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IMPLEMENTING TRAUMA-INFORMED PRACTICES TO ADDRESS VIOLENCE AND TRAUMA IN ADDICTION RECOVERY

Emma Aslanifar
Therapeutic Recovery Community, New Roads, Victoria, BC (Canada)

Abstract

Recovery from addiction often intersects with trauma or violence, which complicates sobriety. Addiction behaviors can be exacerbated by unresolved trauma, which increases the risk of relapse and prevents full recovery from addiction. This paper aims to explore how trauma-informed practices can be integrated into addiction recovery settings to ensure emotional and psychological wounds do not impede the recovery journey. The objective of this study was to assess the implementation and effectiveness of trauma-informed practices within a Therapeutic Recovery Community (TRC) involving 58 residents. Each participant dealt with the compounded effects of trauma and addiction. The study aimed to determine how trauma-sensitive interventions could alleviate emotional distress, reduce violence-related behaviors, and help residents process past trauma, ultimately supporting long-term recovery and emotional resilience. To address these issues, trauma-sensitive counseling, mindfulness exercises, and cognitive-behavioral therapy (CBT) were implemented, tailored to the individual needs of residents. These interventions were designed to improve emotional regulation, reduce impulsive behaviors, and promote healing. A safe and supportive community environment was also created to allow residents to openly address trauma's impact on their recovery. The study employed a mixed-methods approach, using quantitative tools such as the Trauma Symptom Inventory-2 (TSI-2) to measure trauma-related symptoms and the Buss-Perry Aggression Questionnaire (BPAQ) to assess impulsive, violence-related behaviors. Qualitative data were gathered through resident interviews and focus groups, examining emotional regulation, coping strategies, and residents' sense of safety. Results indicated that 75% of participants experienced significant improvements in trauma-related symptoms, including reduced anxiety and emotional dysregulation. Significant reductions were also observed in aggression and impulsive behaviors associated with violence. Qualitative feedback revealed that residents felt more in control of their emotions and better equipped to manage triggers related to past trauma, highlighting the importance of the safe and supportive environment. This study underscores the critical role trauma-informed practices play in addressing trauma and violence in addiction recovery. By fostering a supportive environment, these practices significantly reduce trauma-related symptoms and impulsive behaviors, while promoting emotional healing and sustained sobriety. This research advocates for broader use of trauma-sensitive interventions in addiction recovery programs to enhance emotional well-being and reduce the risk of relapse.

Keywords: *Trauma, violence, addiction, trauma-informed care.*

1. Introduction

Addiction and trauma are deeply interconnected, with substantial evidence pointing to the role of unresolved trauma in perpetuating substance use disorders. According to research, trauma victims are more likely to develop addictions because they often use substances to cope with their emotions (Najavits, 2002; Khoury et al., 2010). However, traumatic experiences can be compounded by addiction behaviors, creating a cycle between drug use and trauma (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Unresolved trauma not only exacerbates addictive behaviors but also increases the likelihood of relapse and complicates emotional regulation during recovery (van der Kolk, 2014). Studies have shown that trauma-related symptoms such as anxiety, emotional dysregulation, and aggression can significantly hinder recovery outcomes if left unaddressed (Hien et al., 2009). Addressing trauma within addiction treatment is therefore critical to ensuring lasting recovery and emotional resilience. Trauma-informed care has emerged as an effective framework for addressing these challenges. This approach emphasizes safety, trust, empowerment, and collaboration, creating an environment where individuals feel supported in addressing the impact of trauma on their recovery (Fallot & Harris, 2001).

Interventions such as trauma-sensitive counseling, mindfulness practices, and cognitive-behavioral therapy (CBT) have been found to improve emotional regulation, reduce impulsive behaviors, and enhance coping strategies in individuals with co-occurring trauma and addiction (McGovern et al., 2009; Van Dam et al., 2012; Vujanovic et al., 2016). Although trauma-informed practices are increasingly supported by evidence, their implementation in addiction recovery programs remains inconsistent. To fill this gap, this study evaluated the integration and effectiveness of trauma-informed interventions in a Therapeutic Recovery Community. It explored how these practices can alleviate trauma-related symptoms, reduce violence-associated behaviors, and foster emotional healing, ultimately promoting long-term sobriety and resilience.

2. Design

This study employed a mixed-methods design to evaluate the implementation and effectiveness of trauma-informed practices within a therapeutic recovery community. The design integrated quantitative measures to assess trauma-related symptoms and impulsive behaviors with qualitative approaches to capture residents' personal experiences and perceptions. By combining these methods, the study sought to provide a holistic understanding of how trauma-informed interventions influence emotional regulation, reduce violence-related behaviors, and support long-term recovery. The research was conducted in a residential therapeutic community setting, ensuring a controlled environment for implementing and evaluating interventions.

3. Objectives

- To assess the impact of trauma-informed practices on trauma-related symptoms, including anxiety, emotional dysregulation, and intrusive experiences.
- To evaluate the effectiveness of trauma-informed practices in reducing violence-related behaviors, such as aggression and impulsivity, among residents in addiction recovery.
- To explore how trauma-informed interventions promote emotional regulation, coping strategies, and a sense of safety within the recovery community.
- To determine the role of a safe and supportive community environment in fostering long-term sobriety and emotional resilience among individuals with co-occurring trauma and addiction.

4. Methods

4.1. Participants

The study involved 58 male residents of a therapeutic recovery community, aged 24 to 60, who were engaged in addiction recovery and had a history of trauma. All residents were asked to complete the Trauma Symptom Inventory-2 (TSI-2) and Buss-Perry Aggression Questionnaire (BPAQ) before and after the interventions. Participants were selected based on their willingness to participate and their suitability for trauma-informed interventions, as determined by clinical assessments.

4.2. Interventions

Three primary trauma-informed interventions were implemented:

- **Trauma-Sensitive Counseling:** Tailored one-on-one sessions focused on processing past trauma, identifying triggers, and building resilience.
- **Mindfulness Exercises:** Group-based mindfulness practices conducted within psychoeducational groups, designed to improve emotional regulation and reduce stress responses.
- **Cognitive-Behavioral Therapy (CBT):** Structured one-on-one interventions targeting maladaptive thought patterns and behaviors associated with trauma, impulsivity, and aggression.

4.3. Data collection

Quantitative data were collected using:

- **Trauma Symptom Inventory-2 (TSI-2):** The TSI-2 is a 136-item self-report tool by Briere, updated in 2011 from its original 100-item version. It assesses posttraumatic stress and psychological effects of trauma and stress, including neglect and loss. Respondents rate symptoms on a 4-point scale from 0 ("never") to 3 ("often") over the past six months.

- **Buss-Perry Aggression Questionnaire (BPAQ):** The Buss-Perry Aggression Questionnaire (BPAQ), developed in 1992, measures aggression across four dimensions: physical aggression, verbal aggression, anger, and hostility. It includes 29 items rated on a 5-point scale from "Extremely Uncharacteristic" to "Extremely Characteristic". Scores range from 29 (least aggressive) to 145 (most aggressive), with higher scores indicating greater aggression.

Qualitative data were gathered through:

- **Resident Interviews:** Semi-structured interviews were conducted to gain in-depth insights into participants' experiences. These interviews explored emotional regulation, coping strategies, and how residents perceived and responded to trauma-informed interventions. Participants were encouraged to share personal narratives, providing a deeper understanding of the emotional and psychological changes they experienced throughout the program.
- **Focus Groups:** Residents' perceptions of safety and the supportive community environment were examined through focus group discussions. In these sessions, participants were able to reflect on the importance of community relationships, sharing experiences, and peer support in their recovery journeys, providing insight into the benefits of a community-based approach in a broader sense.

5. Data analysis

A paired t-test was used to assess the significance of changes in trauma-related symptoms and impulsive behaviors before and after the intervention. A thematic analysis of qualitative data was conducted to identify patterns and themes related to participants' emotional and psychological experiences.

5.1. Statistical analysis

Data analysis was conducted to evaluate the effectiveness of the interventions:

- **Descriptive Statistics:** Mean scores and standard deviations for TSI-2 and BPAQ were calculated for pre-intervention and post-intervention assessments.
- **Paired t-tests:** Conducted to compare pre-intervention and post-intervention scores for both measures, assessing the statistical significance of changes in trauma symptoms and impulsive behaviors.
- **Effect Size:** Cohen's d was calculated to determine the magnitude of the observed changes.

6. Results and discussion

The results demonstrate significant improvements in trauma-related symptoms and behavioral regulation among participants, as evidenced by pre- and post-intervention comparisons.

6.1. Quantitative findings

- **Trauma-Related Symptoms:** Participants showed a substantial reduction in trauma-related symptoms, with the mean score decreasing from 64.3 (±8.1) to 48.7 (±6.5). This change was significant ($t = 9.56$, $p < 0.001$) and accompanied by a large effect size (Cohen's $d = 1.5$), indicating meaningful and impactful improvements in areas such as anxiety and emotional dysregulation. Overall, 75% of participants demonstrated significant progress in reducing trauma-related symptoms.
- **Aggressive Behaviors:** Aggression and impulsivity scores changed significantly. The Buss-Perry Aggression Questionnaire (BPAQ) mean score decreased from 72.5 (±10.3) to 55.4 (±8.9), reflecting a 23.6% reduction in violence-related behaviors. This change was significant ($t = 8.43$, $p < 0.001$) with a large effect size (Cohen's $d = 1.3$), highlighting substantial progress in managing impulsivity and aggression among participants.

Table 1. Statistical Results of Pre- and Post-Intervention Measures.

Measure	Pre-Intervention Mean (±SD)	Post-Intervention Mean (±SD)	t-value	p-value	Effect Size (Cohen's d)
Trauma Symptom Inventory-2 (TSI-2)	64.3 (±8.1)	48.7 (±6.5)	9.56	< 0.001	1.5
Buss-Perry Aggression Questionnaire (BPAQ)	72.5 (±10.3)	55.4 (±8.9)	8.43	< 0.001	1.3

6.2. Qualitative findings

In addition to quantitative measures, qualitative data were collected through resident interviews and focus groups. These discussions delved into participants' experiences with emotional regulation, coping strategies, and their perceptions of safety within the therapeutic recovery community. The analysis revealed rich insights, offering a deeper understanding of residents' personal growth and the supportive role of the community, effectively complementing the statistical results.

Identified Themes

- **Improved Emotional Regulation:** Participants consistently described feeling more capable of recognizing and managing their emotional responses. Many individuals reported an increased awareness of their emotions and triggers, enabling them to take proactive steps to prevent the escalation of negative behaviors.
- **Coping Strategies:** Residents highlighted the use of new techniques, such as mindfulness exercises and cognitive reframing, to manage triggers related to past trauma. These strategies were reported as effective tools for maintaining emotional balance.
- **Sense of Safety:** A recurring theme in the discussions was the significance of a safe and supportive environment. Residents expressed that the therapeutic community fostered trust and openness, which were essential for their healing journey.

Illustrative Quotes

Some anonymous quotes from participants are included below:

- "I feel like I finally understand my triggers and can pause before reacting."
- "The mindfulness exercises taught me to stay present, which has helped me manage my anxiety."
- "The environment here feels safe and healing, like I can open up and let go."

Integration with Quantitative Findings

The qualitative feedback aligns closely with the statistical results. For example, the significant reduction in BPAQ scores reflects the reported improvements in coping strategies and emotional regulation. Similarly, the decrease in TSI-2 scores correlates with residents' feelings of increased resilience and reduced anxiety. These qualitative insights add context to the quantitative data, illustrating how the interventions facilitated meaningful changes in participants' lives.

7. Conclusions

This study highlights the essential role of trauma-informed practices in addressing the complex challenges of trauma and violence in addiction recovery. By implementing interventions such as trauma-sensitive counseling, mindfulness exercises, and cognitive-behavioral therapy (CBT) within a supportive community environment, the research resulted in significant reductions in trauma-related symptoms, with improvements in anxiety, depression, dissociation, and anger, as measured by the Trauma Symptom Inventory-2 (TSI-2). Additionally, reductions in impulsivity and aggression were observed, as evidenced by the Buss-Perry Aggression Questionnaire (BPAQ), demonstrating meaningful progress in managing violence-related behaviors. Participants showed enhanced emotional regulation, greater resilience in managing triggers, and a more stable sense of safety within the therapeutic community. These findings reinforce the effectiveness of creating a safe, trauma-sensitive space that promotes healthier coping mechanisms and long-term recovery. The study underscores the importance of integrating trauma-informed approaches into addiction recovery programs to improve emotional well-being, reduce relapse risk, and support sustained sobriety. Ultimately, this research advocates for the broader adoption of trauma-informed practices as a standard element of addiction recovery frameworks to address the interplay between trauma, violence, and addiction.

8. Implications for trauma-informed care

This study underscores the importance of addressing the comprehensive range of trauma-related symptoms in addiction recovery. By targeting these domains through tailored interventions, trauma-informed practices not only alleviate emotional distress but also significantly reduce impulsive and violent behaviors, thereby decreasing the risk of relapse and promoting sustained sobriety. The findings advocate for the integration of trauma-sensitive approaches into addiction treatment programs to foster emotional healing, resilience, and long-term sobriety.

9. Limitations

While the findings of this study are promising, several limitations should be noted:

1. **Sample Size and Specificity**: The study included 58 residents from a single therapeutic recovery community. This limits the generalizability of the results to other populations or settings. Future research should replicate this study across diverse communities and larger samples.
2. **Self-Report Measures:** Data collection relied on self-reported instruments, including the TSI-2 and the BPAQ, as well as qualitative data gathered through resident interviews and group discussions. While these methods provide valuable insights into residents' experiences and perceptions, they may also introduce response biases, such as underreporting or overreporting of symptoms.
3. **Lack of Long-Term Follow-Up**: The study measured outcomes during the intervention period but did not include a long-term follow-up to assess the sustainability of improvements in trauma-related symptoms and behaviors.

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