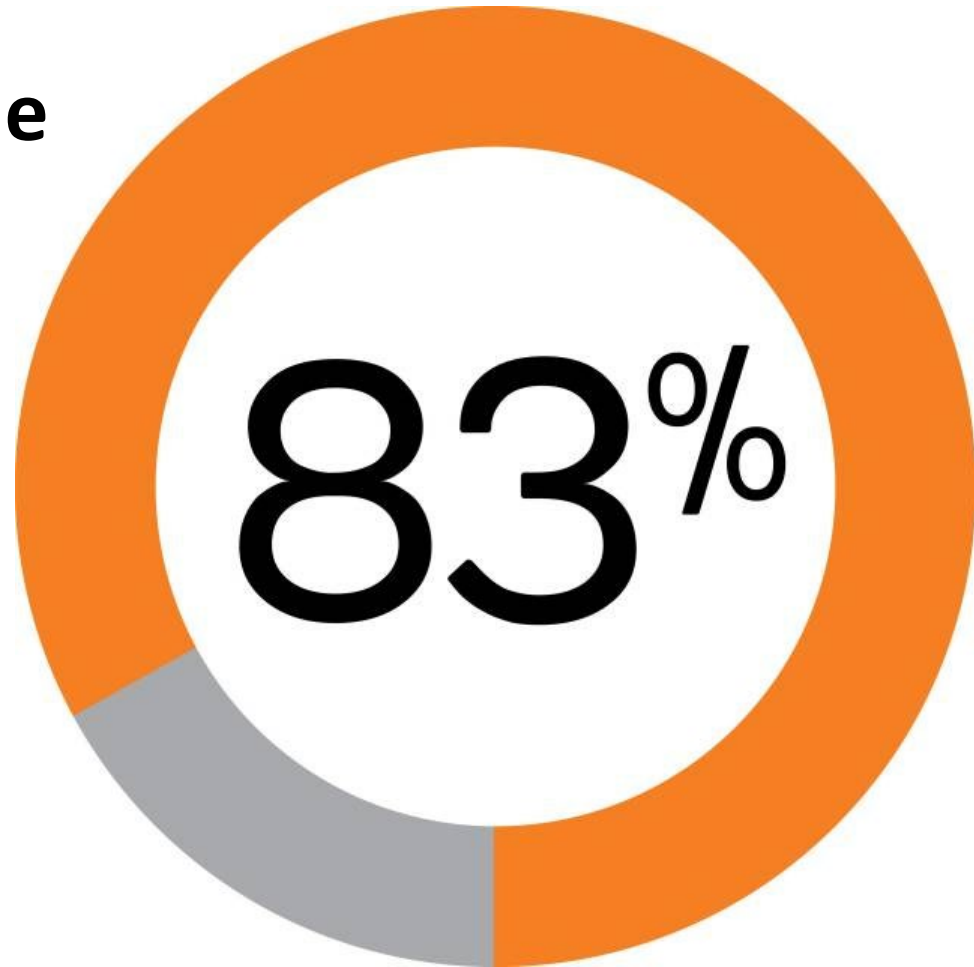
# The Overlap for people who perpetrate violence

- **50-60%** of people who abuse their partners have problems with substance use
- People who perpetrate violence and use alcohol are **twice** as likely to inflict serious injury or death
- **70%** of people who abuse their partners also abuse their children

**70%**

# The Overlap in the Crime

- Alcohol is implicated in:
  - **83%** of child abuse investigations
  - **60-80%** of DV reports
  - **63%** of sexual assaults
  - **46%** of homicides





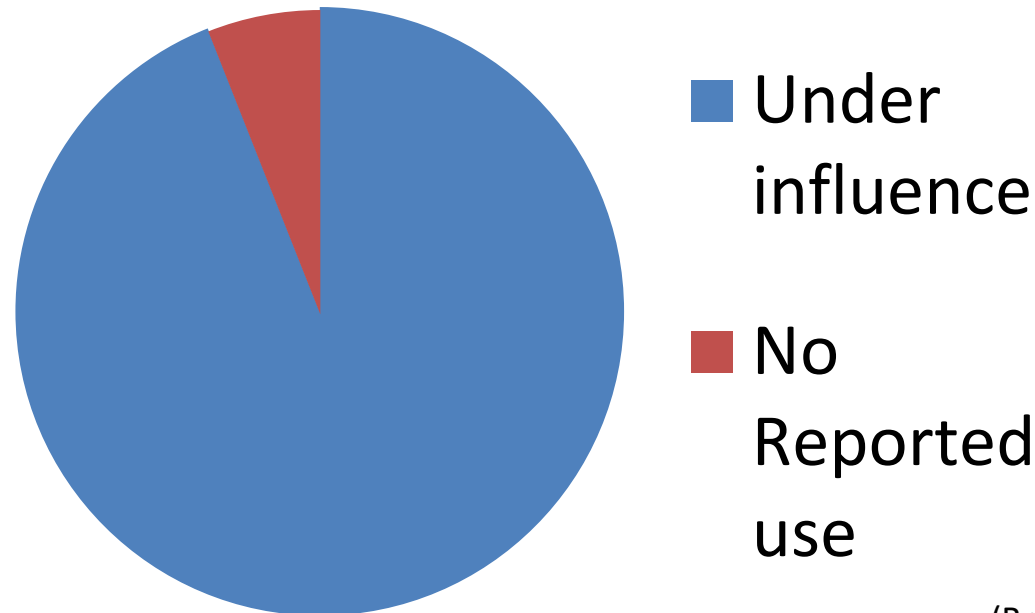


**ALCOHOL** is the number  
one **RAPE DRUG**

# THE OVERLAP IN THE CRIME: Domestic Violence

**94%** of DV calls to police --assailant had used alcohol alone or alcohol w/cocaine, marijuana or other drugs w/in 6hrs of assault.

- 92% of assailants and
- 42% of victims had used alcohol or other drugs on the day of the assault.

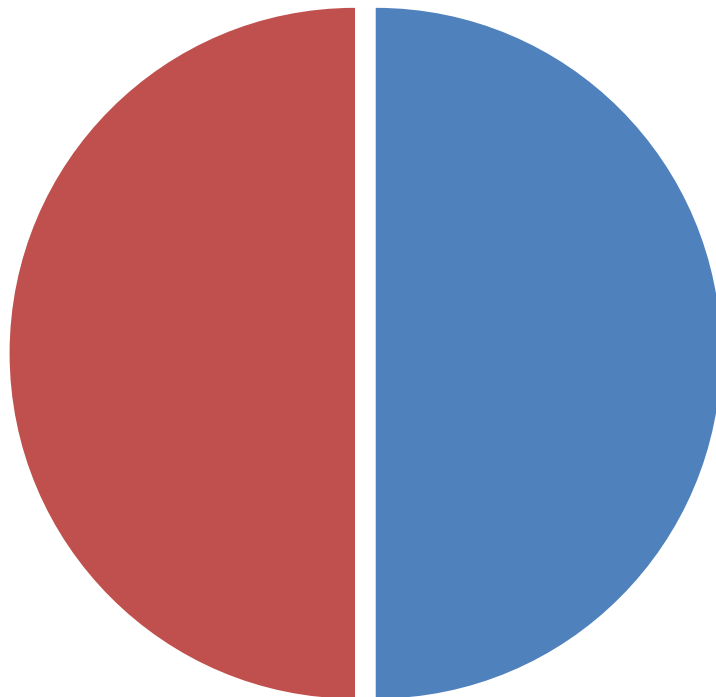


# THE OVERLAP IN THE CRIME

## Domestic Violence

**Over 1/2** of DV cases involve drinking

### Domestic Violence Reports



■ Drinking

■ Not  
Drinking

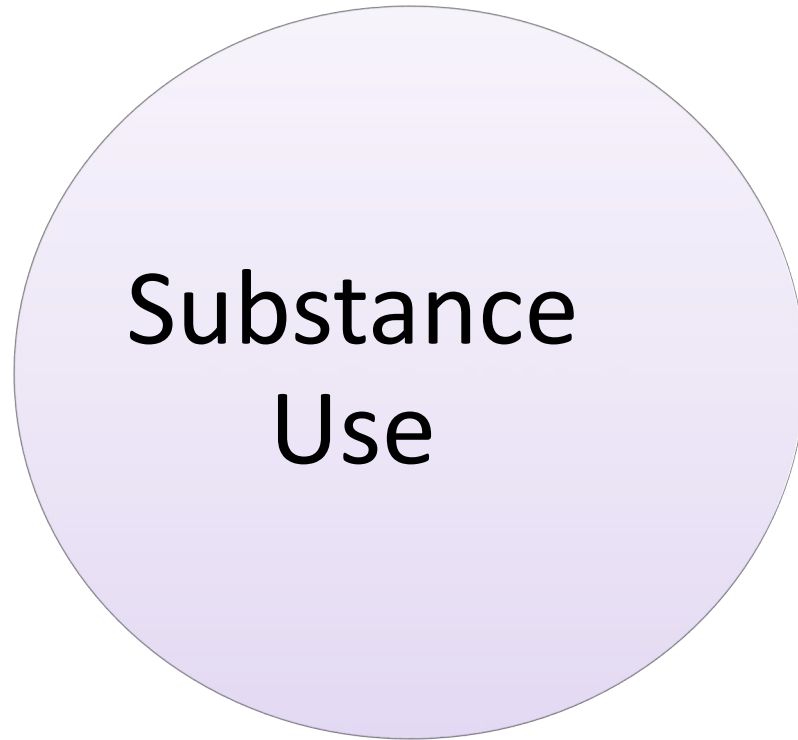
## Question:

**If 94%** of DV calls to police involve alcohol or other drugs

**WHY DO ONLY ½** of Domestic Violence cases involve alcohol or other drugs?

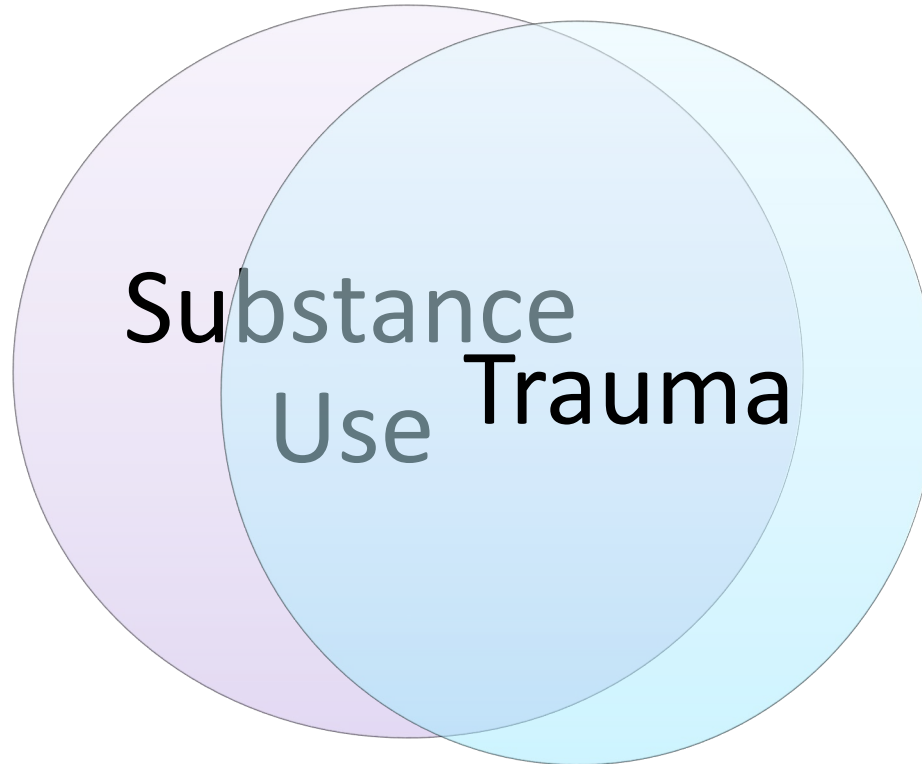
# The Scope of the Issue

**Silo of services**

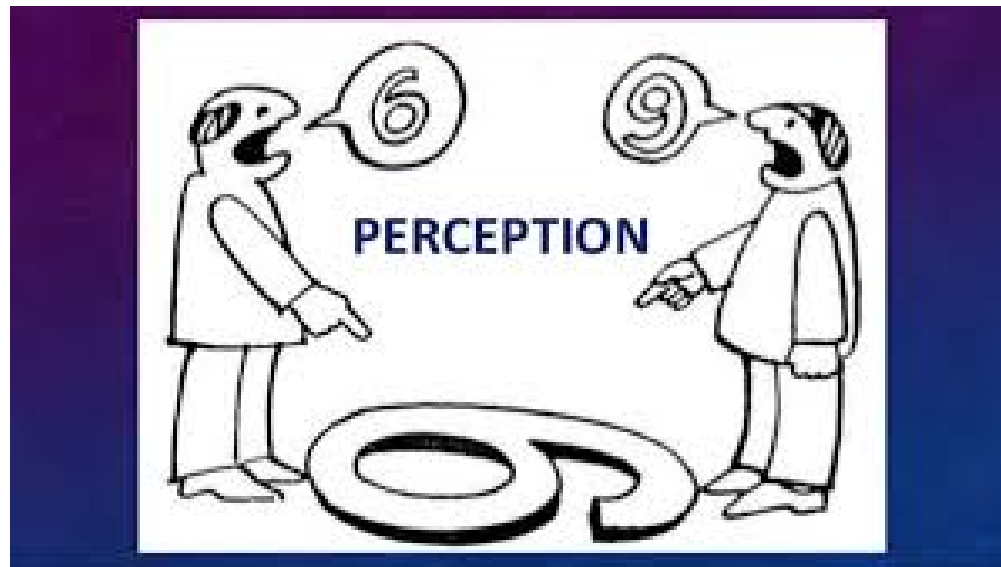


# The Scope of the Issue

Reality of people we serve



# WHAT IS A SOCIETAL OR PUBLIC PERCEPTION?



**Answer:** The social phenomenon known as *public perception* can be seen as the difference between an absolute truth based on facts and a virtual truth shaped by popular opinion, media coverage and/or reputation.

# Discussion Questions

1. How many people have heard the myth that substance use causes domestic violence?
2. Why do you think that myth exists?



# UNPACKING THE INTERSECTION

- Domestic Violence and substance use disorder co-occur so often that people believe substance use causes domestic violence.
- They seem interconnected because both severity of injuries and lethality rates increase when co-occurrence happens.



# Substance use is **Not A Cause**



- **Domestic violence:** The choice to harm often precedes substance use, there is a pre-existing pattern of dominant and controlling behavior by people who perpetrate violence.
- **Sexual Assault:** Substance use is an opportunistic weapon for assault
- **Trafficking:** Substance use is frequently exploited as a tool for coercion and control in trafficking situations, making survivors more vulnerable to exploitation and manipulation.

# BUT THERE IS IMPACT

**According to the New York State OPDV Model Policy:**

“Alcohol and other drug use do not cause men to perpetrate abuse in their intimate relationships, and substance use treatment alone is unlikely to stop the violence. Victims with partner’s who use drugs consistently report that during their partners recovery abuse not only continued, but **often escalated.**”

# SURVIVORS SPEAK



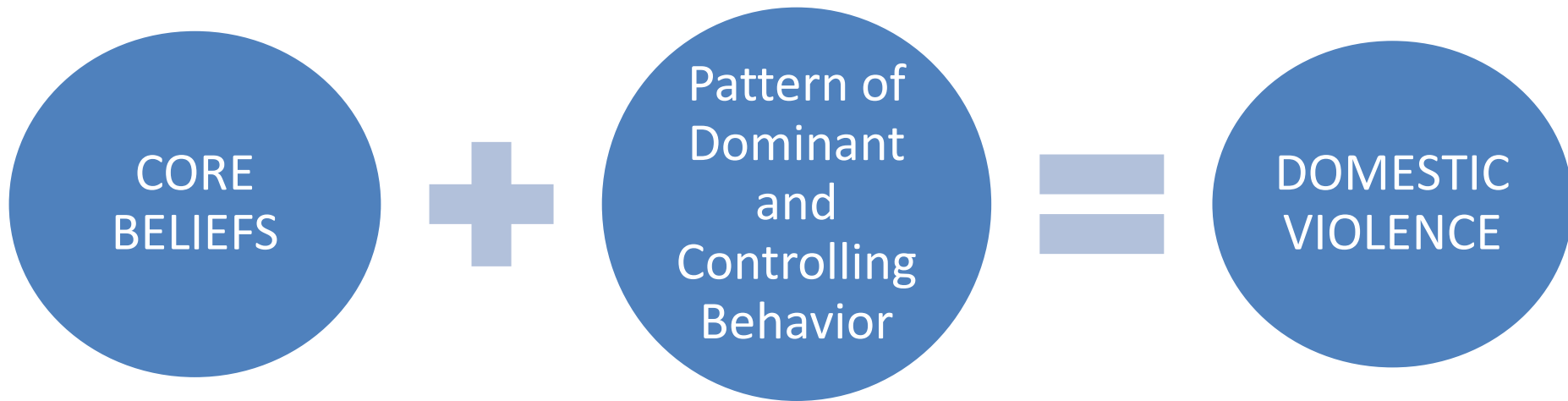
“If you sober up a perpetrator and he doesn’t have treatment for his issues, then what do you have? You have a sober perpetrator. And now he’s more aware”

# MAIN Point

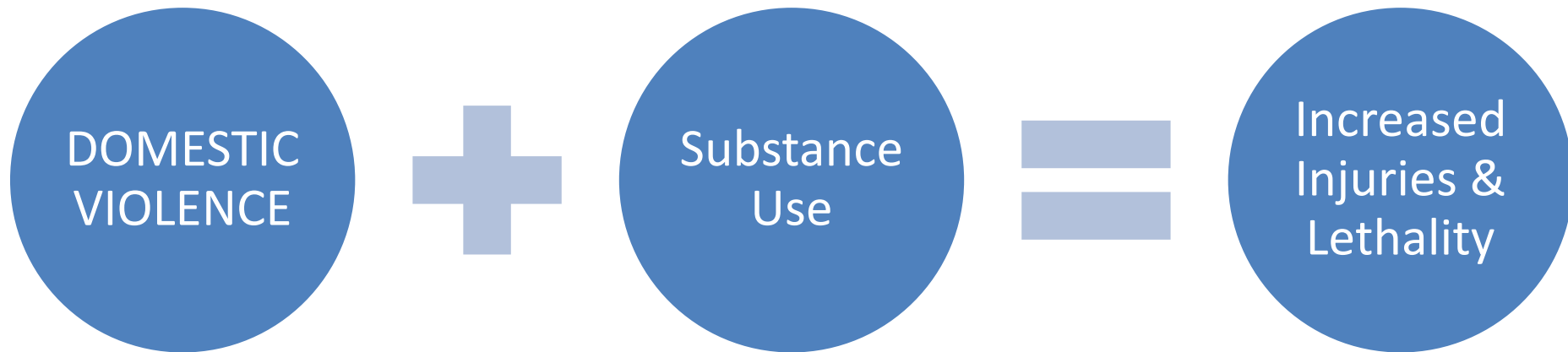
- Alcohol and other drugs: **DO NOT** *cause* DV/SA
- Instead, their role in DV/SA crimes:
  - Connected to increased *physical* violence...
  - Used as a tactic of abuse...



# Substances can make the violence worse (but doesn't cause it)



# Substances can make the violence worse (but doesn't cause it)



# VICTIMIZATION CONNECTING TO SUBSTANCE USE

## Break down

If used as tactic of abuse.....**TACTIC→ADDICTION**

Not used as tactic of abuse, but a form of coping from abuse..... **COPING→ADDICTION**

Combo.....**TACTIC & COPING→ADDICTION**



# TACTIC OF ABUSE

- Introducing partner to drugs; pressured to use with partner and unable to refuse; Manipulated, threatened or forced into using; Drugged
- Isolating partner from recovery and other helping resources
- Coercing partner to engage in illegal acts e.g. dealing, stealing, sex work - engaging in survival sex

# TACTIC OF ABUSE

- Threats to Report or Discredit: Reported to judges, police, probation officers, OCS, employers; False allegations; Videotaping/pictures
- Control supply; entrap in relationship; threaten with withdrawal; prevent from meeting OCS/Court requirements and accessing benefits
- Intravenous (IV) Specific: Forcing or coercing partner to use unsafe or harmful paraphernalia (e.g., unsafe needles, dirty cotton balls, harmful/deadly substances)

# TACTIC OF ABUSE

Treatment Interference and Recovery Sabotage:

- Prevented from attending treatment/meetings
- Harassed into leaving treatment
- Medications controlled
- Transportation/childcare withheld
- Substances kept in home after treatment
- Forced to watch partner use
- Escalating violence if tried to cut down or stop

# TACTIC OF ABUSE

- Using drug history as threat (*deportation, arrest, OCS, custody, job, etc.*)
- Blaming abuse on partner's use and benefiting from:
  - Able-bodism (stigma, shame, discrimination)
  - Lack of services
  - Societal beliefs re: women & addiction

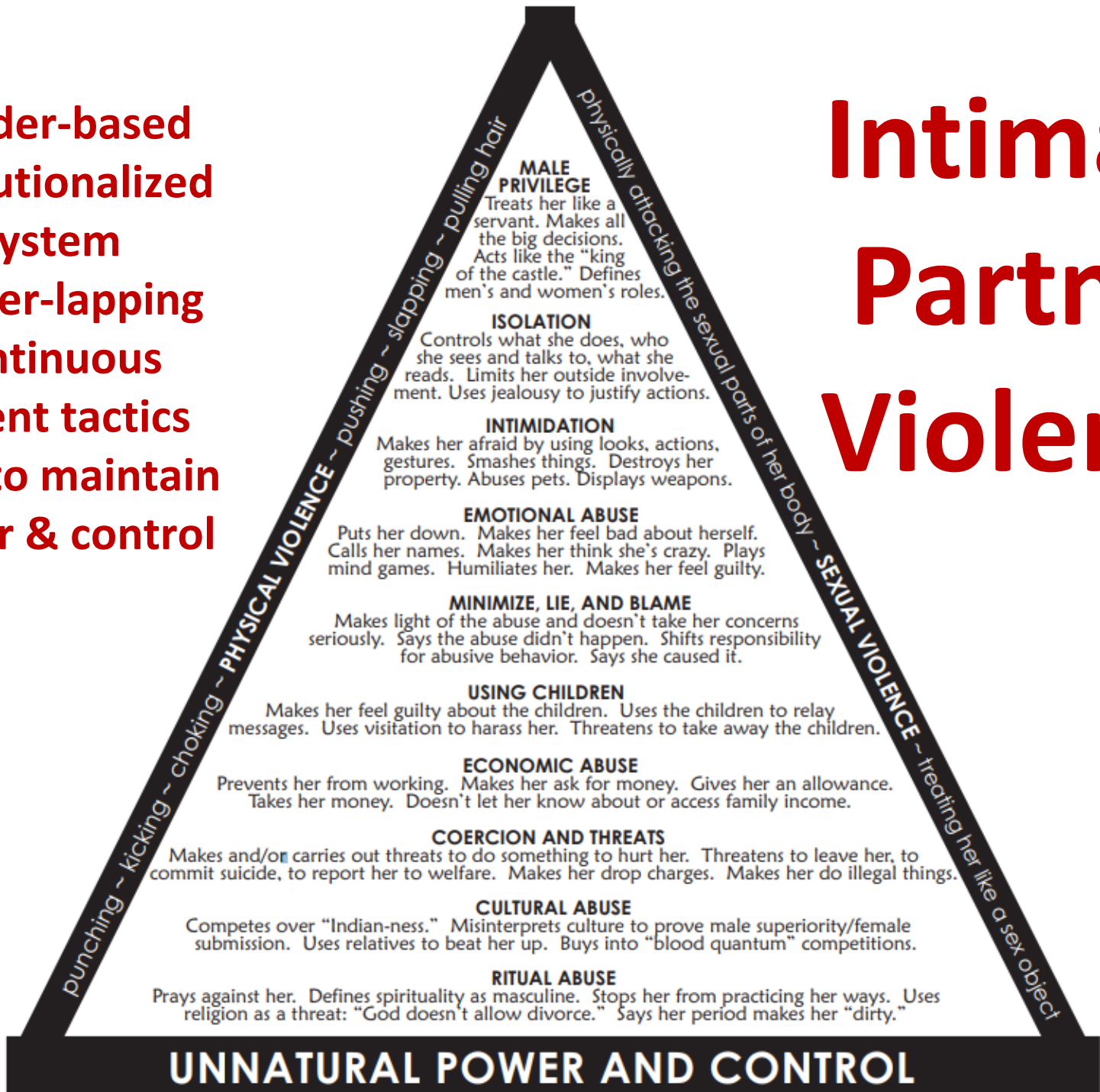
# SURVIVORS SPEAK



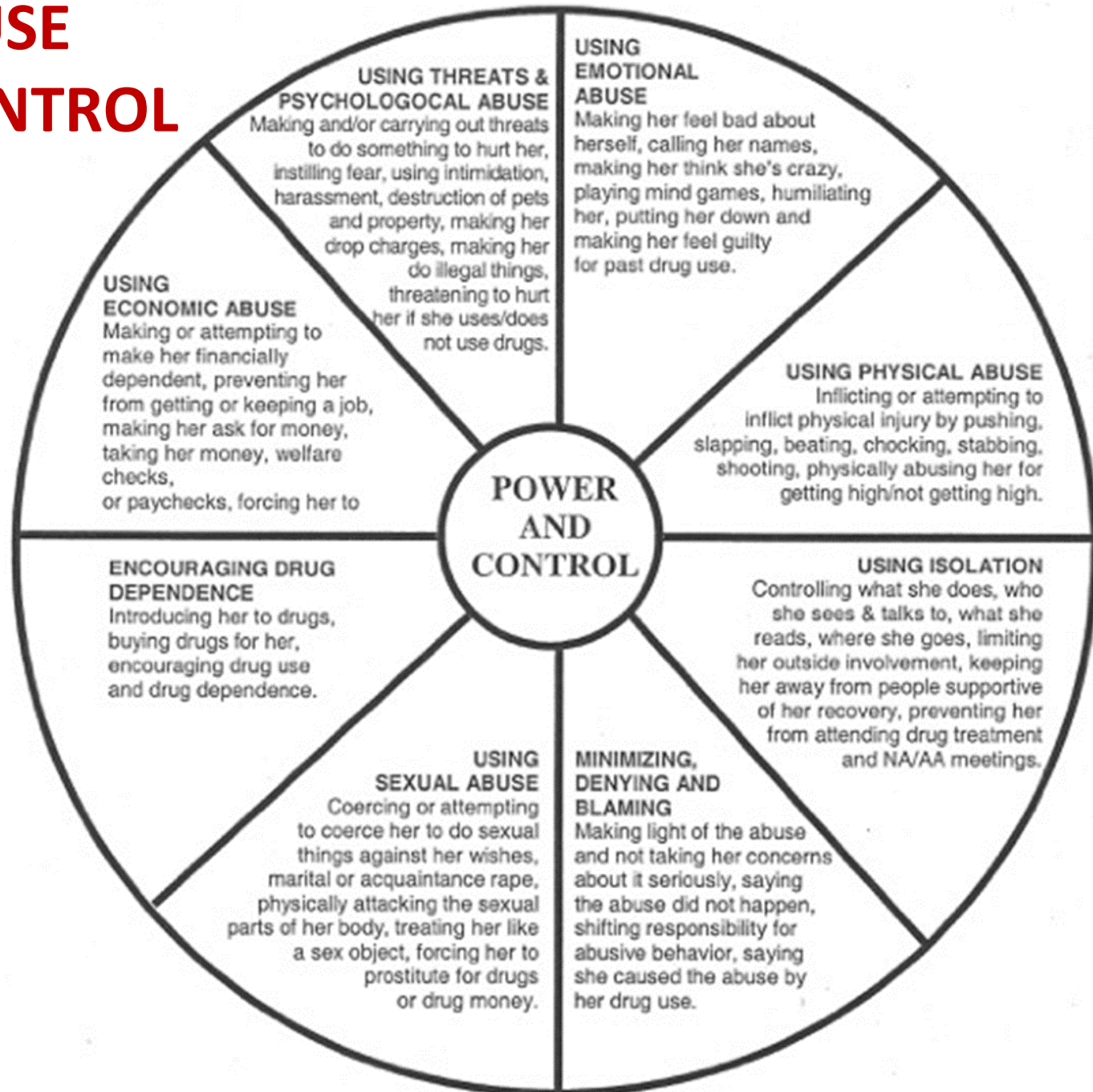
“The drugs are an element of control. If they can keep you on the drugs, using or addicted to the drugs, they’re in control. And it’s like strings on a puppet. They just keep you under control because you want another hit. You want that other drink.”

Gender-based  
institutionalized  
system  
of over-lapping  
continuous  
violent tactics  
used to maintain  
power & control

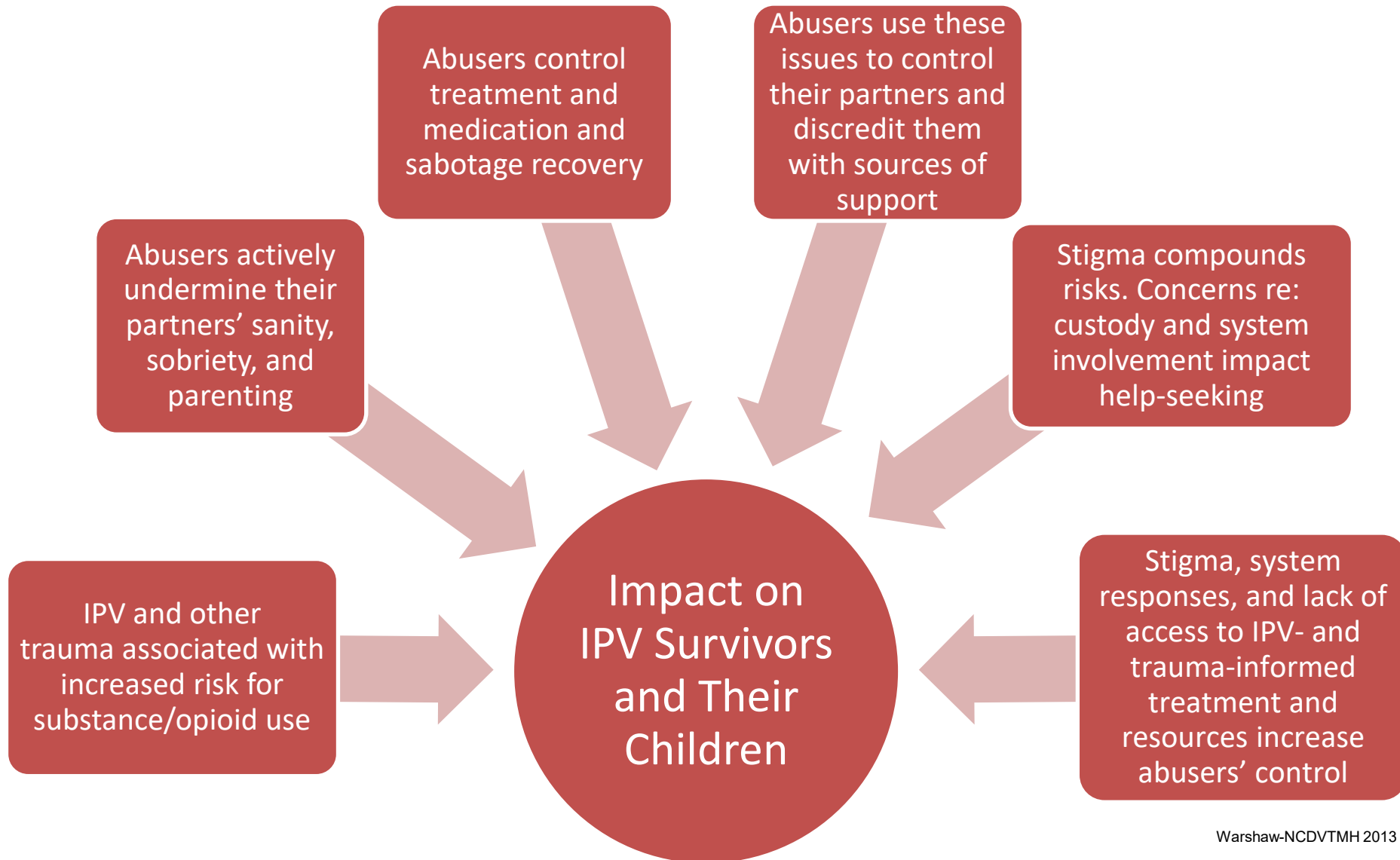
# Intimate Partner Violence



# SUBSTANCE USE POWER & CONTROL WHEEL



# Trauma, IPV, and Substance Use Coercion: Complex Picture





# SURVIVORS SPEAK



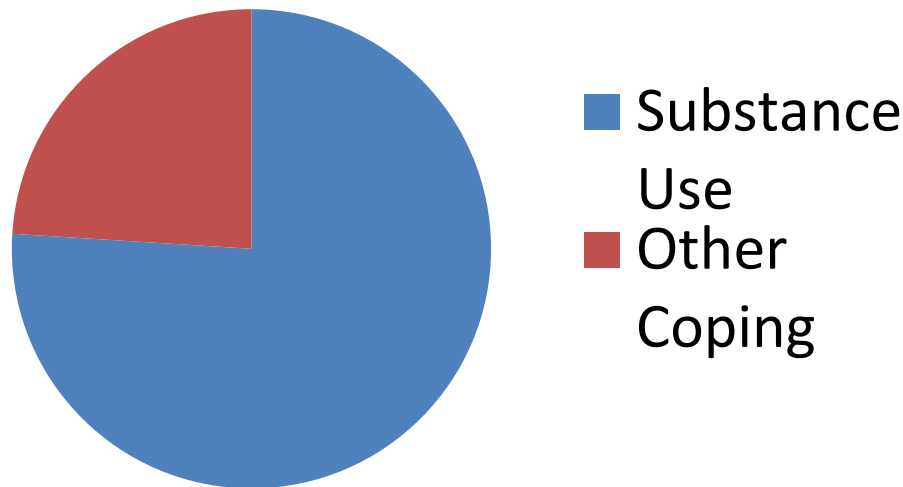
“For me, the substance use when I first started using was over the abuse. Was over the rape, and so that’s how I learned to cope with any type of abuse was to get high, and it made everything okay.”

# VICTIMIZATION CONNECTING TO SUBSTANCE USE

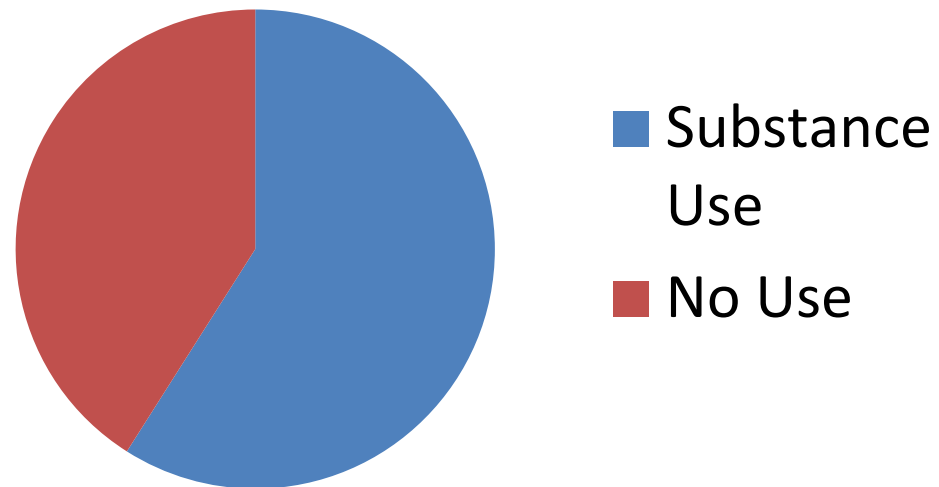
## Trauma Increases the Likelihood of Substance Abuse

According to the National Child Traumatic Stress Network, a person will begin using drugs and alcohol after experiencing a trauma up to **76%** of the time. Up to **59%** of people with PTSD will develop a problem with alcohol and/or drugs.

Trauma Experience

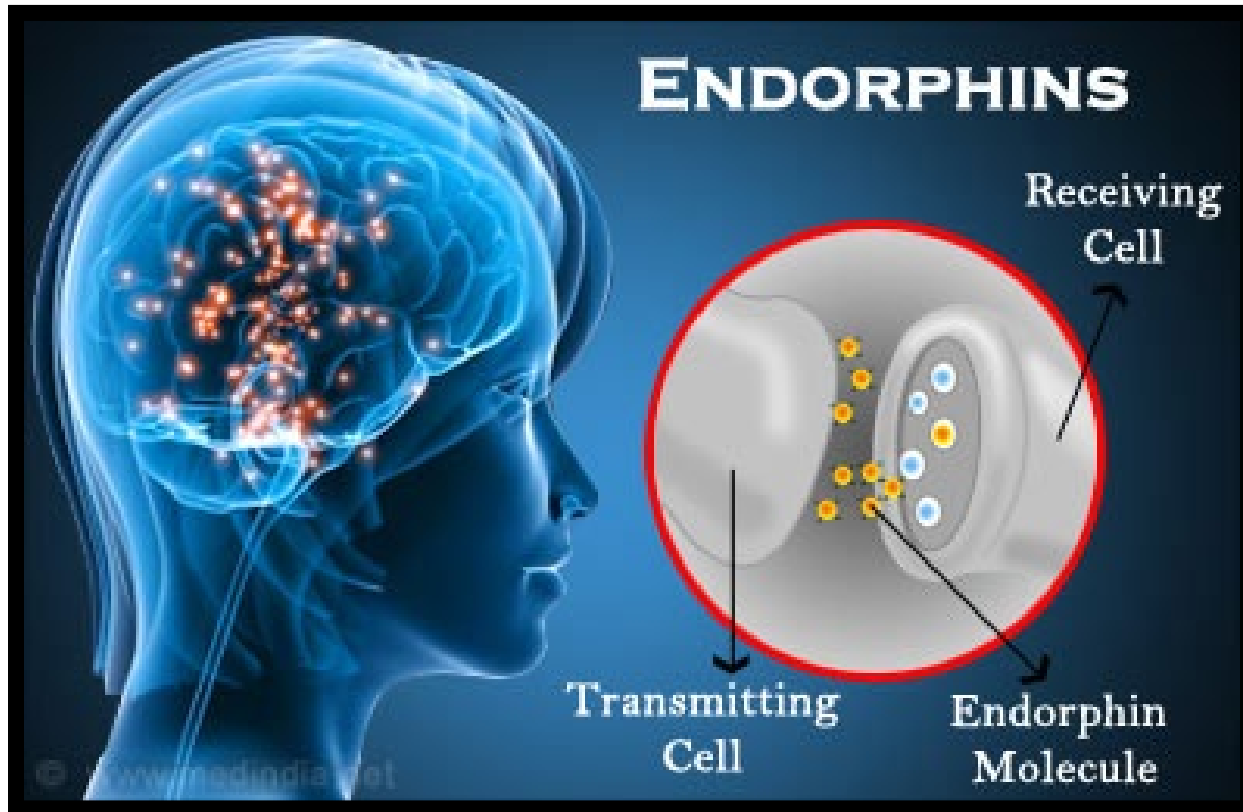


PTSD



# VICTIMIZATION CONNECTING TO SUBSTANCE USE

## The Science of Substance Use As a Coping Mechanism



When an individual experiences a traumatic event, their brain produces **endorphins** — **neurotransmitters** that reduce pain and create a sense of well-being — as a way of coping with the stress of the moment.

# **VICTIMIZATION CONNECTING TO SUBSTANCE USE**

## **The Science Of Substance Use As A Coping Mechanism**

When the event is over, the body experiences an endorphin withdrawal, which has some of the same symptoms as withdrawal from drugs or alcohol:

- Anxiety
- Depression
- Emotional distress
- Physical pain
- Increased cravings for alcohol or drugs

# **VICTIMIZATION CONNECTING TO SUBSTANCE USE**

## **The Science Of Substance Use As A Coping Mechanism**

According to *Alcohol Research & Health*, many of those with PTSD will turn to alcohol as a means of replacing the feelings brought on by the brain's naturally produced endorphins.

**THE POSITIVE EFFECTS OF USE ARE ONLY TEMPORARY**

# SURVIVORS SPEAK



“I’ve known for 10 years that I had a serious problem with drug use, but I was not willing to give it up because that was my way of coping. The drug didn’t hurt as bad as reality”

# Substance Use Breakdown

**SUBSTANCE USE → TARGETED  
→ INCREASED VULNERABILITY**

People who perpetrate **violence** target their victims.  
This leads to **increased vulnerability** (easier to  
maintain power and control over a person)

# TACTIC OF ABUSE

## Alcohol: The ~~date~~ rape drug

**When a person drinks too much alcohol:**

- It's harder to think clearly.
- It's harder to set limits and make informed choices.
- It's harder to tell when a situation could be dangerous.
- It's harder to say "no" to sexual advances.
- It's harder to fight back if a sexual assault occurs.
- It's possible to blackout and to have memory loss.



# HOW SUBSTANCE USE INCREASES ~~VULNERABILITY~~ TARGETED VICTIMIZATION

## Factors:

- Cognitive impairments
- Loss of memory
- Lack of resources
- Lack of natural supports
- Not seen as credible
- Difficulty following through with tasks
- Physically unwell (Emaciated)
- Difficult to understand
  - Scattered thoughts
  - Slurred speech
- People are afraid/stigma/actively don't like them/hate them

# HOW SUBSTANCE USE INCREASES ~~VULNERABILITY~~ TARGETED VICTIMIZATION

## Factors:

- Inability to control emotions (dysregulation)
- Discarded by society (Abuser there when no one else is)
- May not be able to describe experience
- May not immediately grasp meaning of what they hear, may catch meaning every third word, may feel unable to ask you to slow down
- Reading comprehension is often low
- May have trouble expressing themselves
- Note: hyperactivity, tactile defensiveness, impulsivity, rigidity (may be hard for them to transition from one thing to the next)

# HOW SUBSTANCE USE MAKES GETTING HELP HARD

**75%** of men and **55%** of women involved in acquaintance rapes reported using alcohol or other drugs prior to the incident

## As a result...

- Automatically distrustful of law enforcement because of their drug/alcohol use. And less likely to be believed.
- More likely to lie about drug use
- People who use drugs are more likely to end up in situations “out of their control”
  - strange people
  - strange places
  - unsubstantiated trust in individuals

**Regardless of the  
situation and the  
substance use,  
NO ONE DESERVES  
TO BE SEXUALLY  
ASSAULTED!**



# GETTING HELP IS HARD

- Compulsive use/withdrawal symptoms may make it difficult to access shelter, advocacy, or other forms of help and services
- A person in recovery may find the stress of securing safety leads to relapse
- If the person is using or has used in the past, they may not be believed

# SURVIVORS SPEAK

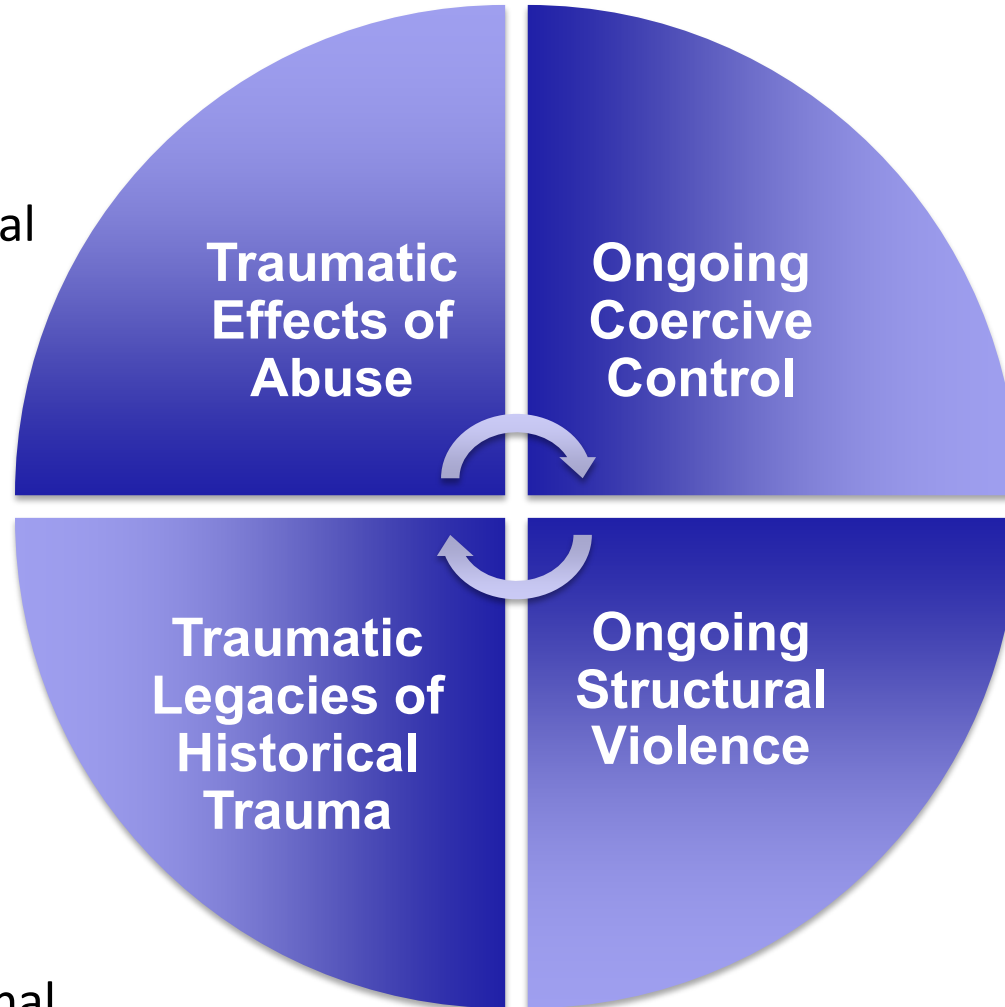


“Somebody wanted to show me support, listen to me, not yell at me, not scream at me, just look at some options instead of that. Through them showing love to me, I began to love myself. I didn’t deserve the punishment I was giving myself for all that had happened in my life. The continuous bad relationships, continuous abusing the drugs, and shame and the guilt I felt from all that. I deserved better. It was also OK to heal from all that”

# Intersections of Trauma, Substance Use Disorder, and Mental Health in a Broader Social Context

---

- Health
- Mental Health/Suicide
- Substance Use
- Intergenerational
- Interpersonal
- Economic



- Undermining Sanity and Recovery
- Jeopardizing health and wellbeing
- Controlling Access to Resources

- Health and MH
- Economic
- Social
- Cultural and Spiritual
- Environmental
- Transgenerational

- Policies that perpetuate structural violence & discrimination

# QUESTION: Why is dehumanization and violence so closely connected?

## Answer:

- As social creatures, we're wired to empathize with our fellow human beings, and we get uncomfortable when we see someone suffering.
- Once someone is dehumanized, we usually deny them the consideration, compassion and empathy that we typically give other people.





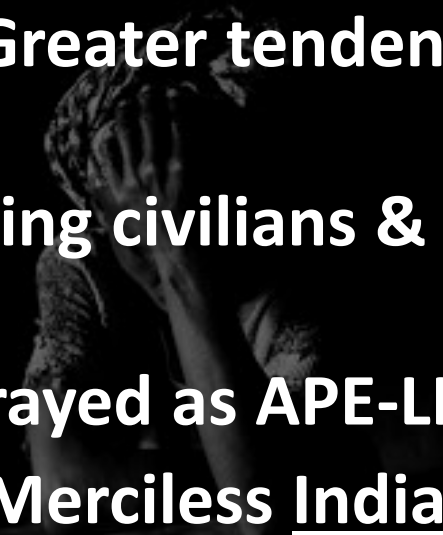
# The Science

**Dehumanization** can even affect our brains:

When we look at people we've dehumanized, there's less activity in the medial prefrontal cortex, which is the area of the brain responsible for social processing.



# The Cruel Practices of Using Language To Dehumanize Others

- Holocaust, Jews ..... “VERMIN”
  - Rwandan genocide, Tutsis ..... “COCKROACHES”
  - Associating women to animals ..... Greater tendency to SEXUALLY HARASS & ASSAULT
  - Arabian people ..... TORTURE, targeting civilians & even bombing entire countries.
  - African American people ..... Portrayed as APE-LIKE
  - Declaration of Independence ..... Merciless Indian SAVAGES
  - Immigrants ..... RAPIST, DRUG DEALER, INFESTATION
- 

# Dehumanization

When you hear the word "**ADDICT**," what thoughts, images, or feelings come to mind?

Consider the stereotypes, emotions, and assumptions that might be associated with this term.

# What words did you think of?

Doper

Tweaker

Fiend

Dopehead

Druggie

Crackhead

Addict

Gross

Disgusting

Lazy

addiction

Stupid

Speed  
Freak

person health woman trouble stress network alcohol medicine sadness loneliness sick addicted overdose help internet technology  
craving danger girl phone heroin teenager depression social people despair adult cellphone  
illness pain young drug intoxication communication depressed lifestyles dependency  
lifestyle alone concept mobile healthcare adolescence man dependent narcotic crime social people despair adult cellphone  
smartphone smartphone alone concept mobile healthcare adolescence man dependent narcotic crime social people despair adult cellphone  
problem

Cokehead

Dirty  
Burnout

Liar

Worthless

Dangerous

Freak

Drunk

Criminal

Selfish

Junkie

Bad Person

Pothead

Untrustworthy

**When people become things,  
the logic follows, they become  
dispensable, and any atrocity  
can be justified.**

**Two main factors that place stigma on a person:**

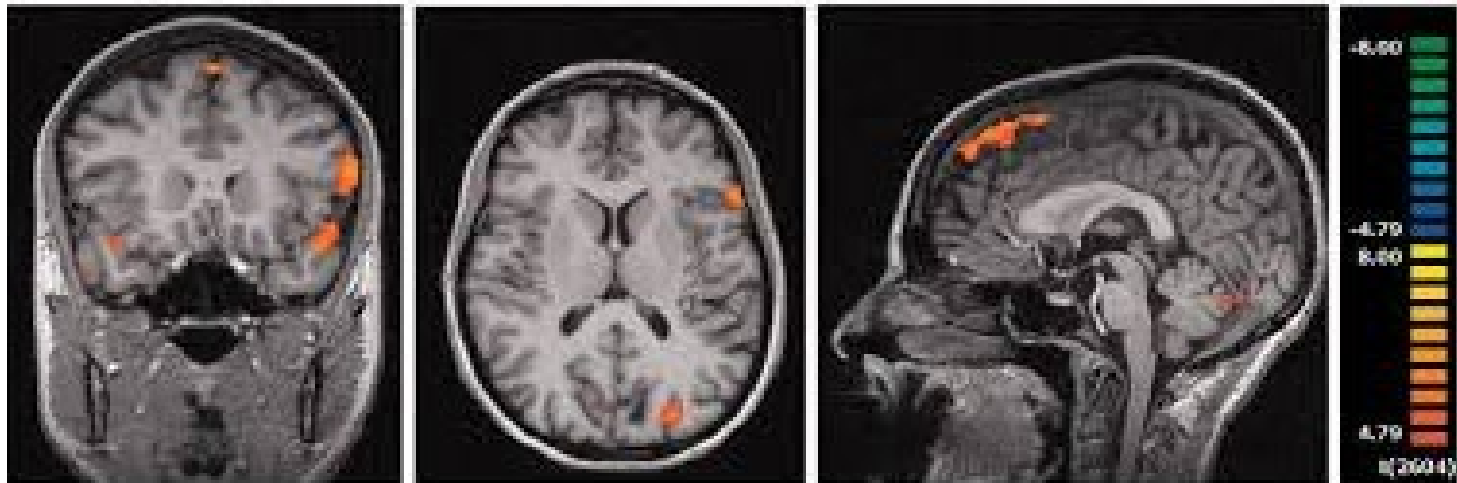
**1.) Perceived control** that a person has over the condition and

**2.) Perceived fault** in acquiring the condition.

**EMOTIONAL AND PHYSICAL PAIN  
Activate SIMILAR BRAIN REGIONS**

**Shame, rejection, and emotional pain HURT**

**YOUR BRAIN ON SHAME**



# ADDICTION IS A SAFETY ISSUE AND ANTI-OPPRESSION WORK



It is **VITAL** for us to consider addressing

**ADDICTION** both as

**A SAFETY ISSUE** and **ANTI-OPPRESSION WORK**





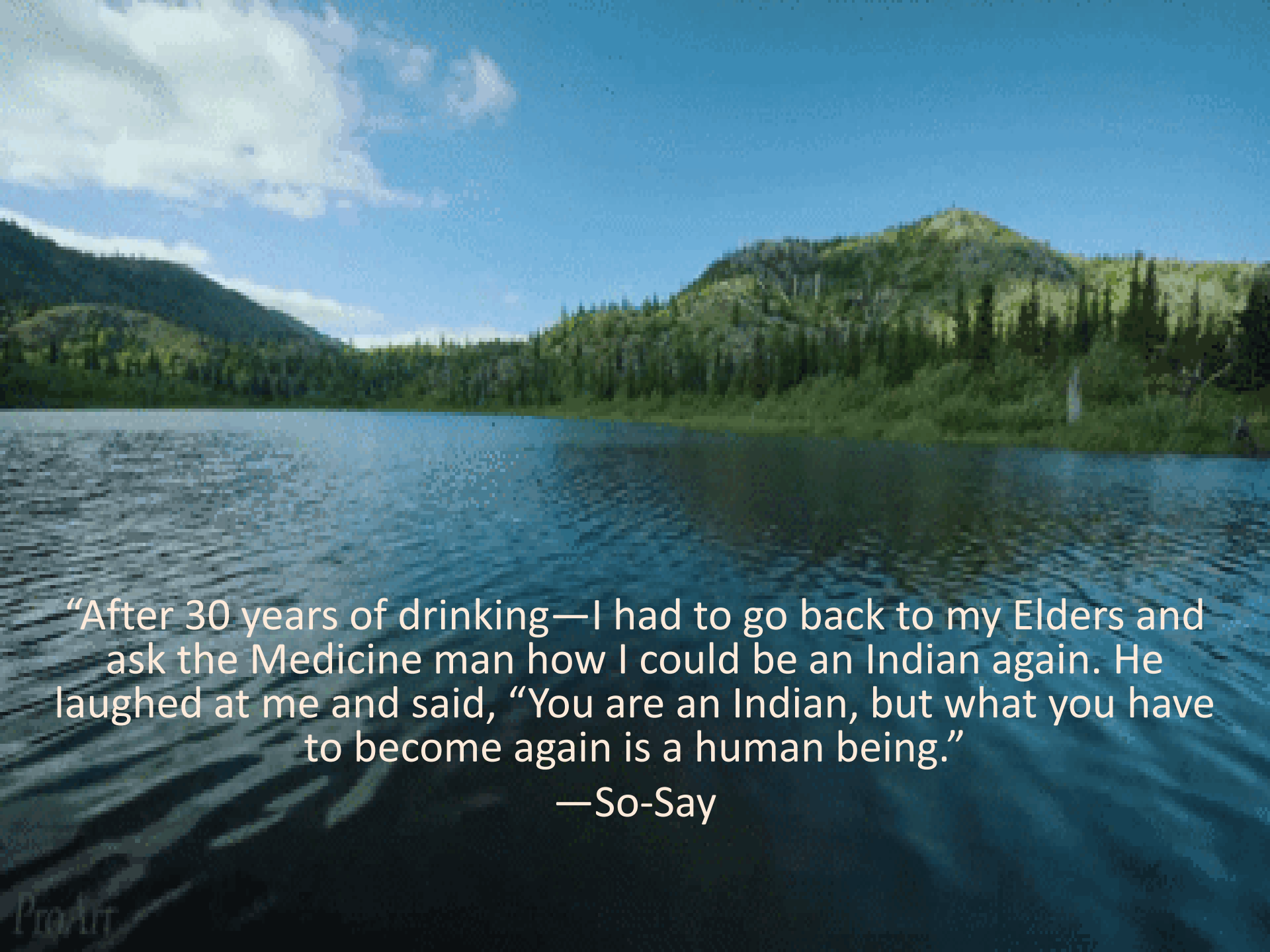
**RECOVER**

**“We must make services as easy to access as alcohol and fentanyl!”**

# Takeaways

- People use drugs and alcohol to survive
- Drugs and alcohol are a weapon for abuse
- People experiencing violence want and need integrated services. Knowledge is power.
- Trauma-informed services require collaboration amongst disciplines, integration of curriculum, and activities that build inclusivity, trust, and support.

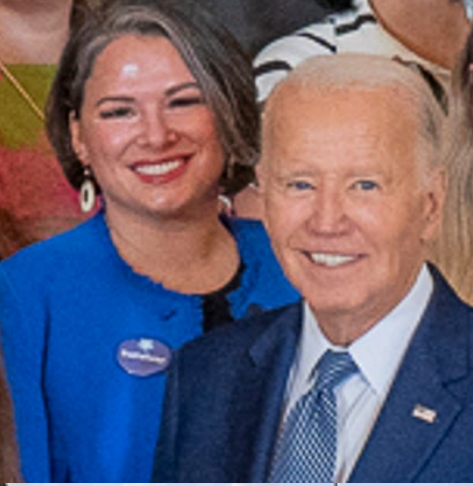




“After 30 years of drinking—I had to go back to my Elders and ask the Medicine man how I could be an Indian again. He laughed at me and said, “You are an Indian, but what you have to become again is a human being.”

—So-Say

# Unipkaaqtuat ,Qulirat, At.oow, Qaqamaġax, Storytelling



Q & A

**Please ask any questions or offer  
any comment!**

**CHRISTINA LOVE**  
(SHE/HER)

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# Learn More

## Advocacy Training:

- Domestic Violence 101
- Sexual Assault 101
- Trafficking 101
- Addiction 101
- Substance Use & Mental Health Coercion
- The Science Of Trauma
- Advocacy In Rural Communities
- The Role Of An Advocate
- Crisis Calls
- Safety Planning In Rural Alaska
- History Of The Movement
- How To Respond To Mental Health & Substance Use Challenges
- How We Heal

## Community & Partner Trainings:

- Understanding & Strengthening Families Protective Factors
- Climate Crisis & The Connection To DV,SA, Trafficking
- The Root Cause Of Violence In Alaska
- Cultural Responsiveness
- Community Collaboration
- Trauma Informed Care To Healing Centered Engagement
- Successful Integrated Services
- Policy & Practice Transformation
- Centering Lived Experience
- Reentry & Incarceration
- Diversity, Equity, Inclusion & Accessibility
- Harm Reduction
- Community Healing
- Organizational Transformation
- Peer Support In Rural Alaska