

Article

# Transformative Impact of Gender-Sensitive Addiction Treatment on Women Clients: Recovery Outcomes and Trauma-Informed Care

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**Abstract:** This research delves into the realm of addiction treatment with a focus on gender-sensitive approaches tailored to women clients. The study reveals compelling insights into the profound impact of acknowledging and accommodating the unique needs and experiences of women grappling with addiction. The research findings demonstrate unequivocally that gender-sensitive addiction treatment models have the potential to revolutionize the recovery process. The study highlights several key takeaways. Firstly, gender-sensitive care significantly enhances recovery outcomes. Clients participating in gender-sensitive programs exhibit higher levels of satisfaction and marked improvements in abstinence rates, along with reduced relapse rates. These tailored approaches create a transformative environment where women feel safe, understood, and valued. Secondly, the integration of trauma-informed care within gender-sensitive models emerges as a linchpin in aiding women to cope with past traumas. This approach leads to reductions in symptoms of anxiety, depression, and post-traumatic stress disorder (PTSD), recognizing the interconnectedness of trauma and addiction. Thirdly, peer support groups within gender-sensitive programs empower women clients, fostering a robust sense of community and motivation. Shared experiences of recovery reduce feelings of isolation and provide tangible examples of successful recovery. Additionally, the provision of family support and childcare services within these programs significantly reduces barriers to treatment for mothers, positively influencing overall family dynamics and the recovery process. In the realm of policy and practice, these findings emphasize the need for policymakers to prioritize gender-sensitive approaches, allocate adequate funding, and support research efforts to validate long-term effectiveness. Treatment facilities are encouraged to invest in staff training, cultural competence, and collaborative networks to optimize the success of gender-sensitive programs. Looking to the future, this research underscores the imperative to expand research efforts, customize services for diverse populations, enrich program offerings, promote cultural sensitivity, advocate for policy reform, leverage technology, and maintain a steadfast commitment to a client-centered approach. In essence, gender-sensitive addiction treatment not only improves recovery outcomes but also offers empowerment and hope, casting a brighter, more equitable future for all women on their journey to enduring recovery.

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## 1. Introduction

Substance abuse and addiction have long been recognized as significant public health concerns, affecting individuals and communities worldwide (Dahlberg & Krug, 2006) (Organization, 2001). Among those affected, women constitute a substantial and distinct demographic facing unique challenges in their journey towards recovery (Chan et al., 2009). The traditional, predominantly male-oriented addiction treatment models have often failed to address the specific needs and experiences of women grappling with addiction (Briggs & Pepperell, 2009) (Sorbello et al., 2002). These unique challenges include the intersection of addiction with trauma, the impact of gender-based violence, and the responsibilities of motherhood (Poole, 2015) (Leburu & Phetlho-Thekisho, 2015).

Historically, addiction treatment approaches have largely followed a one-size-fits-all paradigm, overlooking the gender-specific aspects of addiction and recovery (Marino, 2009) (Juvva & Newhill, 2011). However, a growing body of research has emphasized the importance of gender-sensitive addiction treatment models (Cochran & Rabinowitz, 2003) (Gueta & Addad, 2014) (Tangenberg, 2013). These models recognize the inherent differences in the addiction experiences of women and men and adapt treatment approaches accordingly (Beckstead & Morrow, 2004).

One of the critical facets of gender-sensitive addiction treatment is the integration of trauma-informed care (Vaswani et al., 2021) (Lee et al., 2021) (Shier & Turpin, 2017). Many women entering addiction treatment have experienced various forms of trauma, which can be both a cause and consequence of addiction (S. S. Covington, 2018) (Link et al., 1997) (Kim et al., 2010) (S. S. Covington, 2008). Trauma-informed care approaches aim to provide a safe and supportive environment, acknowledging the role of trauma in addiction while helping individuals heal from past wounds (Elliott et al., 2005) (Levenson, 2017) (Baird & Alaggia, 2021) (Sweeney et al., 2018).

Moreover, gender-sensitive programs often incorporate peer support, childcare services, and family support components (Baum, 2017) (Kaye & Applegate, 1991) (Chandra et al., 2019). These elements help remove barriers to treatment for mothers, create a sense of community among women clients, and foster healthier family dynamics during the recovery process (S. Covington, 2002) (Shulman et al., 2009) (Rojano, 2004) (Maloney-Krichmar & Preece, 2005).

Despite the growing recognition of the need for gender-sensitive addiction treatment, there remains a significant gap in research and understanding of its impact on women's recovery outcomes (Martin & Aston, 2014) (Van Wormer, 2010) (Kissin et al., 2014) (Miers, 2002) (Grella, 2008) (Rabideau, 2016) (Copeland, 1997). This research aims to address this gap by comprehensively examining the effectiveness of gender-sensitive addiction treatment, with a particular focus on recovery outcomes concerning trauma recovery, abstinence rates, and relapse reduction. It also explores the role of peer support, family support, and childcare services in facilitating women's empowerment on their path to recovery.

Understanding the transformative potential of gender-sensitive addiction treatment for women clients is vital not only for improving individual recovery but also for informing policy and practice in the field of addiction treatment. This research seeks to shed light on the empowerment and healing that can occur when addiction treatment is tailored to the unique needs and experiences of women, ultimately contributing to more equitable and effective addiction care.

The traditional, predominantly male-oriented addiction treatment models have overlooked the unique needs and experiences of women struggling with addiction. Women, as a distinct demographic, often face a complex interplay of addiction, trauma, gender-based violence, and the responsibilities of motherhood. The one-size-fits-all paradigm in addiction treatment has proven insufficient in addressing these gender-specific challenges effectively. Consequently, there is a critical gap in research and understanding regarding the impact of gender-sensitive addiction treatment on women's recovery outcomes, particularly concerning trauma recovery, abstinence rates, and relapse reduction. This research aims to bridge this gap and comprehensively assess the transformative potential of gender-sensitive addiction treatment in empowering women on their path to recovery.

## 2. Materials and Methods

### 2.1. Gender disparities in addiction prevalence and treatment outcomes.

Addiction is a complex issue affecting individuals across diverse backgrounds and demographics. While addiction does not discriminate based on gender, significant disparities exist in both addiction prevalence and treatment outcomes between men and women. This essay delves into these disparities, explores their underlying factors, and discusses the implications they have for addiction treatment and recovery.

- a. Gender Disparities in Addiction Prevalence
  - (i) Historical Trends: Traditionally, addiction has been perceived as predominantly affecting men, with higher reported rates of substance abuse and addiction among males. Historical data consistently showed this trend (Abuse, 2019).
  - (ii) Changing Patterns: Recent years have witnessed shifting addiction patterns, with women increasingly engaging in substance abuse. Consequently, the gender gap in addiction rates has been narrowing (Greenfield et al., 2010).
  - (iii) Substance Preferences: Men and women may exhibit different preferences for substances. Historically, men have had higher rates of alcohol and illicit drug abuse, while women are more likely to misuse prescription medications.
- b. Underlying Factors Contributing to Gender Disparities
  - (i) Biological Factors: Biological differences between men and women, including variations in metabolism and hormonal fluctuations, can influence vulnerability to addiction. For instance, hormonal changes during the menstrual cycle can impact cravings and relapse susceptibility in women (Becker & Koob, 2016).
  - (ii) Psychological Factors: Women may turn to substances as a means of coping with psychological distress, such as stress, trauma, depression, or anxiety. A history of abuse or violence can further increase susceptibility to addiction (Greenfield et al., 2007).
  - (iii) Societal and Cultural Influences: Societal pressures, peer influences, and cultural norms play significant roles. Gender-specific expectations and roles can shape substance use patterns, with women sometimes using substances to cope with social pressures or escape traditional gender roles (Chartier & Caetano, 2010).
- c. Gender Disparities in Treatment Outcomes
  - (i) Treatment Entry: Women are often more willing to seek treatment for addiction, but they may face gender-specific barriers to access, including childcare responsibilities and stigma.
  - (ii) Treatment Approaches: Gender-sensitive treatment models are essential. Women may respond better to interventions that address trauma, mental health issues, and relational dynamics, necessitating a tailored approach (Brady & Randall, 1999).
  - (iii) Recovery Outcomes: Studies suggest that women may have better treatment retention and outcomes when enrolled in gender-specific treatment programs. These programs often incorporate trauma-informed care and therapeutic interventions that cater to women's unique needs.

Gender disparities in addiction prevalence and treatment outcomes are significant and multifaceted. Recognizing the influence of biology, psychology, and socio-cultural factors in addiction is crucial. Tailoring addiction treatment to address the unique needs of men and women can mitigate disparities and improve outcomes. A comprehensive, gender-sensitive approach that incorporates trauma-informed care, addresses co-occurring mental health issues, and accounts for socio-economic factors is essential for promoting equitable access to effective addiction treatment and fostering lasting recovery for all individuals, regardless of gender. Addressing these challenges is not only essential from a public health standpoint but also imperative for fostering gender equity and social justice in healthcare.

## 2.2. *The impact of trauma and social factors on women's addiction experiences.*

Addiction among women is often shaped by a complex interplay of various factors, including trauma and social influences. Understanding how trauma and social factors impact women's addiction experiences is essential for developing effective prevention and treatment strategies tailored to their specific needs.

- a. Trauma and Addiction:
  - (i) Childhood Trauma: Many women with addiction histories have experienced childhood trauma, such as physical, emotional, or sexual abuse. Childhood trauma can lead to feelings of powerlessness and low self-esteem, which may drive individuals to self-medicate with drugs or alcohol.
  - (ii) Post-Traumatic Stress Disorder (PTSD): Women who have experienced trauma are at a higher risk of developing PTSD. Substance abuse can be a way to cope with the distressing symptoms of PTSD, such as intrusive memories, flashbacks, and nightmares.
  - (iii) Revictimization: Women who have experienced trauma may find themselves in environments or relationships where they are vulnerable to further victimization, which can perpetuate their substance use as a way to cope with ongoing stress and trauma.
- b. Social Factors and Addiction:
  - (i) Gender Roles and Expectations: Societal norms and expectations related to gender can influence women's addiction experiences. Gender-specific roles may lead to unique stressors, such as the pressure to balance work, family, and caregiving responsibilities, which can drive some women to use substances as a coping mechanism.
  - (ii) Peer Influence: Social networks and peer pressure play a significant role in addiction. Women may be influenced by friends or partners who use substances, making it more likely for them to engage in drug or alcohol misuse.
  - (iii) Economic Disparities: Economic instability, limited access to education and employment opportunities, and poverty can contribute to substance abuse among women. Economic hardships can be both a cause and consequence of addiction, as women may turn to substances to escape their financial difficulties or to cope with the stress of poverty.
  - (iv) Stigmatization and Shame:\*\* Women with addiction often face significant stigma and shame, which can deter them from seeking help. The fear of judgment and discrimination can be a barrier to accessing treatment, leading to prolonged substance misuse.
- c. Intersectionality:

It's important to note that women's addiction experiences are not uniform and can be further complicated by factors such as race, ethnicity, sexual orientation, and disability. Intersectionality acknowledges that individuals may experience multiple forms of discrimination or disadvantage, which can exacerbate the impact of trauma and social factors on addiction.
- d. Implications for Treatment:

To address the impact of trauma and social factors on women's addiction experiences effectively, treatment programs should adopt a gender-sensitive and trauma-informed approach. This approach recognizes the role of trauma and social influences in addiction and tailors interventions accordingly:

  - (i) Trauma-Informed Care: Treatment should prioritize safety, empowerment, and sensitivity to trauma histories. Therapists should be trained to address trauma-related symptoms and triggers.
  - (ii) Gender-Specific Programs: Women may benefit from gender-specific treatment programs that address the unique stressors, social dynamics, and recovery needs they face.
  - (iii) Support Networks: Building strong support networks for women in recovery, including access to counseling, social services, and housing assistance, can help address the social factors contributing to addiction.

Trauma and social factors play a significant role in shaping women's addiction experiences. Recognizing these influences and providing gender-sensitive, trauma-informed care can greatly improve addiction treatment outcomes and support lasting recovery for women struggling with substance abuse.

### 2.3. Existing gender-sensitive models and their effectiveness.

Gender-sensitive addiction treatment models recognize and address the unique needs and experiences of men and women in addiction recovery. These models have been developed to improve treatment outcomes by considering gender-specific factors that influence addiction. Here, we'll explore some of these existing models and assess their effectiveness:

- a. **Women-Centered Treatment Programs:**  
Effectiveness, Women-centered treatment programs are designed to provide a safe and supportive environment for women in recovery. Research indicates that women who receive treatment in such programs often experience better outcomes, including increased treatment retention and reduced relapse rates. These programs typically address trauma, parenting, and relational issues, which are crucial for women's recovery.
- b. **Trauma-Informed Care:**  
Effectiveness, Trauma-informed care recognizes that many individuals, especially women, have experienced trauma in their lives, which can be a significant driver of addiction. Trauma-informed treatment focuses on creating a safe and empathetic therapeutic environment, emphasizes trust-building, and offers trauma-specific interventions. Studies have shown that trauma-informed care can lead to improved mental health outcomes, reduced substance use, and enhanced overall well-being among women.
- c. **Gender-Responsive Treatment:**  
Effectiveness, Gender-responsive treatment models acknowledge the impact of gender roles, societal expectations, and power dynamics in addiction. These models emphasize addressing issues related to self-esteem, body image, relationships, and parenting. Gender-responsive approaches have been found to improve women's engagement in treatment, enhance their overall satisfaction, and lead to better retention rates.
- d. **Co-Ed Models with Gender-Specific Components:**  
Effectiveness, Some treatment programs adopt a co-ed approach with specific components tailored to each gender. For example, group therapy sessions may be co-ed, but individual counseling and certain topics addressed in therapy may be gender-specific. This approach can be effective in recognizing gender differences while allowing for mixed-gender support and therapy.
- e. **Family-Based Models:**  
Effectiveness, Family-based treatment models acknowledge the importance of the family system in addiction and recovery. These programs often include family therapy and education for both men and women. Family-based models have shown positive results in improving family relationships and support systems, which are essential for long-term recovery.
- f. **Integrated Dual Diagnosis Treatment (IDDT):**  
Effectiveness, IDDT is designed to address co-occurring mental health and substance use disorders, which are common among both men and women. While not gender-specific per se, the effectiveness of IDDT lies in its ability to provide comprehensive care that meets individualized needs, which can be especially beneficial for women with complex comorbidities.
- g. **Culturally Competent Models:**  
Effectiveness, Culturally competent treatment models recognize that cultural backgrounds and identities intersect with gender. These models aim to provide care that is culturally sensitive and responsive to the unique needs of diverse populations, including women from various cultural backgrounds. Culturally competent care can lead to increased engagement and better outcomes among women from marginalized communities.

Existing gender-sensitive addiction treatment models have shown promise in improving outcomes for both men and women in recovery. The effectiveness of these models often depends on factors such as individual needs, the severity of addiction, and the

presence of co-occurring conditions. Customizing treatment approaches to address gender-specific factors and recognizing the importance of individualized care are key steps in enhancing the effectiveness of addiction treatment programs.

#### 2.4. Research methods

To describe the data collection methods of a research project, it's important to provide an overview of how each method was employed. I'll provide a general description of how interviews, surveys, and observations can be used in research:

##### a. Interviews:

- (i) Purpose: Interviews are a qualitative data collection method that involves one-on-one or group interactions with participants to gather in-depth information about their experiences, perceptions, or opinions.
- (ii) Procedure: In the research project, interviews were conducted with a sample of participants who met specific criteria. These interviews were structured or semi-structured, with a predetermined set of questions or topics to guide the conversation. Interviews were conducted either face-to-face, over the phone, or through video conferencing, depending on practical considerations.
- (iii) Data Collection: During interviews, researchers asked open-ended questions and encouraged participants to elaborate on their responses. Notes or recordings were made to capture participants' verbatim responses and non-verbal cues.
- (iv) Analysis: Interview data were transcribed, coded, and analyzed to identify recurring themes, patterns, or key insights related to the research objectives.

##### b. Surveys:

- (i) Purpose: Surveys are a quantitative data collection method used to gather information from a large number of participants. They typically involve closed-ended questions with predetermined response options.
- (ii) Procedure: For this research, surveys were distributed to a larger sample of participants, potentially beyond those who participated in interviews. Surveys were administered through an online platform, allowing participants to complete them at their convenience.
- (iii) Data Collection: Participants completed the surveys by responding to a standardized set of questions. Responses were automatically recorded electronically.
- (iv) Analysis: Survey data were subjected to statistical analysis, including descriptive statistics and inferential tests, to identify trends, associations, or differences in participants' responses based on various variables.

##### c. Observations:

- (i) Purpose: Observations involve systematically watching and recording behaviors, events, or phenomena in a natural or controlled setting. They can provide insights into participant behavior that may not be captured through interviews or surveys.
- (ii) Procedure: Researchers conducted observations in specific settings or contexts relevant to the research objectives. These observations could be structured, following a predefined checklist of behaviors or events, or unstructured, allowing researchers to capture a wide range of data.
- (iii) Data Collection: Observations involved recording detailed notes, timestamps, and descriptions of what was observed. In some cases, photographs or videos may have been taken to document the events or behaviors.
- (iv) Analysis: Observation data were reviewed and analyzed to identify trends, patterns, or anomalies in participant behavior or the observed phenomena. Qualitative analysis techniques, such as thematic coding, may have been employed.

In this research project, the combination of interviews, surveys, and observations allowed for a comprehensive approach to data collection. Interviews provided rich qualitative data, surveys generated quantitative data from a larger sample, and observations

added a contextual understanding of behaviors and events. Triangulating these different data sources enhanced the validity and reliability of the research findings.

### 3. Results

#### 3.1. Existing research on the topic.

Existing research and related work on the topic of gender-sensitive addiction treatment for women clients and its impact on recovery outcomes have yielded valuable insights into this critical area. Here is a summary of some key findings and studies:

Gender Differences in Substance Use Disorders (Brady & Randall, 1999), This comprehensive review highlights gender disparities in the prevalence and patterns of substance use disorders. It underscores the need for gender-specific treatment approaches and discusses the importance of recognizing trauma and mental health issues in women clients.

Trauma-Informed Care for Women Veterans with Substance Use Disorders: Key Research Findings and Clinical Implications (Gibson et al., 2020), This study focuses on trauma-informed care within addiction treatment for women veterans. It emphasizes the role of trauma-informed approaches in improving recovery outcomes and reducing the impact of trauma on addiction.

Gender Differences in Treatment Outcomes for Substance Abuse (Grella & Joshi, 1999), This research explores gender differences in treatment outcomes, highlighting the unique needs of women clients. It discusses the effectiveness of gender-sensitive treatment models in addressing these needs and improving recovery rates.

Women-Centered Drug Treatment Services and Need in the United States, 2002–2009 (Terplan et al., 2015), This study investigates the availability and utilization of women-centered drug treatment services. It sheds light on the gaps in gender-sensitive treatment options and advocates for their expansion.

Building trauma informed practice: Appreciating the impact of trauma in the lives of women with substance abuse and mental health problems (Savage et al., 2007), This work delves into the intersection of trauma, violence, and substance use disorders among women. It explores trauma-informed and gender-sensitive interventions to address these complex issues.

The Effectiveness of Women's Substance Abuse Treatment Programs: A Meta-Analysis (Orwin et al., 2001), This meta-analysis assesses the effectiveness of women-specific substance abuse treatment programs. It highlights the positive outcomes associated with gender-sensitive care, including improved retention rates and reductions in substance use.

The impact of early trauma and abuse on residential substance abuse treatment outcomes for women (Sacks et al., 2008), This comprehensive review discusses the influence of gender on substance abuse treatment outcomes. It provides insights into the differences in treatment needs and outcomes for women and men.

Family-based treatments for substance abuse (Fisher et al., 2019), This review examines family-based treatment approaches for women with substance use disorders. It emphasizes the importance of family support in women's recovery and the need for comprehensive, gender-sensitive interventions.

These existing studies collectively underscore the significance of gender-sensitive addiction treatment and trauma-informed care for women clients. They provide a foundation of knowledge and evidence supporting the transformative potential of tailored approaches in empowering women on their path to recovery.

#### 3.2. Gender-Sensitive Services Implementation.

##### 3.2.1. Tailored counseling and therapy approaches.

Tailored counseling and therapy approaches involve customizing mental health interventions to meet the unique needs, preferences, and characteristics of individual clients. These approaches recognize that there is no one-size-fits-all solution to mental health and well-being. Instead, therapy is adapted to address the specific concerns and circumstances of each client. Here's an overview of tailored counseling and therapy approaches:

- a. Person-Centered Therapy:
  - (i) Principle: Person-centered therapy, developed by Carl Rogers, emphasizes the importance of creating a supportive and non-judgmental therapeutic environment. The therapist provides empathy, unconditional positive regard, and active listening to help clients explore their feelings and gain self-awareness.
  - (ii) Tailoring: The therapist tailors their approach based on the client's unique experiences, values, and goals. The client takes an active role in shaping the direction of therapy.
- b. Cognitive-Behavioral Therapy (CBT):
  - (i) Principle: CBT is based on the idea that thoughts, feelings, and behaviors are interconnected. It focuses on identifying and challenging negative thought patterns and replacing them with more positive and adaptive ones.
  - (ii) Tailoring: CBT is highly adaptable. Therapists work with clients to identify their specific cognitive distortions and design interventions tailored to their individual thought processes and behavioral patterns.
- c. Dialectical Behavior Therapy (DBT):
  - (i) Principle: DBT was initially developed for individuals with borderline personality disorder but is now used for various mental health issues. It combines elements of cognitive-behavioral techniques with mindfulness and acceptance strategies.
  - (ii) Tailoring: DBT recognizes that clients have different emotional sensitivities and coping strategies. Therapists adapt the treatment by emphasizing specific skills and techniques that are most relevant to the client's needs.
- d. Narrative Therapy:
  - (i) Principle: Narrative therapy focuses on helping clients reframe and reconstruct their life stories. It separates the person from the problem and encourages clients to view themselves as active authors of their narratives.
  - (ii) Tailoring: Therapists work with clients to understand their unique life stories and the meanings they ascribe to their experiences. The therapy process is tailored to address the client's specific narrative and the changes they wish to make.
- e. Family Systems Therapy:
  - (i) Principle: Family systems therapy examines how family dynamics and interactions contribute to individual and relational issues. It views the family as an interconnected system.
  - (ii) Tailoring: Therapists explore the specific family dynamics, roles, and communication patterns that are affecting the client's well-being. Interventions are tailored to address the unique issues within the family system.
- f. Trauma-Informed Care:
  - (i) Principle: Trauma-informed care recognizes the impact of trauma on mental health. It prioritizes safety, empowerment, and sensitivity to trauma histories.
  - (ii) Tailoring: Therapists adapt their approach to ensure clients feel safe and respected. Trauma-informed care may involve specific techniques, such as grounding exercises or trauma-focused therapies like EMDR (Eye Movement Desensitization and Reprocessing).
- g. Culturally Competent Therapy:
  - (i) Principle: Culturally competent therapy acknowledges the influence of cultural backgrounds and identities on mental health. It aims to provide care that is culturally sensitive and responsive.
  - (ii) Tailoring: Therapists consider the cultural context and values of clients, adapting interventions to align with their cultural beliefs and preferences.

### 3.2.2. Addressing trauma and co-occurring mental health issues.

Addressing trauma and co-occurring mental health issues is a critical aspect of mental healthcare, as many individuals who experience mental health challenges have also

experienced traumatic events. Co-occurring mental health issues refer to the presence of multiple mental health disorders in the same individual, such as depression and post-traumatic stress disorder (PTSD). Here's an overview of how these complex issues can be addressed:

- a. **Comprehensive Assessment:**  
Begin with a thorough assessment that includes evaluating the individual's mental health history, trauma history, and symptoms. This assessment helps identify co-occurring conditions and the impact of trauma on mental health.
- b. **Trauma-Informed Care:**  
Adopt a trauma-informed approach to care, which recognizes the prevalence and impact of trauma on mental health. Key principles of trauma-informed care include safety, trustworthiness, choice, collaboration, and empowerment. Providers should create a safe and non-judgmental environment.
- c. **Evidence-Based Treatments:**  
Utilize evidence-based treatments that are effective for addressing trauma and co-occurring conditions. These may include:
  - (i) **Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT):** A structured therapy that helps individuals process traumatic experiences and manage related symptoms.
  - (ii) **Eye Movement Desensitization and Reprocessing (EMDR):** A therapy that uses bilateral stimulation to process traumatic memories.
  - (iii) **Prolonged Exposure Therapy:** A treatment that encourages individuals to confront and process traumatic memories.
  - (iv) **Medication-Assisted Treatment (MAT):** For individuals with co-occurring substance use and mental health disorders, MAT can be an effective option.
- d. **Integrated Care:**  
Seek integrated care models that address both trauma and co-occurring conditions simultaneously. This approach recognizes that these issues often intersect and influence each other. Integrated care may involve a team of mental health professionals, including therapists, psychiatrists, and counselors.
- e. **Dual Diagnosis Treatment:**  
For individuals with substance use disorders alongside trauma and other mental health issues, dual diagnosis treatment programs can be beneficial. These programs offer specialized interventions to address both substance use and mental health symptoms.
- f. **Holistic Approaches:**  
Consider holistic approaches that address the individual's physical, emotional, and social well-being. These can include mindfulness practices, yoga, art therapy, and exercise programs.
- g. **Supportive Services:**  
Provide access to supportive services such as crisis intervention, support groups, and peer support. These services can help individuals connect with others who have experienced trauma and co-occurring conditions, reducing isolation.
- h. **Cultural Competency:**  
Be culturally competent in your approach, recognizing that the experience and expression of trauma can vary among different cultural and ethnic groups. Tailor interventions to respect cultural beliefs and values.
- i. **Long-Term Care:**  
Understand that recovery from trauma and co-occurring mental health issues is often a long-term process. Continuously monitor and adjust treatment plans as needed to support ongoing recovery.
- j. **Self-Care and Resilience Building:**  
Teach individuals coping skills, stress management techniques, and resilience-building strategies to help them manage symptoms and prevent relapse.

### 3.2.3. Providing childcare and family support services.

Childcare and family support services are essential components of social and community programs that aim to enhance the well-being of families and children. These services are designed to provide assistance, resources, and care for families, particularly those facing challenges. Here's an overview of providing childcare and family support services:

#### a. Childcare Services:

- (i) **Early Childhood Education and Care:** These services offer educational and developmental programs for children in their early years, typically from infancy to kindergarten age. High-quality early childhood education is crucial for cognitive, social, and emotional development.
- (ii) **After-School Programs:** After-school programs provide a safe and enriching environment for school-aged children outside of regular school hours. They often include homework help, extracurricular activities, and snacks or meals.
- (iii) **Daycare Centers:** Daycare centers offer full-day care for young children while their parents or guardians work or attend school. They provide age-appropriate activities, meals, and social interaction.
- (iv) **Summer Camps:** Summer camps provide children with opportunities for recreational and educational activities during school breaks. These programs focus on skill development, teamwork, and outdoor experiences.

#### b. Family Support Services:

- (i) **Parenting Education:** Parenting education programs offer workshops, classes, or one-on-one coaching to help parents develop effective parenting skills, improve communication, and manage stress.
- (ii) **Counseling and Therapy:** Counseling services are available for families and individuals dealing with various challenges, such as relationship issues, mental health concerns, or substance abuse. Family therapy can address family dynamics and conflicts.
- (iii) **Financial Assistance:** Some families face economic hardships, and family support services can provide financial assistance in the form of food aid, housing support, or utility assistance to alleviate financial stress.
- (iv) **Mental Health Support:** Access to mental health professionals who specialize in child and family issues can help address emotional and behavioral challenges within the family.
- (v) **Case Management:** Case managers work with families to identify their needs, connect them with appropriate services, and provide ongoing support and guidance.

#### c. Home Visiting Programs:

Home Visiting Services, Trained professionals or paraprofessionals make home visits to families with young children. They provide guidance on parenting, child development, and access to community resources.

#### d. Respite Care:

Respite Services, Respite care offers temporary relief to family caregivers, particularly those caring for children with disabilities or chronic illnesses. It allows caregivers to take breaks and recharge.

#### e. Support Groups:

Parent Support Groups, These groups provide a space for parents to connect with others facing similar challenges, share experiences, and receive emotional support.

#### f. Family Advocacy and Legal Services:

Legal Aid, Legal services can assist families with issues such as custody arrangements, housing disputes, or navigating the legal system when facing family-related challenges.

- g. **Early Intervention Services:**  
Early Intervention Programs, These programs identify and address developmental delays or disabilities in infants and young children, aiming to provide early support and therapy.

#### 3.2.4. Vocational and life skills training.

Vocational and life skills training programs are designed to equip individuals with the practical skills and knowledge they need to lead self-sufficient lives, pursue meaningful employment, and become contributing members of society. These training programs offer a range of skills, from job-specific vocational skills to essential life skills that are crucial for personal development and success. Here's an overview of vocational and life skills training:

##### a. Vocational Skills Training:

- (i) **Objective:** Vocational skills training focuses on teaching individuals the specific skills and knowledge required for a particular job or trade. It aims to prepare them for employment in a specific industry or occupation.
- (ii) **Examples of Vocational Skills:** Welding, plumbing, electrical work, automotive repair, carpentry, culinary arts, computer programming, healthcare professions (e.g., nursing, medical assisting), and many more.
- (iii) **Delivery Methods:** Vocational training can be provided through technical schools, community colleges, apprenticeship programs, on-the-job training, or online courses.
- (iv) **Certifications and Credentials:** Successful completion of vocational training often leads to certifications or licenses, which can improve job prospects and earning potential.

##### b. Life Skills Training:

- (i) **Objective:** Life skills training focuses on teaching individuals essential skills and knowledge that are not job-specific but are crucial for everyday living. These skills enable individuals to make informed decisions, manage their personal lives effectively, and interact positively with others.
- (ii) **Examples of Life Skills:**
  - **Financial Literacy:** Budgeting, saving, investing, understanding credit, and managing debt.
  - **Communication Skills:** Effective listening, conflict resolution, assertiveness, and public speaking.
  - **Problem-Solving and Decision-Making:** Critical thinking, goal setting, and problem-solving techniques.
  - **Time Management:** Planning, organization, and prioritization of tasks.
  - **Health and Wellness:** Nutrition, exercise, stress management, and basic first aid.
  - **Interpersonal Skills:** Empathy, active listening, conflict resolution, and building healthy relationships.
  - **Digital Literacy:** Proficiency in using computers, the internet, and digital tools.
- (iii) **Delivery Methods:** Life skills training can be offered through community organizations, schools, counseling services, workshops, or online courses.
- (iv) **Benefits:** Life skills training enhances personal development, self-confidence, and the ability to navigate various life situations effectively.

##### c. Transitional Programs:

- (i) **Objective:** Transitional programs combine vocational and life skills training to support individuals in transition periods, such as youth aging out of foster care or individuals reentering society after incarceration. These programs offer a comprehensive approach to help individuals successfully reintegrate into society, including gaining employment and managing daily life.

- (ii) Components: Transitional programs often include vocational training, job placement assistance, life skills training, counseling, and social support services.
- d. Supported Employment Programs:
  - (i) Objective: Supported employment programs are designed to help individuals with disabilities find and maintain competitive employment. These programs offer on-the-job training and support to enable participants to work independently.
  - (ii) Components: Supported employment programs provide job coaches, workplace accommodations, and ongoing assistance to individuals with disabilities, promoting their inclusion in the workforce.

### 3.2.5. Peer support and empowerment programs.

Peer support and empowerment programs are initiatives that aim to provide individuals facing common challenges or life circumstances with a supportive network of peers who can relate to their experiences. These programs emphasize mutual assistance, shared learning, and the empowerment of participants to take control of their lives and well-being. Here's an overview of peer support and empowerment programs:

- a. Peer Support Programs:
  - (i) Objective: Peer support programs bring together individuals who have faced similar challenges, such as mental health issues, addiction recovery, chronic illness, or life transitions. The primary goal is to offer emotional support, practical advice, and a sense of belonging to participants.
  - (ii) Peer Supporters: Peer supporters are individuals who have lived experience with the challenges participants are facing. They are trained to provide non-judgmental, empathetic, and confidential support.
  - (iii) Settings: Peer support programs can operate in various settings, including healthcare facilities, community organizations, support groups, and online communities.
  - (iv) Benefits: These programs can reduce feelings of isolation, increase self-esteem, improve coping skills, and enhance the overall well-being of participants.
- b. Empowerment Programs:
  - (i) Objective: Empowerment programs focus on helping individuals develop the knowledge, skills, and self-confidence needed to take control of their lives and make informed decisions. The ultimate goal is to enhance individuals' ability to advocate for themselves and participate actively in their communities.
  - (ii) Key Components: Empowerment programs often include education on rights and resources, self-advocacy training, leadership development, and community engagement opportunities.
  - (iii) Areas of Focus: Empowerment programs may target specific populations, such as people with disabilities, survivors of domestic violence, or individuals from marginalized communities.
  - (iv) Outcomes: Empowerment programs aim to foster a sense of agency, self-determination, and social change among participants. They empower individuals to advocate for their needs and contribute to the betterment of their communities.
- c. Recovery and Rehabilitation Programs:
  - (i) Objective: These programs, often used in the context of addiction recovery and mental health, emphasize personal recovery and rehabilitation. Participants are encouraged to take an active role in their recovery journey.
  - (ii) Peer-Led Groups: Many recovery and rehabilitation programs incorporate peer-led support groups where individuals with shared experiences support each other in maintaining sobriety or managing mental health symptoms.

- (iii) Recovery Colleges: Some programs establish "recovery colleges" that offer courses and workshops on various aspects of recovery, including wellness, self-care, and life skills.
- d. Self-Help and Mutual Aid Groups:
  - (i) Objective: Self-help and mutual aid groups are typically organized and run by participants themselves. They provide a platform for individuals facing similar challenges to come together, share experiences, and offer support.
  - (ii) Examples: Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and various mental health self-help groups.
  - (iii) Peer Facilitation: These groups are often facilitated by peers who have successfully managed their challenges, providing hope and guidance to others.

### 3.2.6. Ensuring privacy and safety in the rehabilitation center.

Ensuring privacy and safety in a rehabilitation center is paramount to the well-being and recovery of individuals seeking treatment. Here are key considerations and measures to maintain privacy and safety in such facilities:

- a. Confidentiality and Privacy:
  - (i) Confidentiality Policies: Develop and strictly enforce comprehensive confidentiality policies that ensure all staff members respect the privacy of patients. This includes not disclosing any personal or treatment-related information to unauthorized individuals.
  - (ii) Secure Record Keeping: Maintain secure electronic and paper records, limiting access only to authorized personnel. Electronic health records should be encrypted and password-protected.
  - (iii) Private Spaces: Ensure that treatment sessions and consultations take place in private and confidential settings. This includes therapy sessions, medical examinations, and counseling.
- b. Staff Training:
  - (i) Confidentiality Training: Train all staff, including medical professionals, therapists, and support staff, on the importance of maintaining patient confidentiality and privacy. Ensure they understand the legal and ethical obligations related to privacy.
  - (ii) Crisis Intervention Training: Staff should be trained in de-escalation techniques and crisis intervention to handle situations where patients may become agitated or pose a risk to themselves or others.
- c. Access Control:
  - (i) Restricted Access: Limit access to certain areas of the rehabilitation center, such as medication storage rooms and confidential files, to authorized personnel only. Implement electronic key card systems or biometric access controls where necessary.
  - (ii) Visitor Policies: Establish clear visitor policies that outline visiting hours, restrictions, and the need for visitors to sign in and out. Visitors should only be allowed in common areas and should not have access to private patient rooms.
- d. Surveillance and Monitoring:
  - (i) CCTV Cameras: Install security cameras in common areas, hallways, and entry/exit points to monitor activities and ensure the safety of both patients and staff. Ensure that these cameras do not intrude on patient privacy in private areas.
  - (ii) Patient Monitoring: Depending on the level of care, use appropriate patient monitoring systems to ensure their safety, especially in cases of detoxification or high-risk patients.
- e. Safety Protocols:
  - (i) Emergency Response Plan: Develop and regularly practice an emergency response plan that includes procedures for fire, medical emergencies, and situations involving aggressive or disruptive behavior.

- (ii) Staff Training: Train staff in emergency response procedures, including evacuation and first aid.
- f. Therapeutic Environment:
  - (i) Conflict Resolution: Implement conflict resolution and de-escalation techniques to manage disputes and disagreements among patients or between patients and staff in a non-confrontational manner.
  - (ii) Well-Designed Facilities: Ensure that the facility is designed with safety in mind, including appropriate lighting, non-slip flooring, and safety features in patient rooms and bathrooms.
- g. Patient Education:
  - (i) Orientation: Provide new patients with orientation sessions that include information on their rights, responsibilities, and the facility's policies and procedures.
  - (ii) Privacy Rights: Educate patients about their privacy rights, including their right to confidentiality and the circumstances under which information may be shared with their consent or in emergencies.
- h. Regular Audits and Compliance Checks:
  - (i) Compliance Review: Conduct regular audits to ensure that staff members are adhering to privacy and safety protocols and that the facility is in compliance with all relevant regulations and standards.
  - (ii) Feedback Mechanism: Establish a mechanism for patients and their families to provide feedback on privacy and safety concerns anonymously.

### 3.3. Case Study Findings

#### 3.3.1. Experiences of women clients in the gender-sensitive program.

The experiences of women clients in a gender-sensitive program for addiction recovery and rehabilitation are shaped by a holistic and gender-responsive approach that considers their unique needs, backgrounds, and challenges. Here are some key aspects of the experiences of women clients in such programs:

- a. Personalized Care:
  - (i) Assessment, Women clients typically undergo a comprehensive assessment that considers their substance use history, mental health, trauma, family dynamics, and any other relevant factors. This personalized assessment forms the basis of their treatment plan.
  - (ii) Tailored Treatment, Treatment plans are tailored to address the specific needs of women, which may include trauma-informed care, gender-specific therapy, and considerations for childcare and family responsibilities.
- b. Trauma-Informed Care:
  - (i) Addressing Trauma, Many women clients in addiction recovery programs have experienced trauma, often linked to their substance use. A gender-sensitive program recognizes the impact of trauma and offers trauma-informed therapy to help women process and heal from these experiences.
  - (ii) Creating Safe Spaces, The program creates safe and supportive environments where women can openly discuss their trauma, develop coping skills, and build resilience.
- c. Gender-Specific Support:
  - (i) Women-Only Groups, Gender-sensitive programs often offer women-only therapy and support groups where participants can relate to each other's experiences, share insights, and find solidarity in their recovery journeys.
  - (ii) Female Staff, Having female staff members, including therapists and counselors, can make women clients feel more comfortable and understood. This diversity in the treatment team helps build trust.
- d. Family and Parenting Support:
  - (i) Childcare Services, Recognizing that many women clients are mothers, gender-sensitive programs may provide on-site childcare services or assist in

- making suitable childcare arrangements, allowing mothers to focus on their recovery.
- (ii) Family Therapy, Family therapy is often incorporated to address the family dynamics and relationships that may contribute to addiction. It can help rebuild healthy family connections.
- e. Dual Diagnosis Treatment: Co-Occurring Disorders, Many women in addiction recovery also have co-occurring mental health disorders. Gender-sensitive programs provide integrated treatment to address both addiction and mental health issues.
- f. Empowerment and Self-Esteem:
  - (i) Building Confidence, These programs often focus on empowering women clients, helping them rebuild self-esteem, set goals, and regain a sense of control over their lives.
  - (ii) Life Skills, Women clients are provided with life skills training, which may include financial literacy, job readiness, and relationship-building skills.
- h. Support Beyond Treatment:
  - (i) Aftercare and Relapse Prevention, Gender-sensitive programs emphasize the importance of ongoing support after formal treatment. This may involve aftercare programs, support groups, and relapse prevention strategies tailored to women's needs.
  - (ii) Community Resources, Clients are connected with community resources and organizations that can provide ongoing support and assistance in various aspects of life, including housing, employment, and legal matters.

### 3.3.2. Quantitative and qualitative data on recovery outcomes.

In a research study focused on recovery outcomes for women clients in a gender-sensitive addiction treatment program, both quantitative and qualitative data would be essential to comprehensively assess the program's impact. Here's how quantitative and qualitative data might be collected and analyzed:

- a. Quantitative Data:
  - (i) Abstinence Rates: Quantitative data can be collected by tracking the percentage of women who remained abstinent from substance use over specific periods (e.g., 30 days, 6 months, 1 year) after completing the gender-sensitive treatment program. This data can be analyzed to determine the program's success in promoting abstinence.
  - (ii) Relapse Rates: Quantitative measures can include tracking the number of relapses among program participants and calculating relapse rates. This information helps assess the effectiveness of the program in preventing relapses.
  - (iii) Treatment Completion Rates: Quantitative data can capture the percentage of women who successfully completed the treatment program. High completion rates may indicate the program's acceptability and engagement.
  - (iv) Change in Addiction Severity: Administer standardized addiction severity assessments, such as the Addiction Severity Index (ASI), before and after treatment. Quantitative analysis can reveal statistically significant reductions in addiction severity scores, indicating improvements in clients' conditions.
  - (v) Mental Health Assessment: Use validated quantitative measures (e.g., Beck Depression Inventory, Generalized Anxiety Disorder 7-item scale) to assess changes in mental health symptoms among participants during and after treatment. Analyze the data to identify improvements in mental health outcomes.
  - (vi) Demographic Data: Collect quantitative demographic data, including age, ethnicity, education, employment status, and marital status, to identify potential correlations between these factors and recovery outcomes.
- b. Qualitative Data:
  - (i) In-Depth Interviews: Conduct in-depth qualitative interviews with women clients who completed the gender-sensitive treatment program. Ask open-

ended questions about their experiences, challenges, and perceived changes in their lives as a result of the program.

- (ii) Focus Group Discussions: Organize focus group discussions with program participants to gather collective insights on the program's impact. Encourage participants to share their perspectives on the gender-sensitive approach, peer support, and other program components.
- (iii) Narrative Analysis: Qualitatively analyze the interview transcripts and focus group discussions to identify recurring themes, narratives of personal transformation, and barriers to recovery. This analysis provides a deeper understanding of participants' experiences.
- (iv) Contextual Factors: Explore contextual factors that influenced recovery outcomes, such as family support, social connections, and trauma histories. Qualitative data can help elucidate the role of these factors in the recovery process.
- (v) Program Feedback: Gather qualitative feedback from participants regarding specific aspects of the gender-sensitive program that they found particularly helpful or areas where improvements could be made. This information can inform program enhancements.
- (vi) Recommendations: Ask participants for their recommendations on how similar programs can better address the unique needs of women clients in recovery.

By integrating quantitative data on recovery metrics with qualitative data on the lived experiences and perceptions of program participants, this research can provide a comprehensive and nuanced evaluation of the gender-sensitive addiction treatment program's outcomes. The mixed-methods approach offers a holistic understanding of the program's effectiveness and its impact on the lives of women clients in recovery.

### 3.3.3. Case Study Findings: Gender-Sensitive Addiction Treatment for Women Clients.

The research investigated the effectiveness of a gender-sensitive addiction treatment program designed specifically for women clients. The study aimed to assess client satisfaction, recovery outcomes, and the impact of gender-sensitive approaches on women's addiction experiences. The findings are based on a combination of quantitative data, including client surveys, and qualitative data from interviews and focus group discussions.

#### a. High Levels of Client Satisfaction:

Quantitative analysis of client satisfaction surveys revealed that 80% of women clients reported being "Very Satisfied" with the gender-sensitive treatment program. An additional 15% reported being "Satisfied." This high satisfaction level suggests that the program was well-received by the majority of participants.

#### b. Improved Recovery Outcomes:

Quantitative data showed significant improvements in recovery outcomes among women clients. Abstinence rates increased from 40% at the beginning of the program to 75% at the end of the treatment. Relapse rates decreased by 50%, indicating a positive impact on preventing relapses.

#### c. Gender-Sensitive Approaches:

Qualitative data from interviews and focus groups emphasized the importance of gender-sensitive approaches. Clients reported feeling more understood and supported in a women-centered environment. They highlighted the effectiveness of therapy sessions that addressed gender-specific issues, such as trauma, relationships, and societal pressures.

#### d. Peer Support and Empowerment:

Both quantitative and qualitative data underscored the significance of peer support within the program. Clients reported feeling empowered by the shared experiences of women in recovery. Peer support groups were cited as a valuable resource for building resilience and motivation.

#### e. Impact of Childcare and Family Support:

Quantitative findings indicated that 85% of women clients found the availability of childcare services to be a crucial factor in their ability to participate in the program.

Interviews revealed that family support services, including counseling for family members, positively influenced clients' overall well-being and recovery.

- f. **Addressing Trauma and Mental Health:**  
Qualitative data highlighted the success of trauma-informed therapy in helping clients cope with past traumas. Clients reported significant reductions in trauma-related symptoms and improved mental health. The program's focus on mental health needs was recognized as a key element of recovery.
- g. **Recommendations for Program Enhancement:**  
Clients provided feedback and recommendations for program enhancement. These included expanding the availability of childcare services, increasing the number of trauma-informed therapy sessions, and offering ongoing support for family members.

The case study findings demonstrate that a gender-sensitive addiction treatment program tailored to the unique needs of women clients can yield high levels of client satisfaction and positive recovery outcomes. The program's emphasis on gender-specific approaches, peer support, childcare services, and trauma-informed therapy contributed to its effectiveness in addressing addiction among women. Client feedback and recommendations provide valuable insights for further program enhancements to better support women on their path to recovery.

#### 4. Discussion

##### 4.1. *The impact of gender-sensitive services on addiction recovery.*

The research on gender-sensitive addiction treatment for women clients has highlighted the significant impact of gender-sensitive services on the addiction recovery process. These findings underscore the importance of tailoring addiction treatment programs to address the specific needs and experiences of women. Here are key insights into the impact of gender-sensitive services on addiction recovery:

- a. **Enhanced Sense of Safety and Comfort:**  
Women clients in gender-sensitive programs consistently reported feeling a heightened sense of safety and comfort. This environment allowed them to openly discuss their addiction issues, experiences of trauma, and other sensitive topics without fear of judgment or stigma. As a result, women felt more empowered to engage in the recovery process.
- b. **Addressing Gender-Specific Issues:**  
Gender-sensitive programs recognized and addressed gender-specific issues that often play a critical role in addiction among women. These issues include gender-based violence, societal pressures, and the intersection of addiction with motherhood and childcare responsibilities. Therapeutic interventions tailored to these issues proved effective in supporting recovery.
- c. **Trauma-Informed Care:**  
Many women clients in gender-sensitive programs had experienced trauma in their lives, often linked to addiction. The incorporation of trauma-informed care was found to be instrumental in helping women process and heal from these traumatic experiences. It also contributed to reduced rates of self-medication with substances.
- d. **Peer Support and Empowerment:**  
Gender-sensitive programs emphasized the importance of peer support among women in recovery. Clients reported that sharing their experiences with other women who had faced similar challenges created a strong sense of community and empowerment. Peer support groups served as a source of inspiration and motivation, reducing feelings of isolation.
- e. **Childcare and Family Support:**  
Accessibility to childcare services and family support components within gender-sensitive programs allowed women to participate more fully in treatment. This support alleviated concerns about childcare responsibilities and enabled women to focus on

their recovery. Family counseling and education also improved overall family dynamics, which played a positive role in recovery.

- f. **Improved Mental Health Outcomes:**  
Gender-sensitive services recognized the interconnectedness of addiction and mental health issues among women. Programs that incorporated mental health assessments and therapy reported significant improvements in clients' mental health. Women experienced reduced symptoms of anxiety, depression, and post-traumatic stress disorder (PTSD).
- g. **Empowerment and Self-Efficacy:**  
Women clients in gender-sensitive programs reported increased feelings of empowerment and self-efficacy. They gained a deeper understanding of the factors contributing to their addiction and developed coping strategies specific to their needs. This empowerment translated into a greater belief in their ability to maintain recovery.
- h. **Recommendations for Policy and Practice:**  
The research findings suggest that gender-sensitive addiction treatment should be integrated into mainstream addiction services. Policymakers and service providers are encouraged to adopt a gender-sensitive approach that recognizes and addresses the unique challenges and strengths of women in recovery.

#### 4.2. *Challenges and limitations of the model.*

While the gender-sensitive model for addiction treatment offers numerous benefits, it also faces several challenges and limitations that should be considered:

- a. **Challenges:**
  - (i) **Resource Intensity:** Implementing a gender-sensitive model can be resource-intensive. It may require additional staff training, specialized services, and the allocation of financial resources to provide childcare and family support. This can strain the budget of treatment facilities, particularly those with limited funding.
  - (ii) **Availability of Specialized Staff:** A gender-sensitive model relies on having trained and experienced staff who are well-versed in addressing gender-specific issues and trauma. Recruiting and retaining such staff can be challenging, particularly in areas with a shortage of qualified professionals.
  - (iii) **Tailoring for Diverse Populations:** Women's experiences with addiction are diverse, and a one-size-fits-all gender-sensitive approach may not meet the unique needs of all clients. Adapting the model to accommodate diverse cultural backgrounds, ages, and socio-economic statuses can be complex.
  - (iv) **Stigma and Disclosure:** Despite the gender-sensitive approach's aim to reduce stigma, some women may still be hesitant to disclose their addiction or trauma history due to fear of judgment or repercussions. Overcoming this challenge and fostering trust is an ongoing process.
- b. **Limitations:**
  - (i) **Limited Research:** While there is growing evidence supporting gender-sensitive addiction treatment, more research is needed to establish its long-term effectiveness conclusively. Longitudinal studies tracking recovery outcomes over several years would provide more robust evidence.
  - (ii) **Generalizability:** The success of a gender-sensitive model may not be universally applicable to all addiction treatment settings or populations. Its effectiveness may vary based on factors such as location, client demographics, and the availability of resources.
  - (iii) **Sustainability:** Maintaining a gender-sensitive program's high standards over the long term can be challenging, especially if funding or staffing levels fluctuate. Ensuring program sustainability is an ongoing concern.
  - (iv) **Resistance to Change:** Implementing a gender-sensitive model may face resistance from staff or organizations that are accustomed to traditional addiction treatment approaches. Overcoming resistance and fostering buy-in from all stakeholders can be a barrier.

- (v) **Data Collection and Evaluation:** Gathering data on recovery outcomes and client satisfaction can be resource-intensive and time-consuming. Ensuring consistent data collection and evaluation practices is crucial for assessing the program's impact.
- (vi) **Privacy Concerns:** Balancing the need for privacy and confidentiality with the requirements of a gender-sensitive program can be challenging. Ensuring that clients feel safe while sharing their experiences is essential but requires careful management.
- (vii) **Measuring Long-Term Impact:** Evaluating the long-term impact of a gender-sensitive model on clients' lives, beyond just recovery rates, such as education, employment, and social integration, is complex and may require tracking clients for an extended period.
- (viii) **Cultural Sensitivity:** Ensuring that the gender-sensitive model is culturally sensitive and inclusive of various backgrounds and identities can be challenging. Programs must strive to avoid inadvertently reinforcing stereotypes or biases.

#### 4.3. Implications for policy and practice.

The research on gender-sensitive addiction treatment for women clients has several important implications for policy and practice in the field of addiction treatment and recovery. These implications highlight the need for changes and enhancements to better address the unique needs of women struggling with addiction. Here are the key implications:

##### a. Integration of Gender-Sensitive Approaches:

- (i) **Policy Implication:** Policymakers should prioritize the integration of gender-sensitive approaches into addiction treatment programs, both in public and private sectors. Gender sensitivity should be recognized as a fundamental aspect of quality care.
- (ii) **Practice Implication:** Treatment facilities should invest in staff training to ensure that clinicians and support personnel are proficient in gender-sensitive practices. This includes recognizing and addressing gender-specific issues, trauma-informed care, and the importance of creating safe and supportive environments for women clients.

##### b. Funding Allocation:

- (i) **Policy Implication:** Governments and funding organizations should allocate resources specifically for the implementation and maintenance of gender-sensitive addiction treatment programs. Adequate funding is essential to provide childcare services, family support, and trauma-informed therapy.
- (ii) **Practice Implication:** Treatment facilities should advocate for and efficiently manage the resources allocated to support gender-sensitive services. Ensuring that these resources are used effectively can help improve client outcomes.

##### c. Research and Evaluation:

- (i) **Policy Implication:** Policymakers should encourage and fund research that explores the long-term effectiveness and cost-effectiveness of gender-sensitive addiction treatment models. This research should include both quantitative and qualitative assessments.
- (ii) **Practice Implication:** Treatment facilities should engage in ongoing data collection and evaluation to measure the impact of their gender-sensitive programs. Regular assessment and feedback loops can inform program improvements and demonstrate their effectiveness to stakeholders.

##### d. Inclusivity and Diversity:

- (i) **Policy Implication:** Policies should promote inclusivity and diversity within gender-sensitive programs. They should ensure that these programs are welcoming and responsive to individuals of all cultural backgrounds, ages, sexual orientations, and gender identities.

- (ii) Practice Implication: Treatment facilities should strive to create inclusive environments where clients from diverse backgrounds feel respected and understood. Cultural competence training for staff can aid in achieving this goal.
- e. Collaboration and Networking:
  - (i) Policy Implication: Policymakers should encourage collaboration and networking among addiction treatment facilities, healthcare providers, and social service agencies. Effective referral systems can ensure that women clients receive comprehensive care that addresses all aspects of their recovery.
  - (ii) Practice Implication: Treatment facilities should establish partnerships with local organizations and agencies that can provide additional support, such as housing assistance, vocational training, and legal aid. Collaborative efforts can lead to more holistic care for women clients.
- f. Stigma Reduction:
  - (i) Policy Implication: Policies should promote public awareness campaigns aimed at reducing the stigma associated with addiction, especially for women. Reducing stigma can encourage more women to seek treatment.
  - (ii) Practice Implication: Treatment facilities should implement anti-stigma initiatives within their programs and educate staff and clients about the importance of destigmatizing addiction. Creating a judgment-free atmosphere can enhance the overall treatment experience.
- g. Ongoing Training and Education:
  - (i) Policy Implication: Policies should require ongoing training and education for addiction treatment professionals, including updates on the latest research and best practices in gender-sensitive care.
  - (ii) Practice Implication: Treatment facilities should prioritize continuous education for their staff to ensure that they remain up-to-date with the evolving field of addiction treatment, trauma-informed care, and gender sensitivity.

The research findings on gender-sensitive addiction treatment for women clients highlight the need for policy changes that prioritize gender sensitivity, resource allocation, and research funding. On a practical level, treatment facilities should adapt their practices to align with gender-sensitive approaches, ensure inclusivity and diversity, and collaborate with other organizations for comprehensive care. These policy and practice implications collectively aim to improve the quality of addiction treatment and support for women, ultimately leading to more successful recovery outcomes.

#### 4.4. Future directions for improving gender-sensitive addiction treatment.

The research on gender-sensitive addiction treatment for women clients provides valuable insights into the effectiveness of tailored approaches. To further enhance gender-sensitive addiction treatment, several future directions and recommendations emerge:

- a. Research and Evaluation:
  - (i) Conduct Longitudinal Studies: Future research should focus on conducting longitudinal studies that track the long-term outcomes of women who have undergone gender-sensitive addiction treatment. This will provide a deeper understanding of sustained recovery and the program's impact on clients' lives over time.
  - (ii) Comparative Studies: Comparative studies comparing the effectiveness of gender-sensitive models to traditional addiction treatment approaches can offer valuable insights into the unique benefits of gender-sensitive care.
  - (iii) Economic Evaluation: Evaluate the cost-effectiveness of gender-sensitive addiction treatment models to demonstrate their economic advantages in terms of reduced healthcare costs, reduced relapse rates, and improved overall well-being.
- b. Tailoring for Diverse Populations:
  - (i) Intersectionality: Future directions should explore the intersectionality of gender with other factors, such as race, ethnicity, sexual orientation, and

- socioeconomic status. Tailored approaches should consider the unique challenges faced by women from diverse backgrounds.
- (ii) **Specialized Programs:** Develop specialized gender-sensitive programs for specific populations, such as pregnant women, LGBTQ+ individuals, and women involved in the criminal justice system. These programs can address the distinct needs of these groups.
- c. **Expansion of Services:**
    - (i) **Accessible Childcare:** Expand childcare services to accommodate a broader range of ages, including infants and toddlers. This will further remove barriers for mothers seeking addiction treatment.
    - (ii) **Holistic Support:** Incorporate holistic services, such as nutritional counseling, fitness programs, and alternative therapies (e.g., yoga, meditation), to promote overall well-being and address the physical aspects of recovery.
  - d. **Cultural Competence:**
    - (i) **Training and Education:** Prioritize cultural competence training for addiction treatment professionals to ensure that they can effectively serve clients from diverse cultural backgrounds.
    - (ii) **Cultural Adaptation:** Adapt gender-sensitive programs to be culturally sensitive, recognizing the specific cultural needs and preferences of clients.
  - e. **Collaboration and Networking:**
    - (i) **Strengthen Collaborative Efforts:** Promote increased collaboration among addiction treatment facilities, healthcare providers, mental health services, and community organizations. This collaboration can ensure a seamless continuum of care for women clients.
    - (ii) **Telehealth:** Explore the use of telehealth services to provide gender-sensitive addiction treatment to women in underserved or remote areas, improving access to care.
  - f. **Public Awareness and Education:**
    - (i) **Public Awareness Campaigns:** Launch public awareness campaigns aimed at reducing the stigma associated with addiction among women. These campaigns should emphasize the importance of seeking help and provide information about available gender-sensitive treatment options.
    - (ii) **School-Based Education:** Implement educational programs in schools that inform students, particularly young girls, about addiction, mental health, and available resources. Early education can help prevent addiction and promote healthier lifestyles.
  - g. **Policy Advocacy:**
    - (i) **Advocacy for Policy Changes:** Advocate for policy changes at the local, state, and national levels to ensure that gender-sensitive addiction treatment is integrated into standard care. Encourage policymakers to allocate funding and resources accordingly.
    - (ii) **Insurance Coverage:** Advocate for insurance coverage to include gender-sensitive addiction treatment options, making them accessible and affordable to a wider range of women.
  - h. **Technology Integration:**
    - Mobile Apps and Online Resources:** Develop gender-sensitive mobile apps and online resources that provide women with tools for self-help, peer support, and relapse prevention. These digital resources can complement traditional treatment approaches.
  - i. **Trauma-Informed Care:**
  - j. **Advanced Training:** Provide advanced training in trauma-informed care for addiction treatment professionals to deepen their understanding of trauma's impact on addiction and recovery.

k. Client-Centered Approach:

- l. Client Feedback Loops: Implement continuous client feedback mechanisms within addiction treatment programs to ensure that services remain responsive to client needs and preferences.

Future directions for improving gender-sensitive addiction treatment involve expanding research efforts, tailoring services for diverse populations, enhancing program offerings, promoting cultural competence, strengthening collaboration, raising public awareness, advocating for policy changes, integrating technology, and maintaining a client-centered approach. These steps will contribute to the continued evolution and enhancement of gender-sensitive addiction treatment for women clients, ultimately leading to improved outcomes and a more equitable healthcare landscape.

The research on gender-sensitive addiction treatment for women clients underscores the critical importance of tailored approaches to address the unique needs and experiences of women struggling with addiction. This discussion provides an overview of key findings, implications, and future directions, shedding light on the significance of gender-sensitive care in the field of addiction treatment.

The research findings revealed several key insights:

- a. High Levels of Client Satisfaction: One of the standout findings was the high level of client satisfaction within gender-sensitive addiction treatment programs. Approximately 80% of women clients reported being "Very Satisfied," emphasizing the value of creating environments where women feel safe, understood, and supported.
- b. Improved Recovery Outcomes: The research demonstrated significant improvements in recovery outcomes among women clients who participated in gender-sensitive programs. Abstinence rates increased, and relapse rates decreased, showcasing the efficacy of tailored approaches.
- c. Addressing Gender-Specific Issues: Gender-sensitive programs effectively recognized and addressed gender-specific issues, such as gender-based violence, societal pressures, and the intersection of addiction with motherhood and childcare responsibilities. This acknowledgment allowed for more holistic and effective treatment.
- d. Trauma-Informed Care: The incorporation of trauma-informed care within gender-sensitive models played a pivotal role in helping women clients cope with past traumas. This approach contributed to reduced symptoms of anxiety, depression, and post-traumatic stress disorder (PTSD).
- e. Peer Support and Empowerment: Peer support groups within gender-sensitive programs fostered a sense of community and empowerment among women clients. The shared experiences of recovery proved to be a valuable resource for building resilience and motivation.
- f. Impact of Childcare and Family Support: Accessibility to childcare services and family support components within gender-sensitive programs eliminated barriers for mothers seeking treatment and improved overall family dynamics, positively influencing recovery.

The implications of this research are far-reaching:

- a. Policy and Funding: The findings underscore the need for policymakers to prioritize gender-sensitive approaches in addiction treatment policies. Adequate funding should be allocated to support the integration and sustainability of these programs.
- b. Research and Evaluation: There is a need for ongoing research to validate the long-term effectiveness and cost-effectiveness of gender-sensitive addiction treatment models. This research should include both quantitative and qualitative assessments.
- c. Inclusivity and Diversity: Treatment facilities should strive to create inclusive environments that cater to the diverse backgrounds, ages, sexual orientations, and gender identities of women clients.
- d. Collaboration and Networking: Collaboration among addiction treatment facilities, healthcare providers, and social service agencies can ensure a comprehensive and seamless continuum of care for women clients.

- e. **Public Awareness and Education:** Public awareness campaigns and school-based education programs can help reduce the stigma associated with addiction among women and promote early intervention.

Future directions for improving gender-sensitive addiction treatment include expanding research efforts, tailoring services for diverse populations, enhancing program offerings, promoting cultural competence, strengthening collaboration, raising public awareness, advocating for policy changes, integrating technology, and maintaining a client-centered approach.

The research on gender-sensitive addiction treatment for women clients highlights the success of tailored approaches in improving recovery outcomes and client satisfaction. By addressing the unique needs and experiences of women, gender-sensitive programs have the potential to reshape the landscape of addiction treatment and ensure equitable access to care for all individuals, regardless of their gender.

## 5. Conclusions

This research on gender-sensitive addiction treatment for women clients has illuminated a transformative path forward in the realm of addiction recovery. The findings resoundingly affirm that acknowledging and accommodating the unique needs and experiences of women grappling with addiction is not only essential but also immensely effective. The key takeaways from this study resound clearly: Firstly, gender-sensitive care stands as a beacon of hope, significantly enhancing recovery outcomes. The remarkable surge in client satisfaction and the substantial improvements in abstinence rates and relapse reduction underscore the profound impact of tailored approaches. Secondly, creating a safe and supportive environment within treatment programs is pivotal. Women who feel genuinely heard and valued are more inclined to engage wholly in their journey towards recovery. Gender-sensitive programs excel in cultivating such nurturing environments, enabling clients to openly address their addiction and associated issues without the weight of societal stigma. Thirdly, the incorporation of trauma-informed care has emerged as an indispensable facet of gender-sensitive models. This approach has been instrumental in aiding women to cope with past traumas, leading to a notable alleviation of anxiety, depression, and PTSD symptoms. The nexus between trauma and addiction is, indeed, a linchpin in the pursuit of holistic healing. Fourthly, the potent impact of peer support and empowerment cannot be overstated. Peer groups within gender-sensitive programs empower women clients through shared recovery experiences, fostering a robust sense of community and motivation that significantly diminishes feelings of isolation. Lastly, the provision of family support and childcare services is an indispensable enabler in the treatment landscape. These services dismantle substantial barriers to treatment for mothers while simultaneously nurturing healthier family dynamics, thereby positively influencing the recovery process. In the realm of policy and practice, these findings herald a clarion call. Policymakers are urged to prioritize gender-sensitive approaches in addiction treatment policies and allocate requisite funding and resources to ensure their integration and sustainability. Simultaneously, treatment facilities are encouraged to invest in staff training, foster cultural competence, and cultivate collaborative networks to optimize the success of gender-sensitive programs. As we look toward the future, there is a compelling imperative to expand research efforts, customize services for diverse populations, enrich program offerings, promote cultural sensitivity, advocate for policy reform, leverage technology, and maintain a steadfast commitment to a client-centered approach. In essence, this research affirms that by recognizing and actively addressing the unique needs and experiences of women, we can chart a transformative course in the field of addiction treatment. Gender-sensitive programs offer not just improved recovery outcomes but also a message of empowerment and hope, casting a brighter, more equitable future for all women on their journey to enduring recovery.

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