# Women, trauma and alcohol dependency: Connections and disconnections in alcohol treatment for women

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### Abstract (300 word limit)

Statement of the Problem: Women who have experienced intimate partnerviolence(IPV)areatgreaterriskforphysicalandmentalhealth problems including posttraumatic stress disorder (PTSD) and alcohol dependency. On their own IPV, PTSD and alcohol dependency result in significant personal, social and economic cost and the impact of all threemaycompoundthesecosts.Researchershavereportedthatwomen with these experiences are more difficult to treat; many donotaccess treatmentandthosewhodo,frequentlydonotstaybecauseofdifficulty maintaining helping relationships. However, these women’s perspective has not been previously studied. The purpose of this study is todescribe the experience of seeking help for alcohol dependency by women with PTSD and a history of IPV in the context in which it occurs. Methodology & Theoretical Orientation: Anintersubjective ethnographic study using hermeneutic dialogue was utilized during participant observation, in- depth interviews and focus groups. An ecological framework was utilizedtofocusontheinteractionbetweenthecounselorsandthestaffto understand this relationships and the context in which it occurs. Findings: Thewomeninthisstudywereveryactivehelpseekers.Theyencountered many gaps in continuity of care including discharge because ofrelapse. Although the treatment center was a warm, healing and spiritual place, the women left the center without treatment for their trauma needs and many without any referral to address these outstanding issues. Conclusion & Significance: Women with alcohol dependence and PTSD with a history of IPV want help however the health and social services donotalwaysrecognizetheircallsforhelportheirsymptomsofdistress. Recommendations are made for treatment centers to become trauma- informed that would help thisrecognition.

### Image



**Recent Publications (minimum 5)**

1. Harper C (2009) The neuropathology of alcohol-related braindamage. Alcohol Alcohol 44:136-140.
2. Heilig M, Egli M (2006) Pharmacological treatment of alcohol dependence: Target symptoms and target mechanisms. Pharmacology and therapeutics 111:855-876.
3. LiX, SchwachaMG, ChaudryIH, ChoudhryMA (2008)Acutealcohol intoxication potentiates neutrophil-mediated intestinal tissue damage after burn injury. Shock 29:377.
4. Room R, BaborT, Rehm J (2005) Alcohol and public health. Lancet

365: 519-530.

5. Sullivan EV, Zahr NM (2008) Neuroinflammation as a neurotoxic mechanism in alcoholism: Commentary on “Increased MCP- 1 and microglia in various regions of human alcoholic brain”. Experimental neurology 213:10-17.

Biography (150 word limit)

Deanna Mulvihill has her expertise in evaluation and passion in improving the health and wellbeing. Her open and contextual evaluation model based on responsive constructivistscreatesnewpathwaysforimprovinghealthcare.Shehasbuiltthismodelafteryearsofexperienceinresearch,evaluation,teachingandadministration both in hospital and education institutions. The foundation is based on fourth generation evaluation (Guba& Lincoln, 1989) which is a methodology that utilizes the previous generations of evaluation: measurement, description and judgment. It allows for value-pluralism. This approach is responsive to all stakeholders and has a different way offocusing.

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**Notes/Comments:**