

# TRUE STORIES

Host Site: State Capitol, Juneau, Alaska

April 2, 2008

The goal of this forum is to illustrate the effectiveness of the health and social services programs developed to halt destructive addiction. Real life stories, it is believed, can describe what data cannot: the conditions, enormous hardships and trials many Alaskans face; some of whom do receive help which enables them to overcome these obstacles and go on to live a productive life. However, in building the ‘True Stories’ forum, the Health Caucus faced privacy issues. We want this forum to include stories told by people of their own trauma and healing, and to do so in a way that will allow lawmakers to see the critical role state and private services play in the healing and recovery of Alaskans with addictions.

Following are their own stories as told by three brave, remarkable, successful and unique women. Names have been changed to respect the privacy of these individuals. Following their stories is an outline of what all three agreed are issues that must be included when discussing the needs of abuse victims, and ever greater needs if on an untreated path. Each woman developed common defenses early in life that helped them survive as children in bad situations; yet their early trauma and these very early childhood defense mechanisms led to other difficulties later in life. These early habits and reactions are possible to change, but require help that took each of them years to find.



*“I took a bad overdose of pills and came very close to dying. Then, even after getting out of the hospital, I still didn’t have a counselor ...the clinic just didn’t have the funds to have enough staff that I could have a counselor.”*

## Domestic Violence, Jane’s Story

Jane recently retired from a career as a business professional, is a veteran of child abuse and domestic violence, and continues to be an avid volunteer at a domestic violence shelter.

At age three Jane was first subjected to child abuse by an extended family member. Even though her family was aware of the earlier abuse, when she was seven years old the abuser moved into her family home and lived there until she was eleven. As she aged and as a young adult, she suppressed any memory of the abuse.

At the age of 39, having successfully gotten through school, employment and a marriage of seventeen years, Jane met with misfortune. Her husband, in the midst of a mid-life crisis, decided to leave. Jane became single and faced intense emotional upset. With professional help she regained the memory of what had happened in her early life, and led to her feelings of instability.

Through therapy she regained a feeling of independence and came to Alaska. She began a relationship that initially seemed

to have great promise, but led to abusive and dangerous behaviors. That abuse, when it grew to a level that robbed her of not only the ability to be safe but to care for herself, took her to a woman's shelter. The shelter provided treatment as well as a place to rebuild her life.

She found out a great deal about what early experience had done not only to her own, but to many childhood victims to mask awareness and self-protecting response to abuse. She has returned to many of her former interests, and has even added volunteerism and her administrative abilities in forming a citizens group to help others in need.

### **Substance Abuse, Susan's Story**

Susan is the executive director of an Alaskan corporation that deals with substance abuse and serves on a government advisory board. She is also a recovering drug addict and will be sharing her struggles with drug addiction.

At twelve years old Susan began drug use due to health problems. This early use grew into recreational use in a home where there were adults using drugs. She progressed into different drugs and alcohol as she grew older. At 17 years old she became pregnant, and in response stayed sober for the sake of her unborn child, but resumed alcohol use immediately after the birth.

Susan then took professional skill training, becoming the valedictorian of her class, and became a respected officer in her field of work. She was on that staff for more than five years, and during that time continued use of alcohol and other drugs. Upon learning that she would lose her job if they found out about her addiction, she decided to quit the job rather than confront her habits. Susan wonders to this day why no one questioned her reasons for leaving. She is troubled that she worked at the job for so long and had occasional behavioral reactions to the addiction without anyone taking an interest in her health. She wonders whether that interest and support might have made the difference in her accepting help sooner.

*"I would draw on Public Assistance...because what I had made during the work season wouldn't carry me through the rest of the year to support myself and my daughter, because of my addiction." - Susan*

After leaving that long-term job Susan moved to rural Alaska. While working on a road construction crew she continued her drug use. Susan's drug use escalated during the seasonal work shortage, putting her in a downward spiral. In 1994 she began to reach out for help. She could stop for a day or two, but couldn't stick to it without

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**In 2005 Alaska had the highest rate of sexual assault, 2.5 times higher than the national average.**

Source: Alaska Mental Health Board, undated

## 9.5% of Alaskan adults experience a substance abuse or dependence disorder.

Alaska Mental Health Board,  
February, 2008

support from someone or group. Susan was able to get on the 6 week waiting list at the Narcotic Drug Treatment Center in Anchorage. In December of '94 she began a 100 day detoxification process followed by counseling. This counseling uncovered some co-occurring disorders which led to continued service and intensive help. She began to experience work and life with joy. Learning what caused and contributed to her problems, she began building skills to deal with these issues, instead of leaving them ignored.

She believes her ongoing progress would not have been possible to change without help and treatment. She's been clean since April of 1995. From being nearly unemployable four years ago, she now has two demanding and noteworthy jobs and is working on a college degree. Proud to not have any governmental aids, she's happy to be a tax payer. In addition, she wants her experience to matter and does a great deal of volunteer work.

Susan recognizes that she is able to achieve a higher level of recovery than others. She's seen close friends that have tougher and longer processes to reach improvement. She says there are different levels of recovery and only sometimes the recovery is total, as in her case. Sometimes addiction and the severity of reoccurrence are less and less after each treatment program. In those cases, total recovery may not ever happen, but the addictions and behaviors are significantly less expensive and damaging.

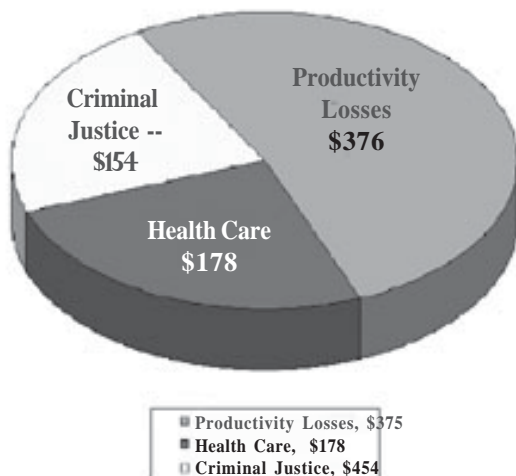
### Mental Health, Karen's Story

Karen shared her process of recovery from mental illness. After working in Alaska as a professional for 20 years, she is now a mental health advocate and president of an active organization.

*"All of the members of my immediate family who I grew up with were disturbed by mental illness."*

At three years old Karen was emotionally and functionally abandoned. Her father moved out of the home and into that of another woman. Her severely depressed mother would return home from work after her husband left the family, and isolate herself locked in her room until the next workday. Karen was a small child sharing the home with a troubled older sibling who would bring in other troubled youth. At age eight Karen began being a victim of sexual assault by her sibling and visitors to the home. Since she was identifiable as vulnerable and unprotected, she became an accessible victim. She was trapped in a setting with no responsible person to care for

Economic Costs of Alcohol and other Drugs in Alaska, in Millions



her, no safety net and no help. To cope Karen suppressed these incidents or went numb, in addition to developing terrible mood swings.

“I had made myself forget many of these problems, and the other ones I remembered I just went numb over. Both these reactions, of forgetting and going numb, are typical of untreated trauma and eventually leads to the psychiatric illness we know as Post Traumatic Stress Disorder.

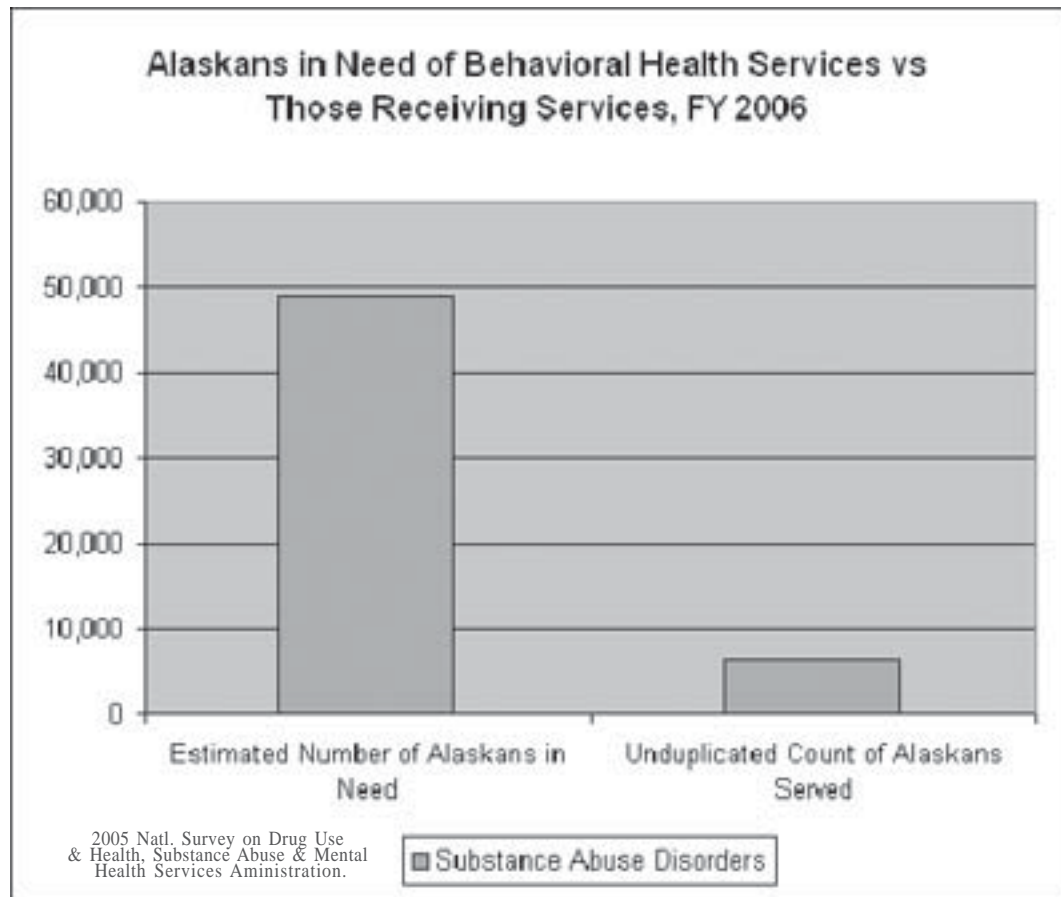
College and marriage were successful experiences for Karen, until her oldest child was 3 years old. At that point she began experiencing Post Traumatic Stress Disorder (PTSD) and her depression started. She began counseling. The medication she was given worked for depression, but was harmful for her undiagnosed bi-polar disorder. That condition became more and more severe. After 20 years of marriage her husband, who had been quiet about her early-learned negative behaviors, divorced her. Her resulting breakdown led her to the community health center. The breakdown also required she leave her 20-year professional career and go on welfare.

That began a long road that eventually led to a series of attempts to recover complicated by the difficulties faced by those with co-occurring disorders. She faced changes in the mental health system, lack of financing, and drug therapies required by some of the disorders. The side-effects of these drug therapies often require equal amounts of other drugs to maintain her health.

“Two things

*“I had made myself forget many of these problems, and the other ones I remembered I just went numb over.”*

**-- Karen**



*“Hopeless feelings of fate, low expectations because of experienced abuse, takes away the belief that you can solve the problem.”*

**-- Karen**

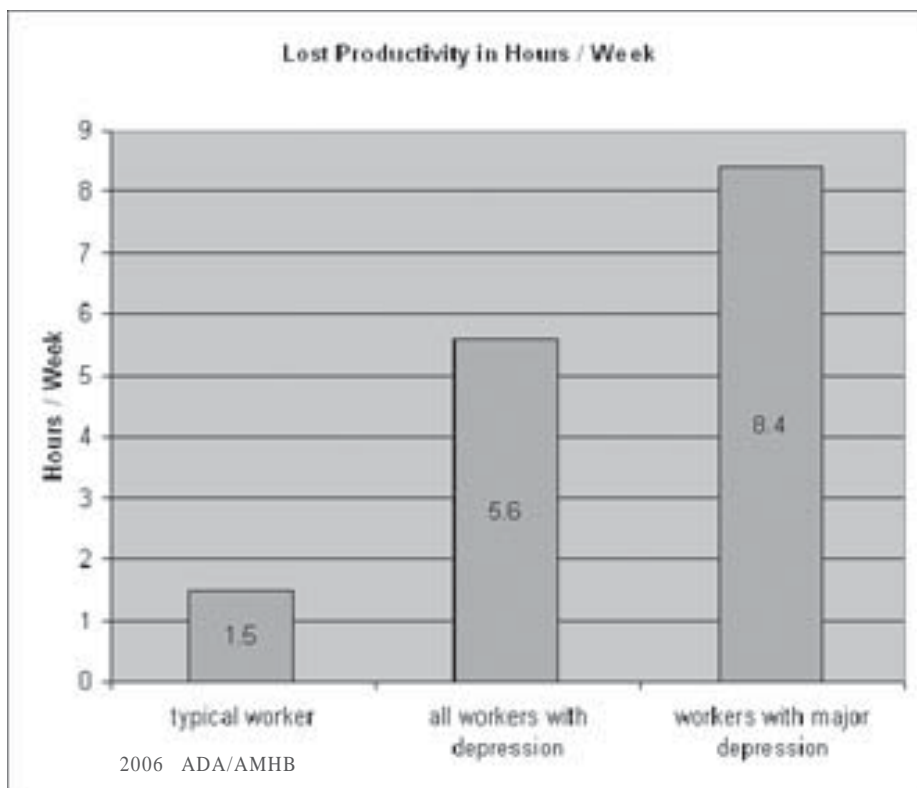
happened at the same time that nearly cost me my life. I had a major medication change that didn't control the symptoms, and because of budget cuts in the state funding supporting the clinic, I lost my counselor. It was taking a long time to reassign me to another counselor. In the meantime I was deteriorating, getting sicker and sicker.”

A psychotic episode led to a suicide attempt and to API.

“I took a bad overdose of pills and came very close to dying. Then, even after getting out of the hospital, I still didn't have a counselor...the clinic just didn't have the funds to have enough staff that I could have a counselor.”

A weekly support group was as much help as funding would allow at the clinic Karen attended. In 2002 she planned a suicide attempt and was headed to where she planned to execute that plan. She began to remember hearing about the National Association of the Mentally Ill (NAMI), and she went there instead. NAMI's Community Support Group got additional help for her and with four years of hard work, in early 2007, she started as full time volunteer in a highly responsible job. She has the plan, that if she can volunteer at this job full time for a few years, she will feel ready to go for entry into paid work and significant recovery.

### **Audience Discussion**



The discussion with audience and story tellers included the common thread that had occurred to each of them. Each had suffered physical, sexual, and emotional abuse early in life. In no case were there adults or a support group that could protect them and help them gain resolution, protection and safety behaviors that would have prevented trauma experienced.

There were comments made by the presenters, guests who also shared similar experiences, and professionals who had

Disfunctional Family (alcohol or other addiction/condition)	Healthy Family (non-alcohol or other chronic mental illness)
<b>Catastrophe/Trauma</b>	
Family Silence. Child interprets what trauma means. and...	Family Talks. Explains that trauma is a part of life. plus...
<b>Shock State</b>	
Family disorganized; no real support. and...	Family support and love. plus...
<b>Rebound</b>	
Emotional shutdown; unable to talk in or outside of family. result in...	Emotional discharge; talks to family and others. result in...
<b>Resolution</b>	
Shock unresolved; memory loss and/or disassociation. <b>Result: Chronic Shock State</b>	Integration of trauma into life. <b>Result: Resolution</b>

learned about the effects of early abuse. Children who experience abuse are in a dilemma. Who can that child talk to? Education to all young children needs to include more than good-touch-bad-touch, said one who'd had this experience. A child needs to know who they can safely talk to as a trustworthy source of help. They thought also that important people in the public arena need to make it known that youth must understand their own innocence when bad things happen to them. It is OK for them to look for safety and health. Children are not responsible for what adults do to them. As children, they have a right to be safe from dangerous and harmful behavior.

One person who'd been abused said that they were not fond of statistics, because "when you listen to statistics — you can't believe you're in the statistics on the negative side". "Your ego and denial get in way of understanding that it applies to you." It's "them, not me" with statistics. "For people who have dealt with this horror, it helps to hear the stories of others, and how they dealt with their own problem."

The discussion turned to the comments that have been made to people who've been through abusive experience, have received threatment and changed their lives. Common comments mentioned were, "Why should the public be responsible for one person's decision to use addictive substances or consequences of a mental health problem?" "Shouldn't they take care of it personally?" Statistics were given on the society-wide cost benefit of treatment.

Defense strategies are often missing for a child or adult who have been traumatized by abuse, was the comment of one person. Another explained that the lack of insight is common for those with mental illness, as part of the psychic damage. Hopeless feelings of fate, low expectations because of experienced abuse, can also take away the belief that you can solve the problem. Being stuck on these feelings becomes an excuse for ongoing negative choices. Developing Health Policy that reduces the stigma for suffering abuse, can be important in addition to having services available and knowing how to get those services.

One speaker stated she takes eleven medications. Half are for mental problems, and half are for the severe side-affects of the first half. The ill are often criticized for not taking medications, she said. If people understood the side-affects of those medications, they would have greater understanding.

While discussing domestic violence, the different behaviors shared by people who've experienced sexual abuse was mentioned. Understanding is required of characteristic attitudes and actions of abusers and would be advantageous to have education about this information starting at a younger age. This way younger people can identify the danger signs. Learning correct reactions, protective strategies need to be taught, giving them healthy responses they've rehearsed and can feel comfortable and practiced in making. People faced with these situations need to know the numbers and who to call to get help.