



# TRAUMA AND ITS IMPLICATIONS FOR SUBSTANCE USE TREATMENT AMONG WOMEN

DR. MARÍA J. ZARZA  
BIONEXUM HEALTH. [MZARZA@BIONEXUM.ES](mailto:MZARZA@BIONEXUM.ES)  
[MZARZA@BERKLEE.EDU](mailto:MZARZA@BERKLEE.EDU)



# Trauma and its Implications for Substance Use Treatment among Women

## Topics



1. Relationship between Trauma, Substance Use and High-risk Behaviors



2. Implications for Treatment among Women with Trauma and SUDs



3. Components of Intervention Models for Women with a History of Trauma and SUDs



# Trauma and Violence against Women

Violence against women - particularly intimate partner violence and sexual violence - are major public health problems and violations of women's human rights.

(WHO/OMS, 2016)



## Facts and Data (1)

It is estimated that one in three (35%) women in the world have suffered physical and / or sexual partner violence (most) or sexual violence by third parties at some point in their lives.

Around the world, almost one-third (30%) of women report having suffered some form of physical and / or sexual violence from their partner at some point in their life.

38% of the murders of women in the world are committed by their male partner.

Situations of conflict, post-conflict and displacement can aggravate violence (also dating), and lead to additional forms of violence against women.

(WHO, 2016)



## Facts and Data (2)

Factors associated with an increased risk of violence (of all kinds) against women include:

- ▶ Low educational level,
- ▶ Child abuse or
- ▶ Having been exposed to scenes of violence in the family,
- ▶ Harmful use of alcohol
- ▶ Attitudes of acceptance of violence
- ▶ Gender inequalities.

(WHO, 2016)



# **Gender Differences on Substance Use**



# Data from the UNODC World Drug Report (1)

- ▶ Men continue to use certain drugs at higher prevalence than women: Three times greater in cannabis, cocaine or amphetamine use.
- ▶ Women consume more tranquilizers, and prescription drugs (especially opiates).
- ▶ Women are increasing drug use to a greater extent than men.

(UNODC, 2017)



## Data from the UNODC World Drug Report (2)

- ▶ Women take longer to start consumption, but once started they progress more rapidly to SUDs with OH, cannabis, opioids and cocaine.
- ▶ The harmful consequences of consumption in women are increasing to a greater extent in comparison to men.

(UNODC, 2017)



**Violence Against Women is  
Based on Unequal  
(*Machista*) and Violent  
Societies**



# Reflection: Prize or punishment

## Learning by observation

Little girl please copy Ariel !!

Young, white, thin, smug, naive,  
weak, dependent, sacrificed,  
loving, caring, smug ... female

Do not be like Ursula !!

Spirited, powerful, intelligent,  
Latin, overweight, short and gray  
hair, old, envious ... with bad  
feelings, aggressive, strong ...  
masculine

PRIZE: MARRIAGE



PUNISHMENT=DESTRUCTION



# Defining Violence Against Women

Throughout history, violence has been used as a means to control and subjugate women.

Any act of gender-based violence resulting in physical, sexual or psychological harm or suffering for women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether in public or private life.







# The Inter-influence between SUDs and Trauma

- ❖ The relationship between violence and SU is bidirectional. The increase in one variable also increases the other
  - ❖ Among women undergoing SUDs, 55-99% have suffered trauma (sexual / physical abuse, domestic violence).
  - ❖ Between 33-59% of women with SUDs suffer from PTSD
  - ❖ Treatment at addiction treatment centers is scarce (not evaluated, treated or educated about trauma)
- (Najavits, 2002)



# The Revolving Door

Women who suffer trauma or have PTSD may use drugs to reduce pain and also ...

- ❖ They have a significantly higher risk of re-victimization than those who do not use substances.
- ❖ This bidirectional relationship can become a cyclical relationship from which it is difficult to get out.



# Implications of violence against women





## Women suffering violence (1)

- ❖ They may develop Posttraumatic Stress Disorder (PTSD) or some of their symptoms.
- ❖ They may develop other mental health problems, such as mood disorders (eg, anxiety, panic attacks, depression), including personality disorders
- ❖ They use substances to deal with the symptoms; Especially depressants
- ❖ They may be more vulnerable to being involved in coercive, unhealthy or unsafe relationships.
- ❖ It can adversely affect women's physical, mental, sexual and reproductive health and increase vulnerability to HIV.



## Women suffering violence (2)

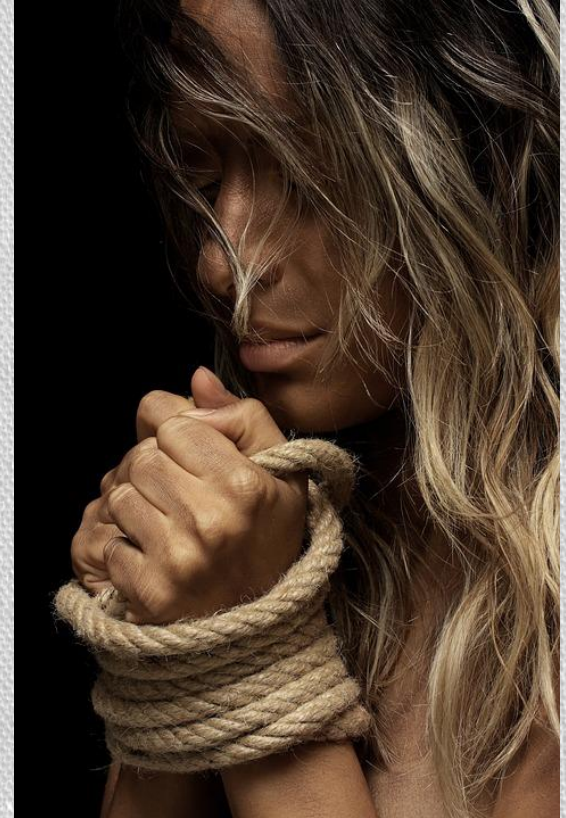
They suffer more problems from:

- ▶ Physical and mental health
- ▶ Socialization
- ▶ Body image and self-esteem
- ▶ Dysfunctional Intimacy
- ▶ Sexual dysfunction
- ▶ Dysfunctional sexual behavior
- ▶ Problems Choosing an Appropriate Couple
- ▶ Problems to communicate with others.

(Covington, 1991)



# Imprisoned Women





## Relationship among violence and antisocial behavior among women

- ❖ The relationship between violence against women, SUDs and antisocial behavior is clear
- ❖ Agitation and violence are symptoms of trauma
- ❖ Women with a history of abuse/violence may have a high vulnerability to commit antisocial and abusive acts in turn (eg. child abuse) and again become victims of violence.
- ❖ The use of drugs causes problems of self-control and incapacitates for good judgment and proper decision making.

WHO/OMS (2016)



# Imprisoned Women (1)

- ▶ In the last decades the number of women in prison has increased drastically in the USA.
- ▶ Most are poor women, with low educational level, few skills.
- ▶ Violent crimes are less prevalent than in men
- ▶ The majority are women of "color"
- ▶ They are separated from their children during their time in prison.

Covington, S. (2003)



## Imprisoned Women (2)

Incarcerated women or with a criminal record differ with respect to men in:

- ▶ The type of consumption and its pattern
- ▶ The least criminal involvement (more severe in men)
- ▶ The most severe psychological functioning in women (psychiatric comorbidity)
- ▶ Their stories of physical and sexual abuse

(Covington, 2003)



## Imprisoned Women (3)

- ▶ The variables that affect prisoners are the same as those affecting women in general: sexism, racism, poverty, domestic violence, sexual abuse and substance use.
- ▶ They need families not divided by laws, neighborhoods and safe houses of violence and abuse, accessible physical and mental health services.
- ▶ They need justice services more aware of their needs so they do not end up in prison again (revolving door).

(Covington, 2003; Richie 2001)



# **Implications for Prevention and Treatment**



# Prevention among children, adolescents and youth

- ▶ School-based programs to prevent intimate partner violence (or dating violence) among youth can be effective (high income)
- ▶ Strategies to increase the economic and social emancipation of women, such as microfinance coupled with gender equality training and community initiatives aimed at combating gender inequality or at improving interpersonal skills, have demonstrated a certain Effectiveness to reduce partner violence (low income).

(WHO / WHO, 2016)

- ▶ "The future of children is always today. Tomorrow will be late"

Gabriela Mistral



# Example of harm reduction strategy among college students

And who are you?

Within our program for young students

A Harm Reduction Workshop

Goals:

- 1) Reducing OH/drugs intoxication collateral harms and
- 2) Increasing students responsibility for helping others





# Barriers to Treatment for Women



Women long journeys to find the appropriate intervention for them need to overcome barriers such as ...

- ▶ Emotional (fear ...)
- ▶ Personal (trauma, prejudice ...)
- ▶ Family (children, etc.)
- ▶ Economic and labor (lack of money or time)
- ▶ Organizational (treatment created for men, not integral, not ensure safety ...)
- ▶ Sociocultural and stigma
- ▶ Lack of family and partner support



# Effectiveness of Interventions with a Gender Perspective

Women-oriented interventions, based on their needs and particularities, are associated with:

- ▶ Better treatment retention
- ▶ Further progress in achieving goals during treatment.
- ▶ Higher abstinence levels during treatment than those of women in conventional conventional treatment programs.
- ▶ Better mental health outcomes
- ▶ Better results for your children



# Interventions with a Gender Perspective

1. A safe, supportive environment for women's development that builds trust, bonding and connecting;
2. Theoretical perspectives that incorporate the experiences and reality of women;
3. Programmatic approaches based on theories that fit the psychological and social needs of women;
4. Modalities or therapeutic approaches (eg relational) that also address issues such as physical, sexual and emotional health
5. Abuse, Family Relations, Legal Problems, Substance Abuse, Eating Disorders, and Other Concurrent Disorders;

(And additional 14 points - UNODC 2004)



# Safety First

It is critical that treatment prioritize the safety of women above everything else.

- ▶ Screening, assessment and prioritization of problems
- ▶ Develop a safety plan with women and their children
- ▶ Collaborate closely with other associations for battered women (shelters, counseling, family support, care / intervention with children, lawyers, etc.)
- ▶ Ensure confidentiality and basic support
- ▶ Create clear expectations
- ▶ Caution: abuse is not "treated" in couple therapy
- ▶ Advocacy to the community: educating police, judges, health professionals, etc.



# Integrated, Safe and a Collaborative Model (1)

- Outreach programs (go where they are)
- Empowerment and independence (do not decide for them)
- Diversity of professionals, paraprofessionals, volunteers, family, etc. A true teamwork
- Close collaboration with relevant institutions (NGOs, women's associations, religious, educational, childcare, etc.)
- Screening of all the fundamental (SUT, trauma, gender violence, suicide and other risks, etc.) to evaluate and diagnose later
- Professional advocacy and encourage them to advocate for them and for other women.



## Integrated, Safe and a Collaborative Model (2)

- Comprehensive treatments of all problems (SUT, trauma, comorbidity, etc.)
- Do not separate women from their children, partners and relatives
- Protecting women at risk (ensuring security, confidentiality, financial support / housing / basic longitudinally, etc.)
- Safe and appropriate places for the needs of women
- Offer services designed to address symptoms and reactions associated with experiences of violence and trauma.



## Models for the treatment of Women with SUD and Trauma

- MATRIX Model
- SSTARBirth
- Helping Women Recover &
- Beyond Trauma



# Using Matrix with Women Clients

*A Supplement to the  
Matrix Intensive Outpatient  
Treatment for People with  
Stimulant Use Disorders*



Behavioral Health is Essential To Health • Prevention Works • Treatment is Effective • People Recover



# Residential Model for Women and their Children

SSTARBirth is the only residential substance abuse treatment program in the state of Rhode Island specifically designed for pregnant and postpartum women and their children. The program allows for 9-12 months of treatment.

Since its inception in 1994, SSTARbirth has served 267 families, including 339 children.





# Covington's Models

- ▶ Helping Women Recover  
17 sessions
- ▶ Beyond Trauma  
11 sessions



# Conclusions



1. Sexism is at the root of social inequality between men and women; and social and family abuse against women
2. Violence against women results in severe consequences, including SUDs, physical and mental health problems, antisocial behavior, and negative impact on children.
3. The relationship between violence, trauma and drugs are interrelated and intergenerational: The Revolving door.
4. Among the implications: the treatment must be integrated, comprehensive, collaborating with family, NGOs and other organizations, based on a gender perspective and focused on the security, independence and empowerment of women (we are NOT "weak").





“Where there is a tree to plant, you be the one.

Where there is a mistake to undo, let it be you.

You be the one to remove the rock from the field,

The hate from human hearts,

And the difficulties from the problem...”

Gabriela Mistral  
Literature Nobel Prize

GRACIAS POR SU TIEMPO

DRA. MARÍA J. ZARZA

BIONEXUM HEALTH.

[MZARZA@BIONEXUM.ES](mailto:MZARZA@BIONEXUM.ES)