

The Dynamics of Adolescent Female Addiction

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Girls' involvement in the juvenile justice system
is growing disproportionately at a time
when arrest rates for boys are declining.

Abuse-Drugs-Crime

- The nexus of abuse-drugs-crime is the core of the issues for girls in the criminal justice system.

“Women must be freed of the burden of victimization or they will continue to come into conflict with the law.”

Evelyn Sommer

- The typical women offender had been addicted for an average of nine years before being arrested.

The Handbook of Addiction Treatment for Women, Pg. 472

“Violence makes and keeps women poor by trapping them in trauma and causing them to rely on drugs to cope.”

Jody Raphael, Freeing Tammy, Northeastern University Press, Boston

In 1935 it was believed that women couldn't be alcoholics and would not need the support group.

I guess we proved them wrong

Little research on women

Historically, women have always been seen as a sub-population of male addiction. But research shows significant differences that include:

- ❖ Initiation of use
- ❖ Choice of substance and frequency of use.
- ❖ Bio-physco-social differences
- ❖ Patterns of co-occurring disorders

❖ Straussner 1997

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Initiation of Use

Increased Risk Factors for Adolescents

- Curiosity
- Family history of substance abuse
- Poor parent /child relationships
- Inadequate parent child communication
- Changes in environmental factors
- Substance using siblings
- Unengaged parents

But, Why Do Girls Use?

- To be with boyfriends
 - Peer Pressure
- Loss of environmental protection
 - Puberty



Young Girls Report a **Need** to Use

- Depression
 - Use occurs within 6 months from the loss of protective factors
- Life stress
 - 5th grade girls report smoking and drinking to relieve stress.
- Low Self Esteem
 - Confidence declines upon entering middle school

Source: *CASA; The Formative Years*

Whereas boys tend to use alcohol for recreation and the known effects of a drug, girls have been known to use substances as a means of connecting to others. (The Handbook of Addiction Treatment for Women, pg 236)

- Women experience greater substance use problems as they age.
- Women experience more social disapproval than men. ([Beneath every skirt is a slip](#))
- Addicted women tend to have unhealthy relationships with themselves and their partners due to low self esteem and shame.
- Women progress more rapidly from onset of use through the stages of alcoholism called telescoping. (Lex B.991)

Relational Theory

Relational Theory holds that substance abuse in women may be closely linked to relationship problems.

Women thrive when they are well connected to others.

- Addicted women have unhealthy relationships with themselves which are often based in shame, negative self image and low self esteem.



Unhealthy Relationships lead to Co-Dependency

Someone whose core identity is undeveloped or unknown. Who maintains a false identity built from dependent attachments to external sources – partners, parents, appearance, work or rules.

An addiction to security

Source: Charles Whitfield

Addiction and Relationships

- Males often introduce females to substances.
- He is often her supplier.
- Her life is filled with men who disappoint her.
- Women are abused.
- Women receive less support from their partners.

Depression, sexual abuse and eating disorders have been strongly associated with substance abuse by adolescent girls.

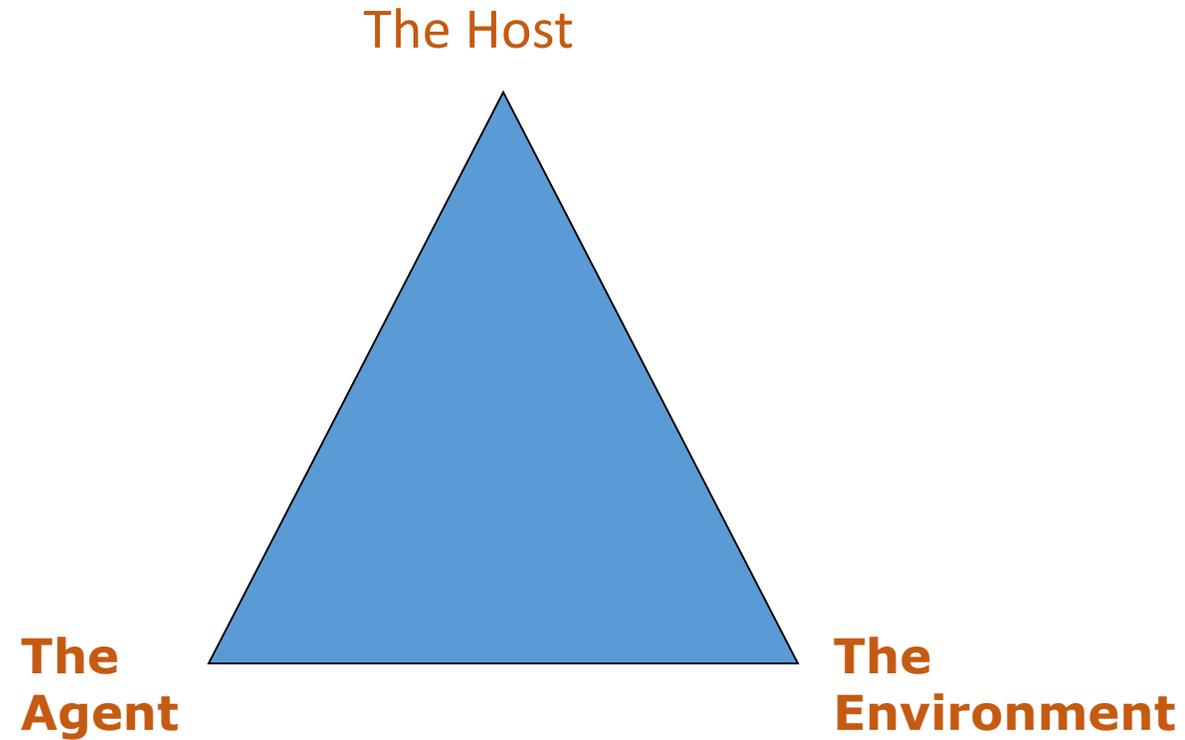
If drug use is understood as a mechanism to cope with emotional pain and trauma, than it is not difficult to comprehend this connection.”

(The Handbook of Addiction Treatment for Women, pg 237)

Public Health Model of Addiction

Three hallmarks

Hester and Miller. Handbook of Alcoholism Treatment
3rd edition. 2003.



The Host

- Women become intoxicated from smaller quantities of alcohol than men.

Why?

1. Lower total body water content
2. Diminished activity of ADH
3. Fluctuating hormone levels

Addictive Behavior and the Brain

- The brain's pleasure centers are located in the Limbic System.
- All substances that produce pleasure stimulate the brain's pleasure centers.
- The pleasure centers tell the addict to do things in a voice that is not accessible to their conscious minds.

Her brain IS NOT like his

- Women experience brain damage from drinking sooner than men
- Long term effects are more severe.
- The brain takes longer to mend.

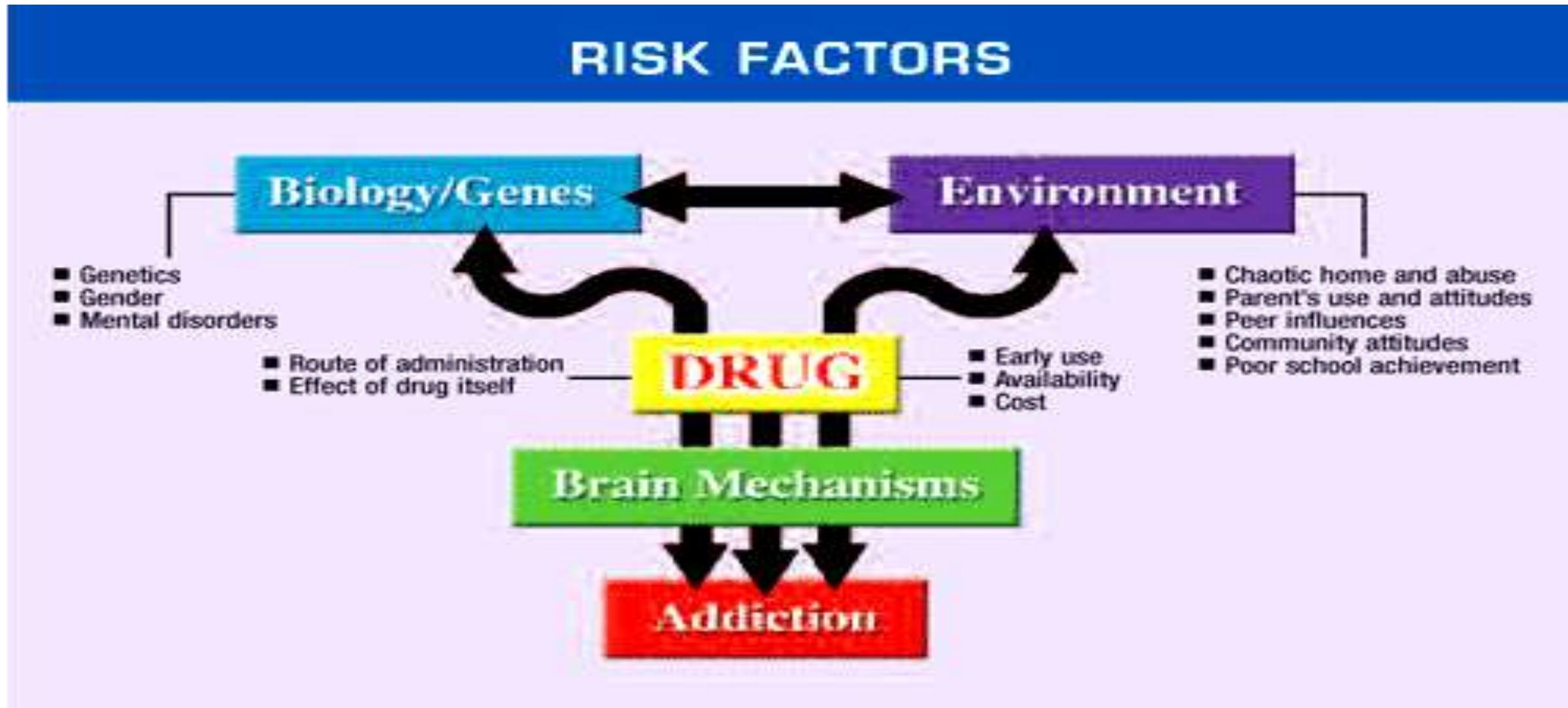
Surviving gets her in trouble

- Our bodies are finely honed to respond to stress and danger in particular ways — through fight, flight or freeze. With chronic exposure to stress and danger, we develop survival mechanisms based on our evolutionary responses. These survival techniques include:
- hypervigilance: constant scanning of the environment for threat
- exaggerated startle: moving to action quickly
- dissociation: a means of trying to cope with overwhelming stimulation
- distrust of authority since the majority of trauma happens at the hands of authority figures.

These strategies help us survive trauma, but outside the traumatic context, they can lead to conflict with others, distractibility, noncompliance and disrupted relationships. In other words, and as described below, the very behaviors we need to help us survive can become “problematic” and criminalized.

- Neha Desai and Dr. Allison Briscoe-Smith

An overview of risk - NIDA



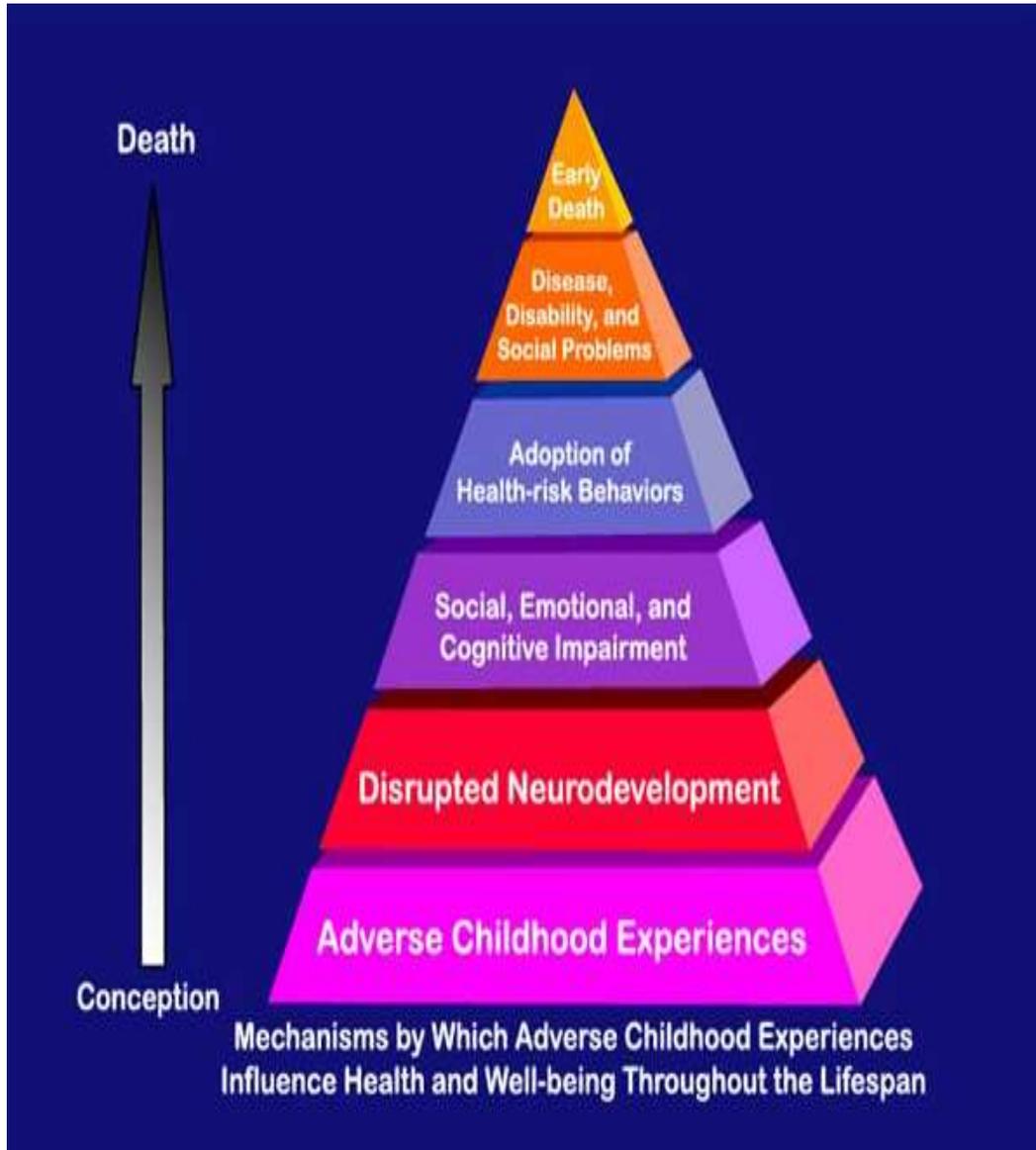
Human Stress Responses

The human stress response coined, "fight or flight" by Walter Cannon in 1932 is a hormonal response characterized by the release of epinephrine and norepinephrine.

This hormonal cascade is caused by the activation of the sympathetic autonomic nervous system in response to a potential threat or danger.

These threats can range from a predator attack to natural disasters threatening the survival of the individual and species such as earthquakes, fire, or even flooding.

Taylor et al. (2000) suggest that the primarily male based research may have caused female stress response which they term "tend-and-befriend."



The ACE score asked: Prior to age 18, did you experience

1. Recurrent physical abuse
2. Recurrent emotional abuse
3. Contact sexual abuse
4. An alcohol and/or drug abuser in the household
5. An incarcerated household member
6. Family member who is chronically depressed, mentally ill, institutionalized, or suicidal
7. Mother is treated violently
8. One or no parents
9. Physical neglect
10. Emotional neglect

- In regard to gender differences in ACE exposure among justice-involved youth, females have reported higher levels of exposure to sexual assault and interpersonal victimization while males have reported higher rates of witnessing violence (Cauffman, Feldman, Waterman, & Steiner, 1998; Ford, Chapman, Hawker, & Albert

- 53% of all girls and 61% of the young mothers had ACE scores of 4 or more, as compared to 15% in the original ACE study;
- 82% of young mothers in residential treatment also had ACE scores of 4 or more.
- 74% of the young mothers in the juvenile justice system had ACE scores of 4 or more.

These findings reinforced what Crittenton agencies have known for many years: that unaddressed childhood trauma resulting from exposure to abuse, neglect and household dysfunction results in coping behaviors such as running away, violent behaviors, self harm, drug and alcohol abuse, etc. These behaviors drive many of the young people we support into the juvenile justice, child welfare, or mental health systems.

A Profile of Women in the Criminal Justice System

In their early to mid-thirties

**Most likely to have been convicted of drug
or drug-related offense**

**Fragmented family histories with other
family members in the CJ system**

Survivors of physical and/or sexual abuse

Significant substance abuse problems

Unmarried mothers of minor children

High school degree/GED

A Greater Burden for Women

Addiction is our plague.

-The war on drugs made addicts “the enemy.”

-We continue to criminalize illness and
treat the illness with incarceration.

The Anonymous People

Women remain underserved and over stigmatized.

Process of Trauma

TRAUMATIC EVENT

Overwhelms the Physical & Psychological Systems
Intense Fear, Helplessness or Horror

RESPONSE TO TRAUMA

Fight or Flight, Freeze, Altered State of Consciousness, Body Sensations, Numbing,
Hyper-vigilance, Hyper-arousal

SENSITIZED NERVOUS SYSTEM CHANGES IN BRAIN

CURRENT STRESS

Reminders of Trauma, Life Events, Lifestyle

PAINFUL EMOTIONAL STATE

RETREAT

ISOLATION
DISSOCIATION
DEPRESSION
ANXIETY

SELF-DESTRUCTIVE ACTION

SUBSTANCE ABUSE
EATING DISORDER
DELIBERATE SELF-HARM
SUICIDAL ACTIONS

DESTRUCTIVE ACTION

AGGRESSION
VIOLENCE
RAGES

Childhood Trauma

75% of women in treatment report
histories of childhood sexual abuse

The victimization began before age 11
It occurred repeatedly

Triggers

In people suffering from traumatic stress and/or substance abuse, particular triggers contribute to dysregulated emotions or behaviors.

- In traumatized youth, reminders of past traumas or losses can trigger a range of emotional and behavioral problems including
- physiological hyperarousal
- hypervigilance
- avoidance
- numbing
- angry outbursts
- substance craving

More specifically

- The intense flood of negative emotions that often accompany traumatic stress can lead individuals to rely on (or over rely on) potentially problematic ways of avoiding trauma-related distress. Some examples of such avoidance activities include:
 - Dissociation: Among the common types of dissociation that traumatized individuals may experience are depersonalization, derealization (feelings of unreality), fugue states.
 - Substance abuse: Individuals with complex and chronic trauma histories are more likely to use drugs and alcohol. Research studies suggest that among individuals with PTSD and substance use disorders, drug cravings increase with exposure to trauma reminders, suggesting that substance abuse for these individuals is an automatic avoidant response to prevent the onset of distressing emotions. (Coffey, Saladin, Drobles, Brady, Dansky, & Kilpatrick, 2002; Saladin, Drobles, Coffey, Dansky, Brady, & Kilpatrick, 2003).
 - Tension reduction activities: Compulsive sexual behavior, bingeing and purging, self-mutilation, and suicidality are also common among individuals exposed to early trauma.

Shifting our lens

...If clinicians fail to look through a trauma lens and to conceptualize client problems as related possibly to current or past trauma, they may fail to see that trauma victims, young and old, organize much of their lives around repetitive patterns of reliving and warding off traumatic memories, reminders, and affects. (page 12)

A treatment wish list

1. Gender Specific Treatment

A male focused, confrontational approach does not work with women.

2. Understand the impact of trauma in the lives of girls.

3. Focus on Empowerment

To become empowered requires we address each girls strengths and help her see them as her life preserver.

4. *ROSC replaces relapse prevention*

Gender specific treatment is best

- Many women said that co-ed groups did not allow for open expression
- More than half indicated experiencing sexual harassment while in treatment

Understand what trauma does to her

- Much has been written recently about the “pathways” that lead youth, especially girls of color, from histories of childhood abuse and/or neglect to involvement with the juvenile justice system. We are starting to better understand the ways in which childhood exposure to trauma can lead to survival strategies and behaviors that are criminalized, while child welfare system involvement can exacerbate underlying trauma and result in law enforcement contact for youth who otherwise would have had none.

Help her see her strengths

Focus on strengths, abilities and potential rather than problems, deficits and pathologies. (Chapin, 1995)

“Focusing on the problem empowers the problem and disempowers the person.”

ROSC

