

# Trauma-Informed Care for Women with Substance Use Disorders: A Guide for Providers

This factsheet equips providers with strategies to deliver safe, compassionate, and trauma-responsive care for women with substance use disorders (SUD).



## What is Trauma?

Trauma arises from an event or series of events perceived as physically or emotionally harmful, causing lasting adverse effects on an individual's physical, social, emotional, or spiritual well-being.



## Trauma Histories Increase Risks of:



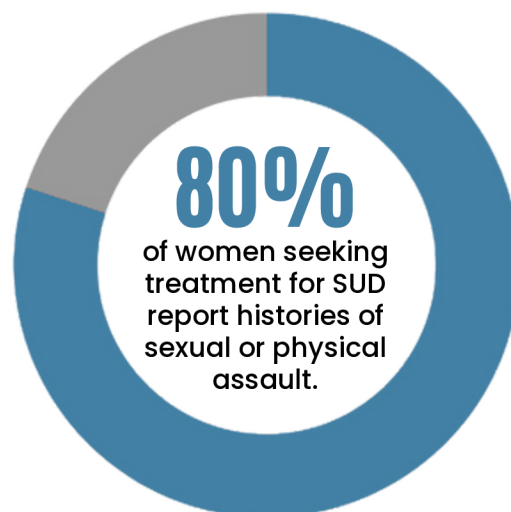
**Complex clinical presentations**



**Lower treatment engagement  
and retention**



**Poorer SUD treatment outcomes**



## The Impact of Trauma

- Trauma affects body, mind, and spirit, often leading to isolation, self-loathing, guilt, shame, and adverse physical conditions, including SUD.
- Trauma-responsive care improves women's post-treatment outcomes by reducing trauma symptoms during treatment.

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## Understanding Retraumatization in Healthcare

### What is Retraumatization?

Retraumatization occurs when medical care unintentionally triggers a trauma survivor's past experiences, causing distress and undermining trust.

### Common Causes of Retraumatization:



#### Physical & Emotional Vulnerability

Includes invasive procedures, removal of clothing, restrictive devices, embarrassing questions, physical touch, and vulnerable positions like lying on an exam table.



#### Provider Interactions

Power dynamics, forced compliance, provider gender, staff positioning (e.g., standing behind the patient), and insensitive responses to emotions or triggers can undermine trust.



#### Environmental Factors

Loud, chaotic settings, confined spaces, and lack of privacy can exacerbate distress and feelings of exposure.



### *Why it Matters:*

*Understanding retraumatization helps providers avoid harm and build trust, ensuring trauma survivors feel safe and respected in healthcare settings.*



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Effective care for trauma survivors requires both understanding the impact of trauma and applying that knowledge to create supportive, healing-centered environments.



## Trauma-Informed

Awareness that trauma is widespread and influences behavior.



## Trauma-Responsive

Actively applying trauma-informed knowledge to care practices.

*"I know my provider is trauma-responsive when they take the time to explain things in a way I can understand. They do not judge me and see me as a whole person, not just my addiction."*  
– 34-year-old woman in treatment



## A Trauma-Responsive Provider:

- Understands and addresses women's emotional needs.
- Normalizes survivor concerns as valid trauma responses.
- Empowers women to feel comfortable in medical settings.

## Trauma-Informed Care Principles

- ✓ **Safety:** Create emotionally and physically safe spaces by seeking permission to enter and offering choices like breaks during exams.
- ✓ **Trustworthiness & Transparency:** Build trust through active listening, informed consent, and clarity about treatment plans and procedures.
- ✓ **Peer Support:** Use peer advocates and feedback to improve trauma-informed practices.
- ✓ **Collaboration & Mutuality:** Co-create treatment goals and involve patients in decisions about care and support systems.
- ✓ **Empowerment, Voice, & Choice:** Provide options, validate experiences, and prioritize shared decision-making.
- ✓ **Cultural, Historical, & Gender Sensitivity:** Incorporate culturally relevant practices, offer materials in preferred languages, and provide gender-specific options when appropriate.

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Integrating trauma-informed and trauma-responsive care fosters trust, improves outcomes, and creates a compassionate, healing healthcare environment.

## Tips for Creating Safe and Comfortable Environments



### BEFORE THE APPOINTMENT

#### During reminder calls:

- Invite patients to bring comfort items (e.g., pillow, blanket, fidget tool).
- Encourage questions about the visit.



### IN THE WAITING ROOM

- Provide seating options for all body types.
- Greet patients warmly by name.
- Escort patients to exam rooms promptly.
- Use positive imagery or quotes on the walls.



*"For me, trauma-responsive care means supporting me, making me feel welcome/understood, holding me accountable."*

– 27-year-old woman in treatment



### IN THE EXAM ROOM

- Foster a calming and unhurried environment.
- Discuss concerns and procedures beforehand.
- Empower patients with choices about timing and procedures.
- Validate and normalize their concerns.
- Allow support persons in the room when needed.
- Explain procedures and ask for consent at every step.
- Ensure the patient knows they can pause or stop at any time.
- Encourage patients to: Wear personal items like a coat; Use tools like lavender oil, stress balls, or music.



### AFTER THE APPOINTMENT

#### Follow up with a phone call to:

- Check on medication efficacy and side effects.
- Address any outstanding concerns.
- Ensure referrals are effective.



Learn more at [elearning.asam.org/women](https://elearning.asam.org/women)

**ASAM**American Society of  
Addiction Medicine

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## References

- Brady, K. T., Dansky, B. S., Sonne, S. C., & Saladin, M. E. (1998). Posttraumatic stress disorder and cocaine dependence: Order of onset. *American Journal on Addictions*, 7(2), 128–135. <https://doi.org/10.3109/10550499809034484>. <https://doi-org.proxyiub.uits.iu.edu/>.
- Brown, P. J., Stout, R. L., & Mueller, T. (1999). Substance use disorder and posttraumatic stress disorder comorbidity: Addiction and psychiatric treatment rates. *Psychology of Addictive Behaviors*, 13, 115–122. <https://doi.org/10.1037/0893-164X.13.2.115>.
- Hien, D. A., Jiang, H., Campbell, A. N., Hu, M. C., Miele, G. M., Cohen, L. R., Brigham, G. S., Capstick, C., Kulaga, A., Robinson, J., Suarez-Morales, L., & Nunes, E. V. (2010). Do treatment improvements in PTSD severity affect substance use outcomes? A secondary analysis from a randomized clinical trial in NIDA's clinical trials network. *American Journal of Psychiatry: Official Journal of the American Psychiatric Association*, 167(1), 95–101. <https://doi.org/10.1176/appi.ajp.2009.09091261>. <https://doi-org.proxyiub.uits>.
- López, C. T., Hu, M., Papini, S., Ruglass, L. M., & Hien, D. A. (2015). Pathways to change: Use trajectories following trauma-informed treatment of women with co-occurring post-traumatic stress disorder and substance use disorders. *Drug & Alcohol Review*, 34(3), 242–251.
- McHugo, G. J., Caspi, Y., Kammerer, N., Mazelis, R., Jackson, E. W., Russell, L., Clark, C., Liebschutz, J., & Kimerling, R. (2005). The assessment of trauma history in women with co-occurring substance abuse and mental disorders and a history of interpersonal violence. *The journal of behavioral health services & research*, 32(2), 113–127. <https://doi.org/10.1007/BF02287261>.
- Reynolds, M., Mezey, G., Chapman, M., Wheeler, M., Drummond, C., & Baldacchino, A. (2005). Co-morbid post-traumatic stress disorder in a substance misusing clinical population. *Drug and Alcohol Dependence*, 77, 251–258. <https://doi.org/10.1016/j.drugalcdep.2004.08.017>.
- Substance Abuse and Mental Health Service Administration (2014). Trauma-informed care in behavioral health services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Substance Abuse and Mental Health Services Administration. (n.d.). Retraumatization in healthcare. Retrieved from [https://www.integration.samhsa.gov/about-us/CIHS\\_TIC\\_Webinar\\_PDF.pdf](https://www.integration.samhsa.gov/about-us/CIHS_TIC_Webinar_PDF.pdf).
- Transformation Center. (2008). Trauma and the peer movement.

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