

Gender Responsive Treatment

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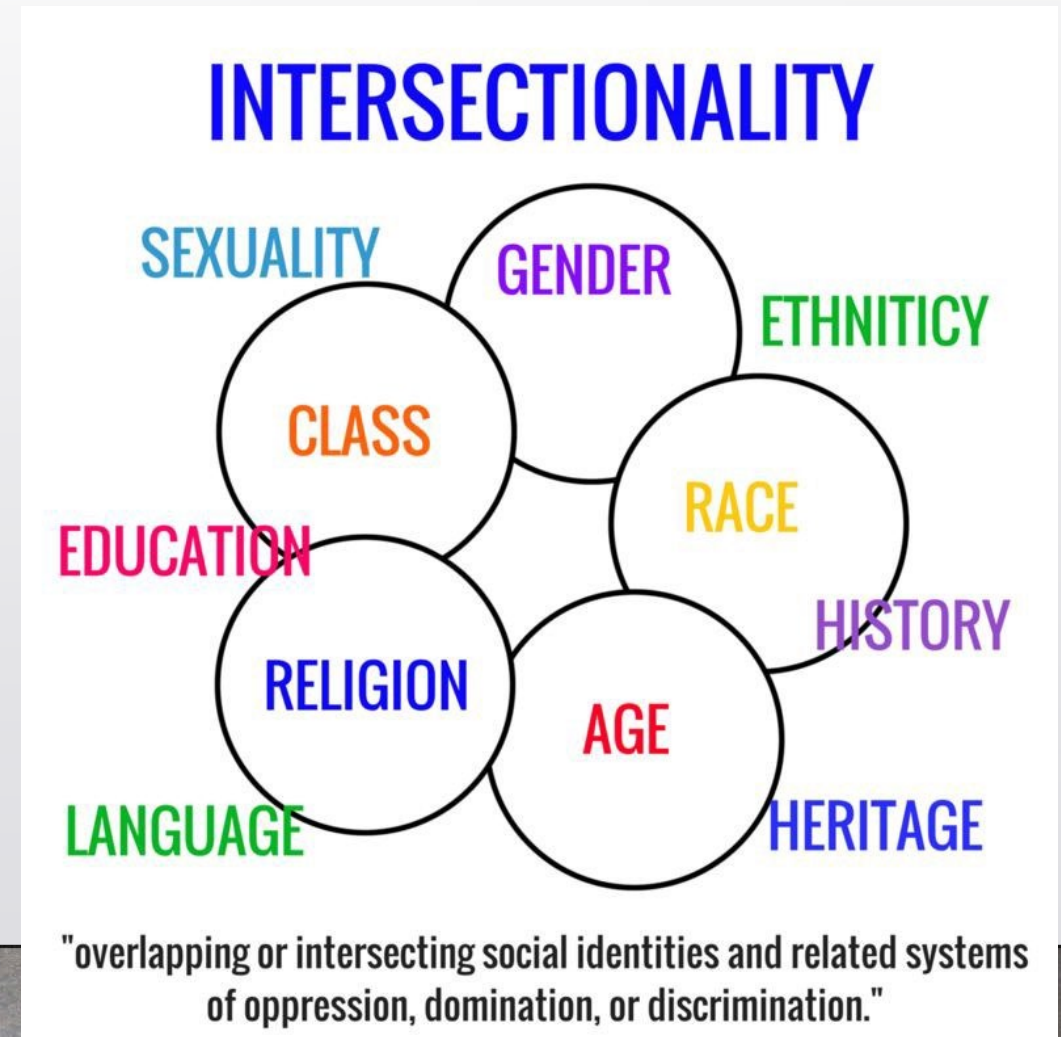


Disclosure

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Intersectionality and Gender Responsiveness

- Aspects of a person's social and political identities combine to create different modes of discrimination and privilege.
- Intersectionality identifies multiple factors of advantage and disadvantage
- These intersecting and overlapping social identities may be both empowering and oppressing.



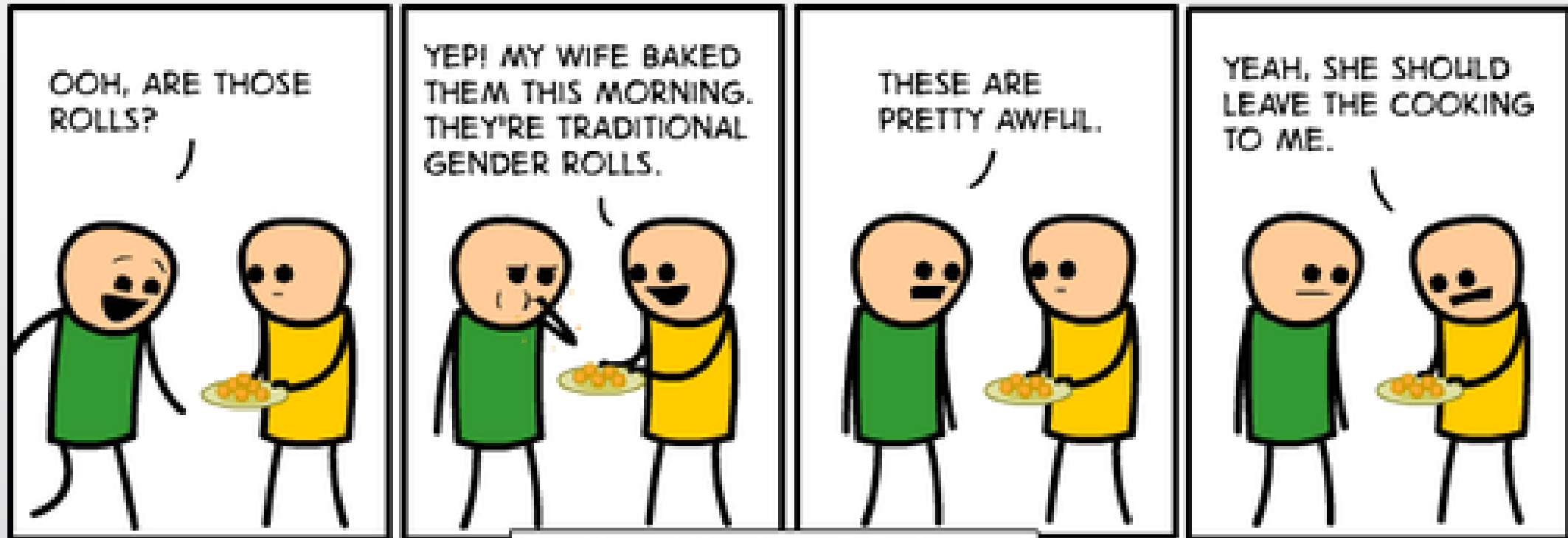


Defining Gender Responsiveness

According to Bloom, Owen, and Covington (2003), **gender-responsiveness** means understanding and taking account of the differences in characteristics and life experiences that women and men bring to the criminal justice system, adjusting strategies and practices in ways that appropriately respond to those conditions.

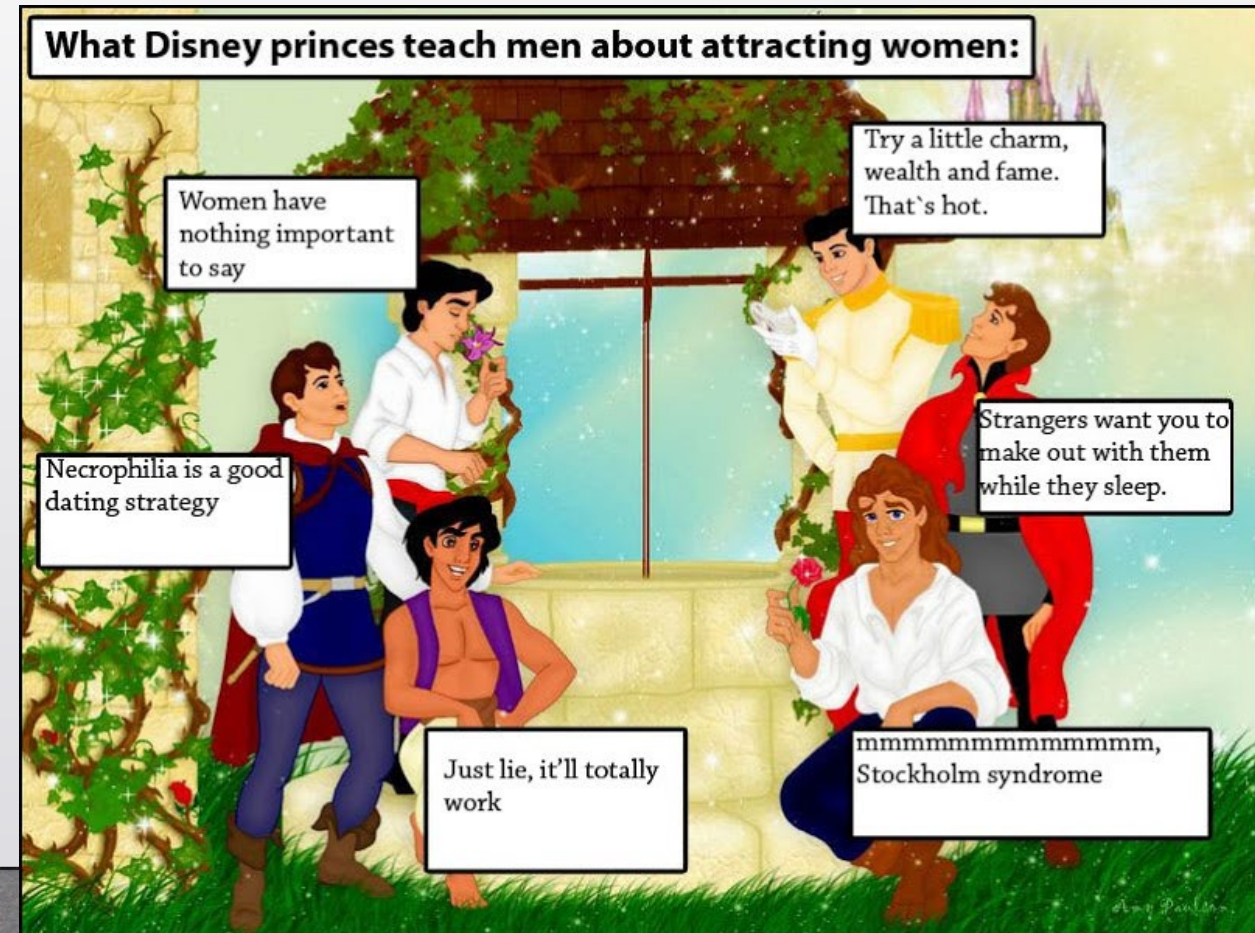
- Gender-responsive means creating an environment through **site selection, staff selection, program development, content, and material** that reflects an understanding of the realities of women's lives and addresses the issues of the participants.
- Gender-responsive approaches are multidimensional and are based on theoretical perspectives that acknowledge women's pathways into the criminal justice system.
- **Simply having a gender specific group does not indicate we are gender responsive**

Recognizing gender roles and stereotypes play a role in gender responsive treatment



Cyanide and Happiness © Explosm.net

Hyper Femininity and Hyper Masculinity



Gender Differences



- Gender differences exist in traumatic stress, mental health, and substance use disorders.
- However, women serve in the military and thus are increasingly subject to some of the same traumas as men and military sexual trauma, which is much more common for women to experience.
- Similarly, men can be subject to domestic violence or sexual abuse.

You Can Not Be Gender Responsive
UNLESS YOU ARE TRAUMA INFORMED

- Trauma is one of the biggest contributing factors of substance abuse
- Post-traumatic stress disorder (PTSD) is a very common co-occurring dual diagnosis among the substance abuse treatment population



ADVERSE CHILDHOOD EXPERIENCES

ACEs: The 10 Areas of Trauma

1. Psychological Abuse
2. Physical Abuse
3. Sexual Abuse
4. Emotional Neglect
5. Physical Neglect
6. Loss of a Parent (for any reason)
7. Mother Treated Violently
8. Substance Abuse
9. Mental Illness
10. Criminal Behavior in the Household

The questions are described on the ACE website
www.acestudy.com

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** ...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often** ...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____
4. Did you **often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

Adverse Childhood Experiences

Traumatic events that can have negative, lasting effects on health and well-being.



People with 6+ ACEs can die

20 yrs

earlier than those who have none.



**ANNE MARIE
PROJECT**


For more info or to schedule a class, contact:


Julie Gramlich, Founder
annemarieproject.org@gmail.com
573-644-4965 • annmarieproject.org

4 or more ACEs

3x the levels of lung disease and adult smoking 

11x the level of intravenous drug abuse 

14x the number of suicide attempts 

4x as likely to have begun intercourse by age 15 

4.5x more likely to develop depression 

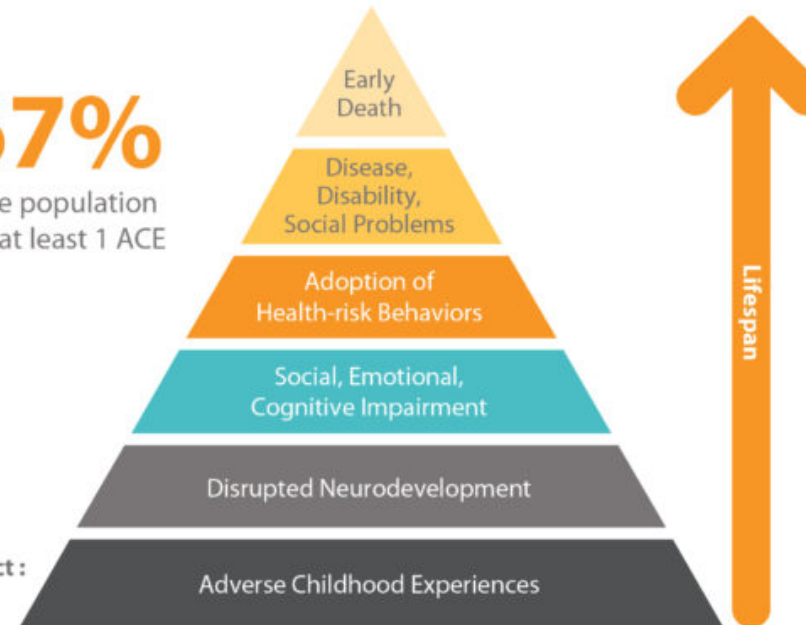
2x the level of liver disease 

“ Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today. ”

Dr. Robert Block, the former President of the American Academy of Pediatrics

67%

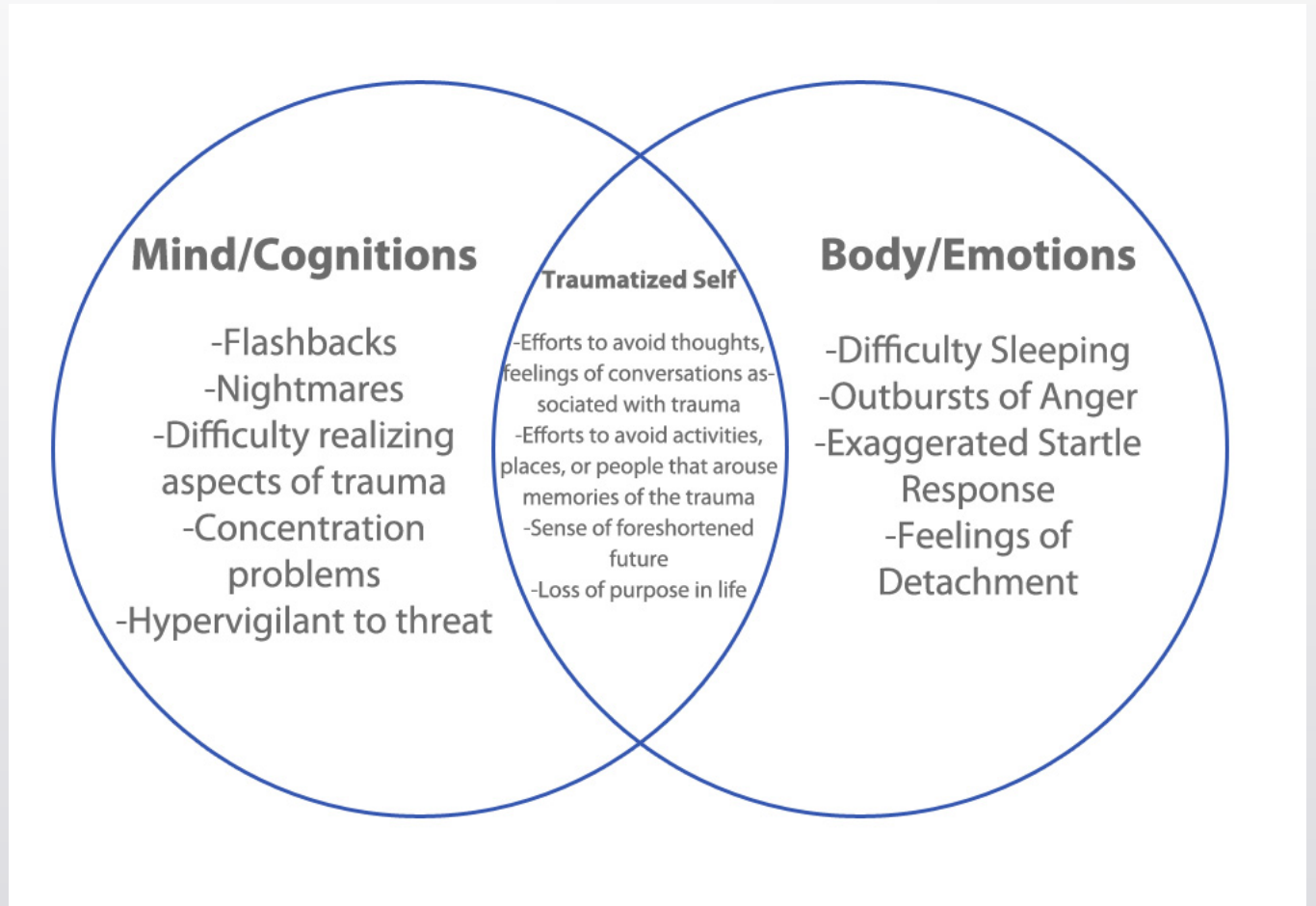
of the population have at least 1 ACE



www.70-30.org.uk © 7030Campaign

Common Trauma-Related Cognitive Distortions

- Self-blame
- Excessive or inappropriate Guilt
 - Survivor guilt
- Shame/embarrassment
 - b/c of trauma or symptoms
- Hero fantasies related to trauma
- Overgeneralization of danger/risk
- Minimization of trauma
- Omen formation
- Foreshortened future
- Magical Thinking
- Revenge fantasies



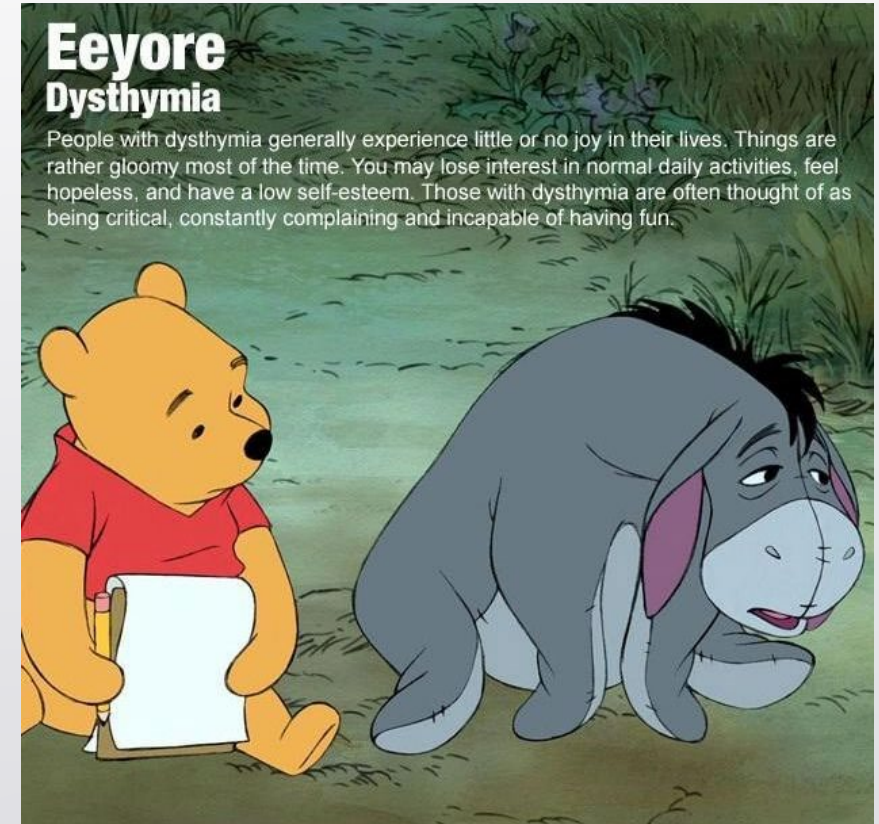


Cognitive Distortions and Thinking Errors

- Defensiveness/Rigid Attitudes
- Power and Control responses
 - Anger, Assuming, Powerplay, Secretiveness, Shut Down/Melt Down, My Way, Making Fool of others
- Self Centered
 - Keeping score, Lack of Empathy, Refuse to Acknowledge fear, Uniqueness
- Distorting the Truth
 - Confusion, Downplaying, Grandiosity, Deceiving (lying, fact stacking, phoniness)
- Denying Responsibility
 - Avoiding Consequences, Acting helpless, Blaming, Lackadaisical, Making Excuses

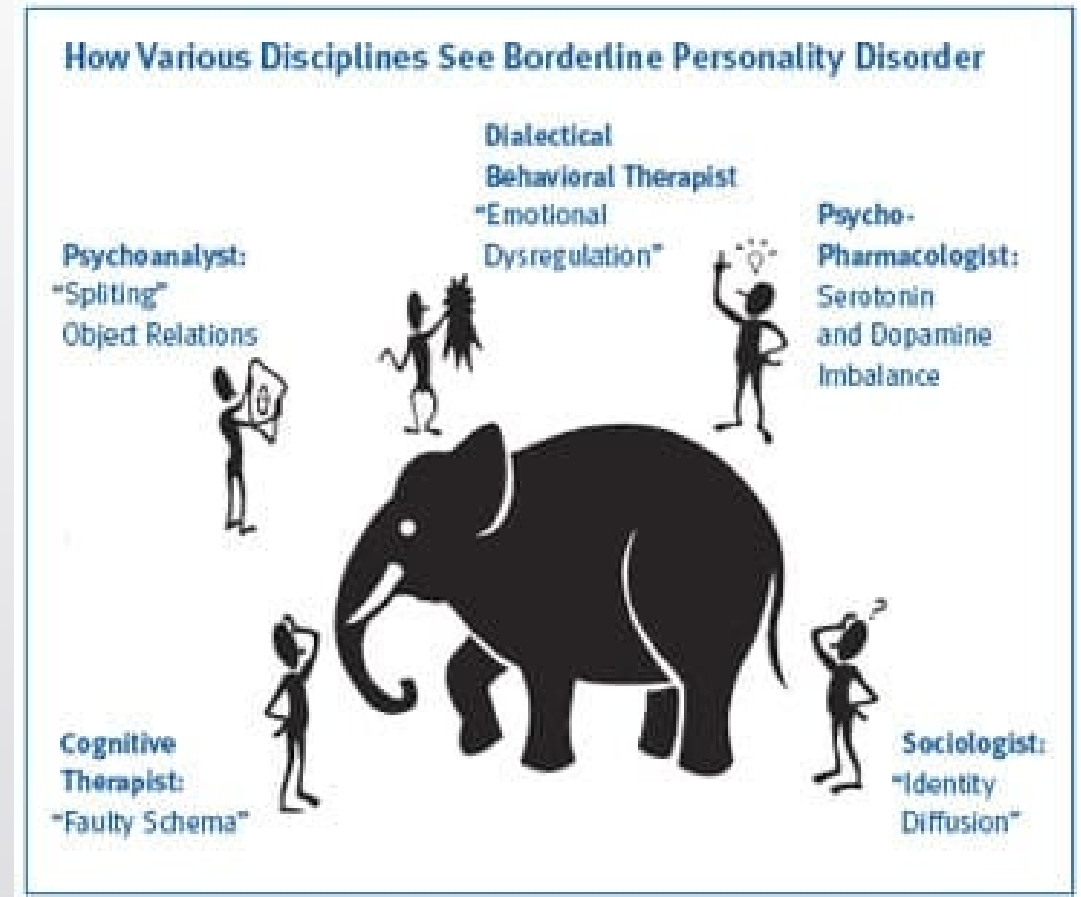
Do Women Suffer Mental Illness More Than Men?

- Women show greater overall symptomatology, including depressive, anxious, and somatic symptoms.
- Women are also more likely to be living with mood disorders.
- Men have higher rates of antisocial personality disorder and a trend toward higher rates of narcissistic personality disorder.



Borderline Personality Disorder and Gender

- Since the 1980s, the DSM has indicated that this disorder is more common in women than men.
- However, recent studies (National Epidemiologic Survey on Alcohol and Related Conditions) found that BPD is equally as common among men and women.





Gender bias in diagnosing BPD could be less related to differential prevalence but differential presentation

MEN

- Men with BPD display more antisocial features.
- Men with this disorder are also more likely to have other co-occurring Axis II disorders such as paranoid, passive-aggressive, narcissistic, sadistic and antisocial personality disorders.
- Men are more likely to be involved in substance treatment programs

WOMEN

- Women are also more likely to have mood disorders, anxiety, and posttraumatic stress disorders in addition to their BPD diagnosis.
- Women with BPD tend to be high utilizers of pharmacotherapy and psychotherapy



We don't see things as they are, we see things as we are. – Anais Nin

- One treatment does not fit all

Culture determines acceptable responses to trauma and shapes the expression of distress.

- Culture affects the way in which people describe their symptoms, such as whether they choose to describe emotional or physical symptoms.
- Mental health experience of minorities has been greatly affected by culture and how society at large views that culture.
- Racial and ethnic minorities in the U.S. are less likely than white people to seek mental health treatment, or they delay treatment until symptoms are severe.



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Cultural factors often determine how much support people have from their families and communities in seeking help.

A woman with long brown hair and a somber expression. Her mouth and chin are covered in thick, smeared red lipstick, which is a visual metaphor for the 'missing' status of Native women.

INVISIBLE NO MORE

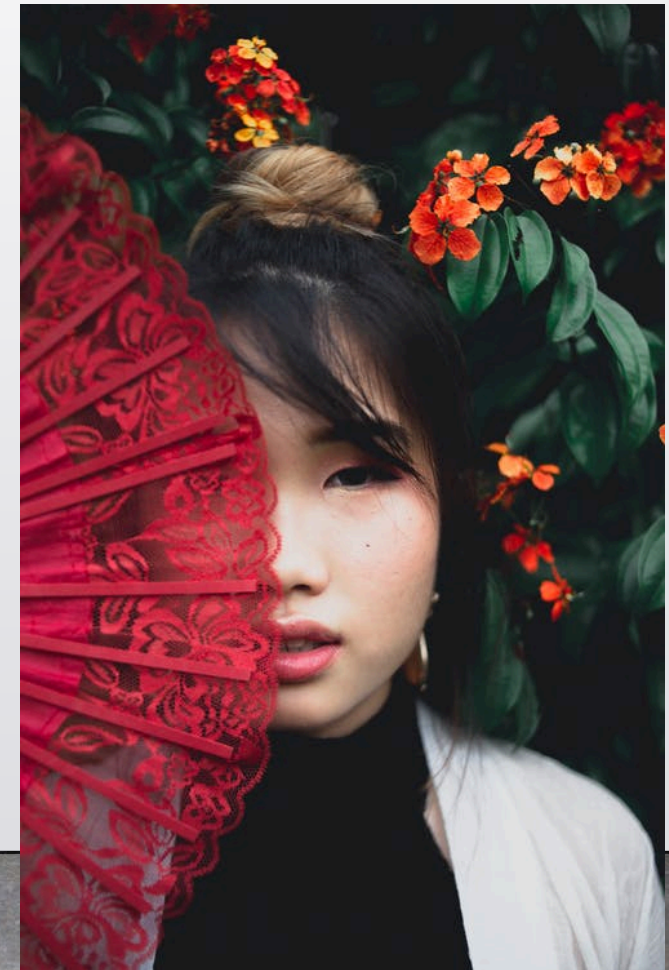
5,712 Native women
were reported murdered
or missing in 2016

Now we've lost count

MMIW-GIC.COM
#SOMEBODYS DAUGHTER

Global Indigenous Council NATION UNSEVERED NOT OUR NATIVE DAUGHTERS


#MMIW



Women often face multiple oppressions

- Gender discrimination compounded by discrimination due to their racial or ethnic group, religion, sexual orientation, or poverty, as well as living with ongoing violence.
- Sometimes women are reluctant to disclose the violence in their background because they fear that their identity will be overwhelmed by a pervading sense of “victimhood.”



- 
- Black women are almost twice as likely– and Latinas are 20% more likely – to be incarcerated than white women.
 - Native American women are incarcerated six times the rate of their white counterparts.
 - Drug use occurs at similar rates across racial and ethnic groups, but racialized women are far more likely to be criminalized for drug law violations than white women.
 - Black people are no more likely than white people to use illicit drugs during pregnancy, but they are far more likely to be reported to child welfare services for drug use

THIS ISN'T JUSTICE.

There are **832% MORE**
women in prison
now than in 1977

Black women are incarcerated
3 TIMES MORE
than white women

1 IN 25 
will give birth
SHACKLED in prison.

75% 
ARE DOMESTIC VIOLENCE SURVIVORS

1 IN 10
will be sexually
assaulted in prison

82% are survivors of
SEVERE CHILD ABUSE

colorofchange.org  ultraviolet

SHARE IF YOU THINK IT'S TIME TO STOP CRIMINALIZING WOMEN AND SURVIVORS.

Research has found that self-image, relationships, sexuality, and spirituality are connected with gender and addiction and are all experienced differently by men and women dealing with addiction and pursuing recovery



THE EXPERIENCE OF
ADDICTION
MAN VS WOMAN



| | |
|---|---|
| Research has shown that drug & alcohol addiction is more prevalent in men | Women often become addicted faster than men |
| Men's bodies can manage more consumption of a substance at one time | It's used as away of coping with emotional stress or traumas |
| Men experience long term physical symptoms of drug or alcohol addictions | Substance abuse is often driven by weight management drugs |
| Men find it easier to seek treatment for addiction than women. | Women tend to be socially stigmatized for seeking rehab treatment |

TREATMENT FOR ADDICTION



- Both are just as likely to relapse after they've completed treatment.
- Women have shorter relapse periods.
- Twelve Step programs are actually ideal for both genders because while men and women have different needs in recovery, these programs do an excellent job of fulfilling those needs.
- Both genders are drawn to the program because of its emphasis on utilizing a social support system in order to breakfree from the confines of addiction.

SOURCES

<http://blogs.psychcentral.com/addiction-recovery/2012/10/gender-addiction-recovery/>
<https://www.psychologytoday.com/blog/remarkable-recovery/201203/addiction-and-gender-recovery-women>



Men and Women Experience Addiction Differently

The following facts and statistics were provided by the National Council on Alcoholism and Drug Addiction.

- Approximately 4.5 million women in the US have a substance abuse issue.
- 3.1 million use illicit drugs on a regular basis
- 3.5 million misuse prescription medications.
- When women become addicted to drugs or alcohol, they tend to progress more quickly.
- Their recovery looks different, and they will also relapse for different reasons than men.
- Women who use marijuana, cocaine or heroin also move from first use to dependence on these drugs more quickly than men. They report having problems of “greater severity” and also have more consequences related to their health than men.

Pathways to Use Tend to be Different

- The reasons women become involved with drugs initially are often linked to their relationships with men in their lives.
- Research studies indicate more than 70 percent of female drug users have experienced sexual abuse by the time they turned 16.
- Most of the women have a family history where at least one parent had a history of drug or alcohol abuse.
- Female addicts may also be engaging in risky behaviors that may put them at higher risk for sexual assault, as well as contracting sexually transmitted diseases, including HIV and hepatitis.



Women, Children, and Pregnancy

- Women are still more likely to be the main caregivers to young children than men and are more likely to have their children living with them.
- They are also more likely to be dealing with the child welfare system than a male parent.
- Addicted women who have children may be afraid to seek treatment because they're afraid they will lose custody of their children to the other biological parent or to the state.
- They may also be concerned that they could face criminal charges of child abuse or endangerment if their drug or alcohol addiction came to light.

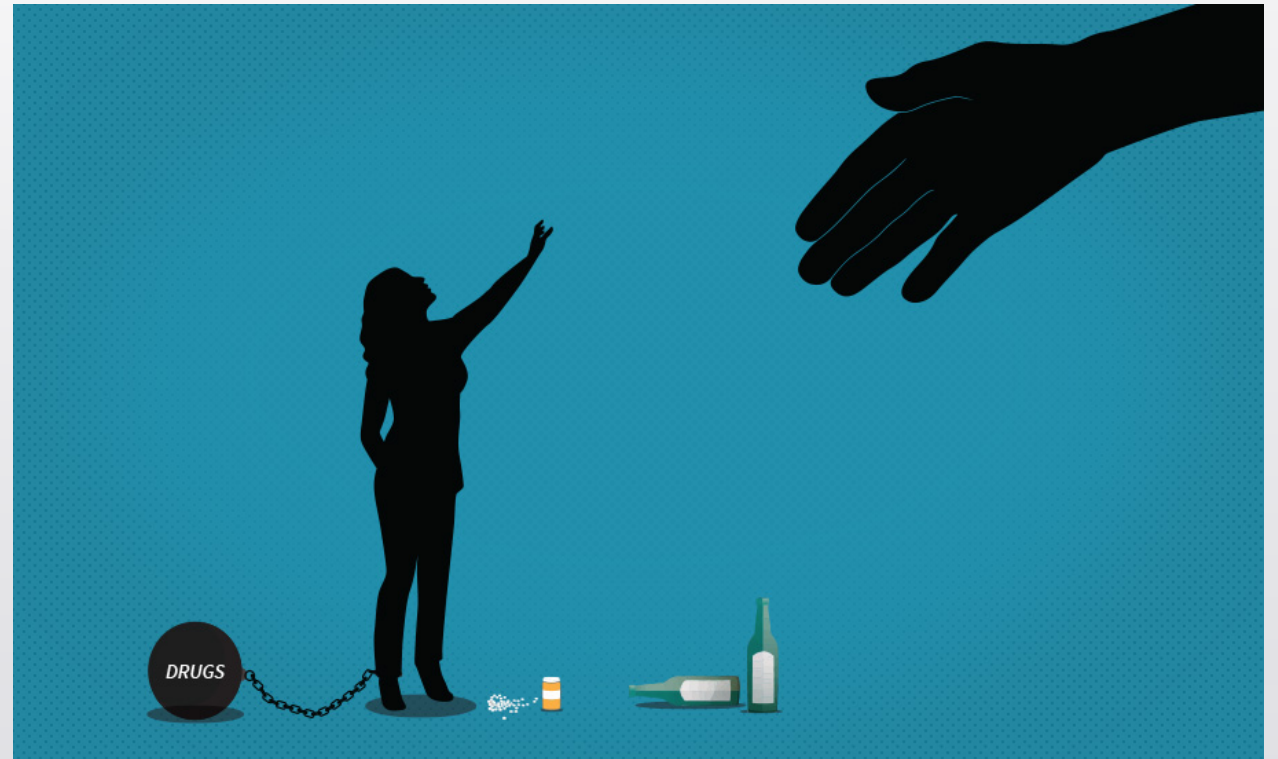




- Research has shown that women often use drugs differently, respond to drugs differently, and can have unique obstacles to effective treatment as simple as not being able to find childcare or being prescribed treatment that has not been adequately tested on women.
- As women have taken on a greater role in the workforce, many of them have found it difficult to give up the feeling that they should still be the primary caregiver for the family and their children.

Women in Treatment

- They often struggle to care for their children, work, and attend treatment at the same time.
- Face Criticism
- Support for staying in the program
- Lack of childcare





Issues in Coeducational Treatment

- Women in coeducational treatment sometimes feel demeaned by not only the style of treatment, but also their male counterparts and facilitators
- Women have reported sexual harassment, abusive conduct – such as being called prostitutes – and negative comments about their bodies by both participants and facilitators.
- Women have reported being solicited for sex by male counterparts, relapsing with male peers, and being silenced by male peers.
- In some cases, women who are survivors of abuse have been placed in treatment with abusers.

It is important to feel safe in group; often women will leave the group before telling others that it is uncomfortable or unsafe.

Women and Body Image Issues

- Women in drug and alcohol treatment programs are more likely to have body image issues than men.
- These should be addressed in therapy as part of their treatment.
- These issues tend to involve a woman's sense of self-esteem, self-worth, and value, female clients may not feel comfortable being open about them in a group that includes men.
- A treatment program for women only would be an atmosphere that would encourage open and honest sharing.
- Some women find it very uncomfortable to stand in front of a room full of men in court



Parenting and Addiction

The women coming into may have concerns about losing children

- admitting they have a substance abuse issues
- Whether getting help will have a negative effect on their status as a caregiver.
- The mothers may need to talk about their feelings around what it means for them to have lived with their addiction while trying to care for their children.



Abuse or Sexual Assault Survivors in Treatment

- Placing women who have been the object of abuse (verbal and/or physical) or sexual assault in a treatment program which also includes men who have anger issues, or have been offenders, is not an appropriate mix to help women deal with their experiences and move into sobriety.
- The survivors need to feel they are in a safe place where they can express their feelings about their experiences and come to terms with them.
- Having males in the same space coming at the experience from its “opposite” side will not help at this stage.



NO BOYS
ALLOWED



NO GIRLS
ALLOWED

- Women who have experienced childhood victimization resort to drugs as a coping mechanism to numb the pain of abuse and other stressors
- Adult intimate partner violence, sexual assault, grief over the loss of their children.
- Strong interconnections between victimization, mental illness (depression, anxiety and PTSD) and self-medicating substance abuse behaviors.
- Poverty and economic marginalization
- The risk of abuse for males drops after childhood, while the risk for females continues throughout adolescence and adulthood.





The Five CORE Practice Areas of Gender Responsiveness

Alyssa Benedict, MPH : Definition of Gender Responsive:

Gender Responsive or Gender-specific programs intentionally allow research and knowledge on female socialization, female psychological development, female strengths, female risk factors for system involvement, females' pathways through systems, female responses to traditional interventions and females' unique program/service needs to affect and guide ALL aspects of the program's design, processes, and services (adapted from Maniglia).

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Adapted from the ©CORE Gender-specific



Multi-faceted Approach for Women

- **Relational/Relationship based** Develop policies, practices, and programs that are relational and promote healthy connections
- **Strengths-Based** Create an environment based on safety, respect, and dignity
- **Trauma-Informed** Address substance abuse, trauma, and mental health issues
- **Culturally Competent** Provide women with opportunities to improve their socioeconomic conditions
- **Holistic** Establish a system of community supervision and reentry with comprehensive, collaborative services



Relationship-based

- Emphasize relational strengths and the development of therapeutic relationships between all members of the service community
- Ensure that practitioners foster healthy, mutual and empowering relationships with and among clients
- Use relational language
- Weave a relational perspective through all aspects of service delivery.

.....And lets talk about healthy and unhealthy relationships shall we?



Strengths-based

- Focus on client strengths, talents and assets
- Recast “negative” behaviors as survival behaviors
- Teach new skills
- Give clients healthy power and control
- Use strengths-based language
- Allow clients to impact programming
- Weave a strengths-based perspective through all aspects of service delivery.



Culturally Competent

- Have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally;
- Ensure that practitioners have the capacity to
 - 1) value diversity
 - 2) conduct self evaluation
 - 3) manage the dynamics of difference
 - 4) acquire and institutionalize cultural knowledge
 - 5) adapt to the diversity and the cultural contexts of the communities they serve
- Incorporate the above in all aspects of policy-making administration, practice and service delivery, and systematically involve key stakeholders and communities.

(Adapted from the National Center for Cultural Competence, Georgetown University)



Trauma-informed

- Take trauma into account
- Avoid triggering trauma reactions and/or traumatizing the individual;
- Adjust the behavior of staff and the organization to support each individual's coping capacity
- Allow survivors to manage their trauma symptoms successfully so that they are able to access, retain, and benefit from services.

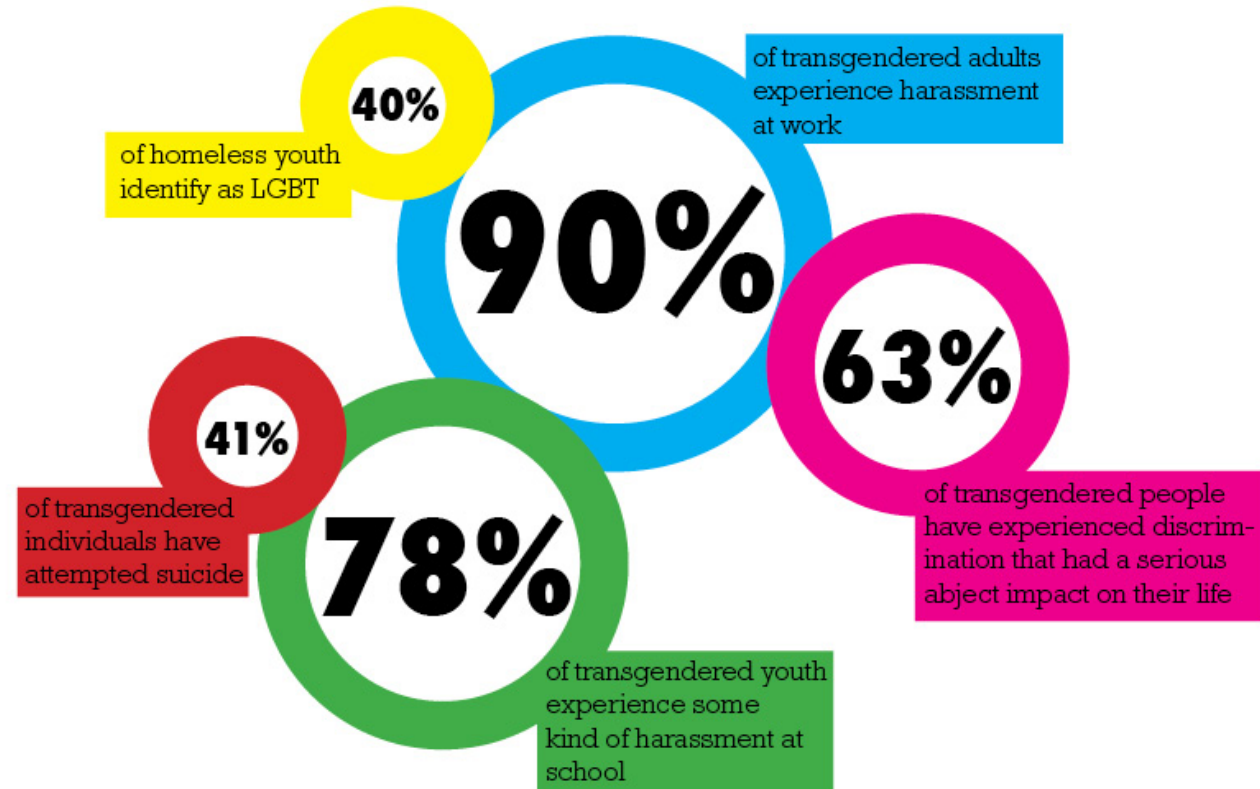


Holistic

- Holistic programs/services acknowledge the larger context of females' lives, and, in turn, the larger context of females' thoughts, feelings, behaviors and decision-making.
- This means that practitioners understand pathways theory as well as the unique causes and correlates of female behavior. Holistic programs are also oriented toward empowerment and advocacy.

LGBTQ

Gender Responsive Treatment

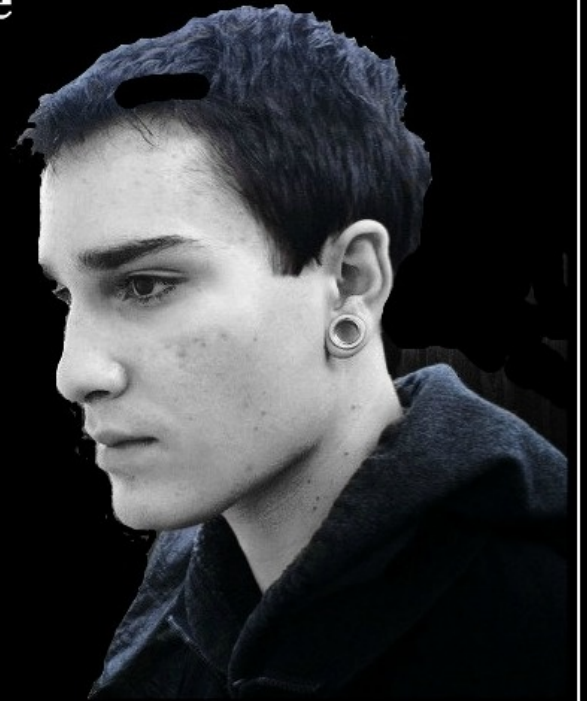


Issues in Treatment

- Lesbian, gay, bisexual, and transgender (LGBT) clients face specific issues in behavioral health treatment settings, including histories of abuse and discrimination relating to sexual orientation, homophobia in treatment on the part of counselors or other clients, potential difficulty addressing traumatic experiences related to their sexuality or sexual orientation, and often, a significant lack of trust toward others.
- Often, individual counseling can address issues the LGBT client isn't comfortable discussing in group treatment.

**"My pain is not
caused because
I am gay.**

**My pain was
caused by
how I was
treated
because
I am gay"**



Eric James Borges
Died 01.14.12, 19 years old

SAMHSA/CSAT: A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgender Individuals Training Curriculum

First Edition 2001 Revised 2003, 2009, and 2012

- Lesbians, gay men, bisexuals, and transgender individuals have unique difficulties
- Best-practice methods are critical when working with LGBT clients



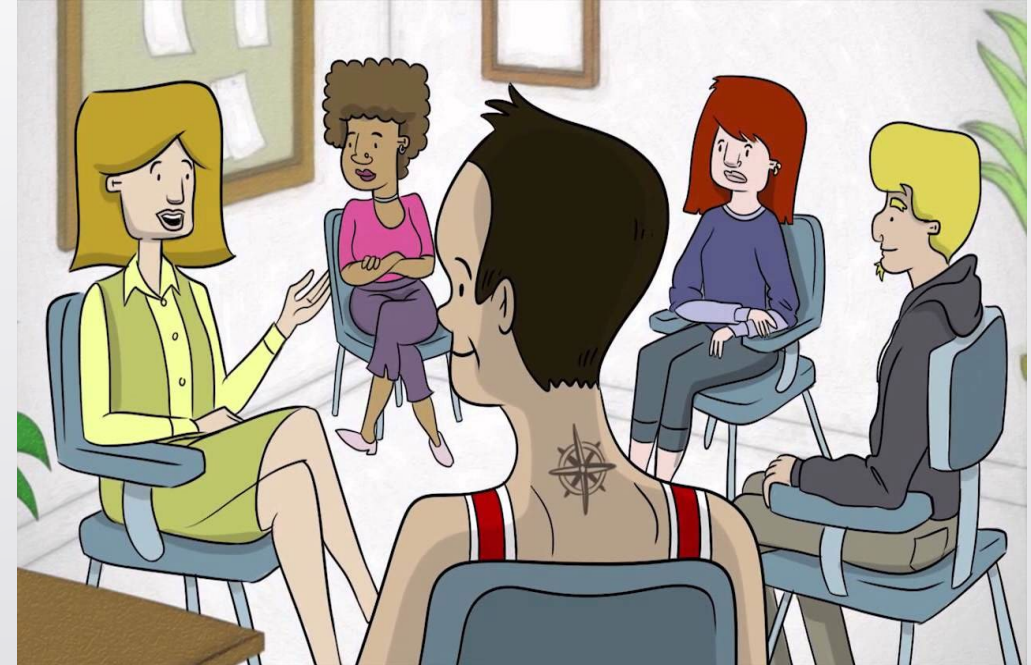


Transgender Clients Clinical Issues

- The psychiatric model views transsexualism as psychopathological and classifies it as a gender identity disorder. Many in the transgender community disagree with this classification
- Issues in substance abuse treatment for transgender clients include societal and internalized transphobia, violence, discrimination, family problems, isolation, lack of educational and job opportunities, lack of access to health care, and clients' low self esteem. Many transgender people have had negative experiences with providers of health care, and they may be distrustful of providers.
- Hormone therapy is an often-overlooked clinical issue
- Transgender clients may face issues with inpatient treatment and placement in housing and shelters.

Counselors and Treatment

- Beyond the complexities of gender considerations, we must also consider whether clients should be given the choice of working with a male or a female counselor.
- We may not have the preferred gender of staff or available
- Some clients will not have a preference, so communication is the key.





How do we do this?

- Creating an environment (courtroom, treatment, trauma groups, probation, case management)
- Keep in mind: site selection, staff selection, program development, content, and material
- Understand the differences and issues
- Gender specific groups does not make you gender responsive.
- Communicate client needs and don't lump all males and females into our own gender stereotypes. (even when dealing with behavior issues, trauma, mental health, children, etc.)



Resources to Help!

- For an extensive review and discussion of gender specific and gender-responsive care for traumatic stress and substance use, see the TIP 51, Substance Abuse Treatment: Addressing the Specific Needs of Women (CSAT, 2009d), and TIP 56, Addressing the Specific Behavioral Health Needs of Men (SAMHSA, 2013a).
- Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals
- For more on treating LGBT individuals, see A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals (CSAT, 2001).
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