

Appendix 2
Suggested Readings for
Chapter 2: The Nature and Scope
of Trauma in Women's Lives

WHAT IS PSYCHOLOGICAL TRAUMA? *

We all use the word "trauma" in every day language to mean a highly stressful event. But the key to understanding traumatic events is that it refers to extreme stress that overwhelms a person's ability to cope. There are no clear divisions between stress, trauma, and adaptation. Although I am writing about psychological trauma, it is also important to keep in mind that stress reactions are clearly physiological as well. Different experts in the field define psychological trauma in different ways. What I want to emphasize is that it is an individual's *subjective experience* that determines whether an event is or is not traumatic.

Psychological trauma is the unique individual experience of an event or enduring conditions, in which:

1. The individual's ability to integrate his/her emotional experience is overwhelmed, or
2. The individual experiences (subjectively) a threat to life, bodily integrity, or sanity. (Pearlman & Saakvitne, 1995, p. 60)

Thus, a traumatic event or situation creates psychological trauma when it overwhelms the individual's perceived ability to cope, and leaves that person fearing death, annihilation, mutilation, or psychosis. The individual feels emotionally, cognitively, and physically overwhelmed. The circumstances of the event commonly include abuse of power, betrayal of trust, entrapment, helplessness, pain, confusion, and/or loss.

This definition of trauma is fairly broad. It includes responses to powerful one-time incidents like accidents, natural disasters, crimes, surgeries, deaths, and other violent events. It also includes responses to chronic or repetitive experiences such as child abuse, neglect, combat, urban violence, concentration camps, battering relationships, and enduring deprivation. This definition intentionally does not allow us to determine whether a particular event is traumatic; that is up to each survivor. This definition provides a guideline for our understanding of a survivor's experience of the events and conditions of his/her life.

Jon Allen, a psychologist at the Menninger Clinic in Topeka, Kansas and author of *Coping with Trauma: A Guide to Self-Understanding* (1995) reminds us that there are two components to a traumatic experience: the objective and the subjective.

"It is the subjective experience of the objective events that constitutes the trauma...The more you believe you are endangered, the more traumatized you will

* By Esther Giller, President and Director, The Sidran Foundation © 1995-2000. Reprinted with permission. Available at: <http://www.sidran.org/whatistrauma.html>. The Sidran Institute, a leader in traumatic stress education and advocacy, is a nationally-focused nonprofit organization devoted to helping people who have experienced traumatic life events. For more information and resources, visit their web site at: www.sidran.org.

be...Psychologically, the bottom line of trauma is overwhelming emotion and a feeling of utter helplessness. There may or may not be bodily injury, but psychological trauma is coupled with physiological upheaval that plays a leading role in the long-range effects" (p.14).

In other words, trauma is defined by the experience of the survivor. Two people could undergo the same noxious event and one person might be traumatized while the other person remained relatively unscathed. It is not possible to make blanket generalizations such that "X is traumatic for all who go through it" or "event Y was not traumatic because no one was physically injured." In addition, the specific aspects of an event that are traumatic will be different from one individual to the next. You cannot assume that the details or meaning of an event, such as a violent assault or rape, that are most distressing for one person will be same for another person.

Trauma comes in many forms, and there are vast differences among people who experience trauma. But the similarities and patterns of response cut across the variety of stressors and victims, so it is very useful to think broadly about trauma.

Single Blow vs. Repeated Trauma

Lenore Terr, in her studies of traumatized children, has made the distinction between single blow and repeated traumas. Single shocking events can certainly produce trauma reactions in some people:

- *Natural disasters* such as earthquakes, hurricanes, floods, volcanoes, etc.
- Closely related are *technological disasters* such as auto and plane crashes, chemical spills, nuclear failures, etc. Technological disasters are more socially divisive because there is always energy given towards finding fault and blaming.
- *Criminal violence* often involves single blow traumas such as robbery, rape and homicide, which not only have a great impact on the victims, but also on witnesses, loved ones of victims, etc. (Interestingly, there is often overlap between single blow and repeated trauma, because a substantial majority of victimized women have experienced more than one crime.) Unfortunately, traumatic effects are often cumulative.

As traumatic as single-blow traumas are, the traumatic experiences that result in the most serious mental health problems are prolonged and repeated, sometimes extending over years of a person's life.

Natural vs. Human Made

Prolonged stressors, deliberately inflicted by people, are far harder to bear than accidents or natural disasters. Most people who seek mental health treatment for trauma have been victims of violently inflicted wounds dealt by a person. If this was done deliberately, in the context of an ongoing relationship, the problems are increased. The worst situation is when the injury is caused deliberately in a relationship with a person on whom the victim is dependent---most specifically a parent-child relationship.

Varieties of Man-Made Violence

- *War/political violence* - Massive in scale, severe, repeated, prolonged and unpredictable. Also multiple: witnessing, life threatening, but also doing violence to others. Embracing the identity of a killer.
- *Human rights abuses* - kidnapping, torture, etc.
- *Criminal violence* - discussed above.
- *Rape* - The largest group of people with posttraumatic stress disorder in this country. A national survey of 4000 women found that 1 in 8 reported being the victim of a forcible rape. Nearly half had been raped more than once. Nearly 1/3 was younger than 11 and over 60% were under 18. Diana Russell's research showed that women with a history of incest were at significantly higher risk for rape in later life (68% incest history, 38% no incest).
- *Domestic Violence* - recent studies show that between 21% and 34% of women will be assaulted by an intimate male partner. Deborah Rose's study found that 20-30% of adults in the US, approved of hitting a spouse.
- *Child Abuse* - the scope of childhood trauma is staggering. Everyday children are beaten, burned, slapped, whipped, thrown, shaken, kicked and raped. According to Dr. Bruce Perry, a conservative estimate of children at risk for PTSD exceeds 15 million.
- *Sexual abuse* - According to Dr. Frank Putnam of NIMH, at least 40% of all psychiatric inpatients have histories of sexual abuse in childhood. Sexual abuse doesn't occur in a vacuum: is most often accompanied by other forms of stress and trauma—generally within a family.

We must be careful about generalizations about child sexual abuse: research shows that about 1/3 of sexually abused children have no symptoms, and a large proportion that do become symptomatic, are able to recover. Fewer than 1/5 of adults who were abused in childhood show serious psychological disturbance.

More disturbance is associated with more severe abuse: longer duration, forced penetration, helplessness, fear of injury or death, perpetration by a close relative or caregiver, coupled with lack of support or negative consequences from disclosure.

- *Physical abuse* often results in violence toward others, abuse of one's own children, substance abuse, self-injurious behavior, suicide attempts, and a variety of emotional problems.
- *Emotional/verbal abuse*
- *Witnessing.* Seeing anyone beaten is stressful; the greater your attachment to the victim, the greater the stress. Especially painful is watching violence directed towards a caregiver, leaving the child to fear losing the primary source of security in the family.
- *Sadistic abuse* - we generally think about interpersonal violence as an eruption of passions, but the severest forms are those inflicted deliberately. Calculated cruelty can be far more terrifying than impulsive violence. Coercive control is used in settings like concentration camps, prostitution and pornography rings, and in some families.

One of the best-documented research findings in the field of trauma is the DOSE-RESPONSE relationship --the higher the dose of trauma, the more potentially damaging the effects; the greater the stressor, the more likely the development of PTSD.

The most personally and clinically challenging clients are those who have experienced repeated intentional violence, abuse, and neglect from childhood onward. These clients have experienced tremendous loss, the absence of control, violations of safety, and betrayal of trust. The resulting emotions are overwhelming: grief, terror, horror, rage, and anguish.

Their whole experience of identity and of the world is based upon expectations of harm and abuse. When betrayal and damage is done by a loved one who says that what he or she is doing is good and is for the child's good, the seeds of lifelong mistrust and fear are planted. Thus, the survivor of repetitive childhood abuse and neglect expects to be harmed in any helping relationship and may interact with us as though we have already harmed him or her.

Summary

Psychological effects are likely to be most severe if the trauma is:

1. Human caused
2. Repeated
3. Unpredictable
4. Multifaceted

5. Sadistic
6. Undergone in childhood
7. And perpetrated by a caregiver

Who Are Trauma Survivors?

Because violence is everywhere in our culture and because the effects of violence and neglect are often dramatic and pervasive,

- *most clients/patients/recipients of services in the mental health system are trauma survivors.*

Because coping responses to abuse and neglect are varied and complex,

- *trauma survivors may carry any psychiatric diagnosis and frequently trauma survivors carry many diagnoses.*

And, because interpersonal trauma does not discriminate,

- *survivors are both genders, all ages, all races, all classes, all sizes, all sexual orientations, all religions, and all nationalities.* Although the larger number of our clients are female, many men and boys are survivors of childhood abuse and trauma. Under-recognition of male survivors, combined with cultural gender bias has made it especially difficult for these men to get help.

What are the Lasting Effects of Trauma?

There is no one diagnosis that contains all abuse survivor clients; rather individuals carrying any diagnosis can be survivors. Often survivors carry *many* diagnoses.

Abuse survivors may meet criteria for diagnoses of:

- substance dependence and abuse,
- personality disorders (especially borderline personality disorder),
- depression,
- anxiety (including post traumatic stress disorder),
- dissociative disorders, and
- eating disorders, to name a few.

PTSD is the only diagnostic category in the DSM [Diagnostic and Statistical Manual of the American Psychiatric Association] that is based on etiology. In order for a person to be diagnosed with PTSD, there had to be a traumatic event. Because most diagnoses are descriptive and not explanatory, they focus on symptoms or behaviors

without a context: they do not explain how or why a person may have developed those behaviors (e.g., to cope with traumatic stress).

For purposes of identifying trauma and its adaptive symptoms, it is much more useful to ask "What HAPPENED to this person" rather than "what is WRONG with this person."

Symptoms as Adaptations

The traumatic event is over, but the person's reaction to it is not. The intrusion of the past into the present is one of the main problems confronting the trauma survivor. Often referred to as re-experiencing, this is the key to many of the psychological symptoms and psychiatric disorders that result from traumatic experiences. This intrusion may present as distressing intrusive memories, flashbacks, nightmares, or overwhelming emotional states.

The Use of Maladaptive Coping Strategies

Survivors of repetitive early trauma are likely to instinctively continue to use the same self-protective coping strategies that they employed to shield themselves from psychic harm at the time of the traumatic experience. *Hypervigilance, dissociation, avoidance and numbing* are examples of coping strategies that may have been effective at some time, but later interfere with the person's ability to live the life s/he wants.

It is useful to think of all trauma "symptoms" as adaptations. Symptoms represent the client's attempt to cope *the best way they can* with overwhelming feelings. When we see "symptoms" in a trauma survivor, it is always significant to ask ourselves: what purpose does this behavior serve? Every symptom helped a survivor cope at some point in the past and is still in the present -- in some way. We humans are incredibly adaptive creatures. Often, if we help the survivor explore how behaviors are an adaptation, we can help them learn to substitute a less problematic behavior.

Developmental Factors

Chronic early trauma -- starting when the individual's personality is forming -- shapes a child's (and later adult's) perceptions and beliefs about everything.

Severe trauma can have a major impact on the course of life. Childhood trauma can cause the disruption of basic developmental tasks. The developmental tasks being learned at the time the trauma happens can help determine what the impact will be. For example, survivors of childhood trauma can have mild to severe deficits in abilities such as:

1. self-soothing

2. seeing the world as a safe place
3. trusting others
4. organized thinking for decision-making
5. avoiding exploitation

Disruption of these tasks in childhood can result in adaptive behavior, which may be interpreted in the mental health system as "symptoms." For example, disruptions in:

1. self-soothing can be seen as → agitation
2. seeing the world as a safe place → paranoia
3. trusting others → paranoia
4. organized thinking for decision-making → psychosis
5. avoiding exploitation → self-sabotage

Physiologic Changes

The normal physiological responses to extreme stress lead to states of physiologic hyperarousal and anxiety. When our fight-or-flight instincts take over, the wash of cortisol and other hormones signal us to watch out! We humans are incredibly adaptive. When this happens repeatedly, our bodies learn to live in a constant state of "readiness for combat," with all the behaviors—scanning, distrust, aggression, sleeplessness, etc. that entails.

Cutting edge neurological research is beginning to show to what extent trauma effects us on a biological and hormonal basis as well as psychologically and behaviorally. Research suggests that in trauma, interruptions of childhood development and hypervigilance of our autonomic systems are compounded and reinforced by significant changes in the hard-wiring of the brain.

This may make it even more challenging (but not impossible) for survivors of childhood trauma to learn to do things differently. But it may also hold the promise of pharmaceutical interventions to address the biological/chemical effects of child abuse.

So, as scientists learn more about what trauma is, we are seeing see that it is truly a complex mixture of biological, psychological, and social phenomena.

This article originated as a workshop presentation at the Annual Conference of the Maryland Mental Hygiene Administration, "Passages to Prevention: Prevention across Life's Spectrum," May 1999.

References: (Much of the information in this article has been adapted from):

- Saakvitne, K. W. et al., *Risking Connection: A Training Curriculum for Working with Survivors of Childhood Abuse*, to be published by Sidran Press in January, 2000.
- Allen, Jon G. *Coping with Trauma: A Guide to Self-Understanding*. Washington, DC: American Psychiatric Press, 1995.
- Pearlman, Laurie Anne, and Karen W. Saakvitne. *Trauma and the Therapist*. New York: Norton, 1995.

Additional References

- Browne A: Violence Against Women by Male Partners: prevention, outcomes and policy implications. *Am Psychol* 48:1077-1087, 1993.
- Browne A, Finkelhor D: Impact of Child Sexual Abuse: a review of the research. *Psychol Bull* 99:66-77, 1986.
- Crime Victims Research and Treatment Center: *Rape in America: A Report to the Nation*. Charleston, SC. Dept. of Psychiatry and Behavioral Sciences, Medical University of South Carolina, 1992.
- Eth S, Pynoos RS: Children who witness the homicide of a parent. *Psychiatry* 57:287-306, 1994.
- Foa E, Rothbaum, B: *Treating the Trauma of Rape*, New York, Guilford, 1998.
- Goldberg J, True WR, Eisen SA, et al: A twin study of the effects of the Vietnam war on posttraumatic stress disorder. *JAMA* 263:1227-1232, 1990.
- Herman J: *Trauma and Recovery*, New York, Basic Books, 1992.
- Kendall-Tackett KA, Williams LM, Finkelhor D: Impact of sexual abuse on children: a review and synthesis. *Psych Bull* 113:164-180, 1993.
- Malinosky-Rummell R, Hansen DJ: Long term consequences of childhood physical abuse. *Psychol Bull* 144:68-79, 1993.
- Perry BD: Neurobiological sequelae of childhood trauma: PTSD in Emerging Concepts. Edited by Marburg MM. Washington, D.C., *American Psychiatric Press*, 1994.
- Putnam FW: *Dissociation in Children and Adolescents*, New York, Guilford, 1997.
- Rose DS: *Sexual assault, domestic violence, and incest, in Psychological Aspects of Women's Health Care: the interface between Psychiatry and Obstetrics and Gynecology*, Edited by Stewart DE, Stotland NL. Washington, DC American Psychiatric Press, 1993.
- Russell, DEH: *The Secret Trauma: Incest in the Lives of Girls and Women*. New York, Basic Books, 1986.
- Terr L: Childhood traumas: an outline and overview. *Am J Psychiatry* 148:10-20, 1991.

**Women and Trauma:
Assessing the Scope of the Problem in the Publicly Funded
Alcohol, Drug, and Mental Health (ADM) System**

Joy Perkins Newmann and Jolanda Sallmann

November 2005

Introduction

Over the past two decades, there has been a growing interest in the link between histories of abuse and mental health and substance abuse problems among persons who enter the mental health and substance abuse service systems. This interest has grown out of two observations: (1) people who enter systems of care for a mental health or substance use problem typically have been exposed to more abuse than people in the general population, and (2) people with abuse histories often have more complex presenting problems and symptoms than people who do not have abuse histories. In 1998, the National Association of State Mental Health Program Directors (NASMHPD) developed a position statement on the importance of services and supports to trauma survivors, "given the serious negative consequences for an individual's mental health, self-esteem, use of substances and involvement with the criminal justice system" (NASMHPD, 1998). The position statement was later revised and updated in 2005 in recognition of the fact that "the psychological effects of violence and trauma in our society are pervasive, highly disabling, yet *largely ignored*." The report concluded: "NASMHPD believes that responding to the behavioral health needs of women, men, and children who have experienced trauma is crucial to their treatment and recovery and should be a priority of state mental health programs" (NASMHPD, 2005).

Several national and state initiatives to address trauma in men and women's lives have focused, in particular, on women because of the assumption that trauma and abuse may be a more important treatment issue for women than for men. This conclusion comes from a handful of treated population studies, some of the abuse histories of those who enter the mental health services system and some of those who enter the substance abuse treatment system.

Within the mental health services literature, a number of studies have focused on rates of abuse among persons who have a diagnosis of serious mental illness (Newmann, Greenley, Sweeney, & Van Dien, 1998; Mueser et al., 2004). Studies of outpatient samples of this population show rates of childhood sexual abuse ranging from 25 to 45% of samples and childhood physical abuse ranging from 24 to 57% of samples. Rates of abuse among inpatient populations are even higher. In a recent survey of lifetime rates of abuse among men and women with severe mental illnesses, many of whom were hospitalized at the time of the study, Mueser and his colleagues (Mueser et al., 2004) concluded that 84% of the sample had experienced physical abuse in their lifetimes; 52% had experienced sexual abuse in their lifetimes. Although lifetime rates of physical abuse were comparable for men and women (86.1% and 82.1%), rates of sexual abuse were much higher for women than men (68.2% and 40.0%).

Other treated population studies that have compared the abuse experiences of men and women with serious mental disorders (Ross, Anderson & Clark, 1994; Lipschitz et al., 1996; Carmen, Ricker & Mill, 1984; Jacobson & Herald, 1990; Brown & Anderson, 1991) highlight three gender differences:

- (1) reported rates of childhood abuse are generally higher for women with serious mental illnesses than for men, regardless of type of abuse, although the difference is greatest for sexual abuse experiences;
- (2) women with serious mental illnesses are more likely than men to have experienced co-occurring physical and sexual abuse during childhood;
- (3) women are also more likely than men to experience a pattern of revictimization during adulthood (Darves-Bornoz, Lemperiere, Degiovanni & Gaillard, 1995; Friedman & Harrison, 1984; Bryer et al., 1987; Lipschitz et al., 1996; Carmen et al., 1984).

Findings reported in the substance abuse literature suggest equally high, if not higher, rates of abuse in women's lives, particularly sexual abuse (Kovach, 1986; Yandow, 1989; Bollerud, 1990; Zweben, Clark & Smith, 1994; Teets, 1995). Yandow (1989) estimates that as many as 75% of women in treatment for alcoholism have a history of sexual abuse, which frequently starts in childhood. Similar findings are reported by Teets (1995) in her in-depth analysis of the link between women's histories of abuse and the onset and course of their substance abuse problems. Indeed, as Zweben et al. (1994) note, "The task of addressing traumatic experiences is emerging as one of the most important clinical challenges today, as more and more practitioners come to view this as a key element in improving outcome in addiction treatment settings" (p. 327).

Although these findings highlight the importance of attending to abuse in women's lives, the separation of these literatures implies that women who use mental health services and women who use substance abuse services are two separate populations. Moreover, because most of these studies are local in nature and do not focus on a comparison of women who use mental health versus substance abuse services, we have no way of knowing whether rates of abuse are, in fact, a more salient treatment issue for women who enter one or the other system. Nor do we know how many women use services in both systems of care.

In earlier analysis of data from the Women and Mental Health Study Site (WAMHSS), we found that significant numbers of women did use both systems of care over the course of a year (Newmann and Sallmann, 2004). In 1998, a total of 2,140 women, 18 years of age and older, had over 13,000 treatment episodes in the publicly funded ADM system. The majority of these women (1,274 or 59.5%) had two or more treatment episodes only in the mental health services system. Almost twenty eight percent (27.7%) or 592 women had two or more treatment episodes only in the substance abuse services system. However, 272 women--12.7% of the population--had had treatment episodes in both the mental health and the substance abuse services systems in 1998.

Our purpose in this paper, which we have written for the Consumer Curriculum, is to familiarize you, as a consumer of mental health or substance abuse services in Dane County, with the prevalence and impact of abuse in the lives of women who used mental health or substance abuse services in Dane County in 1998. Our findings are based on interviews with a subset of women who had two or more treatment

episodes in Dane County in 1998 for a mental health or substance abuse problem in the publicly funded system of care. This system includes 20 different mental health service providers and 8 substance abuse service providers involving over 50 different individual programs in which women could enroll for services paid for by the county.

In 2000 and early 2001, we interviewed 204 women randomly selected from the 2,140 women who had had two or more episodes of care in the Dane Co. publicly funded system in 1998 to determine the scope of the problem of abuse in their lives and also to investigate its link with co-occurring mental health and substance use problems, and with a number of treatment outcomes. Our sample included 125 women who used mental health services only, 56 women who used substance abuse services only, and 23 women who used both mental health and substance abuse services.

In the 3 tables discussed below we present data on the scope of physical and sexual abuse in the lives of women who received services in one or both of these service sectors (Table 1). We also describe other adversities in the lives of these women, many of which are linked with abuse histories (Table 2). Finally, we share women's perceptions of how much each of these events has affected their lives in the past year—the year before their interview—and, for a subset of questions, show the average age of first occurrence of such events or experiences (Table 3).

Discussion of Findings

We begin with Table 1, which reports rates of abuse for six questions we asked of women—three covering physical abuse experiences and three covering sexual abuse experiences. In the four columns in Table 1 to the right of the questions, we show the percent of women who responded yes to each of these questions for (1) women who received services in the mental health system only, (2) women who received services in the substance abuse service system only, and (3) women who received services in both systems. The fourth column of percents is for all women in the ADM system, which combines the numbers in the first three columns.

Let's begin by looking at the numbers in the far right column for all women in the ADM system in Dane County. You will see that there are little stars or asterisks by some of the numbers. Those tell us that there are statistically significant differences among the three groups of women in the per cent who endorse or say yes to a given question or set of questions. To find out which of the three groups differ significantly from each other, we ran another test—a post hoc Tukey analysis—and designate by a superscript letter (a, b, or c) these group differences as follows:

^a indicates a statistically significant difference between women who use mental health and substance abuse services and women who use mental health services only;

^b indicates a statistically significant difference between women who use mental health and substance abuse services and women who use substance abuse services only;

^c indicates a statistically significant difference between women who use mental health services only and women who use substance abuse services only;

We first examine the percent of women who endorse one of the three questions we used to assess for physical abuse histories. One in four of the women we interviewed (24.6%) reported being physically neglected at some point in their lives as indicated by not being fed or properly clothed or left to take care of themselves when they were too young or too ill. One in six women (39.9%) reported having been robbed, mugged, or physically attacked by someone they did not know at some point in their lives. However, the most frequent physical abuse experience reported by 7 in 10 women (71.1%) was physical abuse at the hands of someone known to them, as evidenced by being hit, slapped, choked, burned, or beat up by someone they know, such as a parent, sibling, boyfriend, or girlfriend. Taken as a whole, these findings show that 8 in 10 women (83.3%) in the ADM system in Dane County have experienced at least one of the three forms of physical abuse in their lifetimes. Further, a little over half of these women, or 44.2%, reported physical abuse experiences that happened when they were children or adolescents—that is, before the age of 18.

Are patterns similar for sexual abuse? In general, fewer women report sexual abuse experiences than physical abuse experiences although the numbers are still quite high for two of the three sexual abuse items. Almost 6 in 10 women (56.8%) reported unwanted sexual touching at some point in their lives and 5 in 10 (49.5%) reported being forced to have sex orally, anally, or genitally when they did not want to and were threatened with harm if they did not comply. Finally, almost 1 in 4 women (23.9%) had sex when they did not want to in exchange for money, drugs, or other materials goods, such as shelter or housing—what some consider a form of forced prostitution. If we ask, what percent of women have experienced one of these forms of sexual abuse, we find that about two-thirds of the women (64.2%) have. About a third of these women (21.1%) reported that the sexual abuse experience first occurred during childhood or adolescence.

Finally, when we combine women who gave a yes response to one of the physical abuse or sexual abuse questions, we conclude that 88.3% of women who use ADM services in Dane County have experienced either physical or sexual abuse in their lifetimes—a number far larger than the 55% of women reported by the National Violence Against Women Survey. Moreover, the majority of women (59%) have experienced both forms of abuse at some point in their lifetimes. In short, histories of physical and/or sexual abuse are common in the lives of women who use publicly funded ADM services.

Are they equally common among women who use mental health and substance abuse services? In general, we find that women who use services in *both* the mental health and substance abuse services sector report *more* abuse experiences than women who are exclusive users of mental health, or substance abuse, services. However, these differences are *not* statistically significant for any of the separate physical abuse inquiries, or for the two composite measures of physical abuse. In short, the experience of some form of physical abuse is very high among women who

receive ADM services in Dane County, regardless of whether they use mental health or substance abuse services, or both.

The picture changes, however, when we consider rates of sexual abuse. Group differences are statistically significant for two of the three sexual abuse items and three of the composite scales. Again, we see the highest rates of each of the experiences for women who used both service systems. For example, 91.3% of women who had treatment episodes in both the mental health and substance abuse services systems reported histories of sexual abuse compared to 58.9% of women who used mental health services only and 64.9% of women who used substance abuse services only. However, our post hoc test of group differences showed that the contrast between women who used mental health services only and women who used both systems is statistically significant; the remaining contrast is not.

A similar pattern of differences across groups is seen for the childhood sexual abuse experiences—45.5% of the dual system users reported childhood sexual abuse experiences compared to 15.4% of women who used mental health services only and 24.1% of women who used substance abuse services only. Finally, the women who used both systems were more likely than women who used one system to report *both* physical and sexual abuse experiences and to report more of all forms of abuse combined. Eighty seven percent of women who used both systems reported having experienced both physical and sexual abuse in their lives compared to 52.0% of women who used only mental health services and 62.5% of women who used only substance abuse services. The average number of all abuse experiences was 3.6 for women who used both systems compared to 2.4 for women who used mental health services only and 2.7 who used substance abuse services only. Again, we find that significantly more women who use both systems report sexual abuse experiences than do women who use only mental health services, although the dual system users do not differ significantly from the women who use only substance abuse services.

Are there differences in sexual abuse experiences among women who are exclusive users of mental health or substance abuse services? In our post hoc analyses, we found that none of the rate differences between women who used mental health or substance abuse services exclusively are statistically significant. Nor are differences significant between women who used substance abuse services exclusively and women who used both substance abuse and mental health services. The significant differences were primarily for women who used mental health services exclusively and women who used mental health and substance abuse services. However, when we examine the proportion of women who report physical or sexual abuse in each group, we find no significant differences across the three groups. Almost 90% of women who used mental health services only reported one of these experiences compared to 82.5% of women who used substance abuse services only and 95.7% of women who used both service systems.

We conclude by asking: How do rates of abuse for women in each system compare to rates estimated in other treated population studies? If we consider rates of abuse for women who use mental health services, regardless of whether they have used substance abuse services—that is, if we combine women in columns 1 and 3--we

would conclude that 84.5% of women have histories of physical abuse and 64% of women have histories of sexual abuse. Ninety one percent, or the vast majority of women who use mental health services, report having experienced either physical or sexual abuse in their lives. These rates are very comparable to lifetime rates of abuse reported for women with serious mental illnesses by Mueser et al. (2004). Estimating similar rates for women who use substance abuse services, regardless of their use of mental health services, we would conclude that 83.5% have histories of physical abuse and 72.5% have histories of sexual abuse; 87.3% report either physical or sexual abuse. Thus, these estimates, particularly for sexual abuse, are comparable to those reported by Yandow (1989) and Teets (1995).

In conclusion, these findings show that women who received publicly funded mental health and substance abuse services in Dane County have lifetime rates of physical and/or sexual abuse that are comparable across systems, although significantly higher than rates found among women in the general population. Moreover, women with the highest rates of abuse, particularly sexual abuse, but also childhood sexual and physical abuse, are active users of both systems of care.

We turn now to Table 2, which reports rates of other life adversities for women, again broken down by (1) mental health service users only, (2) substance abuse service users only, (3) mental health and substance abuse service users, and (4) all users combined. We have organized these adversities into three groups: (1) childhood traumas, (2) adult traumas related to children, and (3) other adult traumas. Again, turning first to the last column, which reports the percent of life adversities for all women in the two systems of care combined, we see that three quarters (74.4%) of all women report experiences of being emotionally abused or neglected, for example, being frequently shamed, embarrassed, ignored, or repeatedly told you were “no good.” Sixty-eight percent reported witnessing family violence when they were growing up and 10.9% reported having been put in foster care or up for adoption.

Of the two child-related traumas, we find that over a third of women interviewed (36.2%) had been separated from a child against their will either through a loss of custody, or visitation, or kidnapping. Approximately 10% reported having had a baby with a serious mental or physical handicap.

Finally, we see that women who use publicly funded ADM services have faced other severe hardships and adversities as adults. Although it is not perhaps surprising that women who use publicly funded services are struggling with economic adversity, we were surprised and troubled to learn that 70% of women reported having had serious money problems, for example, not enough money for food or a place to live. Close to 60% (58.2%) have been sent to jail at some point, and almost half (48.3%) have experienced sexual harassment at the workplace or school. Finally, 30.4% report having been strip-searched, forcibly restrained, or held against their will by a provider of mental health or substance abuse services—a treatment experience that has been highly criticized because it is often experienced as a form of revictimization by trauma survivors (Jennings, 2004).

Do women who enter the mental health, substance abuse, or both systems of care differ in exposure to these life adversities? There are some similarities, and some significant differences, across the three groups. The percent of women who have been emotionally abused is equally high for the three groups, as is the experience of witnessing family violence while growing up and struggling with poverty. However, we find that, with only two exceptions, women who use both mental health and substance abuse services report more of all of these adversities than do women who use one or the other system of care exclusively. This is reflected in two of the composite measures at the bottom of the table. Women who use both systems report a significantly higher number of these life adversities (4.9) than do women who use only the mental health system (3.6), and a somewhat higher but non-significant number than women who use only the substance abuse service system (4.1). Second, women who use both systems report significantly more total life events, including physical and sexual abuse experiences (8.6), than do women who use only mental health (6.04) or substance abuse (6.8) services.

Two of the life adversities related to family ruptures are also significantly more common among women who use both vs. only one system of care. Twenty six percent of women who used both systems were put in foster care or up for adoption as children compared to only 7.3% of women who used mental health services only and 12.5% of women who used substance abuse services only. Again, only the contrast between dual system users and women who used mental health services is statistically significant. Interestingly, women who use both service systems are also significantly more likely to have been separated from a child against their will (64.3%) compared to women who used mental health services only (25.9%). Moreover, women who used substance abuse services only did not differ significantly from the former group in this experience, but did differ significantly from the latter. Almost half of the women who used substance abuse services only (48.7%) had also experienced the loss of a child through loss of custody, visitation, or kidnapping.

There are two exceptions to this overall pattern of differences across groups, both of which involve an experience of being physically restrained. Women who received substance abuse services only are significantly more likely than women who received mental health services only to have been sent to jail—77.8% versus 47.6%, respectively. Conversely, women who received mental health services, either exclusively or in combination with substance abuse services, are significantly more likely than women who received substance abuse services only to report that they had been “strip-searched, forcibly restrained, or held against their will by a provider of mental health or substance abuse services.” Only 14% of the latter group reported this experience compared to 43.5% of women who used both systems and 35.2% of women who used mental health services only.

We conclude our analysis with an assessment of the impact of these adversities on women’s lives, particularly in the past year. During the interview, women who said they had experienced a particular life adversity were asked: “How much has this experience affected your life in the past year?” The responses were coded: (1) not at all, (2) a little bit, (3) moderately, (4) quite a bit, and (5) extremely. For a subset of questions, we also asked: “How old were you when this first happened?”

Interestingly, there were no significant differences across the three service user groups in the perceived impact of these events, or the average age of first onset. Consequently, the results presented in Table 3 are pooled for all women in the ADM system.

We begin with a comparison of the average impact of subsets of events including (1) any physical abuse, (2) any sexual abuse, and (3) any other life adversities. A comparison of mean impact scores across the groups of items, which are presented at the bottom of the far right column in Table 3, shows that these life adversities, collectively, have very comparable impacts. That is, physical abuse, sexual abuse, and the other life adversities we assessed are viewed, on average, as having a moderate impact on women's lives in the past year. A statistical test of mean differences in the impact of these clusters of life events or adversities on women's lives shows that none of the comparisons differ in a statistically significant sense.

Do individual events stand out as particularly affecting for women in terms of their impact in the past year? To answer this question, we can examine and compare the impact scores for individual items. Interestingly, the event that has had the most impact on women's lives is the experience of having been separated from a child against one's will, either through a loss of custody, or visitation or kidnapping. The average impact rating of this experience, among women who responded yes, is 3.75 or "quite a bit" on the impact scale. Although this is likely to be a more recent experience in many women's lives than some of the abuse experiences that may have occurred years earlier, it is interesting to note that one of the traumas with the earliest age of onset—emotional abuse—is ranked as having an average impact of 3.59. This is also one of the most common abuse experiences that women report—having been emotionally abused or neglected, for example, being frequently shamed, embarrassed, ignored, or repeatedly told you were "no good." The average age of first occurrence of this event is 10.2 years and it continues, not surprisingly, to have a significant impact on women's lives. Moreover, 3 out of 4 women interviewed reported this experience.

Interestingly, the next highest ranked event is physical neglect, whose average age of first onset in women's lives is 12.1 years of age. Although this is a less common event than emotional abuse in that 1 in 4 women report it, its impact average is 3.4. Other events ranked at three or higher include in order of ranking: (1) having had sex when you did not want to in exchange for money, drugs, or other material goods such as shelter or housing (3.31); (2) having been touched or made to touch someone else in a sexual way because they forced you in some way or threatened to harm you if you didn't (3.20); (3) having been physically abused, hit, slapped, choked, burned or beat up by someone you knew, for example, a parent, sibling, boyfriend, or girlfriend (3.18); (4) having been forced to have sex orally, anally, or genitally when you didn't want to because someone forced you in some way or threatened to harm you if you didn't (3.17); (5) having had serious money problems, for example, not enough money for food or a place to live (3.04), and (6) having ever been sent to jail (3.02).

By way of summary, we have documented a range of adversities in the lives of women who use publicly funded mental health and substance abuse services in Dane County. We have also shown that these adversities come in clusters for women and have a considerable impact on their current lives. An important question is: Are women receiving treatment or services for these life adversities? We asked women this question and learned that 60% of women had received services or treatment at some point in their lives; 50% had received services or treatment in the past six months. Of the women who have received services, the vast majority (88%) had found the services to be moderately, considerably, or extremely helpful. Moreover, when asked: "How important is it for you to get help with these experiences now?", over 60% of the women reported that it was moderately, considerably, or extremely important to get help now. Women who used both mental health and substance abuse services were, in fact, significantly more likely than women who used mental health services only, or substance abuse services only, to feel a sense of urgency about getting help with these life adversities.

In subsequent reports, we will explore women's access to services and assess the quality of care they are receiving for their life problems, as well as investigate the impact of these life adversities on women in other ways. For now, we hope you will simply reflect on the scope of trauma in women's lives and consider how such experiences may be linked with mental health and substance abuse problems, as well as other difficulties—for women in general and for yourself in particular. You may, in fact, wish to complete the questionnaire we gave to women so you can reflect on your own experiences and reactions as you move through the curriculum. We have attached a copy of the questionnaire for you to fill out, should you wish to do so. We have also included a list of references to the articles we cite in the paper, along with other resources you may find useful.

We know that these are difficult issues to confront in one's own life. However, we believe that acknowledging these experiences, as well as sharing them with others, are important steps to take in one's personal recovery. They are also important steps to take if one is to engage in collective support and actions to address the personal assaults and indignities that women face on a daily basis. We wish you well in these efforts.

Table 1. Abuse Histories of Women by Location of Treatment Episodes

| Questions ¹ | Women with two or more treatment episodes in 1998 in | | | |
|---|--|-------------------------------------|---|---|
| | Mental Health Service System only | Substance Abuse Service System only | Mental Health and Substance Abuse Service Systems | Total ADM System |
| | Population size= 1274 n = 125 | Population size = 592 n = 56 | Population Size = 272 n = 23 | Population size =2138 ² n = 204 |
| Physical Abuse: | | | | |
| 1. Have you ever been physically neglected, e.g. not fed, not properly clothed, or left to take care of yourself when you were too young or too ill? | 24.0 | 21.4 | 36.4 | 24.6 |
| 2. Have you ever been robbed, mugged, or physically attacked by someone you did not know? | 39.5 | 37.5 | 47.8 | 39.9 |
| 3. Were you ever physically abused, hit, slapped, choked, burned, or beat up by someone you knew, e.g. a parent, sibling, boyfriend, or girlfriend? | 66.4 | 75.0 | 87.0 | 71.1 |
| Any physical abuse (% with yes response to 1,2,or 3): | 83.1 | 80.4 | 91.7 | 83.3 |
| Any childhood physical abuse: | 45.8 | 33.9 | 60.9 | 44.2 |
| Sexual Abuse: | | | | |
| 4. Were you ever <u>touched by</u> or made <u>to touch someone else</u> in a <u>sexual way</u> because they forced you in some way or threatened to harm you if you didn't? | 51.2 | 58.9 | 81.8 | 56.8 ^a |
| 5. Did you ever have sex orally, anally, or genitally when you didn't want to because someone forced you in some way or threatened to harm you if you didn't? | 42.3 | 53.6 | 78.3 | 49.5 ^{***a} |
| 6. Have you ever had sex when you did not want to in exchange for money, drugs, or other materials goods, such as shelter or clothing? | 19.7 | 28.6 | 34.8 | 23.9 |
| Any sexual abuse (% with yes response to 4,5, or 6): | 58.9 | 64.9 | 91.3 | 64.2 ^{***a} |
| Any childhood sexual abuse: | 15.4 | 24.1 | 45.5 | 21.1 ^{***a} |
| Physical or sexual abuse: | 89.6 | 82.5 | 95.7 | 88.3 |
| Physical and sexual abuse: | 52.0 | 62.5 | 87.0 | 58.8 ^{***a} |
| Average number of physical and sexual abuse experiences: | 2.41 | 2.74 | 3.63 | 2.64 ^{***a} |

¹Percentages are given for women responding yes to each individual query adjusted for non-response and sample weights.

²Data were missing for two women.

* p ≤ .05; ** p ≤ .01; *** p ≤ .001.

^a statistically significant differences between women who use mental health and substance abuse services and women who use mental health services only.

Table 2. Other Adversities in the Lives of Women by Location of Treatment Episodes

| Questions ¹ | Women with two or more treatment episodes in 1998 in | | | |
|--|---|---|-------------------|----------------------------------|
| | Mental Health Service System only | Substance Abuse Service System only | Both Systems | Total ADM System |
| | n = 1274 n = 125 | n = 592 n = 56 | n = 272 n = 23 | n = 2138 ² n = 204 |
| Other Life Adversities: | | | | |
| Childhood Traumas | | | | |
| 1. Have you ever been emotionally abused or neglected, for example, being frequently shamed, embarrassed, ignored, or repeatedly told you were "no good"? | 74.0 | 73.2 | 79.2 | 74.4 |
| 2. When you were young, that is, before age 16, did you ever see violence between family members, for example, hitting, kicking, slapping, or punching? | 64.0 | 71.4 | 78.3 | 67.6 |
| 3. Were you ever put in foster care or put up for adoption? | 7.3 | 12.5 | 26.1 | 10.9 ^a |
| Adult Traumas—Child Related | | | | |
| 4. Has a baby or child of yours ever had a severe physical or mental handicap, for example, mental retardation, a birth defect, or an inability to hear, see or walk? (% of mothers) | 6.0 | 15.4 | 14.3 | 9.6 |
| 5. Have you ever been separated from your child against your will, for example through a loss of custody, or visitation or kidnapping? (% of mothers) | 25.9 | 48.7 | 64.3 | 36.2 ^{**a,c} |
| Other Adult Traumas | | | | |
| 6. Have you ever been bothered or harassed by sexual remarks, jokes, or demands for sexual favors by someone <i>at work or at school</i> , such as a co-worker, a boss, a customer, another student, or a teacher? | 44.8 | 50.0 | 63.6 | 48.3 |
| 7. Have you ever been strip-searched, forcibly restrained, or held against your will by a provider of mental health or substance abuse services? | 35.2 | 14.3 | 43.5 | 30.4 ^{**b,c} |
| 8. Have you ever been sent to jail? | 47.6 | 77.8 | 69.6 | 58.2 ^{**c} |
| 9. Have you ever had serious money problems, for example, not enough money for food or a place to live? | 70.2 | 66.7 | 78.3 | 70.1 |
| Average number of other life adversities: | 3.63 | 4.08 | 4.92 | 3.90 ^{**a} |
| Average number of total life adversities, including abuse experiences: | 6.04 | 6.82 | 8.55 | 6.54 ^{***a,b} |

¹Percentages are given for women responding yes to each individual query adjusted for non-response and sample weights.

²Data were missing for two women. ^{*}p ≤ .05; ^{**}p ≤ .01; ^{***}p ≤ .001.

^a statistically significant differences between women who use mental health and substance abuse services and women who use mental health services only.

^b statistically significant differences between women who use mental health and substance abuse services and women who use substance abuse services only.

^c statistically significant differences between women who use substance abuse services only and women who use mental health services only.

Table 3. Age of Onset and Impact of Abuse and Other Life Adversities on Women

| Abuse Histories and Other Life Adversities ¹ | Average Age of Onset ² | How affected in past year ³ |
|---|-----------------------------------|--|
| Physical Abuse Experiences | | |
| 1. Have you ever been physically neglected, for example, not fed, not properly clothed, or left to take care of yourself when you were too young or ill? | 12.1 | 3.42 |
| 2. Have you ever been robbed, mugged, or physically attacked by someone you didn't know? | --- | 2.73 |
| 3. Were you ever physically abused, hit, slapped, choked, burned, or beat up by someone you knew, for example, a parent, sibling, boyfriend, or girlfriend? | 13.0 | 3.18 |
| Sexual Abuse Experiences | | |
| 4. Were you ever touched by or made to touch someone else in a sexual way because they forced you in some way or threatened to harm you if you didn't? | 12.7 | 3.20 |
| 5. Did you ever have sex orally, anally or genitally when you didn't want to because someone forced you in some way or threatened to harm you if you didn't? | 16.9 | 3.17 |
| 6. Have you ever had sex when you did not want to in exchange for money, drugs, or other material goods, such as shelter or clothing? | 23.3 | 3.31 |
| Other Childhood Traumas | | |
| 7. Have you ever been emotionally abused or neglected, for example, being frequently shamed, embarrassed, ignored, or repeatedly told you were "no good"? | 10.2 | 3.59 |
| 8. When you were young, that is, before age 16, did you ever see violence between family members, for example, hitting, kicking, slapping, or punching? | --- | 2.98 |
| 9. Were you ever put in foster care or put up for adoption? | --- | 2.42 |
| Adult Traumas--Child Related | | |
| 10. Has a baby or child of yours ever had a severe physical or mental handicap, for example, mental retardation, a birth defect, or an inability to hear, see or walk? (% of mothers) | --- | 2.90 |
| 11. Have you ever been separated from your child against your will, for example through a loss of custody, or visitation or kidnapping? (% of mothers) | --- | 3.75 |
| Adult Traumas--Other | | |
| 12. Have you ever been bothered or harassed by sexual remarks, jokes, or demands for sexual favors by someone at work or at school, such as a co-worker, a boss, a customer, another student, or a teacher? | --- | 2.39 |
| 13. Have you ever been strip-searched, forcibly restrained, or held against your will by a provider of mental health or substance abuse services? | 27.9 | 2.53 |
| 14. Have you ever been sent to jail? | --- | 3.02 |
| 15. Have you ever had serious money problems, for example, not enough money for food or a place to live? | --- | 3.04 |
| Physical Abuse Impact | | 2.99 |
| Sexual Abuse Impact | | 3.09 |
| Other Life Adversities Impact | | 2.94 |
| Total Life Adversities Impact | | 2.94 |

¹All adversities are % yes responses.

²Average age of onset of was asked only for some of the queries.

³Average amount affected by event in past year 1 = not at all; 2 = a little bit; 3 = moderately; 4 = quite a bit; 5 = extremely.

References

- Alexander, M. J. 1996. "Women With Co-Occurring Addictive And Mental Disorders: An Emerging Profile Of Vulnerability." *American Journal of Orthopsychiatry* 661: 61-70.
- Blanche, A. 2003. "Developing Trauma-Informed Behavioral Health Systems." Available online at: <http://nasmphd.org>.
- Bollerud, K. 1990. "A Model For The Treatment Of Trauma-Related Syndromes Among Chemically Dependent Inpatient Women." *Journal of Substance Abuse Treatment* 7: 83-87.
- Brown, G. R. & Anderson, B. 1991. "Psychiatric Morbidity In Adult Inpatients With Childhood Histories Of Sexual And Physical Abuse." *American Journal of Psychiatry* 148(1): 55-61.
- Brown, V. 1997. *Breaking The Silence: Violence/Abuse Issues For Women Diagnosed With Serious Mental Illness. Prototypes.*
- Bryer, J. B., Nelson, B. A., Miller, J. B., & Krol, P. A. 1987. "Childhood Sexual And Physical Abuse As Factors In Adult Psychiatric Illness." *American Journal of Psychiatry* 144(11): 1426-1430.
- Carmen, E., Rieker, P., & Mills, T. 1984. "Victims Of Violence And Psychiatric Illness." *American Journal of Psychiatry* 141(3): 378-383.
- Darves-Bornoz, J. M., Lemperiere, T., Degiovanni, A., & Gaillard, P. 1995. "Sexual Victimization In Women With Schizophrenia And Bipolar Disorder." *Social Psychiatry and Psychiatric Epidemiology* 30: 78-84.
- Friedman, S. & Harrison, G. 1984. "Sexual Histories, Attitudes, And Behavior Of Schizophrenic And 'Normal' Women." *Archives of Sexual Behavior* 136: 555-567.
- Grella, C. E. 1996. "Background And Overview Of Mental Health And Substance Abuse Treatment Systems: Meeting The Needs Of Women Who Are Pregnant Or Parenting." *Journal of Psychoactive Drugs* 284: 319-343.
- Jacobson, A. & Herald, C. 1990. "The Relevance Of Childhood Sexual Abuse To Adult Psychiatric Inpatient Care." *Hospital and Community Psychiatry* 412: 154-158.
- Jennings, A. 2004. "The Damaging Consequences of Violence and Trauma: Facts, Discussion Points, and Recommendations for the Behavioral Health System." Available online at: <http://www.nasmhpd.org>.
- Kovach, E. 1986. "Incest As A Treatment Issue For Alcoholic Women." *Alcohol Treatment Quarterly* 3: 1-15
- Lipschitz, D. S., Kaplan, M. L., Sorkenn, J. B., Faedda, G. L., Chorney, P., & Asnis, G. M. 1996. "Prevalence And Characteristics Of Physical And Sexual Abuse Among Psychiatric Outpatients." *Psychiatric Services* 472: 189-191.

- Mueser, K.T., Salyers, M.P., Rosenberg, S.D., Goodman, L.A., Essock, S. M., Osher, F.C., Swartz, M.S., & Butterfield, M. I. 2004. "Interpersonal Trauma and Posttraumatic Stress Disorder in Patients with Severe Mental Illness: Demographic, Clinical, and Health Correlates." *Schizophrenia Bulletin* 30(1): 45-57.
- National Association of State Mental Health Program Directors. 1998. Position Statement on Services and Supports to Trauma Survivors. Available online at: http://www.nasmhpd.org/position_statement.cfm.
- National Association of State Mental Health Program Directors. 2005. Position Statement on Services and Supports to Trauma Survivors. Available online at: http://www.nasmhpd.org/position_statement.cfm.
- Newmann, Joy P., Greenley, Dianne, Sweeney, Kim, and Van Dien, Gillian. 1998. "Abuse Histories, Severe Mental Illness, and the Cost of Care." In B. L. Levin, A. K. Blanch, and A. Jennings (Eds.), *Women's Mental Health Services: A Public Health Perspective* (pp. 279-308). Newbury Park, CA: Sage Publications, Inc.
- Newmann, Joy P., & Sallmann, Jolanda. 2004. "Women, Trauma Histories, and Co-occurring Disorders: Assessing the Scope of the Problem". *Social Service Review*, 78 (3), 466-499.
- Rose, S. M., Peabody, C. G., Stratigeas, B. 1991. "Responding To Hidden Abuse: A Role For Social Work In Reforming Mental Health Systems." *Social Work* 36: 408-413.
- Ross, C. A., Anderson, G., & Clark, P. 1994. "Childhood Abuse And The Positive Symptoms Of Schizophrenia." *Hospital and Community Psychiatry* 45: 489-491.
- Schiff, M., El-Bassel, N., Engstrom, M., & Gilbert, L. 2002. "Psychological Distress and Intimate Physical and Sexual Abuse among Women in Methadone Maintenance Treatment Programs." *Social Service Review* 76: 302-320.
- Tjaden, P., & Thoennes, N. 2000. *Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey*. Washington, D.C.: U.S. Department of Justice.
- Teets, J. M. 1995. "Childhood Sexual Trauma Of Chemically Dependent Women." *Journal of Psychoactive Drugs* 27: 231-238.
- Widom, C.S., Morris, S. 1997. "Accuracy of Adult Recollections of Childhood Victimization, Part 2." *Psychological Assessment* 9: 34-46.
- Williams, L. M. 1994. "Recall of Childhood Trauma: A Prospective Study of Women's Memories of Child Sexual Abuse. *Journal of Consulting and Clinical Psychology* 62: 1167-1176.
- Wisconsin Blue Ribbon Commission. 1997. *Final Report to Governor Tommy Thompson of the Blue Ribbon Commission on Mental Health*. April, 1997.
- Wilsnack, S.C., Wonderlich, S.A., Kristjanson, A.F., Vogeltanz-Holm, N. D. & Wilsnack, R. W. 2002. "Self-Reports Of Forgetting And Remembering Childhood

Sexual Abuse In A Nationally Representative Sample Of U.S. Women." *Child Abuse and Neglect* 26: 139-147.

Yandow, V. 1989. "Alcoholism In Women." *Psychiatric Annals* 19: 243-247.

Zweben, J. E., Clark, H. W., & Smith, D. E. 1994. "Traumatic Experiences and Substance Abuse: Mapping The Territory." *Journal of Psychoactive Drugs* 264: 327-344.

Wisconsin Consumers Assess Their Services

WISCATS II

Stressful Life Events Questionnaire

Attached is the questionnaire that was developed for the Woman and Mental Health Study Site interviews with women. We have included it in the Consumer Curriculum so that you can administer it to yourself, if you would like.

STRESSFUL LIFE EXPERIENCES MODULE

Now I would like to ask you about some experiences that may be very upsetting or stressful to nearly anyone. Please think about your whole lifetime when answering the questions. If you need to take a break at any time, please do so. You should also feel free to skip any questions you prefer not to answer.

1. Have you ever experienced war as a soldier in direct combat, as a civilian or as a refugee?

Yes 1
No 2 [Go to 2]

A. How much has this experience affected your life in the past year? (circle a number)

| | | | | | | |
|------------|--------------|------------|-------------|-----------|-----|---------|
| not at all | a little bit | moderately | quite a bit | extremely | DK | Refused |
| (1) | (2) | (3) | (4) | (5) | (8) | (9) |

2. Were you ever put in foster care or put up for adoption?

Yes..... 1
No..... 2 [Go to 3]

A. How much has this experience affected your life in the past year? (circle a number)

| | | | | | | |
|------------|--------------|------------|-------------|-----------|-----|---------|
| not at all | a little bit | moderately | quite a bit | extremely | DK | Refused |
| (1) | (2) | (3) | (4) | (5) | (8) | (9) |

3. Have you ever been separated from your child against your will, for example through a loss of custody or visitation or kidnapping?

Yes..... 1
No..... 2 [Go to 4]
Have no children..... 8 [Go to 4]

A. How much has this experience affected your life in the past year? (circle a number)

| | | | | | | |
|------------|--------------|------------|-------------|-----------|-----|---------|
| not at all | a little bit | moderately | quite a bit | extremely | DK | Refused |
| (1) | (2) | (3) | (4) | (5) | (8) | (9) |

4. Has a baby or child of yours ever had a severe physical or mental handicap. for example, mental retardation, a birth defect, or an inability to hear, see or walk?

Yes..... 1
No..... 2 [Go to 5]
Have no children..... 8 [Go to 5]

A. How much has this experience affected your life in the past year? (circle a number)

| | | | | | | |
|------------|--------------|------------|-------------|-----------|-----|---------|
| not at all | a little bit | moderately | quite a bit | extremely | DK | Refused |
| (1) | (2) | (3) | (4) | (5) | (8) | (9) |

5. Have you ever been sent to jail?

Yes..... 1
No..... 2 [Go to 6]

A. How much has this experience affected your life in the past year? (circle a number)

| | | | | | | |
|------------|--------------|------------|-------------|-----------|-----|---------|
| not at all | a little bit | moderately | quite a bit | extremely | DK | Refused |
| (1) | (2) | (3) | (4) | (5) | (8) | (9) |

6. Have you ever had serious money problems, for example, not enough money for food or a place to live?

Yes..... 1
No..... 2 [Go to 7]

A. How much has this experience affected your life in the past year? (circle a number)

| | | | | | | |
|------------|--------------|------------|-------------|-----------|-----|---------|
| not at all | a little bit | moderately | quite a bit | extremely | DK | Refused |
| (1) | (2) | (3) | (4) | (5) | (8) | (9) |

7. Have you ever been robbed, mugged, or physically attacked by someone you did not know?

Yes..... 1
No..... 2 [Go to 8]

A. How much has this experience affected your life in the past year? (circle a number)

| | | | | | | |
|------------|--------------|------------|-------------|-----------|-----|---------|
| not at all | a little bit | moderately | quite a bit | extremely | DK | Refused |
| (1) | (2) | (3) | (4) | (5) | (8) | (9) |

8. Have you ever been bothered or harassed by sexual remarks, jokes, or demands for sexual favors by someone at work or school, such as a co-worker, a boss, a customer, another student or a teacher?

Yes..... 1
No..... 2 [Go to 9]

A. How much has this experience affected your life in the past year? (circle a number)

| | | | | | | |
|-------------------|---------------------|-------------------|--------------------|------------------|-----------|----------------|
| not at all (1) | a little bit (2) | moderately (3) | quite a bit (4) | extremely (5) | DK (8) | Refused (9) |
|-------------------|---------------------|-------------------|--------------------|------------------|-----------|----------------|

9. When you were young, that is, before age 16, did you ever see violence between family members for example, hitting, kicking, slapping, punching?

Yes..... 1
No..... 2 [Go to 10]

| | | | | | | |
|---|---------------------|-------------------|--------------------|------------------|-----------|----------------|
| A. How much has this experience affected your life in the past year? (circle a number) | | | | | | |
| not at all (1) | a little bit (2) | moderately (3) | quite a bit (4) | extremely (5) | DK (8) | Refused (9) |

10. Have you ever been emotionally abused or neglected, for example, being frequently shamed, embarrassed, ignored, or repeatedly told that you were "no good"?

Yes..... 1
No..... 2 [Go to 11]

| | | | | | | |
|---|---------------------|-------------------|--------------------|------------------|-----------|----------------|
| A. How old were you when this first happened? _____ | | | | | | |
| | | | | Age | | |
| B. Over a period of how many months or years did it last? | | | | | | |
| | | | | _____ | _____ | |
| | | | | months | Years | |
| C. How much has this experience affected your life in the past year? (circle a number) | | | | | | |
| not at all (1) | a little bit (2) | moderately (3) | quite a bit (4) | extremely (5) | DK (8) | Refused (9) |

11. Have you ever been physically neglected, for example, not fed, not properly clothed, or left to take care of yourself when you were too young or ill?

Yes..... 1
No..... 2 [Go to 12]

| | | | | | | |
|---|---------------------|-------------------|--------------------|------------------|-----------|----------------|
| A. How old were you when this first happened? _____ | | | | | | |
| | | | | Age | | |
| B. Over a period of how many months or years did it last? | | | | | | |
| | | | | _____ | _____ | |
| | | | | months | Years | |
| C. How much has this experience affected your life in the past year? (circle a number) | | | | | | |
| not at all (1) | a little bit (2) | moderately (3) | quite a bit (4) | extremely (5) | DK (8) | Refused (9) |

12. Were you ever physically abused, hit, slapped, choked, burned, or beat up by someone you knew, for example, a parent, sibling, boyfriend or girlfriend?

Yes..... 1
 No..... 2 [Go to 13]

| | | | | | | |
|--|--------------|------------|-------------|-----------|-----|-------------------|
| A. How old were you when this first happened? _____ | | | | | | |
| | | | | | | Age |
| B. Over a period of how many months or years did it last? | | | | | | |
| | | | | | | months Years |
| C. How much has this experience affected your life in the past year? (circle a number) | | | | | | |
| not at all | a little bit | moderately | quite a bit | extremely | DK | Refused |
| (1) | (2) | (3) | (4) | (5) | (8) | (9) |

13. Were you ever touched by or made to touch someone else in a *sexual way* because they forced you in some way or threatened to harm you if you didn't?

Yes..... 1
 No..... 2 [Go to 14]

| | | | | | | |
|--|--------------|------------|-------------|-----------|-----|-------------------|
| A. How old were you when this first happened? _____ | | | | | | |
| | | | | | | Age |
| B. Over a period of how many months or years did it last? | | | | | | |
| | | | | | | months Years |
| C. How much has this experience affected your life in the past year? (circle a number) | | | | | | |
| not at all | a little bit | moderately | quite a bit | extremely | DK | Refused |
| (1) | (2) | (3) | (4) | (5) | (8) | (9) |

14. Did you ever have sex orally, anally or genitally when you didn't want to because someone forced you in some way or threatened to harm you if you didn't?

Yes..... 1
 No..... 2 [Go to 15]

| | | | | | | |
|--|--------------|------------|-------------|-----------|-----|-------------------|
| A. How old were you when this first happened? _____ | | | | | | |
| | | | | | | Age |
| B. Over a period of how many months or years did it last? | | | | | | |
| | | | | | | months Years |
| C. How much has this experience affected your life in the past year? (circle a number) | | | | | | |
| not at all | a little bit | moderately | quite a bit | extremely | DK | Refused |
| (1) | (2) | (3) | (4) | (5) | (8) | (9) |

15. Have you ever had sex when you did not want to in exchange for money, drugs, or other material goods such as shelter or clothing?

Yes 1
 No 2 [Go to 16]

| | | | | | | |
|--|--------------|------------|-------------|-----------|-----|-------------------|
| A. How old were you when this first happened? _____ | | | | | | |
| | | | | | | Age |
| B. Over a period of how many months or years did it last? | | | | | | |
| | | | | | | _____ |
| | | | | | | months Years |
| C. How much has this experience affected your life in the past year? (circle a number) | | | | | | |
| not at all | a little bit | moderately | quite a bit | extremely | DK | Refused |
| (1) | (2) | (3) | (4) | (5) | (8) | (9) |

16. Have you ever been strip searched, forcibly restrained, or held against your will by a provider of mental health or substance abuse services?

Yes 1
 No 2 [Go to 17]

| | | | | | | |
|--|--------------|------------|-------------|-----------|-----|-------------------|
| A. How old were you when this first happened? _____ | | | | | | |
| | | | | | | Age |
| B. Over a period of how many months or years did it last? | | | | | | |
| | | | | | | _____ |
| | | | | | | months Years |
| C. How much has this experience affected your life in the past year? (circle a number) | | | | | | |
| not at all | a little bit | moderately | quite a bit | extremely | DK | Refused |
| (1) | (2) | (3) | (4) | (5) | (8) | (9) |

17. Are there any other major life events we did not include that you would like to mention?

Yes..... 1
 No..... 2 [Go to 18]

A. What was the event?

| | | | | | | |
|--|--|--|--|--|--|-------------------|
| A. How old were you when this first happened? _____ | | | | | | |
| | | | | | | Age |
| B. Over a period of how many months or years did it last? | | | | | | |
| | | | | | | _____ |
| | | | | | | months Years |
| C. How much has this experience affected your life in the past year? (circle a number) | | | | | | |

| | | | | | | |
|-------------------|---------------------|-------------------|--------------------|------------------|-----------|----------------|
| not at all (1) | a little bit (2) | moderately (3) | quite a bit (4) | extremely (5) | DK (8) | Refused (9) |
|-------------------|---------------------|-------------------|--------------------|------------------|-----------|----------------|

If you answered yes to any of the above life experiences, please answer the next few questions.

18. Have you ever received treatment or services for any of these experiences?

Yes..... 1
No..... 2 [Go to 20]

19. Have you received treatment or services for any of these experiences in the past 6 months ?

Yes..... 1
No..... 2 [Go to 20]

19a. Where? _____

19b. Which of your experiences was a focus of your treatment? _____

20. How helpful did you find this treatment or service? Would you say *not at all, slightly, moderately, considerably, or extremely helpful*? (please circle one number below)

Not at all..... 1
Slightly..... 2
Moderately..... 3
Considerably..... 4
Extremely..... 5
Don't Know..... 8
Refused..... 9

21. How important is it for you to get help with these experiences now? (please circle one number below)

Not at all..... 1
Slightly..... 2
Moderately..... 3
Considerably..... 4
Extremely..... 5
Don't Know..... 8
Refused..... 9