FACING ADDICTION WITH HOPE AND UNDERSTANDING

Seen, Heard, and Measured: Why Trauma Assessment Must Change for Families Facing Addiction in Minoritized Communities

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When a family member struggles with addiction, the path toward help is rarely straightforward. For families from Black, Indigenous, and people of color (BIPOC) communities, or from sexual and gender minority (SGM) communities, that path is often further obstructed by systems that were never designed with them in mind. A quietly significant piece of scholarship recently published in the *Journal of Traumatic Stress* forces us to confront an uncomfortable truth: the very tools clinicians use to assess trauma may be systematically failing the people who need them most — and in doing so, failing their families as well.

The Problem with the Measuring Stick

Prakash's 2026 analysis begins with a foundational critique: standardized trauma assessment frameworks, built largely around DSM-centric definitions of trauma, are not neutral instruments. They carry assumptions. They assume that trauma arrives in recognizable, dramatic forms — a discrete violent event, a combat experience, an acute assault. What they often fail to capture is the quieter, grinding, structural harm that defines the lives of many BIPOC and SGM individuals: the chronic stress of systemic racism, the daily accumulation of identity-based wounds, the particular fear that comes from knowing that institutions designed to protect you may also profile or harm you.

Prakash writes of "methodological inequity" — a phrase worth sitting with. It is not merely that these assessments are imperfect. It is that their imperfections fall disproportionately on communities that already carry disproportionate burdens. For families facing addiction, this has

profound consequences. Trauma and substance use disorder are deeply intertwined. The research community has long understood that addiction frequently functions as a response to unprocessed trauma — an attempt, however destructive, to self-regulate pain that has no other outlet. If the trauma assessment tools clinicians use cannot accurately measure what has happened to a BIPOC or SGM person, then treatment for their addiction — or for the addiction of their family member — begins on a distorted foundation.

What Gets Left Out of the Story

One of the most practically significant findings in Prakash's work concerns the role of language in trauma disclosure. The paper explores "how behaviorally specific language impacts trauma disclosure and reporting discrepancies," noting that "traditional labels may lead to the underreporting of sexual violence experiences in SGM and BIPOC communities" (Prakash 2026). This is not a minor technical footnote. Underreporting means undertreatment. When a person cannot find themselves in the language of a screening instrument — when the categories offered do not match their lived experience — they may simply answer "no," and a clinician may conclude that trauma is not a relevant factor in their care.

For families, this dynamic plays out in devastating ways. A mother seeking to understand why her son became dependent on opioids may be told his trauma history is unremarkable, when in fact the tools used to assess him never asked the right questions. A partner trying to support someone in early recovery may receive clinical guidance built on an incomplete picture. The family's understanding of what happened — and therefore their capacity to respond with empathy rather than frustration — is shaped by what the healthcare system tells them. When the system gets the story wrong, families are deprived of a crucial source of compassion.

Prakash also raises the issue of "systemic, structural, and identity-based trauma exposure" being excluded from DSM-centric definitions (Prakash 2026). This matters enormously for BIPOC families navigating addiction treatment systems. The accumulated stress of racial discrimination — in housing, employment, healthcare, and daily social interaction — represents a form of chronic trauma that standard assessments often render invisible. Research in related fields has long documented that chronic stress activates the same neurobiological pathways implicated in addiction vulnerability. When assessment frameworks erase that stress from the clinical record, they effectively erase a major explanatory factor in why someone might turn to substances in the first place.

The Intergenerational Dimension

There is another layer here that Prakash's work gestures toward: intergenerational trauma. In Indigenous communities, in communities shaped by the legacy of slavery and segregation, in families where persecution has been a recurring feature across generations, trauma does not always arrive with a clear timestamp. It is transmitted through family systems, through parenting practices shaped by fear and survival, through bodies that carry physiological signatures of inherited stress. When a teenager in one of these families develops a substance use disorder, the question "why?" cannot be answered only by looking at their individual history. The family history — and the community history — must be part of the picture.

Standard trauma assessments, with their focus on discrete, identifiable events experienced by the individual, are poorly equipped for this kind of complexity. Prakash's critique points toward a need for frameworks that can hold this broader temporal and communal understanding of harm. For FAHU's mission — facing addiction with hope and understanding — this is precisely the kind of nuanced, compassionate framework we should be advocating for. Hope without understanding is hollow. And understanding requires us to ask better questions.

What This Means for Families Seeking Help

For families from minoritized communities who are currently navigating a loved one's addiction, the implications of Prakash's research are both sobering and, in a strange way, validating. If you have felt that the healthcare system did not quite see your family clearly — if the explanations offered felt incomplete, if the treatment recommendations seemed disconnected from the reality of your lives — there is now scholarly language for that experience. It is called methodological inequity. It is documented. It is being studied. And there is a growing movement within trauma research to correct it.

Prakash calls for integrating "culturally relevant trauma-related distress" into assessment frameworks — a shift that would require clinicians to engage seriously with the specific forms of harm that occur in specific communities (Prakash 2026). This is not special pleading. It is good science. Just as a physician who ignores a patient's relevant medical history cannot provide good care, a clinician who cannot assess the full range of a person's trauma cannot provide effective addiction treatment.

For families, this means advocating — for yourselves, for your loved ones. Ask whether the assessment tools being used have been validated in communities like yours. Ask whether the clinician treating your family member has training in culturally specific trauma presentations. Ask whether structural and identity-based stressors are being considered as part of the clinical picture. These are not unreasonable demands. They are the baseline of equitable care.

Toward Better Measurement, Toward Better Healing

There is reason for measured optimism. The fact that papers like Prakash's are appearing in leading peer-reviewed journals signals that the field is taking these questions seriously. Trauma researchers are beginning to grapple with what equity in assessment actually looks like — not just at the level of representation in study samples, but at the

deeper level of whether our conceptual frameworks are adequate to the complexity of human suffering. The work ahead is significant, but the direction is right.

For FAHU, this scholarship reinforces a core conviction: that understanding addiction means understanding the full human being caught within it, and the full community surrounding them. Families in BIPOC and SGM communities who have long felt unseen by mainstream treatment systems are not wrong. The measurement tools have been inadequate. The questions have been incomplete. The categories have been too narrow. Acknowledging this — squarely, honestly, without defensiveness — is itself an act of hope. Because acknowledgment is where correction begins.

Families do not need to wait for assessment frameworks to catch up before they extend compassion to a loved one struggling with addiction. But they do deserve systems that see their reality clearly. They deserve clinicians who understand that the trauma driving their loved one's substance use may not fit neatly into a checklist. They deserve treatment that accounts for the whole story.

That is what facing addiction with understanding means. Not looking away from complexity. Looking directly at it, with the humility to know that our tools must grow to meet the depth of human need.

Works Cited

Facing Addiction with Hope and Understanding — facingaddictionwithhope.com
Every source above is listed with a direct link to the original publication.