Gender Matters:
Creating Services for Women and Girls

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Evolving Treatment Approaches

Generic Treatment

Gender Differences

Gender Specific

Gender Responsive

Male as client

Biological

Parenting

Separate facilities

Child-care or child live-in

Trauma informed

Relational theory

Psycho-social

Special groups or services

Strengths-based

1960s

1970s

1980s

1990s–2000s

Definition: Gender-Responsiveness

Creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of the lives of women and girls and that addresses and responds to their strengths and challenges.

(Covington and Bloom)
Guiding Principles for Gender-Responsive Services

- Gender
- Environment
- Relationships
- Integrated Services
- Economic & Social Status
- Community
Guiding Principles

- **Gender**: Acknowledge that gender makes a difference.

- **Environment**: Create an environment based on safety, respect, and dignity.
Guiding Principles (cont.)

• **Relationships:** Develop policies, practices, and programs that are relational and promote healthy connections to children, family, significant others, and the community.

• **Services:** Address substance abuse, trauma, and mental health issues through comprehensive, integrated, and culturally relevant services.
Guiding Principles (cont.)

• **Socioeconomic status:** Provide women with opportunities to improve their socioeconomic conditions.

• **Community:** Establish a system of comprehensive and collaborative community services.

(Bloom, Owen, Covington 2003)
Characteristics of Women Offenders (National Profile)

- Disproportionately women of color
- In their early to mid-thirties
- Most likely to have been convicted of drug or drug-related offense
- Fragmented family histories with other family members in the CJ system
- Survivors of physical and/or sexual abuse
• Significant substance abuse problems
• Multiple physical & mental health problems
• Unmarried mothers of minor children
• High school degree/GED
• Limited vocational training
• Sporadic work histories
Who are the Girls?

• Families struggling with poverty, domestic violence and substance abuse.
• Low rates of serious and violent crime.
• Higher risk for status offenses – promiscuity, truancy, running away.
• Run away to survive abuse.
• High incidence physical and sexual abuse.
• High incidence of substance abuse.
Women’s Issues: An International Perspective

- Shame and Stigma
- Physical and Sexual Abuse
- Relationship Issues
  - fear of losing children
  - fear of losing a partner
  - needing partner’s permission to obtain treatment
Women’s Issues: An International Perspective

- **Treatment Issues**
  - lack of services for women
  - not understanding treatment
  - long waiting lists
  - lack of childcare services

- **Systemic Issues**
  - lack of financial resources
  - lack of clean/sober housing
  - poorly coordinated services
The Past

DEEPER PSYCHIC CHANGE
- Trust in others and in yourself
- Courage to do new things
- To like yourself as a woman

COGNITIVE INTERVENTIONS
Managing
- Conflicts
- Relationships
- Relapse prevention
- Working together
- Social planning

Here & Now

The Future

Caring Boundaries
Tolerance

MEETING THE WOMAN WITH POSITIVE EXPECTATIONS

RESPECT

New Tools

Lotta Länne, Sweden, 2006
Women’s Integrated Treatment (WIT)

This model is holistic, integrated and based on:

- The gender-responsive definition and guiding principles
- A theoretical foundation
- Interventions/strategies that are multi-dimensional

(Covington, 2007)
Theoretical Foundation

The theories related to gender and substance abuse (and any other relevant treatment services) that create the framework of thought for program development. This is the knowledge base that creates the foundation upon which the program is developed.
Treatment Strategies

The approaches used in the program that create the therapeutic process. These are the ways in which theory is operationalized (how theory is applied).
Helping Women Recover: A Comprehensive Integrated Approach

Theory of Addiction
- Holistic health model
- Chronic neglect of self in favor of something or someone else

Theory of Women’s Psychological Development
- Relational–Cultural Theory (Stone Center)

Theory of Trauma
- Three Stage Model (Herman)
- Upward Spiral – A Transformational Model (Covington)
Voices: A Program of Self-discovery and Empowerment for Girls

Theory of Girls’ Psychological Development
  • Relational–Cultural Theory (Stone Center, Gilligan, Brown)

Theory of Attachment
  • Ainsworth, Bowlby, Harlow, Stern

Theory of Trauma
  • Three Stage Model (Herman)
  • Transformational Spiral (Covington)

Theory of Resilience
  • Biscoe, Wolin & Wolin

Theory of Addiction
  • Holistic Health Model
Beyond Trauma: A Healing Journey for Women

Trauma Theory

Sandra Bloom, M.D.
Mary Harvey, Ph.D.
Judith Herman, M.D.
Peter Levine, Ph.D.
et al.

Integrates cognitive-behavioral, expressive arts, guided imagery, and relational therapy.
Beyond Trauma
Themes

- Safety
- Empowerment
- Connection (Aloneness)
- Normal reactions (Shame)
- Mind-body connection
- Substance abuse
- Woman-centered
- Uses a variety of treatment strategies: psychoeducational, cognitive, relational, expressive
Client Assessment Scores Improve after Completion of HWR and BT

Mean Score Change

- 26.3
- 19.3
- 17.5
- 10.2
- 7.4
- 4.5

TOTAL = 40-44 (p ≤ .05 or less)

Keaton, Curtis, and Burke (2006) SANDAG
Addiction: A Holistic Health Model

- Physiological
- Emotional
- Social
- Spiritual
- Environmental
- Political
Upward Spiral

Transformation

Addiction (constriction)

Recovery (expansion)
Relational-Cultural Theory

- Connection and development
- Disconnection
- Sociocultural disconnection
- Privilege and domination
Relational Theory

Some women use drugs:

- To maintain a relationship
- To fill in the void of what’s missing in a relationship
- To self-medicate the pain of abuse in relationships

(Covington & Surrey, 1997)
Addiction as a Relationship

Love → Love-Hate
Two Kinds of Suffering

- Natural
- Created
Trauma-informed Services

Trauma-informed services:

• Take the trauma into account.

• Avoid triggering trauma reactions and/or traumatizing the individual.

• Adjust the behavior of counselors, other staff and the organization to support the individual’s coping capacity.

• Allow survivors to manage their trauma symptoms successfully so that they are able to access, retain and benefit from the services.

(Harris & Fallot)
Definition of Trauma

The diagnostic manual used by mental health providers (DSM IV-TR) defines trauma as, “involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity; or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate.”

“The person’s response to the event must involve intense fear, helplessness or horror (or in children, the response must involve disorganized or agitated behavior).”
Trauma & Abuse

- Sexual abuse
- Physical abuse
- Emotional abuse
- Domestic violence
- Witnessing abuse/violence
- Self-inflicted violence
Trauma & Abuse (cont.)

Stigmatization

Women and girls in criminal justice system
Women and girls of color
Women and girls in poverty
Lesbian, transgendered, bisexual
Women and girls with mental illness
Trauma
Sexual Assault Graph

Female proportion of all sexual assault victims
Percent of sexual assault victims

Female

Age of victim

Bureau of Justice Statistics
Sexual Assault Graph

**Age distribution of sexual assault victims, by gender**

Rate per 1,000 victims

- **Female**
- **Male**

Age of victim
Process of Trauma

TRAUMATIC EVENT
Overwhelms the Physical & Psychological Systems
Intense Fear, Helplessness or Horror

RESPONSE TO TRAUMA
Fight or Flight, Freeze, Altered State of Consciousness, Body Sensations, Numbing, Hyper-vigilance, Hyper-arousal

SENSITIZED NERVOUS SYSTEM
CHANGES IN BRAIN

CURRENT STRESS
Reminders of Trauma, Life Events, Lifestyle

PAINFUL EMOTIONAL STATE

RETREAT
ISOLATION
DISSOCIATION
DEPRESSION
ANXIETY

SELF-DESTRUCTIVE ACTION
SUBSTANCE ABUSE
EATING DISORDER
DELIBERATE SELF-HARM
SUICIDAL ACTIONS

DESTRUCTIVE ACTION
AGGRESSION
VIOLENCE
RAGES
Three Critical and Interrelated Issues

- Substance Abuse
- Mental Health
- Trauma
Addiction – Trauma – Mental Health Issues

Areas of Separation

- Training
- Treatment
- Categorical Funding
ACE Study
(Adverse Childhood Experiences)

• Recurrent and severe emotional abuse
• Recurrent and severe physical abuse
• Contact sexual abuse

Growing up in a household with:
• An alcoholic or drug-user
• A member being imprisoned
• A mentally ill, chronically depressed, or institutionalized member
• The mother being treated violently
• Both biological parents not being present

(N=17,000)
ACE Study
(Adverse Childhood Experiences)

Results
ACEs still have a profound effect 50 years later, although now transformed from psychosocial experience into organic disease, social malfunction, and mental illness.

- Smoking
- Alcoholism
- Injection of illegal drugs
- Obesity

Childhood Traumatic Events
Largest Effect-Mental Health

- 980% increase in odds if exposure to 7 CTE’s

(Messina & Grella, 2005)
Upward Spiral

Transformation

Trauma (constriction)

Healing (expansion)
Key Issues for Women in Recovery

- Self
- Relationships
- Sexuality
- Spirituality

Source: Covington, S., (1994) A Woman’s Way Through the 12 Steps, Hazelden
Voices: A Program of Self-discovery and Empowerment for Girls

Four Modules

- Self
- Connecting with Others
- Healthy Living
- The Journey Ahead
Points of Intervention

- Cognitive
- Behavioral
- Affective
Brain

Left Side of Brain
- Analytic
- Logical

Right Side of Brain
- Intuitive
- Emotional
Sanctuary
What is Sanctuary?

- Sacred place
- Place of refuge/protection
- Shelter
What makes a difference for women and girls?

- female-only groups
- integrating substance abuse and trauma services
- safe, nurturing environment
- length of treatment
- completing treatment
- continuity of care (aftercare)
- continuity of relationship
Women & Addiction:  
A Gender-Responsive Approach  
The Clinical Innovators Series  
(Hazelden)  

Manual, DVD, CEU’S
Definition of Evidence-based

Evidence-based practice (EBP) is defined as the integration of the best available research and clinical expertise within the context of patient characteristics, culture, values, and preferences.

(APA Presidential Task Force, 2005)
Women & Girls Healing

Working on multiple levels:

- Individual
- Political
- Spiritual
For More Information

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