Gender Matters: Why Gender-Responsive Services are Essential to Trauma-Informed Approaches

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• SAMHSA’s Strategic Initiative – Trauma and Justice
• Gender and Trauma and the OSA
• Gender and Trauma Theory
• Gender Responsive Practices
The 1970’s: Feminist and domestic violence movements promote open dialogue between women regarding their experiences of violence in rape and domestic violence.

1995: The first national trauma conference, Dare to Vision, creates national momentum on trauma and violence, bringing together 350+ consumer/survivors, practitioners, and policymakers.

2000: SAMHSA publishes first Treatment Improvement Protocol (TIP) on Substance Abuse Treatment for Persons with Child Abuse and Neglect Issues

2001: The National Child Traumatic Stress Network (NCTSN) is established to improve access to care, treatment, and services for children and adolescents exposed to traumatic events.
TIMELINE: THE EVOLUTION OF TRAUMA-INFORMED CARE


2004 - CMHS provides an update of Trauma Services Implementation Toolkit for State Mental Health Agencies, with number of states reporting trauma-related activities increasing from 15-31 states.

2004 - SAMHSA launches the Alternatives to Restraint and Seclusion State Incentive Grant (ARS SIG) for the first cohort.

2005 - Center for Women, Violence and Trauma (CWVT) is created and is funded by SAMHSA/CMHS after the WCVS study and the 1994 Dare to Vision and Dare to Act conferences.

2006 - Report titled, Responding to Childhood Trauma: The Promise and Practice of Trauma-Informed Care (NCTIC in response to cascading numbers of requests for training in TIC).

2005: Center on Women, Violence and Trauma (CWVT) was created by SAMHSA/CMHS

2006: NCTSN develops their Learning Collaborative Toolkit

2007: SAMHSA/CMHS awards a contract that establishes the National Coordinating Center to Reduce and Eliminate the Use of Seclusion and Restraint

2007 - NCTIC launches targeted outreach strategy to engage consumers and consumer leaders nationally in dialogue around trauma-informed peer support.

2007 - SAMHSA completes assessment of program grants.

2008 - CMHS funds the third national collaborative effort for Promote.

2008 - SAMHSA advances efforts to Promote.

2009 - SAMHSA sponsors first meeting of trauma informed care experts to develop an approach for system leaders to use in building and assessing trauma informed care in their organization.

2009 - SAMHSA/CMHS develops their Learning Collaborative Toolkit.

2010 - Federal Partners Committee on Women and Trauma holds 1st Roundtable.

2010 - SAMHSAs Federal Partners Transformation Collaborative establishes a new sub-committee on Women and Trauma that attracted 60 representatives from other Federal agencies and sub-agencies to join.

2010 - Centers for Disease Control and Prevention (CDC) releases their framework for the practice/service chosen and implement trauma screening, assessment, and recovery support.

2010 - SAMHSA/CMHS awards 19 Statewide Consumer Network Incentive Grants, two of which are focused on Trauma-Informed Peer Support.

2011 - Federal Partners Committee on Women and Trauma holds 2nd Roundtable.

2011 - SAMHSA holds internal trauma meeting with NCTIC, NCTIC, NRC’s Seclusion and Restraint, Disaster Technical Assistance Center, etc.


2011 - Development of 2 products that engage community approaches to trauma, including a video on “Healing in Community” and the other an issue brief on “Trauma, Culture, Community, Healing Together.”

Compiled by Tenly Pau
• The gender roles for men and women has evolved in the U.S.
• With evolution has come greater recognition of gender variance.
  ✓ Not everyone identifies with the “male v. female” construct.
  ✓ Alternative gender identification does not decrease or eliminate the an individual's experience of trauma.
• Acknowledgement of gender variance does not limit the power of the binary gender system.
1. While progress has been made in the understanding of trauma, there remains a myth that trauma is not a major issue for males.

2. Trauma is a significant issue for males with substance and/or process addictive disorders.

3. Males are biologically and culturally influenced to minimize or deny traumatic life experiences.

4. Addiction treatment has been negatively influenced by cultural myths about males.
5. Males are often assumed to be the perpetrator, which has negatively biased our concepts of trauma and models for addiction treatment, and often results in the re-traumatization of males.

6. Male trauma must be assessed and treated throughout the continuum of addiction services.

7. Male-responsive services will improve addiction treatment outcomes.

8. Effective treatment of male trauma will help to interrupt cycles of violence, abuse, neglect, and addiction.
Domains of the Organizational Self-Assessment

Domain 1: Early Screening & Comprehensive Assessment of Trauma

Domain 2: Consumer Driven Care & Services

Domain 3: Trauma-Informed, Educated & Responsive Workforce

Domain 4: Trauma-Informed, Evidence-Based and Emerging Best Practices
Domain 5: Safe & Secure Environment

Domain 6: Community Outreach & Partnership Building

Domain 7: Ongoing Performance Improvement & Evaluation
Dan Griffin, M.A. has worked in the mental health and addictions field for almost two decades. His newest book, *A Man's Way Through Relationships* is the first trauma-informed book focused solely on helping men navigate the challenges of creating healthy and intimate relationships. He is author of *A Man’s Way Through the Twelve Steps* (Hazelden), and co-author of *Helping Men Recover*, the first trauma-informed curriculum to deal with men’s unique issues and needs. He has been in recovery for alcohol and other drugs since May, 1994.
Emerging Paradigm: Values-Based Services

Values-based services

- Recovery-oriented
- Gender-responsive
- Trauma-informed
- Cultural Humility
Gender Differences
Gender is a social construct that many people find far too limiting when approached as a binary. To name some:

- Trans-gender
- Agender
- Gender non-conforming
- Gender questioning
- Intersex
This model is holistic, integrated and based on:

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

(From Covington, 2007)
Gender Integrated Treatment

Gender-based psychological development

Addiction

Trauma
Evolving Treatment Approaches

- **Generic Treatment**
  - Male as client
  - 1960s

- **Gender Differences**
  - Biological
  - Psychosocial
  - 1970s

- **Gender Specific**
  - Parenting
  - Separate facilities
  - Special groups or services
  - 1980s

- **Gender Responsive**
  - Child-care or child live-in
  - Trauma informed
  - Strengths-based
  - 1990s–2000s

• Creating an environment through:
  ✓ site selection
  ✓ staff selection
  ✓ program development
  ✓ content and material

• That reflects an understanding of the realities of women/men and girls/boys, and

• Addresses and responds to their strengths and challenges
Relational-Cultural Theory

Response to male-centric psychology that over-emphasized individuation and separation as key elements in male development and growth
Central Tenets of RCT

• All humans yearn for connection

• All growth occurs in connection – through and towards relationships

• Relational competence allows for connection
• Connection and development
• Disconnection
• Socio-cultural disconnection
• Privilege and domination
Dr. Stephen Bergman

• Self in Relation vs. Individuated Self
• Male relational dread
• Agents of disconnection
• Power dynamics
Addiction (constriction)  
Transformation  
Recovery (expansion)
The Three-Legged Stool

ADDICTION

MENTAL HEALTH

TRAUMA
Theory of Trauma
We are a traumatized field, working with traumatized clients, sending them to traumatized recovery communities.
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
ADDICTIVE DISORDERS
EATING DISORDER
DELIBERATE
SELF-HARM
SUICIDAL ACTIONS

DESTRUCTIVE ACTION
AGGRESSION
VIOLENCE
RAGES

* Source: Stephanie Covington
The Theory of Trauma

• A gender-informed framework
• A fundamental belief that trauma is pervasive in women AND men’s lives and there are gender differences in:
  ✓ How we experience trauma
  ✓ How we respond to trauma
  ✓ How we exhibit the symptoms of trauma-based disorders
  ✓ How we heal from trauma
THERE IS NO GENDER NEUTRAL
**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**

**SELF-DESTRUCTIVE ACTION**
ADDICTIVE DISORDERS
EATING DISORDER
DELIBERATE SELF-HARM
SUICIDAL ACTIONS

**DESTRUCTIVE ACTION**
AGGRESSION
VIOLENCE
RAGES

* Source: Stephanie Covington
Who is your least favorite (or favorite, if you are a masochist) female client to work with?

- Borderline Personality Disorder

- Clinical features also common in the diagnosis of complex PTSD

- Challenging the diagnosis
What diagnosis for men would most likely mimic/mask the symptoms of complex PTSD?
ANTI-SOCIAL PERSONALITY DISORDER
Key Issues for Men & Women In Recovery

- Self
- Relationships
- Sexuality
- Spirituality
Men

- Individuation of self
- Identity of “Not”
- IQ/Logical

Women

- Relational
- Identity of “Not Important”
- EQ/Emotional
Relationships

Men
- Self-focused
- Perpetrator
- Competition
- Hierarchy
- Avoidance/”I can handle it on my own”

Women
- Other-focused
- Victim/Codependent
- Collaborative
- Decentralized
- Communication
### Men
- Sex
- Performance
- Conquest
- Confuse sex with love
- Homophobia
- Objectification

### Women
- Love
- Intimacy
- Surrender
- Confuse love with sex
- Unrealistic ideal of beauty/sex appeal
Men
- Aloneness
- Religion – greater than
  - Privilege/ Entitlement
- Access: Grief

Women
- Community
- Religion – less than
  - Subordination/ Marginalization
- Access: Anger
• CSAT TIP #56
• Game Plan (CRP)
• Helping Men Recover – Facilitator Guide & Workbook (Jossey-Bass)
• A Man’s Way through Relationships: Learning to Love and Be Loved (CRP)
• A Man’s Way through the Twelve Steps (Hazelden)
• Touchstones: Meditations for Men (Hazelden)
• **A Woman’s Way through the Twelve Steps** (Covington, Hazelden) - Book & Workbook
• **A Woman’s Guide to Recovery** (Illif, Hazelden)
• **Helping Women Recover Workbook** (Covington, Jossey-Bass)
• **Beyond Trauma Facilitator’s Guide & Workbook** (Covington, Hazelden)
• **CSAT TIP 51**
• Numerous Curricula, Workbooks, and Meditation Books
• First gender-responsive and trauma-informed book for men in any twelve-step program focused on men’s unique issues and needs

• Core Issues

✓ Emotional Awareness, Relationships, Grief, Anger, Violence, Abuse, and Trauma
A Man’s Way Through Relationships

The first trauma-informed book focused solely on helping men in recovery create healthy relationships.
• The Foundations of Culturally Appropriate Integrated Services for LGBT Individuals Webinar -
Wednesday, July 16, 2014

Integrated Services for LGBT Individuals Webinar

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