ADDRESSING SEXUAL TRAUMA IN SUBSTANCE MISUSE POPULATION

Making York healthier Making health fairer

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AGENDA

- · Who we are and what we do
- Challenges faced by our communities
- York's health and wellbeing strategy 10 big goals
- Our proposal
- Questions and answers





SURVIVE

Specialist services and trauma-specific interventions in York, North Yorks, ERY

- Helpline (Mon-Thurs 10am-12 noon 0808 145 1887)
- Support work
- Counselling
- Trauma therapy
- EMDR psychotherapy (NICE-approved technique for PTSD)

Any adult survivor of sexual violence

Often contact months, years, decades after incident/s





York in Recovery

- We are a LERO peer led recovery group
- Peer-support
- Safe space, activities, and connection
 - Activities include: art, pool, quiz, wellbeing workshops, cooking, breakfast sessions, boxing)
- Recovery Cafe sessions Sun, Tues, Thurs. Fri women only.
 - Conversations can trigger insights into own personal journey and lead to participants seeking professional help
- Allotment Serenity Garden
- Online support WhatsApp, Facebook group
- Share you story poem, blog post, story, or just a rant

Any adult in recovery or curious about what recovery means for them

Often contact months, years, decades since substance misuse started





Challenges faced by our communities





Alienated; HARMFUL Consuming; ALCOHOL; SUICIDAL; Broken; Chaos; Stigma; Lonely; Sorry; Sambling; Macine: DRUGS; Alone; Occaine; DRU

Leroin; SAD; Hell; Devil; The Devil; Spent; GUILT; Devotion; DA

SELF-LOATHING; Victim-of-crime;

Enslaved; Deceitful; Degrading; WORTHLESS; Outcast; Rock-botton Relentless; SELF-HARM;





York in Recovery

Research suggests 89-94% of substance misuse community have trauma history

PTSD 40% (or higher) in substance misuse population PTSD not routinely acknowledged / screened for

PTSD AND substance misuse associated with:

- Higher addiction severity
- Higher anxiety
- Higher depression

If PTSD not acknowledged and/or treated

- Increased risk of exposure to additional traumatic event/s
- Poorer substance misuse outcomes

"I was not aware that I even had PTSD – from many things including a sexual assault - until a long period of sobriety"





SUICIDAL BEHAVIOURS

psychological distress PTSD

Depression

harmful drinking HIGH BMI

Guilt

Flashbacks

Nightmares Panic attacks

SUICIDE Self Harm SUICIDAL THOUGHTS

Sexual Trauma Anger

DRUG DEPENDENCY

dissociation Eating disorders

Low Self-esteem

SUBSTANCE MISUSE

irritability complex trauma

chronic pain

recklessness

Anxiety

dissociative identity disorder

OBSESSIVE BEHAVIOUR





SEXUAL TRAUMA

"The trauma of being raped or sexually assaulted can be shattering, leaving you feeling scared, ashamed, and alone or plagued by nightmares, flashbacks, and other unpleasant memories. The world doesn't feel like a safe place anymore. You no longer trust others. You don't even trust yourself. You may question your judgment, your self-worth, and even your sanity. You may blame yourself for what happened or believe that you're "dirty" or "damaged goods." Relationships feel dangerous, intimacy impossible. And on top of that, like many rape survivors, you may struggle with PTSD, anxiety, and depression".



Melinda Smith MA, Jeanne Segal PhD





Our 10 big goals at a glance:

OVERARCHING GOAL: Reduce the gap in healthy life expectancy between the richest and poorest communities in York



Reducing anxiety scores and increasing happiness scores by 5%



Bring smoking rates down below 5% for all population groups



Reduce to 15% the proportion of York residents drinking no more than 14 units a week



Reverse the rise in the number of children and adults living with an unhealthy weight



Reduce health inequalities in specific groups



Reduce both the suicide rate and the self-harm rate in the city by 20%



Improve diagnosis gaps in dementia, diabetes and high blood pressure to above the national average, and detect cancer at an earlier stage



Reduce sedentary behaviour, so that 4 in every 5 adults in York are physically active



Reduce the proportion of adults who report feeling lonely from 25% to 20% of our population

Our 10 big goals at a glance:

OVERARCHING GOAL: Reduce the gap in healthy life expectancy between the richest and poorest communities in York



27.1% **high anxiety** score vs 24.2% nationally



1 in 3 mental ill-health

1 in 2 opiate users



over 1 in 5 adults drink

14 units/wk+

1,000+ admitted to hospital for alcohol-specific conditions 2020/21



nearly 2 in 3 adults **overweight**



4x more likely to **die before 75** if SMI

worse health outcomes for those who use substances



70 died by suicide (2018-20)

400+ hospital admissions for self harm (2020-21)







10

25% of adult population feel lonely

#ActOnlICSA - 7000+ adult survivors

Physical health

Emotional wellbeing, mental health and internalising behaviours

Externalising behaviours

Interpersonal relationships

Socioeconomic Religious and spiritual belief Vulnerability to revictimisation

- Physical injuries
- High BMI
- Problems related to childbirth
- Unexplained medical problems

- Emotional distress
- Trauma/
- Anxiety
- Depression

- Substance misuse
- 'Risky' and inappropriate sexual behaviours
- Offending

 Reduced relationship satisfaction and stability

- Issues with intimacy and parent-child relationships
- Lower educational attainment
- Higher unemployment
- Financial instability
- Homelessness

- Disillusionment with religion
- Faith as a coping mechanism
- Sexual revictimisation in childhood and adulthood
- Other types of victimisation







THE PITCH



Reduction in psychological distress (CORE10)

Reduction in trauma symptoms (IER-S trauma scale)

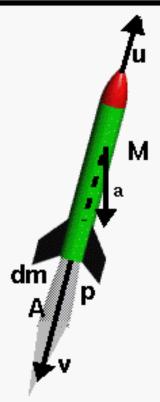
Bespoke feedback surveys

- Improved mental health
- Reduction in anxiety
- Reduction in drinking
- Reduction in drug use
- Continued abstinence/sobriety from alcohol/drugs
- Reduced BMI
- Reduction in suicide
- Reduction in self-harm
- Reduction in suicidal thoughts / behaviours
- · Reduction in feeling lonely and isolated
- Reduction in GP / hospital / A&E visits etc etc etc



Ideal Rocket Equation





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M = instantaneous mass of rocket A = exhaust area
                      p = exhaust pressure
u = velocity of rocket
v = exhaust velocity p_0 = atmospheric pressure
In time increment dt, exhausted mass \stackrel{\circ}{=} dm dt
Change in momentum of system = M du - dm v
  Force on system = (p - p_0) A - M g \cos a (neglect drag)
 Change in momentum = Impulse = Force dt
      M du - dm v = [(p - p_n) A - M g cos a] dt
              M du = [(p - p_0) A + mv] dt (neglect weight)
      V_{eq} = equivalent exhaust velocity = (p - p_0) A + v
      M du = V_{eq} m dt = -V_{eq} dM
            du = -V_{eq} \underline{dM}
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$$\Delta u = -V_{eq} \ln (M) \Big|_{mf}^{me}$$

MR = propellant mass ratio =
$$\frac{mf}{me}$$

$$\triangle u = V_{eq} \ln \left(\frac{mf}{me} \right) = V_{eq} \ln MR = lsp g_o \ln MR$$



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Survivor voices

When I came into **sobriety** a few years ago, firstly engaging with AA and also York In Recovery, the **support** that I had within those spaces enabled me to give myself the **permission** to not only talk about but **seek help specifically for a sexual assault** and the **devastating** effects and **life altering direction** that a **multiple person sexual assault** with a weapon **over 20 years ago** had had on me.

In 2022 I sought professional help from **Survive** and had multiple sessions with them. During those sessions I felt **able to move through and on from that traumatic event**. It was also in these sessions that the deep realisation occurred that I had also had **other sexual assaults** (including one in a previous relationship) in my past also.

Had these sessions not happened, I am not sure that I would have stepped into the firm emotional sobriety that I now have. It is the **strong combination of support** that I have had, specifically within the **YIR women's groups**, certain AA spaces and **Survive** that I have truly **accepted peace over those traumatic events**.

Female service-user





ANY QUESTIONS?

DO YOU THINK THIS

IDEA SHOULD GO

TO ICB?

