

Note from the Planning Committee

Thank you so much for participating in this CME Activity! Please ensure that your presentation meets the following requirements:

- ☀ Includes a disclosure for every presenter
- ☀ Is free from commercial bias (uses generic rather than trade names, no logos, balanced discussion of therapeutic options)
- ☀ Uses language that is inclusive of all members of the health care team and is non-stigmatizing (eg, “provider” or “clinician” instead of “physician” and “patient” instead of “addict”)
- ☀ Uses 20 point font or higher for all content (except for references)

This slide should be hidden/deleted before the presentation.

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Stories of Our Ancestors: The impact of Culture, Race, Trauma on Substance Use Disorders

Carolyn Coker Ross, MD, MPH, CEDS-S

ASAM 2022



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Disclosure Information

Carolyn Coker Ross, MD, MPH, CEDS-S

April 3, 2022

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☀ Nothing to Disclose



Learning Objectives (Suggested)

At the end of the presentation, attendees will:

- ☀ Be able to describe research that demonstrates the impact of trauma on brain development and health risks later in life
- ☀ Understand the racial underpinnings of the lived experiences of BIPOC clients and communities
- ☀ Identify ways to explore the lived experience of BIPOC clients and be able to connect with cultural norms and values
- ☀ Be more aware of bias in the treatment of addictions and how clinicians help promote equity for their clients.



HOUSEKEEPING

Terms used in presentation

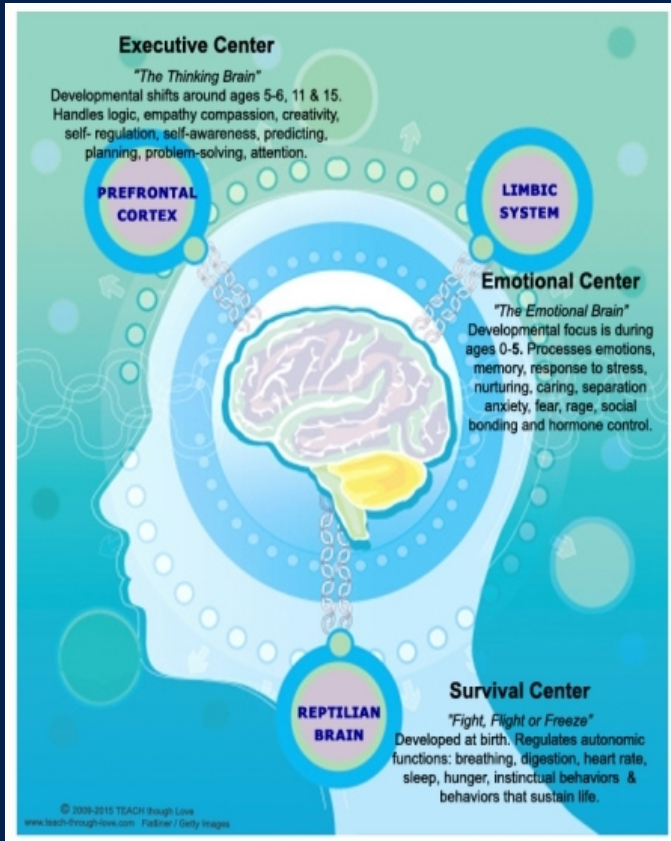
BIPOC – Black/ Indigenous /People of Color

African American / Black

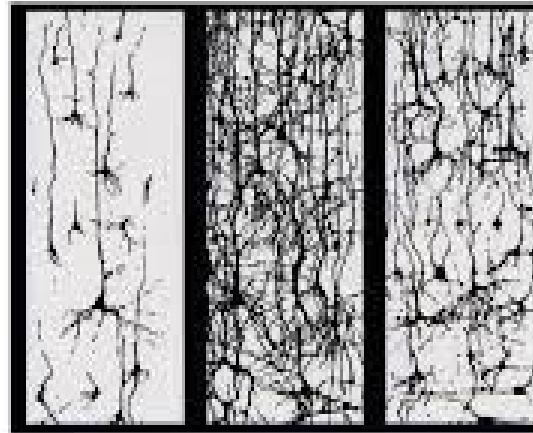


- ☀️ Trauma in a person, decontextualized over time, looks like personality.
- ☀️ Trauma in a family, decontextualized over time, looks like family traits.
- ☀️ Trauma in a people decontextualized over time looks like culture.
 - ☀️ Resmaa Menakem

Brain Development



Experience Shapes Brain Architecture by Over-Production Followed by Pruning



birth 6 years 14 years

Chugani, H.T. Synaptic Density. [Drawing]. In R. Shore, *Rethinking the Brain: New Insights into Early Development* (p. 20). New York: Families and Work Institute, 1997.

Children's brains are shaped by what they do slowly and repeatedly over time. If they don't have the chance to practice coping with small risks and dealing with the consequences of those choices, they won't be well prepared for making larger and far more consequential decisions."

Although experience may alter the behavior of an adult, experience literally provides the organizing framework for an infant and child.

- ★ Bruce D. Perry, [The Boy Who Was Raised As a Dog: And Other Stories from a Child Psychiatrist's Notebook](#)

Brain Development

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Stress in Childhood

Stress is a natural & inevitable part of childhood, but the TYPE of stress can make a difference in the impact on a child's brain & body.

“STRESS is a mental, physical or biochemical response to a perceived threat or demand”

Positive Stress

Mild stress in the context of good attachment



Temporary, mild elevation in stress hormones & brief increase in heart rate

No buffering



support necessary

Increased **RESILIENCE** and confidence
Development of coping skills



www.70-30.org.uk
@7030Campaign

Tolerable Stress

Serious, temporary stress, buffered by supportive relationships



More severe, continuing cardiovascular and hormonal response

Presence of



buffering caring adult

Adaption and recovery with some possibility for physical/emotional damage



Toxic Stress

Prolonged activation of stress response system without protection

Prolonged activation of stress response system & disrupted development of brain and immune system



No adult



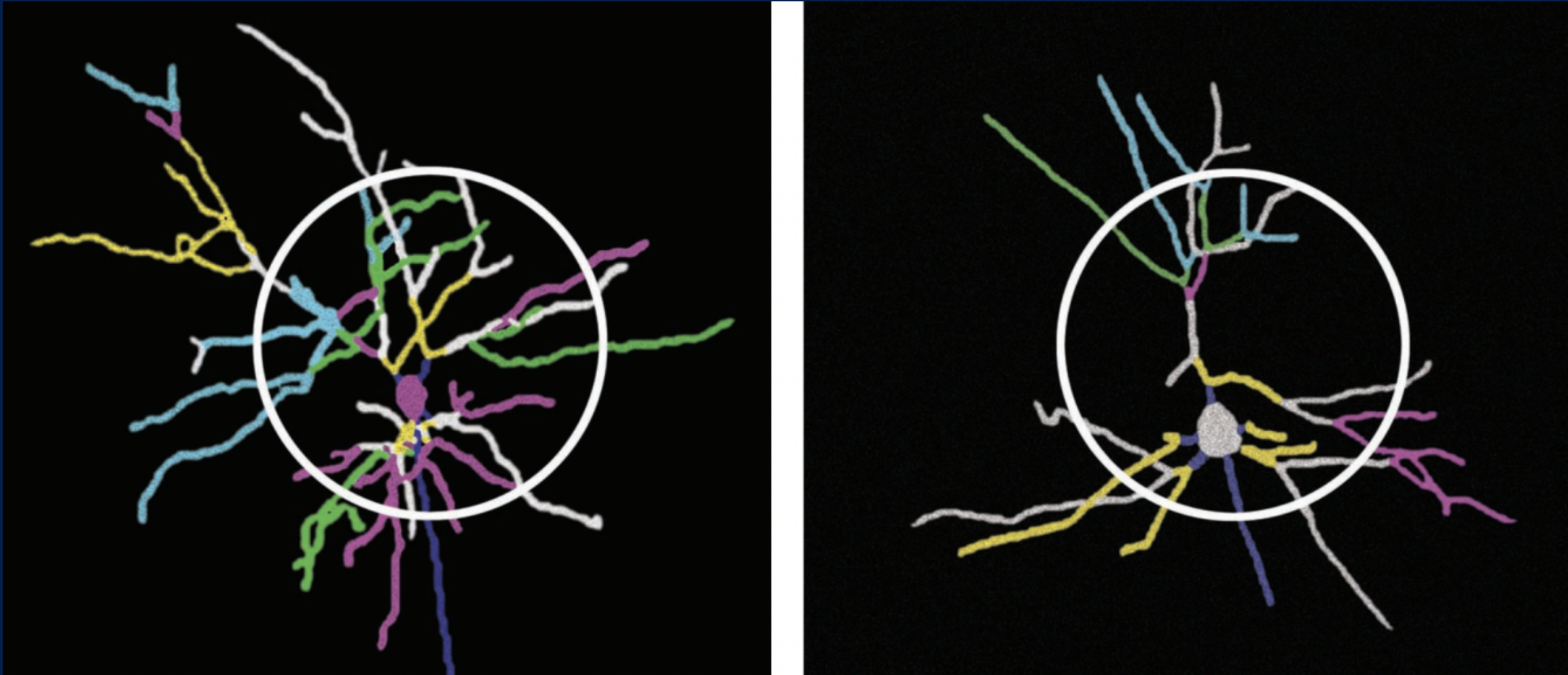
buffers

Lifelong consequences:

- Heart disease
- Alcoholism
- Memory & learning difficulties
- Anxiety/depression
- Cancer



Toxic Stress



<https://www.bestbeginningsalaska.org/wp-content/uploads/Core-Concepts-in-the-Science-of-Early-Childhood-Development.pdf>

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Attachment and the Brain



- ★ Early social environment directly impacts the limbic system, **responsible for learning, memory and coping with stress**
- ★ Attachment insecurity mediates the relationship between childhood trauma **and addiction psychopathology**
 - ★ Tasca, et al., 2013
- ★ Attachment insecurity can be seen as a general vulnerability to mental disorders
 - ★ Giliath, 2019

Attachment Styles

Attachment styles	% of sample (also generalized to represent U.S. population)	The child's general state of being	Mother's responsiveness to her child's signals and needs	Fulfillment of the child's needs (why the child acts the way it does)
Secure Attachment	65%	Secure, explorative, happy	Quick, sensitive, consistent	Believes and trusts that his/her needs will be met
Avoidant Attachment	20%	Not very explorative, emotionally distant	Distant, disengaged	Subconsciously believes that his/her needs probably won't be met
Ambivalent Attachment	10-15%	Anxious, insecure, angry	Inconsistent; sometimes sensitive, sometimes neglectful	Cannot rely on his/her needs being met
Disorganized Attachment	10-15%	Depressed, angry, completely passive, nonresponsive	Extreme, erratic: Frightened or frightening, passive or intrusive	Severely confused with no strategy to have his/her needs met

☀️ Fearful Avoidant attachment – associated with SUD and predictive of severity

☀️ Schindler, et al. 2007

☀️ Insecure attachment is a risk factor for SUD and ongoing SUD impairs future relationships

☀️ Schindler, 2019

The Pair of ACEs

Adverse Childhood Experiences

Maternal
Depression

Physical &
Emotional Neglect

Emotional &
Sexual Abuse

Divorce

Substance
Abuse

Mental Illness

Domestic Violence

Homelessness

Incarceration

Adverse Community Environments

Poverty

Violence

Discrimination

Poor Housing
Quality &
Affordability

Community
Disruption

Lack of Opportunity, Economic
Mobility & Social Capital

Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

PHYSICAL & MENTAL HEALTH



Severe obesity



Diabetes



Depression



Suicide attempts



STDs



Heart disease



Cancer



Stroke



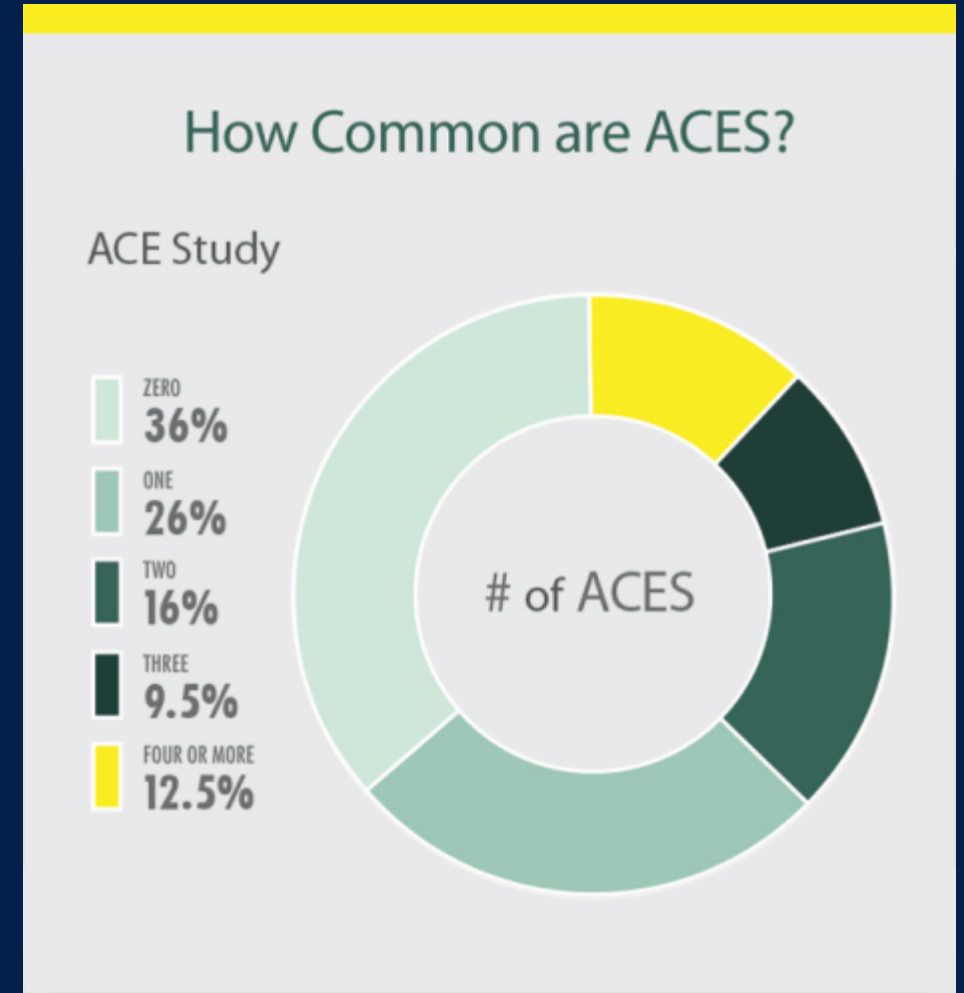
COPD



Broken bones

ACEs are More Common in BIPOC

- ✦ Across all racial groups, **black and Hispanic** children were exposed to **more adversities** than white children in the US
 - ✦ Income disparities in exposure were larger than racial disparities (Slopen et al., 2016)
- ✦ **61% of black children and 51 % of LatinX** children have experienced at least one adversity, compared with 40 % of white children and only 23% of Asian children.

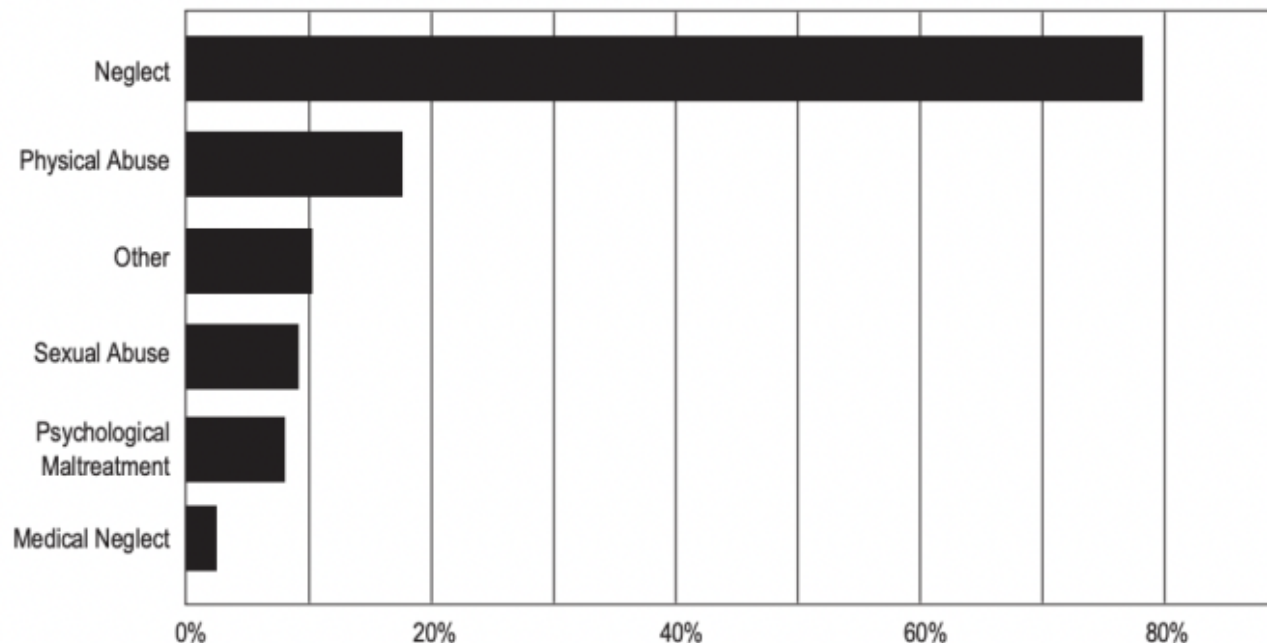


Neglect

State welfare systems typically define neglect in the categories of:

- ☀ Physical or supervisory oversight
- ☀ Psychological neglect
- ☀ Medical neglect
- ☀ Educational neglect

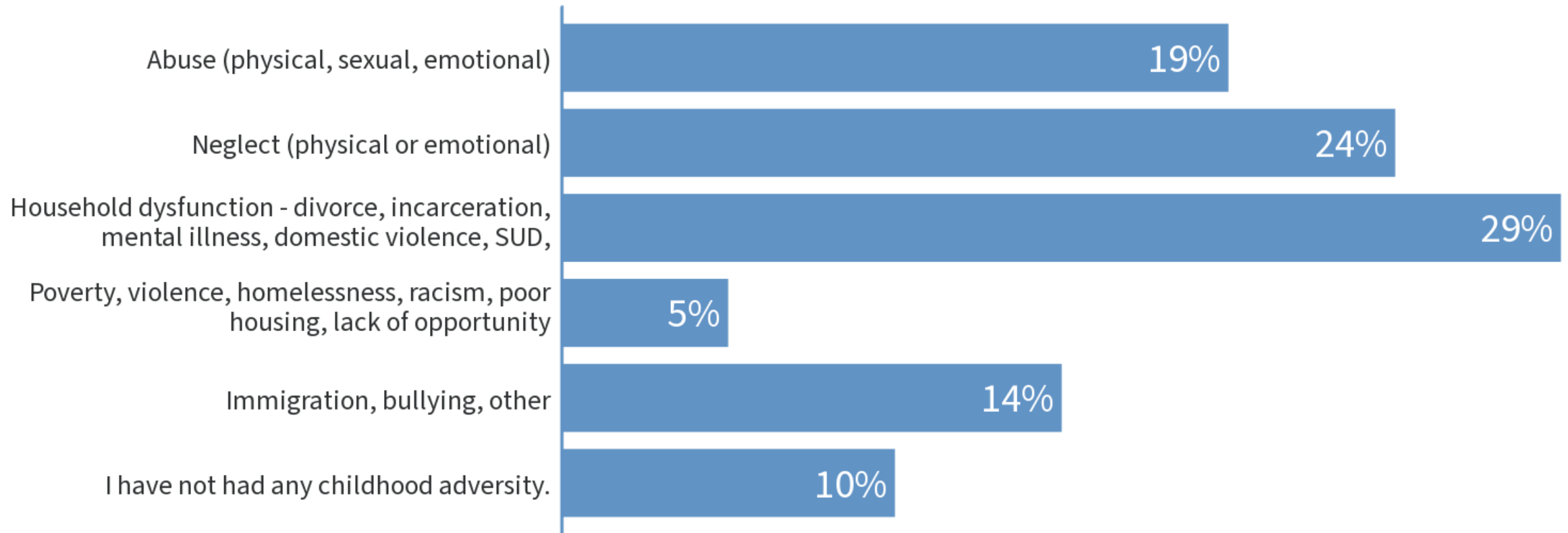
Figure 2. Neglect is the Most Prevalent Form of Child Maltreatment



Note: Each state defines the types of child abuse and neglect in its own statute and policy, guided by federal standards, and establishes the level of evidence needed to substantiate a report of maltreatment. The data above, from the National Child Abuse and Neglect Data System (NCANDS), reflects the total number of victims (defined as a child for whom the state determined at least one report of maltreatment was found to be substantiated or indicated) as reported by all 50 states, the District of Columbia, and Puerto Rico, between Oct. 1, 2009, and Sept. 30, 2010. "Other" includes abandonment, threats of harm, and drug addiction. Graphic courtesy of the Center on the Developing Child at Harvard University. Data source: U.S. Department of Health and Human Services. <http://developingchild.harvard.edu>



What **CHILDHOOD** adversity have you experienced? (you can list more than one) -(responses are anonymous)



Why understanding ACE's is important



Substance Use Disorders and Trauma

- ☀ Compared with people with 0 ACEs, people with ≥ 5 ACEs were 7- to 10-fold more likely to report illicit drug use problems, addiction to illicit drugs, and parenteral drug use. (Dube, et al. 2003)
- ☀ Farley et al. (2004) – **89% of clients seeking treatment for SUD** had at least one traumatic experience:
- ☀ Gielen et al. (2012) – found **significantly higher trauma and PTSD in individuals with SUD** vs. those without. Clinicians did not often recognize or screen for trauma
- ☀ **Prevalence of PTSD in SUD clients is 3 X higher** than in gen pop (25-49% (Driessen et al., [2008](#)))
- ☀ **Poorer outcomes in SUD if PTSD is left untreated** (Mills et al. [2005](#))

Women seeking treatment

☀ 9 out of 10 reported at least one type of childhood trauma

☀ Lotzin, et al. 2019

☀ In a sample of community women with SUD

☀ 60% - sexual abuse

☀ 55% - physical abuse

☀ 46% - emotional abuse

☀ 83% - emotional neglect

☀ 59% - physical neglect

☀ Medrano, et al. 1999

PTSD and SUD

- ✦ In individuals seeking treatment for SUDs, 30-50% meet criteria for PTSD
- ✦ Individuals with PTSD are 2-4 times more likely to have SUD in their lifetime than those without PTSD
- ✦ Those with SUD and untreated PTSD have:
 - ✦ Poorer outcomes
 - ✦ Increased physical health problems
 - ✦ Poorer social functioning
 - ✦ Higher rates of suicide attempts
 - ✦ More legal problems
 - ✦ Increased risk of violence
 - ✦ Worse treatment adherence
 - ✦ Less improvement during treatment

Brady, et al. 2021



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Types of Trauma

Individual - ACE's

Historical

Intergenerational

Race-based traumatic
stress

Definitions

- ☀ **Intergenerational trauma** is a psychological term which asserts that trauma can be transferred in between generations. intergenerational trauma refers to the specific experience of trauma across familial generations, but does not necessarily imply a shared group trauma
- ☀ **Historical trauma** is multigenerational trauma experienced by a specific cultural, racial or ethnic group. It is related to major events that oppressed a particular group of people because of their status as oppressed, such as slavery, the Holocaust, forced migration, and the violent colonization of Native Americans.
- ☀ **Race based traumatic stress:** Racial trauma, or race-based traumatic stress (RBTS), refers to the mental and emotional injury caused by encounters with racial bias and ethnic discrimination, racism, and hate crimes

Intergenerational Trauma

- ☀️ The intergenerational effects of trauma occur via a variety of mechanisms.
- ☀️ These effects are exacerbated by exposure to **continuing high levels of stress and trauma**
- ☀️ Even where children are protected from the traumatic stories of their ancestors, the **effects of past traumas still impact on children**
 - ☀️ Zubrick, et al. 2005

Intergenerational Trauma Research

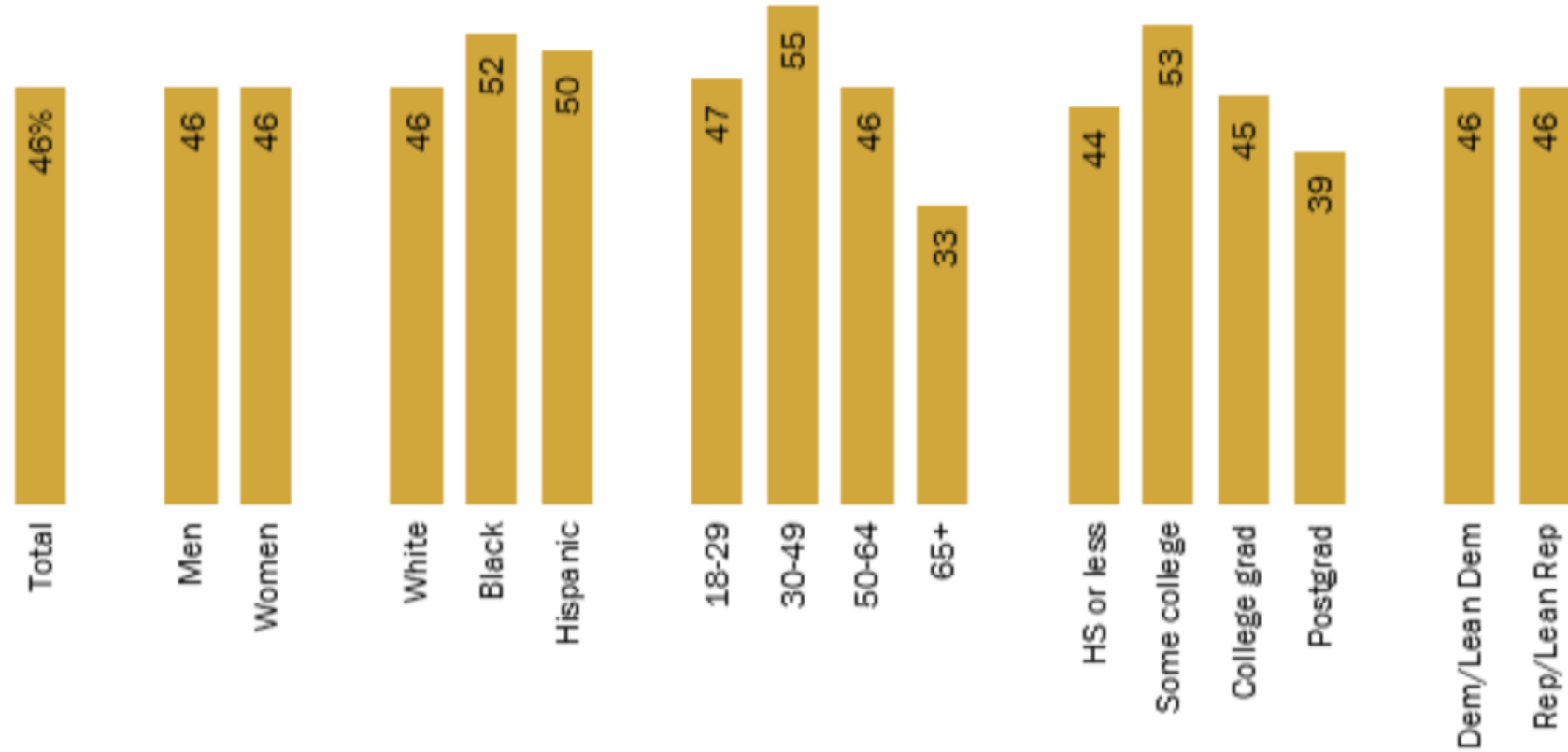
- ☀ Union Army Soldier study
 - ☀ Maternal nutrition
- ☀ Animal studies
- ☀ Racial Discrimination
- ☀ Methylation in offspring of Holocaust survivors

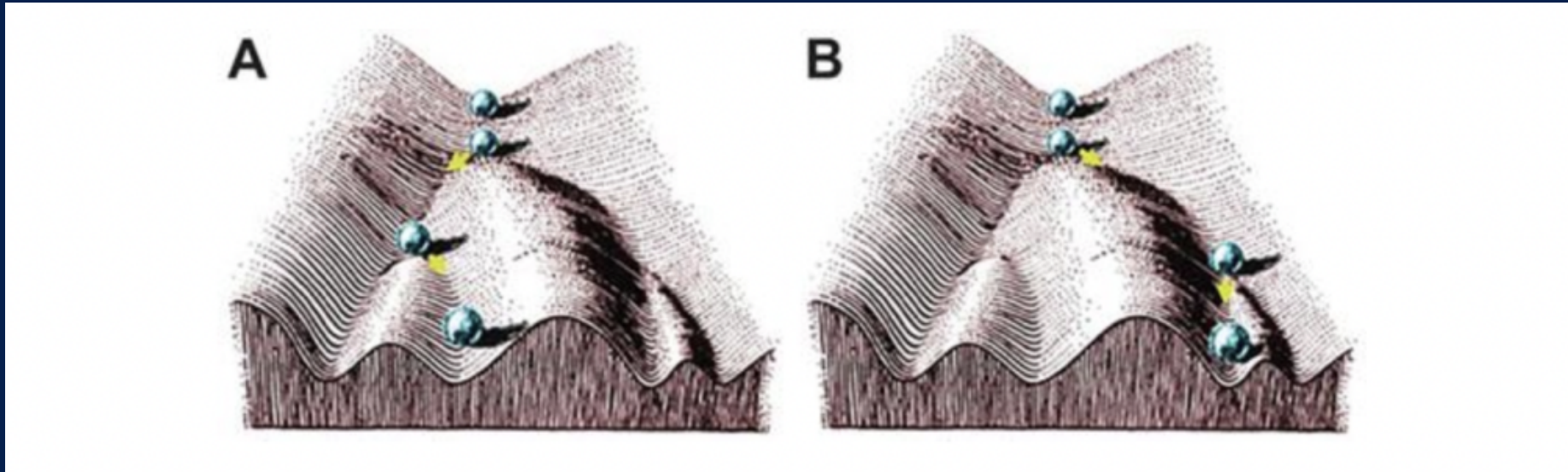
- ☀ The Atlantic.
<https://www.theatlantic.com/health/archive/2018/10/trauma-inherited-generations/573055/>

Intergenerational Trauma and Family Substance Use Disorder

Many Americans have a friend or family member with a current or past drug addiction

% of U.S. adults who say they have a family member or close friend who is or has been addicted to drugs (2017)





EPIGENETICS

Reflection Point

- ☀️ When did your ancestors come to the United States
 - ☀️ Did they come voluntarily or were they refugees, servants or enslaved people
 - ☀️ Did they come in search of a better life?
 - ☀️ Was there a community here to welcome them (relatives, friends)
 - ☀️ Did they speak English when they got here?
 - ☀️ What were their hopes and dreams?
 - ☀️ **How is this different from immigrant stories today?**
- ☀️ What traumatic events directly affected your mother? Your father? Your grandparents?

Historical Trauma



☀ Historical trauma requires 5 factors:

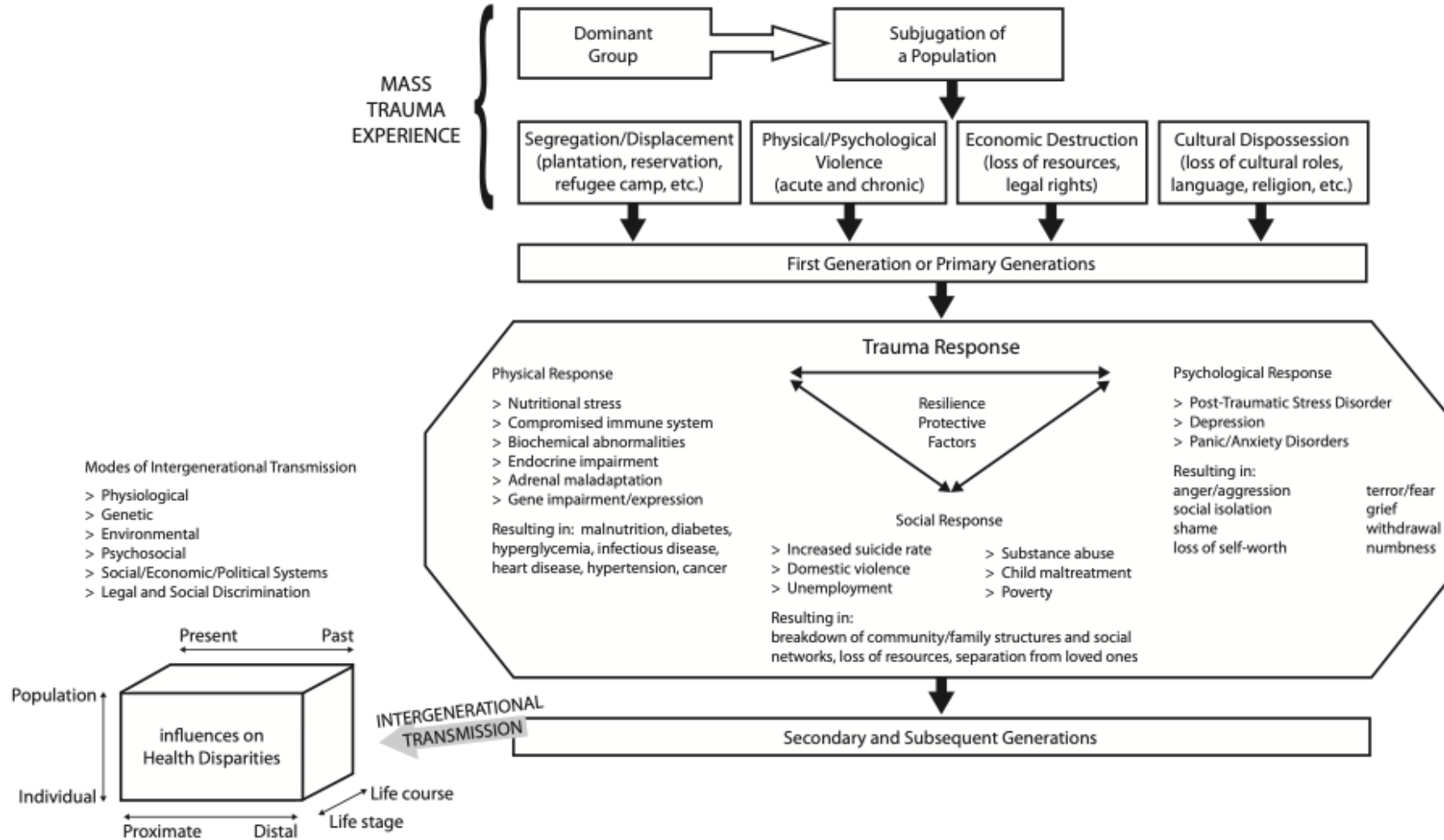
1. Trauma is deliberately and systematically inflicted on a target population by a subjugating, dominant population
2. Not a single event / continues over an extended period of time
3. The traumatic events result in collective suffering
4. Those inflicting the trauma do so with malicious intent
5. **The magnitude of the trauma derails the population**

O'Neill 2018

- ☀ Historical trauma affects a large population and is more complex than individual trauma → **results in a greater loss of identity and meaning**

Eyerman 2004

Figure 1. Conceptual Model of Historical Trauma



Studies on offspring of Holocaust survivors (OHS) = Neuroendocrine changes

- ✦ An epigenetic mark was found in the glucocorticoid receptor gene in a peripheral blood cell could be related to parental PTSD
- ✦ in offspring with only fathers with PTSD, GR gene methylation was elevated.

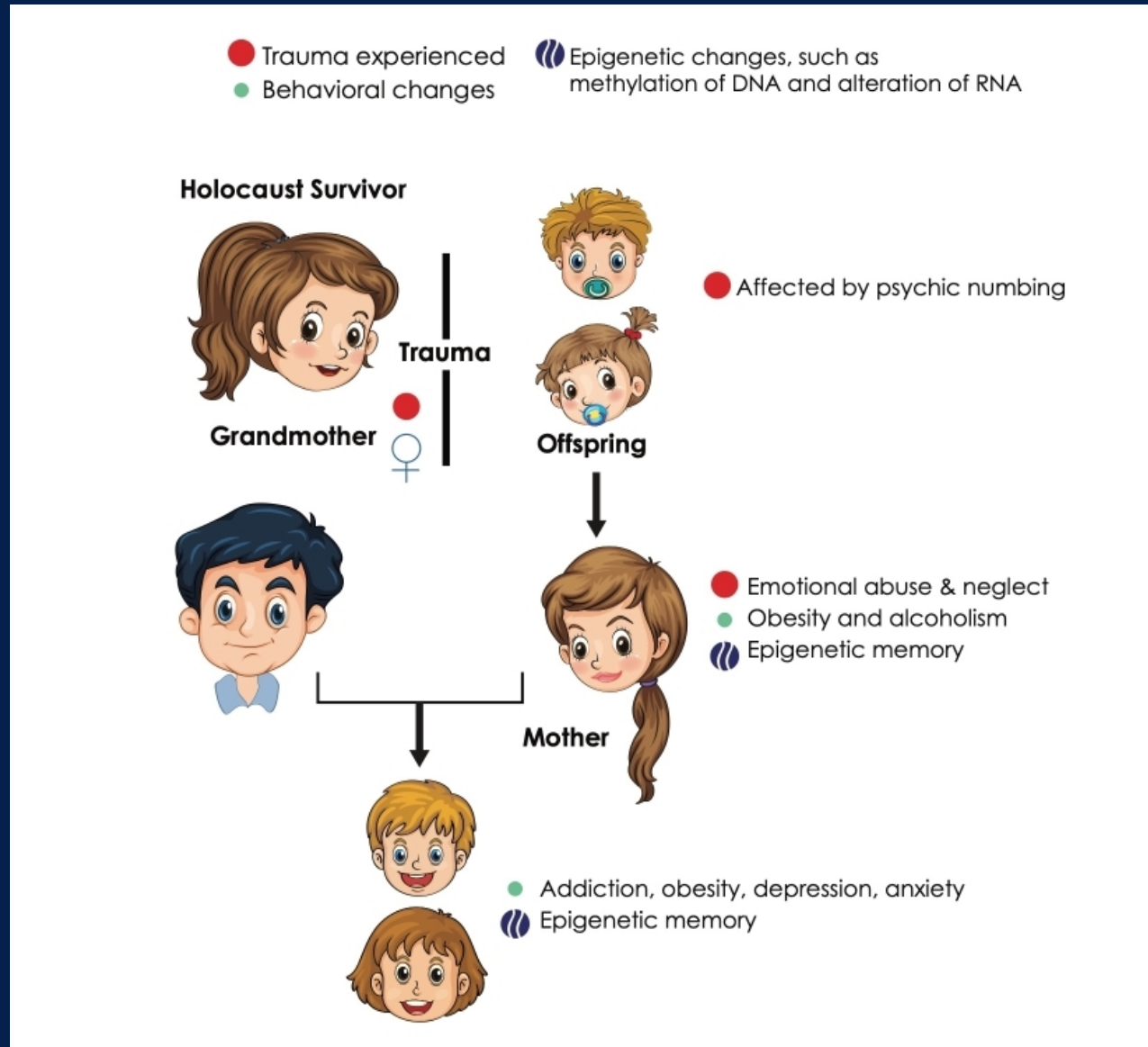
Offspring of Holocaust Survivors (OHS)

- Two comprehensive reviews reported that in non-clinical populations, offspring of Holocaust survivors did not demonstrate higher rates of psychopathology.
 - Studies did not take into account parental symptoms
 - When parental PTSD was taken into account, Holocaust offspring demonstrated **higher rates of PTSD in association with maternal PTSD, and higher rates of mood and anxiety disorders in association with PTSD in either parent**
 - Highlights the importance of persistent and disabling effects of the trauma exposure in a subset of survivors and its impact on offspring
 - Period of development in which survivors were exposed to trauma also has relevance (child, adolescence, etc.) and interval between exposure and conception

OHS STUDIES

- ☀ Holocaust survivors with PTSD – 50% recovery
- ☀ However, when faced with life-threatening medical conditions, Holocaust survivors responded with more distress and negative emotion than matched contrast patients
- ☀ When exposed to trauma, children of survivors are twice as likely as others to develop PTSD
 - ☀ Yehuda, Halligan, & Grossman, 2001
- ☀ When diagnosed with breast cancer, the second-generation women (OHS) responded with much more distress and psychiatric symptomatology than controls
- ☀ Some evidence that Holocaust survivors formed more anxious and less secure attachment with their children, and especially women survivors with their daughters
- ☀ Mothers (OHS) who are more Holocaust exposed have daughters who are more eating disordered.
 - ☀ Zohar, 2007

INTERGENERATIONAL TRAUMA



Japanese Internment

"I remembered some people who lived across the street from our home as we were being taken away. When I was a teenager, I had many after-dinner conversations with my father about our internment. He told me that after we were taken away, they came to our house and took everything. We were literally stripped clean." - George Takei



Historical Trauma – Native American

☀️ *“The cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experience.”*

☀️ Maria Yellow Horse Brave Heart



Boarding School Era

- ☀️ **“Kill the Indian, Save the Man”- 1900**
 - ☀️ Motto of the Carlisle School
 - ☀️ Sexual, manual, physical and mental abuse – highest in church-run schools
- ☀️ **Meriam Report – 1928**
 - ☀️ Widespread infectious diseases
 - ☀️ Malnutrition
 - ☀️ Overcrowding
 - ☀️ Poor sanitation
 - ☀️ Overwork
 - ☀️ Death rates = 6.5 times higher than for other ethnic groups
- ☀️ **Indian Child Welfare Act – 1978**

Native American / Alaska Native

- ☀️ **566 different tribal nations,** numerous different cultures and languages, and numerous different experiences of historical loss
- ☀️ **Lowest income, least education,** highest poverty level, and lowest life expectancy of any population
- ☀️ Native adults are at greater risk of experiencing psychological distress, and more likely to have poorer overall physical and mental health
- ☀️ Highest suicide rate
 - ☀️ **Suicide rate has increased 139% in women and 71% for men (vs. 33% for US) since 1999**
 - ☀️ CDC

Stories of Boarding School Survivors

 VIDEO



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Trauma in African Americans

History, despite its wrenching pain,
Cannot be unlived, but if faced
With courage, need not be lived again.

MAYA ANGELOU, ON THE PULSE OF MORNING



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Psychoanalysis' Refusal to Remember

☀️ “Refusal to remember, denial, disassociation and disavowal are all echoed in the absence of slavery from the trauma literature, and until recently, from psychoanalytic literature. Trauma literature gives attention to the Holocaust, floods, earthquakes, sexual abuse, rape, etc. but not to slavery and racism.”

☀️ The Intergenerational Trauma of Slavery and its Aftermath Graff, Gilda The Journal of Psychohistory; Winter 2014; 41, 3; ProQuest Central Essentials pg. 181

Mr. Fountain Hughes b. 1847



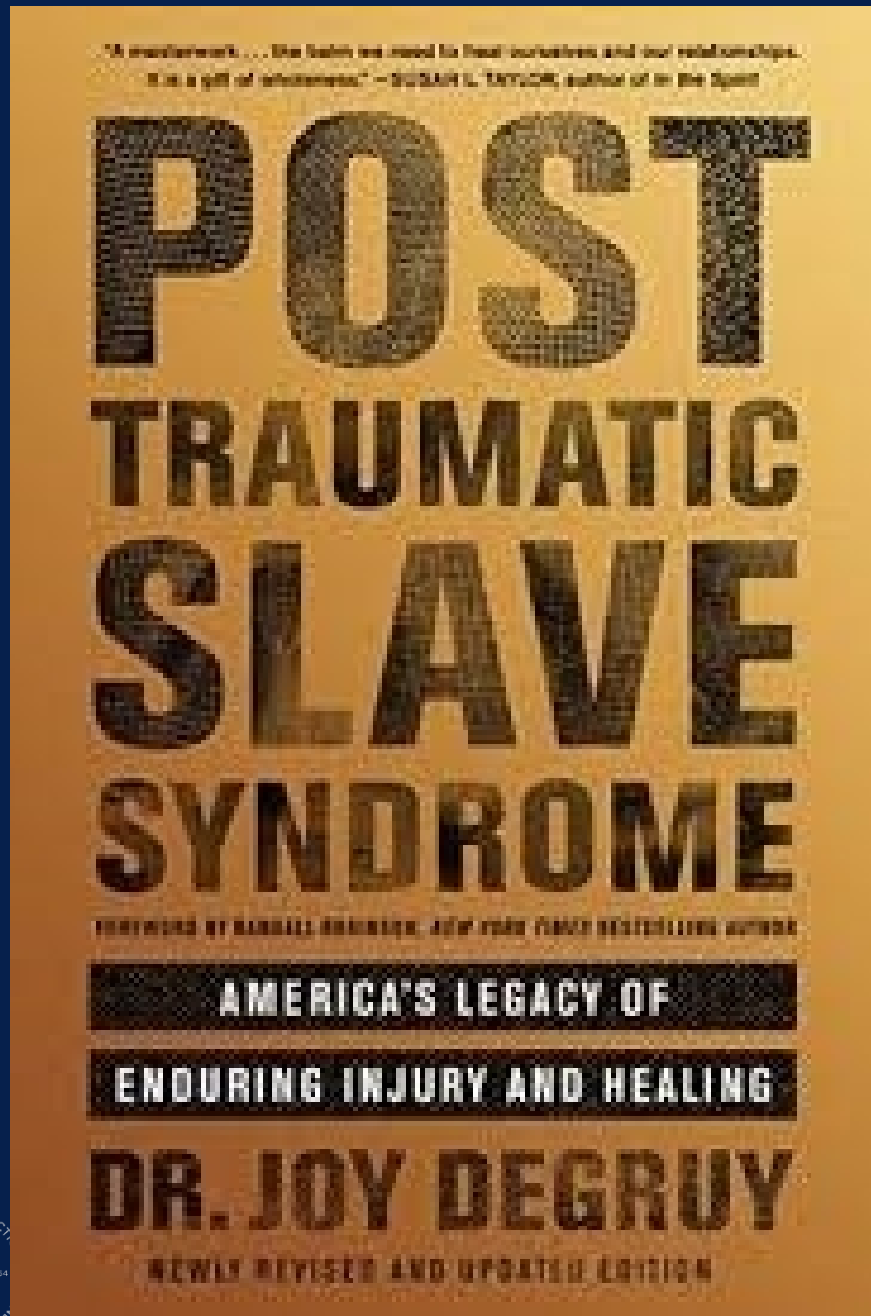
Fountain Hughes: Me? Which I'd rather be ? You know what I'd rather do? If I thought, had any idea, that I'd ever be a slave again, I'd take a gun and just end it all right away. Because you're nothing but a dog. You're not a thing but a dog

 De Gruy VIDEO



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Symptoms of Historical Trauma



- ☀ Suicide
- ☀ Depression
- ☀ Anxiety
- ☀ Substance use
- ☀ Loss of concentration
- ☀ Fear and distrust
- ☀ Violence
- ☀ Shame
- ☀ Anger
- ☀ Loss of sleep
- ☀ Isolation
- ☀ Discomfort around people

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But slavery is over, right?!

-
- The Civil Rights Movement struck down legal barriers, but failed to dismantle racial barriers. It ended the “violence of segregation,” but not the “violence of poverty”
 - Litwack, LF. 2009

Median Household Income and Race, 2013

Racial Differences in Income are Substantial:

1 dollar



White

1.15 dollar



Asian

70 cents



Hispanic

59 cents



Black

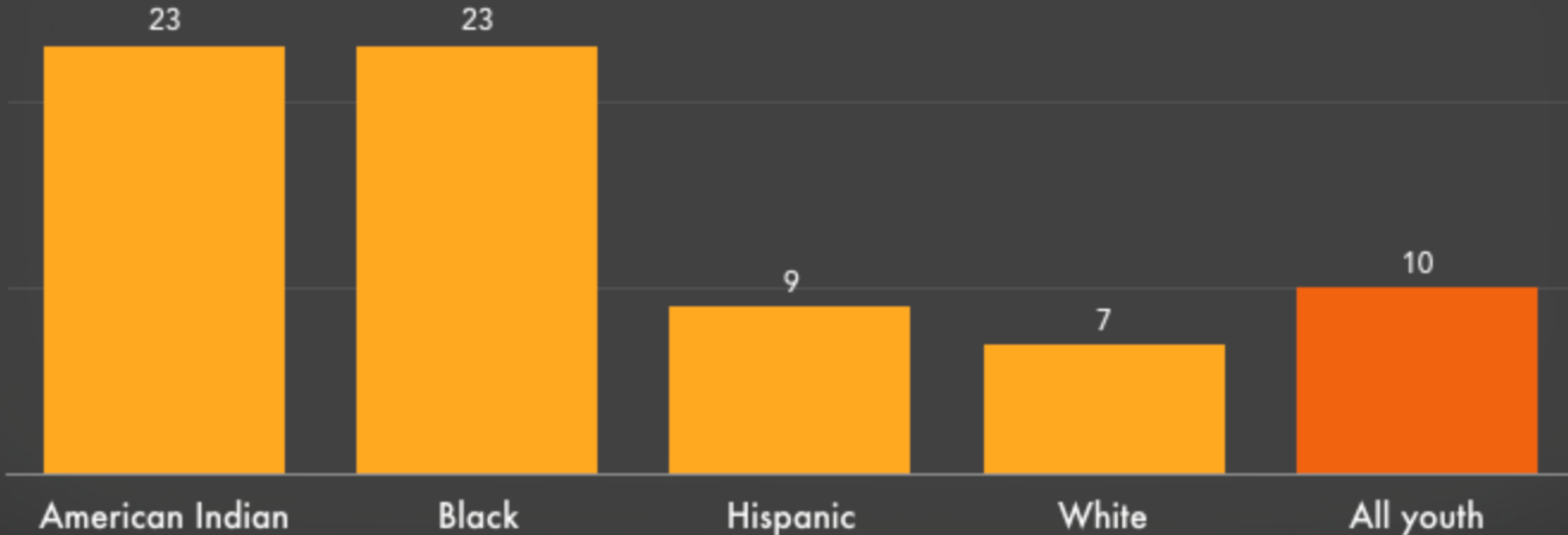
U.S. Census Bureau (DeNavas – Walt and Proctor 2014)

Blacks make up 13% of the US population but:

- ☀️ 30% of Black households have no husband present vs. 9% of white households
- ☀️ 27% of Blacks live below the poverty line vs. 10.8% of whites
- ☀️ Death rates for A-A is higher than for whites for heart disease, stroke, cancer, asthma, Flu, pneumonia, diabetes, COVID
- ☀️ A-A are less likely than the gen. pop. to be offered evidence-based medication therapy or psychotherapy
- ☀️ More frequently diagnosed with schizophrenia
- ☀️ Black people with schizophrenia, bipolar disorders or psychosis are more likely to be **incarcerated** than other races.

For the lowest level offenses, Black and American Indian youth are confined at rates over 3 times the rate of white youth

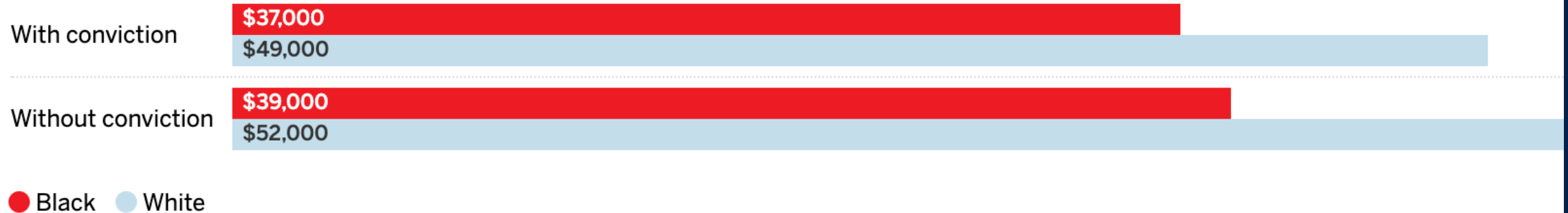
Number of youth 17 or younger, per 100,000, who were confined in juvenile facilities for technical violations of probation or for status offenses. These behaviors would not be considered violations were it not for the youths' age or probation status.



Sources: National Center for Juvenile Justice, *Easy Access to the Census of Juveniles in Residential Placement and Easy Access to Juvenile Populations* (2017 data)

FIGURE 5

Black People with No Criminal Record Earn Less Annually than Socioeconomically Similar White People with a Record

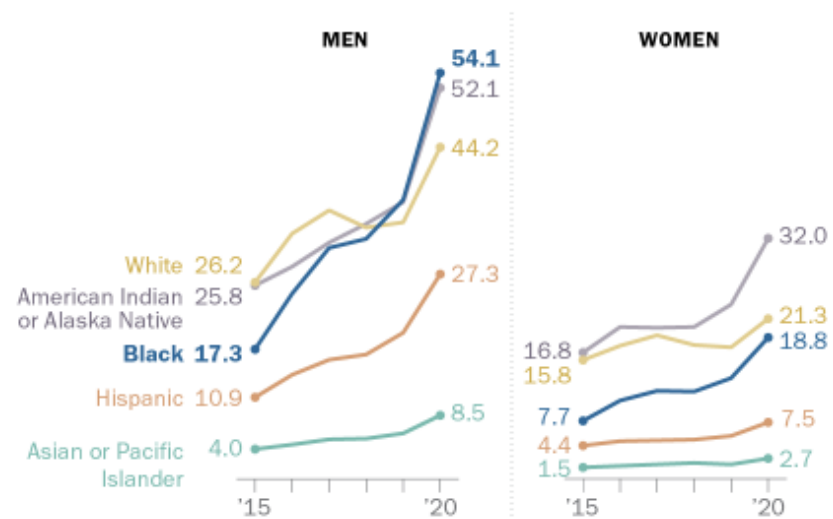


Source: Brennan Center analysis.

Covid-19 effects

Drug overdose death rate among Black men in the U.S. more than tripled between 2015 and 2020

U.S. drug overdose death rate per 100,000 people, by race and ethnicity (age-adjusted)

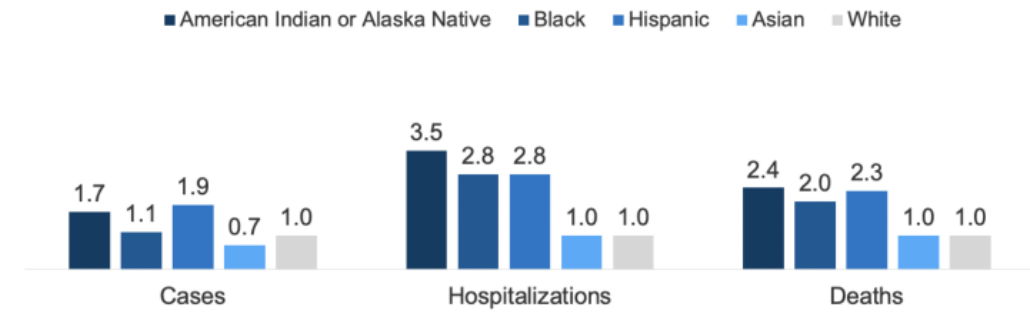


Note: All racial categories include people of one race, as well as those who are multiracial. For those who are multiracial, the CDC selects a single race to allow for consistent comparisons. All racial groups refer to non-Hispanic members of those groups, while Hispanics are of any race.

Source: Centers for Disease Control and Prevention.

PEW RESEARCH CENTER

Risk of Infection, Hospitalization, and Death compared to White People in the United States, Adjusted for Age



NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic.
SOURCE: CDC, Risk for COVID-19 Infection, Hospitalization, and Death by Race/Ethnicity, <https://cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>, accessed October 6, 2021.



Figure 2: Risk of Infection, Hospitalization, and Death compared to White People in the United States, Adjusted for Age

KKF -2021



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Trauma Informed (TIC) Care for SUDs

☀ Screening

☀ ACE quiz -

<http://www.odmhsas.org/picis/TrainingInfo/ACE.pdf>

☀ Screen for PTSD early in treatment – stratify by PTSD symptoms, severity of use

☀ Lopez Castro, et al. 2015

☀ Repeated staff training on trauma informed care, historical and intergenerational trauma, race-based trauma

☀ Treatment:

☀ TIC calls for a change in organizational culture where an emphasis is placed on understanding, respecting and appropriately responding to the effects of trauma at all levels.

☀ SAMHSA 2016

☀ Bloom, 2010

☀ TIC is not about treating symptoms

☀ Commit to repeated staff training on trauma informed care, historical and intergenerational trauma, immigrant trauma, war trauma, ACEs,

☀ Commit to training staff on race-based trauma and cultural sensitivity

Trauma Informed Care



Chart by the Institute on Trauma and Trauma-Informed Care (2015)

Final Takeaways/Summary

5 STEPS TO RECOVERY

SUPERFICIAL LEVEL OF BEHAVIORS:

Eating Disorders, Substance Use, Depression, Anxiety, Sexual Compulsivity, others.

1st

EMOTIONAL SOUP:

Shame, Fear, Anger, Joy, Guilt – Emotions in control of the person. Emotions are the fuel for behaviors.

2nd

SENSATE LEVEL:

The body sensations associated with emotions.

3rd

CORE BELIEFS:

Beliefs formed in the midst of intense emotion, often forgotten but unconsciously these beliefs continue to shape and drive behaviors.

4th

DEEPER URGES OF THE SOUL:

The authentic or true self which is camouflaged by all of the above. Your passion or bliss. Your soul's desire.

5th

THE
AnchorTM
PROCESS

Our historical traumas are intertwined in America

THE DREAM. THE JOURNEY. THE ARRIVAL.

Together we tell
the story.



Cultural Healing Exercise

1. What cultural practices do you use to support your own health and wellness? Do you consider the practices to be healing?
2. What assumptions do you bring to healing that may impact how you relate to others around this process?
3. How can you support the preservation of cultural traditions, languages, and practices of others?
4. How can knowledge about historical trauma inform the ways individuals/workplaces/communities /societies/cultures promote cultural healing?
5. In what ways can you support healing from historical trauma and microaggressions through connecting people, families, and/or communities?

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