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Program Evaluation and Research Unit

# Women in Recovery and Child Custody Loss

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# Training Objectives

- Describe and compare how SUDs progress differently for women than men and explain how trauma, hormones, relationships, and custody loss affect women's recovery.
- Identify and analyze key treatment barriers for women like stigma, caregiving, mental health, trauma, and custody issues and how these shape substance use and engagement.
- Apply trauma-informed, gender-responsive communication techniques to engage women, including mothers who have lost custody, in a supportive and nonjudgmental way.
- Describe core principles of women's SUD treatment and better support women affected by custody involvement or loss.



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# Substance Use and Women

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# Impact of SUD on Women

Women with SUD have higher rates of co-occurring psychiatric disorders

Women are disproportionately affected by trauma and abuse

Women are more likely to start using if their intimate partner uses

Women who use drugs are more likely to engage in sex work

Women face increased policing and police violence while using drugs and doing sex work

Women are more likely to enter dependent and/or violent relationship

## Methadone programs

- Only 9% offer and match clients to gender concordant clinicians
- 38% provide domestic violence services



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# Differences in Reasons for Use

- **Women** tend to report **stimulant use** much more for role responsibilities or cultural expectations, such as **losing weight** or having a **thin appearance**. As a broad generalization, **men** are more likely to report using cocaine or methamphetamine for **feelings of positivity or partying**.<sup>1</sup>

For example<sup>2</sup>:

- Patterns of use may correspond with **hormonal or menstrual cycles**.
- Women may have **more difficulty accessing substances**.
- Women are more likely to report **using in a romantic partnership**.



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# Telescoping: Accelerated Progression in Women's SUDs

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**Shorter Time to Physiological Problems:** Women develop substance-related health issues, such as liver damage from alcohol or respiratory problems from smoking, more quickly than men after beginning use.

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**Accelerated Progression to Dependency:** Women move more rapidly from initial experimentation to developing SUDs, often needing treatment sooner than men.

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**Severity of Consequences:** The physiological and psychological consequences of substance use tend to be more severe for women within the same timeframe of use compared to men.



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# Hormonal Differences in Substance Use and Treatment

- **Hormonal fluctuations**, particularly during the menstrual cycle, play a significant role in how women experience substance use, cravings, and withdrawal. Understanding these differences can guide more tailored treatment strategies that address the unique needs of women.
- **Cravings and Withdrawal:** Cravings and withdrawal symptoms are stronger during the luteal phase, likely due to hormonal fluctuations rather than absolute hormone levels.
- **Hormonal Impact:** Estrogen is associated with an increased desire to smoke, while progesterone appears more protective, reducing smoking's positive effects.
- **Impact of Hormonal Stability:** Women on combined oral contraceptives (stable hormone levels) smoked the least, while those on progesterone-only contraceptives smoked the most.



# How Does This Affect Treatment?

- Women are not "**small men**"—treatments must be tailored to their unique biological and psychological needs.
- Motivational interviewing should consider the **specific reasons** women use substances, such as **copied with negative emotions** rather than thrill-seeking.
- Addressing **underlying issues** like anxiety, depression, or severe withdrawal symptoms **can improve treatment outcomes**.
- Recognizing the influence of hormonal cycles may help guide treatment timing and improve success rates.



# Engagement and Access to Care



- **Low Engagement Rates:** Less than 20% of women with SUDs receive treatment, and they are less likely to engage in care than men.
- **Similar Outcomes:** Despite lower engagement rates, women who do enter treatment demonstrate similar outcomes to men, highlighting the importance of reducing barriers to access.



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# Differences in Engagement in and Efficacy of Treatment



- **Men** are more likely to **initiate treatment** due to social stigma.
- However, once in treatment, **women** are just as likely to have **positive outcomes**, if not better, depending on **the type of treatment**.



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# Gender-Specific Treatment Options



- Many women report **feeling safer, more supported, and better able to communicate** in women-only groups.
- Research shows the non-inferiority of gender-specific groups, with some studies indicating an added benefit. However, more data is needed to confirm whether these groups increase overall engagement in treatment.
- **Consistently respecting** patient preferences **regarding gender-specific care** consistently improves **treatment outcomes**.



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# Addiction Affects Women

- **Emotional**
  - Can't feel/feel comfortable without drugs
  - Connected to shame, guilt, fear, pain
  - Medicates MH issues



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# Addiction Affects Women



## Family

- Caregivers
- Mothers
- Gender Inequity

## Cognitive

- Distorted thinking
- Mental Health
- Trauma



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# Addiction Affects Women

## Spiritual

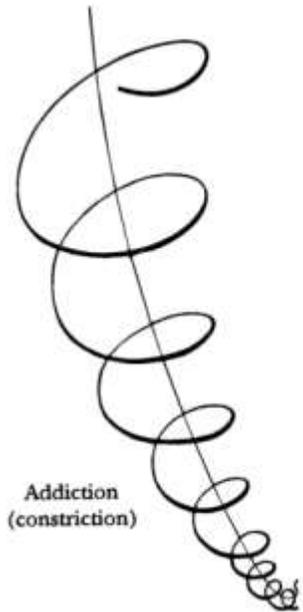
- Unworthy
- Easily manipulated
- Shame

## Social

- Trust issues
- Availability of Treatment
- Coordinated Housing
- High stigma
- Legal



# Different for Women



- Stigma
- Neglect of Self
- Relational
- Trauma
- Sexuality
- Spirituality



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# The goal of recovery is:

Expansion

Addiction  
(constriction)

Recovery  
(expansion)



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# Barriers to Treatment for Women



Engagement and Access to Care



Barriers to Treatment



Partner Use



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# The Child Abuse and Prevention Treatment Act (CAPTA)

- **Require states** to have policies and procedures for hospitals to notify **child protective service** of all children born who are affected by **illegal substance use** or withdrawal symptoms resulting from **prenatal drug exposure** or indications of FASD.



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# 1997 Adoption and Safe Families Act (ASFA)

The Federal Adoption and Safe Families Act requires states to move to terminate parental rights for any child who has been in foster care for 15 months of the last 22 months.



LEGAL URGENCY  
VS. CLINICAL NEED



ACCESS TO CARE  
ISSUES



FOCUS  
DISCREPANCY



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# Best Practice



A coordinated, multi-system approach best serves the needs of pregnant women with opioid use disorders and their infants



Including: Counseling, behavioral therapies, access to supportive services such as housing and employment services



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# *Impact of Child Custody Loss on Mothers Who Use Drugs*

This article explores the impact of child custody loss on mothers who use drugs, an area less studied than effects on children.

- **Key Findings**

- Poorer mental health, increased drug use and overdose risk, less treatment engagement, and worsened social conditions.
- Re-traumatization and coping through identity negotiation.

- **Implications**

- Custody loss exacerbates trauma and mental health issues.
- Significant implications for healthcare, child welfare, and legal policy.



# Impact of Child Custody Loss on Mothers Who Use Drugs



# *Impact of Child Custody Loss on Mothers Who Use Drugs*

- Existing challenges for mothers who use substances include **exacerbated trauma**, **worsened mental health**, and **social isolation** post-custody loss.
- Treatment for these individuals can make an impact and provide **stability** and **hope** – yet can often trigger coping through substance use.
- Hurdles that affect recovery include **inconsistent support** and **unrealistic expectations**.
- Critical elements to consider are **prioritizing de-stigmatized support**, **evidence-based treatment**, and **addressing racial disparities**; access to children, supportive groups, and trauma-informed care programs.



# Factors that impact treatment decisions for women



Judges/criminal justice system



Residential treatment facilities that don't offer MAT



Caseworkers



NA and other mutual aid groups



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# Guiding Principles of Women's Treatment



- **Develop and use women's groups**
- **Women-only groups** are the modality of choice for women in the early stage of addiction recovery and for sexual abuse survivors.
- When the **woman's experience** has been **validated**, she has more **empathy for herself** and is more empowered (as in later recovery).
- **Mixed groups** may have their place in **later recovery**; it is important **that treatment for early addiction recovery use all-female groups (with a female facilitator)**.



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# Issues that need to be addressed

Educate	Educate women about what abuse is
Normalize	Normalize women's reactions
Provide	Provide coping skills
Take	Take a relational approach



# Educate about trauma

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What trauma is and how abuse can sometimes—though not always— cause trauma.

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Women often **do not know** that they have been abused

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**Normalize women's reactions.** It is important that women learn that their responses are normal, and trauma responses are normal reactions to abnormal or extreme situations

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**Provide coping skills.** There are grounding and self-soothing techniques (e.g., breathing exercises) that women can learn to help themselves cope with their traumatic experiences



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# A trauma-informed environment



Attention to boundaries



Language that communicates the values of empowerment and recovery. Conflict is dealt with through negotiation.



A feeling of safety for staff.



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## Create an environment that fosters safety, respect, and dignity

- **Women recover** in an environment that **facilitates healing**.
- One that is characterized by the **elements of safety, mutuality, and empowerment** in relational theory.
- **Safety** means that there are **appropriate boundaries** between the **client and the clinician** (that is, the environment is free of physical, emotional, and sexual harassment).



# Develop and use a variety of therapeutic approaches

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**Cognitive-behavioral theory.** Women's treatment needs to be based on the premise of the whole person, incorporating the holistic model of addiction and emphasizing affective, cognitive, and behavioral change.

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**The affective aspect** is especially important for females because their substance-abusing behavior needs to be understood in the context of their emotional lives.

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**Recovery involves a shift** from acting out destructive behaviors in order to displace feeling or rid oneself of feeling, to accepting and integrating feeling,



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# Focus on women's competence and strength



- A **strength-based (asset) treatment model** shifts the focus from targeting problems to identifying the multiple issues a woman must contend with and the strategies she has adopted to cope.
- The focus is on **support** rather than on confrontation to break her defenses



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**Individualize treatment plans, and match treatment to identified strengths and issues.**



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# Attending treatment is more challenging for women



Few have childcare



Transportation issues and having to bring multiple children with you



Many residential treatment won't accept pregnant clients



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Abstinence may not resolve comorbid trauma-related disorders – for some PTSD may worsen

Women with PTSD abuse the most severe substances and are vulnerable to relapse, as well as re-traumatization

Confrontational approaches typical in addiction settings frequently exacerbate mood and anxiety disorders

12-Step Models often do not acknowledge the need for pharmacologic interventions



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# *Approaches to SUD treatment for women*

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