

### Unique Challenges to Women

- Childcare
- Family responsibilities
- Caretaking responsibilities
- Trauma
- Guilt and shame
- Grief and loss
- Women’s healthcare services

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### Unique Challenges to Women

- Less inclined to seek treatment:
  - Childcare
  - Homemaker
  - Increased stigma
- Women often have a harder time quitting & have a greater rate of relapse following treatment
- Women have a higher rate of any mental illness than men, **21.7%** to **14.5%** respectively

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### Telescoping

- The amount of time between initial use and the development of physiological problems is shorter for women than for men.
- The amount of time between initial use and the severity of the problems that develop from alcohol and drugs is shorter for women.

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## Trauma



- It is estimated 55-99% have experienced trauma or ACEs
- Some women have been trafficked or traded for sex, money, drugs. *Work hard to not shame or judge.*
- Safety plans should be developed for all women experiencing intimate partner violence.
  - Same sex relationships are not immune from abuse.

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## Trauma



- Many women don't disclose or talk about trauma during screening. They may wait until a trusting relationship is built.
- Recognize and acknowledge the courage and strength it takes to talk about trauma and violence

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When your therapist does that wizard shit and gets you to talk about your trauma when the conversation started out about pizza



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### Healing in Community

- Relational- promote social supports
- Comprehensive treatment options
- Breaking the Silence
- Symbols
- Research
- Language
  
- BREAK OUT ACTIVITY

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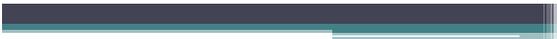
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### Case Management

- Ask:
  - "How can we help you be successful in recovery?"
  - "What are some possible barriers to you staying in treatment?"
- Engage the client in identifying her own needs to promote success
- Give real steps and applications for the woman to accomplish her goals

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### Case Management

- Partner with local services, agencies, and community supports
- Check in regularly with the utilization of these services
  - Has anyone found successful ways to creatively communicate with other partners?
  - What types of unique supports have you found that help women?

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### Group Therapy

- Gender specific groups are most effective
- Engage women in group rules and creating a safe space
- If gender specific groups are not an option, do not put one women in a group full of men- she will not speak up
- Include topics on sexual health and women’s health
  - Dispel myths, educate about STIs and promote the use of anatomical names (vagina, breasts)

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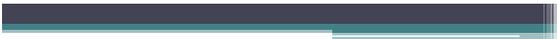
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### Group Therapy

- Guidelines for kids
- Set guidelines about dominating discussions, use of sarcasm, caretaking, and use of teasing
- Encourage strength based talks
- Try to pair the gender of the facilitator with the gender of the group
- Talk about gender roles within the group and outside of the group

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### Individual Therapy

- Bond with and empower women
- Refrain from comments, even compliments, on a woman’s appearance
- Check in on recent news stories and their thoughts and feelings about it
- Let them identify their family and support system- it may surprise you!

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### Surprise!

- Always be prepared for a surprise disclosure. Once women build trust, they may feel safe enough to open up about trauma and as a counselor you **MUST** be anticipating this.
- What are some helpful ways you've found to cope with a surprise disclosure?

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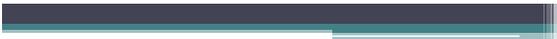
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### Gender-responsive principles at a program level



- Education for ALL staff
- Help a woman develop self-efficacy (menu choice of treatment)
- Family strengthening
- Engage peer support
- Create a sanctuary space
- Have childcare options

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### Challenge Staff Language



- "I can't believe she would do that to her children."
- "I heard she's a prostitute."
- "Hasn't she had enough? She needs to leave that man/woman."
- "Can you believe she got knocked up AGAIN?"
- Refrain from words like, "sweetie," "honey," or "child"
- Much of this language has a tone of judgement and perpetuates the stigma
- **Do not tolerate harassment, sexualization, objectification, or infantilizing of women anywhere in your agency!**

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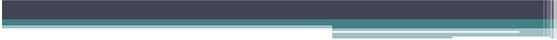
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### Environment and Facilities

- Parking lot well lit
- The front door is clear of men (area of potential harassment)
- Inside clean
- Children’s area
- Women-only area suggested
- Personal safety- welcoming and warm reception
- Snacks
- Non-threatening rules

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### Pregnant Women

- Pregnancy is an excellent opportunity to enter into recovery
- Engage client in comprehensive care
- Early outreach reduces the potential negative impact of alcohol and drug use during pregnancy
- Acknowledge the fear, shame, and strength
- Pregnancy requires specialized treatment services and staff knowledge
- Explore options with client and empower her choice

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### Pregnant Women

- Withdrawal of a pregnant woman should be done under close medical supervision and monitoring
- Sudden discontinuation of opioids, alcohol, & possibly sedatives-hypnotics can lead to fetal distress or death
- Medication assisted treatment is the recommended course for pregnant women dependent on opiates
- Neonatal Abstinence Syndrome- educate and support

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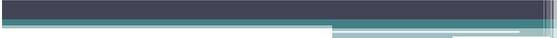
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## Family Roles and Responsibilities

- Recognize and prioritize women’s family responsibilities (family of choice and/or origin)
- Don’t assume all women are mothers
- Many women care for children or elderly that are not related to them
- Don’t assume family members are active supports for the women
- Understand the complexities in intimate partner relationships

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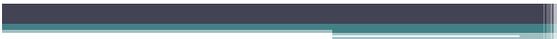
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## Parking lot



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