

Helping Women Recover: A Trauma-Informed Approach

Training provided by:

Twyla Wilson, LCSW
112 Swift Avenue
Durham, NC 27705
Phone: 919-801-9087
twyla.lcsw@gmail.com

Curriculum written by:

Stephanie S. Covington, Ph.D., L.C.S.W.
Center for Gender and Justice
Institute for Relational Development
La Jolla, CA
www.stephaniecovington.com
www.centerforgenderandjustice.org

Kentucky School for Alcohol and Other Drugs Studies
Louisville, KY
August 18, 2015

Helping Women Recover: A Trauma-Informed Approach

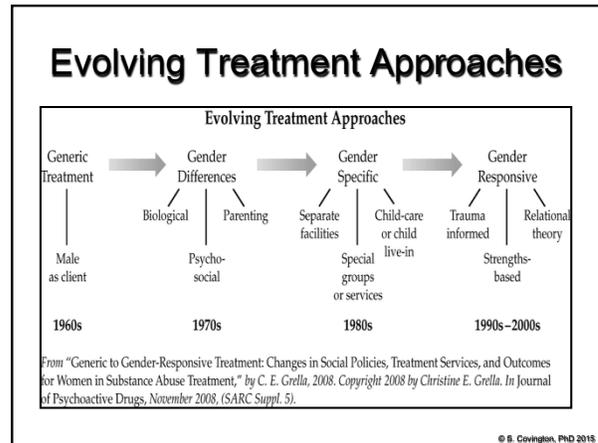
**Helping Women Recover:
A Trauma-Informed Approach**

Presented by:
Twyla Peterson Wilson, LCSW
Durham, NC

Written by: **Stephanie S. Covington, Ph.D., L.C.S.W.**
Center for Gender and Justice
Institute for Relational Development
La Jolla, CA

Kentucky School for Alcohol and Other Drugs Studies
Louisville, KY
August 18, 2015

© S. Covington, PhD 2015



History of Services

- **Addiction treatment services designed for men by men**
- **Mental health services designed by men for women**
- **Criminal justice services designed by men for men**

© S. Covington, Ph.D., 2015

Gender-Responsive Treatment

- **Creating an environment through:**
 - **site selection**
 - **staff selection**
 - **program development**
 - **content and material**
- **that reflects an understanding of the realities of the lives of women and girls, and**
- **addresses and responds to their strengths and challenges.**

Source: Covington, S.S., & Bloom, B.E. (2006). Gender-responsive treatment and services in correctional settings. In E. Leeder (Ed.), *Inside and out: Women, prison, and therapy*. Binghamton, NY: Haworth.

© S. Covington, PhD 2015

Guiding Principles for Gender-Responsive Services

- Gender
- Environment
- Relationships
- Integrated Services
- Economic & Social Status
- Community

© S. Covington, PhD 2015

Guiding Principles

- **Gender:** Acknowledge that gender makes a difference.
- **Environment:** Create an environment based on safety, respect, and dignity.

© S. Covington, PhD 2015

Helping Women Recover: A Trauma-Informed Approach

Guiding Principles (cont.)

- **Relationships:** Develop policies, practices, and programs that are relational and promote healthy connections to children, family, significant others, and the community.
- **Services:** Address substance abuse, trauma, and mental health issues through comprehensive, integrated, and culturally relevant services.

© S. Covington, PhD 2015

Guiding Principles (cont.)

- **Socioeconomic status:** Provide women with opportunities to improve their socioeconomic conditions.
- **Community:** Establish a system of comprehensive and collaborative community services.

(Bloom, Owen, Covington 2003)
© S. Covington, PhD 2015

Gender-responsive

- **Female socialization**
- **Male socialization**

© S. Covington, Ph.D., 2015

Women's Issues: An International Perspective

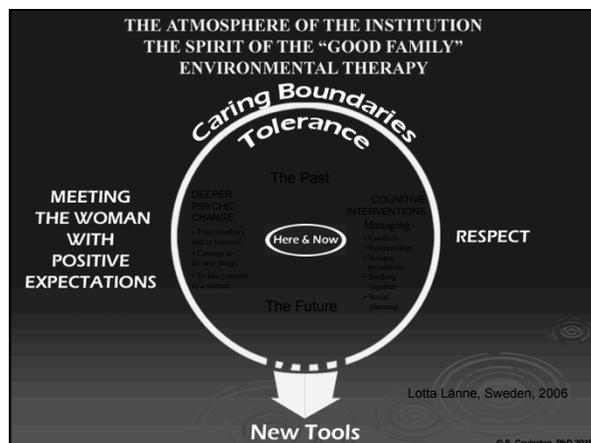
- Shame and Stigma
- Physical and Sexual Abuse
- Relationship Issues
 - fear of losing children
 - fear of losing a partner
 - needing partner's permission to obtain treatment

© S. Covington, PhD 2015

Women's Issues: An International Perspective

- **Treatment Issues**
 - lack of services for women
 - not understanding treatment
 - long waiting lists
 - lack of childcare services
- **Systemic Issues**
 - lack of financial resources
 - lack of clean/sober housing
 - poorly coordinated services

© S. Covington, PhD 2015



Helping Women Recover: A Trauma-Informed Approach

Environmental Therapy

Deeper Psychic Change

- Trust in others
- Courage to do new things
- To like yourself as a woman

© S. Covington, PhD 2015

Environmental Therapy (cont.)

Cognitive Interventions

Managing

- Conflicts
- Relationships
- Relapse prevention
- Working together
- Social planning

© S. Covington, PhD 2015

Women's Integrated Treatment (WIT)

This model is holistic, integrated and based on:

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

(Covington, 2007)

© S. Covington, PhD 2015

Theoretical Foundation

The theories related to gender and substance abuse (and any other relevant treatment services) that create the framework of thought for program development. This is the knowledge base that creates the foundation upon which the program is developed.

© S. Covington, PhD 2015

Treatment Strategies

The approaches used in the program that create the therapeutic process. These are the ways in which theory is operationalized (how theory is applied).

© S. Covington, PhD 2015

Process of Addiction

© S. Covington, Ph.D., 2015

Helping Women Recover: A Trauma-Informed Approach

Addiction: A Holistic Health Model

- Physiological
- Emotional
- Social
- Spiritual
- Environmental
- Political

© S. Covington, PhD 2015

Addiction: A pediatric-acquired disease

© S. Covington, PhD 2015

Adolescence & Alcohol

- Start drinking before age 14
47% alcohol dependent
- Start drinking after age 21
9% alcohol dependent

(n=43,000)

(Source: Archives of Pediatrics & Adolescent Medicine, July 2005)

© S. Covington, PhD 2015

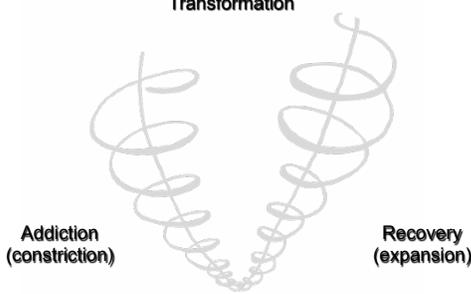
Tobacco Statistics

- Ninety percent of all smokers start before they are 18 and 60% start before high school.
- Only 3% of daily smokers in high school think they will still be smoking at all in 5 years. But more than 60% are still daily smokers 9 years later.

© S. Covington, PhD 2015

Upward Spiral

Transformation



Addiction (constriction) Recovery (expansion)

© S. Covington, PhD 2015

Women in Recovery: Understanding Addiction

Alcohol and other Drug Education

© S. Covington, Ph.D., 2015

Helping Women Recover: A Trauma-Informed Approach

Drug use... ..and pregnancy



Health Risks Associated with Drug Abuse	
Mother	Baby
poor nutrition	prematurity
high blood pressure	low birth weight
rapid heart beat	infections
low weight gain	Sudden Infant Death Syndrome
low milk volume	birth defects
sexually transmitted diseases	stunted growth
early delivery	poor motor skills
HEAVY METALS	HEAVY METALS
depression	learning disabilities
physical/sexual abuse	neurological problems

Were you aware of the health risks alcohol and other drugs pose to a pregnant woman and her baby? ☐ yes ☐ no

Describe how you believe you or someone you know has put themselves or their child at risk by using alcohol and other drugs while pregnant:

© S. Covington, Ph.D., 2015



List three people who will support your efforts to maintain a drug-free lifestyle. Describe how they can help.

Name: _____

How he/she can help: _____

Name: _____

How he/she can help: _____

Name: _____

How he/she can help: _____

© S. Covington, Ph.D., 2015

SAMHSA Strategic Initiative Recovery Support

27

- **Health** – *To recover, people need good health.*
 - Promote health and recovery-oriented service systems
- **Home** – *To recover, people need a safe, stable place to live*
 - Ensure permanent housing and supportive services are available
- **Purpose** – *To recover, people need meaningful work and the ability to enhance their skills through education.*
 - Increase gainful employment and educational opportunities
- **Community** – *To recover, individuals need to be full, participating members of their communities.*
 - promote peer/family-support and social inclusion of individuals

© S. Covington, 2015

Women’s Psychological Development

© S. Covington, Ph.D., 2015

Relational-Cultural Theory

- Connection and development
- Disconnection
- Sociocultural disconnection
- Privilege and domination

© S. Covington, PhD 2015

Relational-Cultural Theory

Some women use drugs:

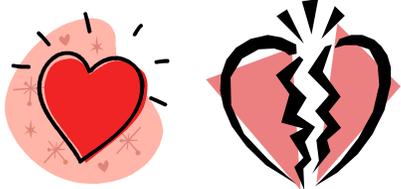
- To maintain a relationship
- To fill in the void of what’s missing in a relationship
- To self-medicate the pain of abuse in relationships

(Covington & Surrey, 1997)

© S. Covington, PhD 2015

Helping Women Recover: A Trauma-Informed Approach

Addiction as a Relationship



Love → Love-Hate

© S. Covington, PhD 2015

Two Kinds of Suffering

- Natural
- Created

© S. Covington, PhD 2015

Trauma



Gender Differences

© S. Covington, PhD 2015

Statistics

The following statistics illustrate how pervasive interpersonal violence is in the lives of women and girls.

- A woman is battered every 15-18 seconds (United Nations Commission on the Status of Women, 2000).
- Approximately 1.5 million women are raped or physically assaulted by an intimate partner each year in the US. Women under 24 years of age suffer the highest rates of rape (NOW, 2010).
- There is one sexual assault every about every two minutes. (FBI CIUS, 2008).

© S. Covington, PhD 2015

Statistics

- 1 in 6 women will be sexually assaulted in her lifetime, with college age women 4 times more likely to be sexually assaulted (RAINN, 2007).
- More than half of rapes occur before age 18 and 22% occur before age 12 (CDC, 2009b).
- 1 in 5 girls and 1 in 10 boys are sexually victimized before adulthood (Nat'l Center for Missing and Exploited Children, 2008).
- In homes where DV occurs, children are seriously abused or neglected at a rate that is 1,500% higher than the national average for the general population (Children's Defense Fund Ohio, 2009).

© S. Covington, PhD 2015

Statistics

- Children from violent homes have a higher tendency to commit suicide, abuse drugs and/or alcohol, and commit violence against their own partners and children (Whitfield, Anda, Dube, and Felitti, 2003).
- More than 30 million children in the U.S. live in low-income families, and 14 million children live in poverty (Wight, Chau, and Aratani, 2010).
- Children born into poverty risk exposure to violence that is so high they are guaranteed to be affected by trauma (Women's Law Project, 2002).

© S. Covington, PhD 2015

Helping Women Recover: A Trauma-Informed Approach

Statistics

- While both male and female children are at risk for abuse, females continue to be at risk for interpersonal violence in their adolescence and adult lives (Covington & Surrey).
- At least 50% of child abuse and neglect cases are associated with parental drug or alcohol abuse (ECMEF, 2008).
- One or more parents were responsible for 70% of child fatalities caused by abuse or neglect (HHS, 2008a).
- In 2005, 1,181 women were murdered by their intimate partner -- more than 3 women murdered per day (FVVPF, 2009b).
- Every year there are 2 million injuries from domestic violence (CDCP, 2008).

© S. Covington, PhD 2015

Statistics

- If a victim of domestic violence, a woman is 80% more likely to have a stroke, 70% more likely to drink heavily or to have a heart attack, 60% more likely to have asthma (FVVPF, 2009d).
- While relationship violence happens to women of every race and ethnic background, African-American women are physically assaulted at a rate that is 35% higher than Caucasian women, and about 2-1/2 times the rate of women of other races. (National Coalition Against Domestic Violence, 2000).

© S. Covington, PhD 2015

Statistics

- 1/3 of women in state prison and 1/4 in jails said they had been raped (BJS, 1999).
- Women in prison reported childhood abuse at a rate almost twice that of men; abuse of women as adults was eight times higher than the rate for men (Messina et. al., 2001).
- Between 23-37% of female offenders reported that they had been physical or sexually abused before the age of 18 (BJS, 1999).

© S. Covington, PhD 2015

Moral Challenges

- 19th century - slavery
- 20th century - totalitarianism
- 21st century – brutality against women and girls

(NY Times 9/23/09)

© S. Covington, PhD 2015

Trauma-informed Services

Trauma-informed services:

1. Take the trauma into account.
2. Avoid triggering trauma reactions and/or traumatizing the individual.
3. Adjust the behavior of counselors, other staff and the organization to support the individual's coping capacity.
4. Allow survivors to manage their trauma symptoms successfully so that they are able to access, retain and benefit from the services.

(Harris & Fallot)

© S. Covington, PhD 2015

ACE Study (Adverse Childhood Experiences)

Before age 18:

- Recurrent and severe emotional abuse
- Recurrent and severe physical abuse
- Contact sexual abuse
- Physical neglect
- Emotional neglect

© S. Covington, PhD 2015

Helping Women Recover: A Trauma-Informed Approach

ACE Study (Adverse Childhood Experiences)

Growing up in a household with:

- An alcoholic or drug-user
- A member being imprisoned
- A mentally ill, chronically depressed, or institutionalized member
- The mother being treated violently
- Both biological parents *not* being present

(N=17,000)

© S. Covington, PhD 2015

ACE Study (Adverse Childhood Experiences)

Results
ACEs still have a profound effect 50 years later, although now transformed from psychosocial experience into organic disease, social malfunction, and mental illness.

- Smoking
- Alcoholism
- Injection of illegal drugs
- Obesity

(Felitti, V.-J. Origins of Addictive Behavior: Evidence from the ACE Study, 2003 Oct 52(8): 547-59. German. PMID: 14619682 (PubMed-indexed for MEDLINE).)

© S. Covington, PhD 2015

ACE Study (Cont.)

Women 50% more likely than men to have 5 or more

(Higher scores more common in women)

(Felitti & Anda, 2010)

© S. Covington, PhD 2015

ACE Study (continued)

Men 16% Sexual Abuse
Men 30% Physical Abuse
Women 27% Sexual Abuse

(Felitti and Anda, 2010)

© S. Covington, PhD 2015

ACE Study (continued)

If a male child has six or more “yes” answers, his risk of becoming an IV drug user increases by 4,600% compared to a boy with a score of zero.

(Felitti & Anda, 2010)

© S. Covington, PhD 2015

ACE Study (continued)

Population studied:

- 75% white
- 39% college (36% some)
- 18% high school grads

(Felitti & Anda, 2010)

© S. Covington, PhD 2015

Helping Women Recover: A Trauma-Informed Approach

ACE Study (cont.)

One-third of the group
had a score of 0.

© S. Covington, Ph.D., 2015

Childhood Traumatic Events Largest Effect-Mental Health

- Psychotropic medication
- Mental health treatment
- Attempted suicide
- Traumatic stress

(Messina & Grelka, 2005)

© S. Covington, Ph.D., 2015

Childhood Traumatic Events Largest Effect-Mental Health

- 980% increase in odds if exposure to 7
CTE's

(Messina & Grelka, 2005)

© S. Covington, Ph.D., 2015

Adverse Childhood Experiences Five-State Study 2010

- Collaboration between CDC and state
health departments of AR, LA, NM,
TN and WA.
- 26,229 adults were surveyed

© S. Covington, Ph.D., 2015

ACE Scores and Impact

underlying factors for:

- Chronic depression
- Suicide attempts
- Serious and persistent mental health
challenges
- Addictions
- Victimization of rape and domestic
violence

Source: Ann Jennings, Ph.D.

© S. Covington, Ph.D., 2015

ACE Study (continued)

6 or more "yes" answers
=
2 decades shorter life expectancy than
person with 0 "yes" answers

(Felitti & Anda, 2010)

© S. Covington, Ph.D., 2015

Helping Women Recover: A Trauma-Informed Approach



ACE Study (cont.)

**“I see that you have...
Tell me how that has affected you
later in your life.”**

(Felitti & Anda, 2010)

© S. Covington, Ph.D., 2015

Women in Prison Largest Effect-Mental Health

- Psychotropic medication
- Mental health treatment
- Attempted suicide
- Traumatic stress

(Messina & Grella, 2005)

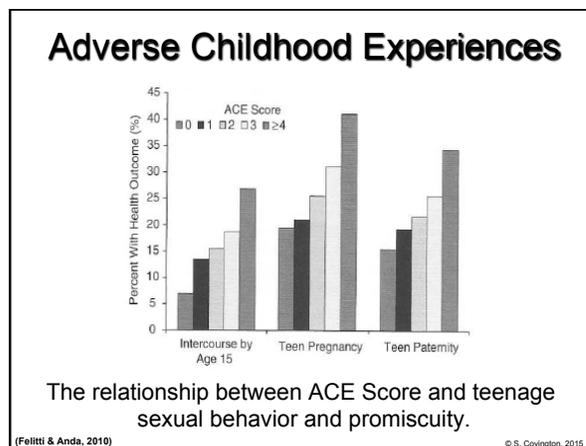
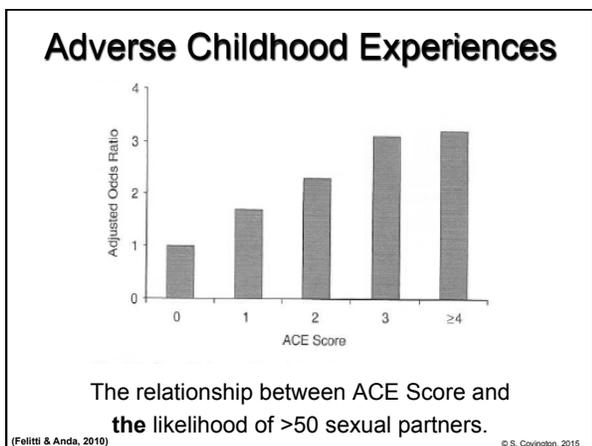
© S. Covington, Ph.D., 2015

Women in Prison (cont.) Largest Effect-Mental Health

- 980% increase in odds if exposed to 7 CTE's

(Messina & Grella, 2005)

© S. Covington, Ph.D., 2015



Helping Women Recover: A Trauma-Informed Approach

ACE Study
Walla Walla, WA
www.ACEStooHigh.com

- **Wow. Are you okay?**
- **What's going on?**
- **1 – 10 with anger**

© S. Covington, Ph.D., 2015

Washington High School (cont.)

2009 – 2010 (Before new approach)

- 798 suspensions
- 50 expulsions
- 600 written referrals

2010 – 2011 (After new approach)

- 135 suspensions
- 30 expulsions
- 320 written referrals

© S. Covington, Ph.D., 2015

Adverse Childhood Experiences
Underlie Alcoholism

People with an ACE score of 4 or more are over 5 times more likely to struggle with alcoholism than people with an ACE score of 0.

Source: Ann Jennings, Ph.D. © S. Covington, 2015

Higher ACE Score
Significantly Poorer Life Expectancy

- On average, adults with a high ACE had double the death compared with adults who had not endured adverse childhood experiences.
- On average, children exposed to 6 or more ACEs died at age 60, whereas children without ACEs died at age 79.

Source: Ann Jennings, Ph.D. © S. Covington, 2015

Definition of Recovery

The definition of *recovery* has shifted from a focus on what is deleted from one's life (alcohol and other drugs, arrests for criminal acts, hospitalizations) to what is added to one's life (the achievement of health and happiness).

(Miller & Kurtz, 2005)

© S. Covington, PhD 2015

Prevalence of Trauma and PTSD in Substance Use/Abuse

- 60% to 90% of a treatment-seeking sample of substance abusers also have a history of victimization
- More than 80% of women seeking treatment for a substance use disorder reported experiencing physical/sexual abuse during their lifetime

© S. Covington, PhD 2015

Helping Women Recover: A Trauma-Informed Approach

Prevalence of Trauma and PTSD in Substance Use/Abuse

- Between 44% and 56% of women seeking treatment for a substance use disorder had a lifetime history of PTSD
- 10.3% of the men and 26.2% of the women with a lifetime diagnosis of alcohol dependence also had a history of PTSD

© S. Covington, PhD 2015

Histories of Trauma / Violence among Clients Treated for Methamphetamine

Persons in treatment for methamphetamine report high rates of trauma

- 85% women
- 69% men

© S. Covington, PhD 2015

Histories of Trauma / Violence among Clients Treated for Methamphetamine

Most common source of trauma/violence:

- For women, was a partner (80%)
- For men, was a stranger (43%)

History of sexual abuse

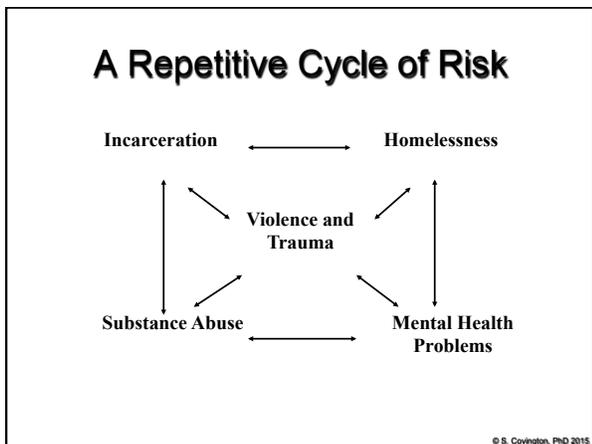
- 57% women
- 16% men

© S. Covington, PhD 2015

Prevalence of Trauma and PTSD in Severe Mental Illness

- 98% reported exposure to at least one traumatic event, lifetime
- 43% of sample received a current diagnosis of PTSD; only 2% had PTSD diagnosis in their charts
- Severely mentally ill patients who were exposed to traumatic events tended to have been multiply traumatized, with exposure to an average of 3.5 different types of trauma.

© S. Covington, PhD 2015



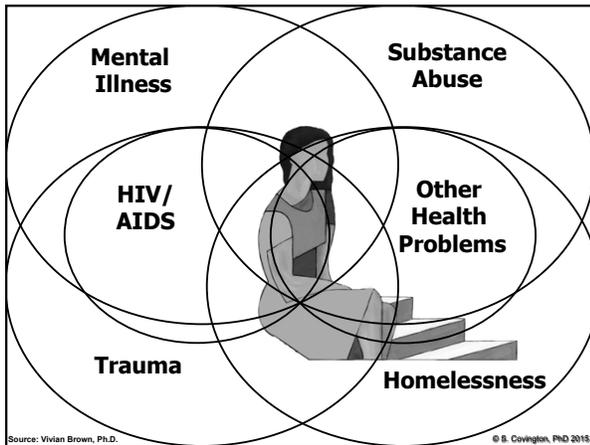
Level of Burden

“Burden” is defined as the total number of problem conditions:

- Use of alcohol and/or other drugs
- Homeless
- Co-occurring mental health problem
- Significant health disorder
- HIV/AIDS
- Cognitive impairment
- History of childhood or adult abuse

Vivian Brown, Ph.D. © S. Covington, PhD 2015

Helping Women Recover: A Trauma-Informed Approach



Critical and Interrelated Issues

- Substance Abuse
- Mental Health
- Trauma
- Physical Health
- Crime

© S. Covington, PhD 2015

Areas of Separation

- Training
- Treatment
- Categorical Funding

© S. Covington, PhD 2015

Key Elements (Staff and Clients)

- Learn what trauma/abuse is
- Understand typical responses
- Develop coping skills

© S. Covington, PhD 2015

Trauma-informed Materials

- *Women and Addiction: A Gender-Responsive Approach*
Hazelden Clinical Innovator's Series
- *Helping Women Recover*
- *Helping Men Recover*
- *Beyond Trauma: A Healing Journey for Women*
- *Healing Trauma: Strategies for Abused Women*
- *Beyond Anger and Violence*

© S. Covington, PhD 2015

Helping Women Recover

Community Version **Criminal Justice Version**

© S. Covington, PhD 2015

Helping Women Recover: A Trauma-Informed Approach

Helping Women Recover: A Program for Treating Addiction

- **Theory of Addiction**
 - Holistic health model
 - Chronic neglect of self in favor of something or someone else
- **Theory of Women's Psychological Development**
 - Relational-Cultural Model (Stone Center)
- **Theory of Trauma**
 - Three Stage Model (Herman)
 - Upward Spiral – A Transformational Model (Covington)

© B. Covington, PhD 2015

Helping Men Recover



© B. Covington, PhD 2015

Women in Recovery: Understanding Addiction

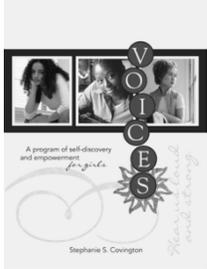
Alcohol and other Drug Education



(available in English and Spanish)

© B. Covington, PhD 2015

Voices: A Program of Self-Discovery and Empowerment for Girls



© B. Covington, PhD 2015

Voices: A Program of Self-discovery and Empowerment for Girls

- **Theory of Girls' Psychological Development**
 - Relational-Cultural Model (Stone Center, Gilligan, Brown)
- **Theory of Attachment**
 - Ainsworth, Bowlby, Harlow, Stern
- **Theory of Trauma**
 - Three Stage Model (Herman)
 - Transformational Spiral (Covington)
- **Theory of Resilience**
 - Biscoe, Wolin & Wolin
- **Theory of Addiction**
 - Holistic Health Model

© B. Covington, PhD 2015

TRAUMA SPECIFIC

- **Beyond Trauma:**
A Healing Journey for Women
- **Healing Trauma:**
Strategies for Abused Women
- **Beyond Violence:**
A Prevention Program for Women

Helping Women Recover: A Trauma-Informed Approach

**Beyond Trauma:
A Healing Journey for Women**



11 Sessions
Facilitator's Guide, Workbook and DVDs

© S. Covington, PhD 2015

**Beyond Trauma:
A Healing Journey for Women**

Trauma Theory

Sandra Bloom, M.D.
Judith Herman, M.D.
Peter Levine, Ph.D.

Integrates cognitive-behavioral, expressive arts, guided imagery, and relational therapy.

© S. Covington, PhD 2015

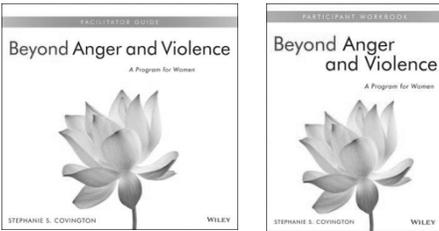
**Healing Trauma:
Strategies for Abused Women**



5 Sessions
Printable Facilitator's Guide (English) and Workbooks (English and Spanish)

© S. Covington, PhD 2015

**Beyond Anger and Violence:
A Program for Women**



Facilitator Guide **Participant Workbook**

© S. Covington, PhD 2015

**Beyond Violence:
A Prevention Program for
Criminal Justice-Involved Women**

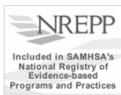


Facilitator Guide **Participant Workbook**

© S. Covington, PhD 2015

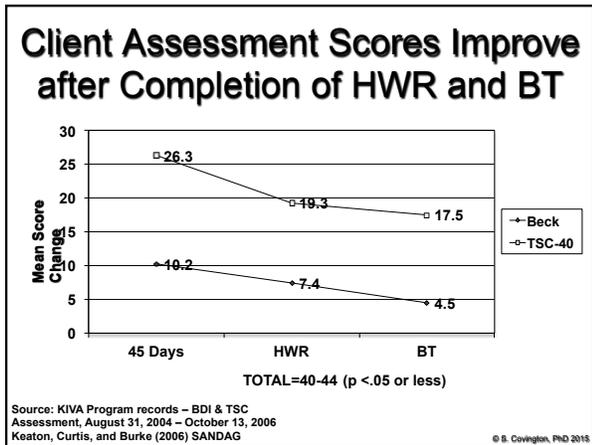
Evidence-Based

- Researched in
 - Residential treatment
 - Women's prison
 - Drug court
- Listed on NREPP



© S. Covington, PhD 2015

Helping Women Recover: A Trauma-Informed Approach



Prison Study (NIDA Funded)

- Randomized control group
- Gender-responsive vs. Therapeutic Community
- Significant differences
 - Greater reduction of drug use
 - More likely to complete treatment
 - Remained longer in aftercare
 - Less recidivism (re-incarcerated) at 12 months

(p ≤ .05) © S. Covington, PhD 2015

Drug Court Study (NIDA Funded)

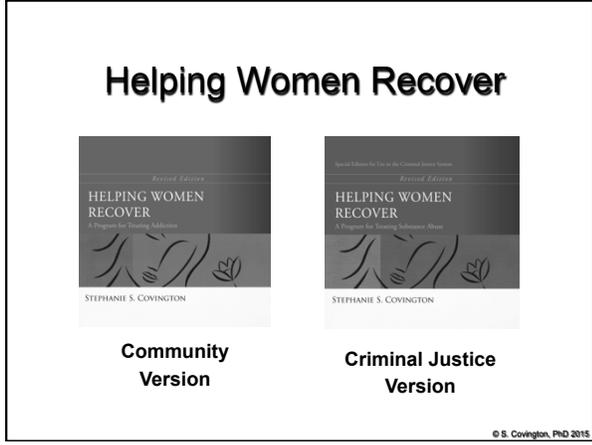
- Four sites in San Diego County
- Randomized control group
- Preliminary results
 - Less substance use
 - Fewer sanctions
 - Longer in treatment
 - Judge notices differences

© S. Covington, PhD 2015

Key Issues for Women in Recovery

- Self
- Relationships
- Sexuality
- Spirituality

Source: Covington, S., (1994) A Woman's Way Through the 12 Steps, Hazelden © S. Covington, PhD 2015



Module A: Self

- Session 1** *Defining Self*
- Session 2** *Sense of Self*
- Session 3** *Self-Esteem*
- Session 4** *Sexism, Racism, and Stigma*

(13 activities) © S. Covington, PhD 2015

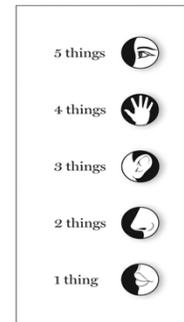
Helping Women Recover: A Trauma-Informed Approach

Group Agreements

- Attendance
- Participation
- Questions
- Confidentiality
- Honesty
- Task
- Safety
- Respect
- Punctuality

© S. Covington, Ph.D., 2015

Five Senses



© S. Covington, Ph.D., 2015

INTRODUCTIONS

© S. Covington, PhD 2015

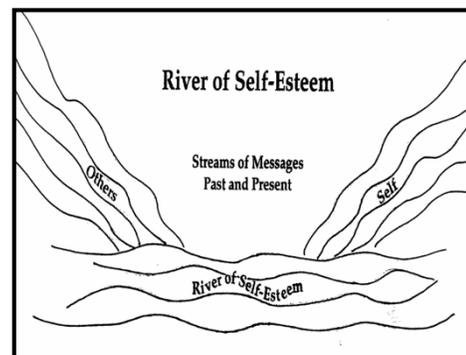
Who Am I? (Possibilities Page)

- Feelings
- Beliefs
- Personal qualities

© S. Covington, PhD 2015

People
Events
Experiences

© S. Covington, PhD 2015



© S. Covington, PhD 2015

Helping Women Recover: A Trauma-Informed Approach

Power Chart

<u>Powerful Group</u>	<u>Less Powerful Group</u>
men	women
adults	young people
boss	workers
teachers	students
whites	people of color
rich	poor
Christians	Jews, Moslems, Buddhists
able-bodied	physically challenged
heterosexual	gay, lesbian, bisexual
formally educated	non-formally educated

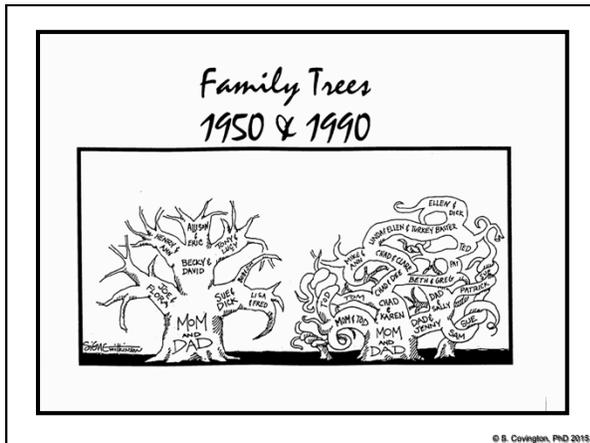
© S. Covington, PhD 2015

Module B: Relationships

Session 5	<i>Family of Origin</i>
Session 6	<i>Mothers</i>
Session 7	<i>Mother Myths</i>
Session 8	<i>Interpersonal Violence</i>
Session 9	<i>Creating Healthy Relationships and Support Systems</i>

(18 activities)

© S. Covington, PhD 2015



Mother Letters

© S. Covington, PhD 2015

Domestic Violence

Domestic Violence Questions

1. Have you been hit or threatened in the last year?
2. Have your children been hit or threatened in the last year?
3. Have you ever been kicked?
4. Have you ever sustained bodily injury – bruises, cuts, broken bones, etc.?
5. Do you know what a restraining order is?
6. Do you want more information?

© S. Covington, PhD 2015

Domestic Violence (cont.)

Responses

1. I am afraid for your safety.
2. I am afraid for the safety of your children.
3. It will only get worse.
4. I am here for you when you are ready.
5. You deserve better than this.

© S. Covington, PhD 2015

Helping Women Recover: A Trauma-Informed Approach

Domestic Violence (cont.)

Client returning home (Case Managers/Continuing Care)

1. Do you feel apprehensive about returning to your relationship?
2. Is the apprehension related to a fear of being physically hurt?

We need to develop a safety plan (and find some additional resources).

- AA sponsor
- Community network
- Hot line
- Shelter

© S. Covington, Ph.D. 2015

Growth Fostering Relationships

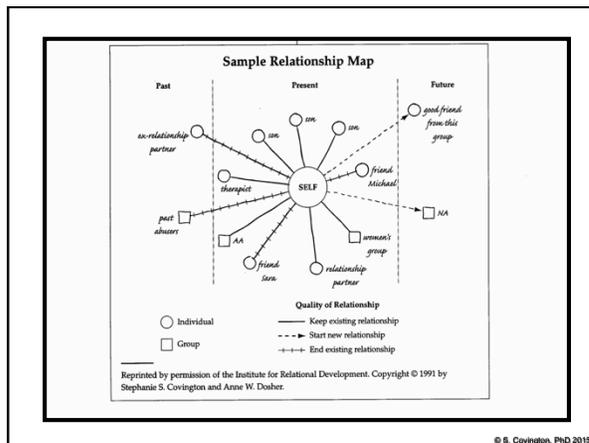
- Each person feels a greater sense of “zest” (vitality, energy)
- Each person feels more able to act and does act
- Each person has a more accurate picture of her/himself and the other person(s)
- Each person feels a greater sense of worth
- Each person feels more connected to the other person(s) and a greater motivation for connections with other people beyond those in the specific relationship

Source: Stone Center, Wellesley College Wellesley, MA 02181 © S. Covington, Ph.D. 2015

Outcomes of Disconnections (Non-mutual or Abusive Relationships)

- Diminished zest or vitality
- Disempowerment
- Confusion, lack of clarity
- Diminished self-worth
- Turning away from relationships

Source: Stone Center, Miller © S. Covington, Ph.D. 2015



Recovery Scale Relationship Module

	Not at all	Just a little	Pretty much	Very much
I share my needs and wants with others				
I socialize with others				
I stay connected to friends and loved ones				
I nurture my children and/or loved ones				
I am straightforward with others				
I can tell the difference between supportive and non-supportive relationships				

© S. Covington, Ph.D. 2015

Recovery Scale Relationship Module

	Not at all	Just a little	Pretty much	Very much
I have developed a support system				
I offer support to others				
I participate in conversations with my family members, friends, and/or co-workers				
I listen to and respect others				
I have clean and sober friends				
I can be trusted				

© S. Covington, Ph.D. 2015

Helping Women Recover: A Trauma-Informed Approach

Module C: Sexuality

Session 10 *Sexuality and Addiction*
Session 11 *Body Image*
Session 12 *Sexual Identity*
Session 13 *Sexual Abuse*
Session 14 *Fear of Sex while Clean and Sober*

(14 activities)

© S. Covington, PhD 2015

Sexuality

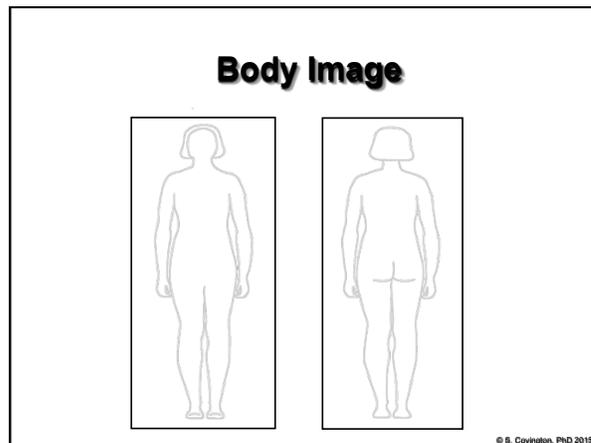
SEXUALITY is a developmental process

SEXUALITY is an identification, an activity, a drive, a biological process, an orientation, an outlook

It is who and how we are in the Universe

SEXUAL GOOD HEALTH is the somatic, emotional, social and spiritual aspects of oneself integrated into one's identity and style of life

© Covington, 1995
© S. Covington, PhD 2015



Sexual Abuse in Families

—————→

<u>Psychological Abuse</u>	<u>Covert Abuse</u>	<u>Overt Abuse</u>
<ul style="list-style-type: none"> • • • • <p>inappropriate sexual information</p>	<ul style="list-style-type: none"> • Inappropriate touching • Voyeurism • Ridicule of bodies • Sexual Hugs • Pornography 	<ul style="list-style-type: none"> • Exhibitionism • French kissing • Fondling • Oral Sex • Penetration

© S. Covington, Ph.D., 2015

Questions

- How might abuse occur as the result of trying to control another?
- Types of physical abuse? (least to most serious)
- Sexual abuse
- Verbal abuse
- Impact on the person?

© S. Covington, Ph.D., 2015

Helping Women Recover: A Trauma-Informed Approach

Men and Sex

Men have come to experience sexual highs as the peak of their emotional experience. It's often the one place where they get a certain level of emotional release. I believe that's why some men are so compulsive about their sexuality: it's the search to release those inhibited emotions that are roiling around inside, and that men are so often afraid to feel.

L. Rubin, 1993

© S. Covington, Ph.D., 2015

Questions

- Examples of nonconsensual sex
- Know anyone who's been a victim
- Any experience or know anyone experience of childhood sexual abuse

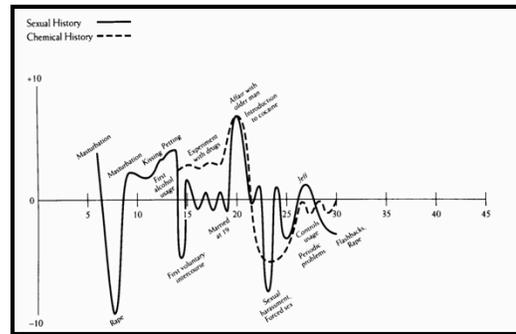
© S. Covington, Ph.D., 2015

SEXUAL IDENTITY

- Kinsey Scale
- Sexual Attitudes and Behavior Scale
- Abuse Continuum
- Recovery Scale

© S. Covington, Ph.D., 2015

Sexual-Chemical Lifeline



© S. Covington, Ph.D., 2015

Self - Soothing

	Alone	With Others
Daytime		
Night Time		

© S. Covington, Ph.D., 2015

Sexual Bill of Rights

My Sexual Bill of Rights



© S. Covington, Ph.D., 2015

Helping Women Recover:
A Trauma-Informed Approach

Module D: Spirituality

Session 15 *What is Spirituality?*
Session 16 *Prayer and Meditation*
Session 17 *Creating a Vision*

(10 activities)

© S. Covington, PhD 2015

Spirituality

One definition of spirituality is oneness, wholeness, connection to the universe; belief in something greater than yourself, trust in a higher or deeper part of yourself.

© S. Covington, PhD 2015

Tenets of Women's Spirituality

- Recognizing the interrelatedness of all life
- Honoring the dignity of the female
- Appreciating the human body as the container of the spirit

© S. Covington, PhD 2015

Tenets of Women's Spirituality (cont.)

- Discovering the power of creating ritual
- Perceiving work for ecological and social justice as a spiritual responsibility
- Cultivating sensitivity to diverse multicultural experiences

© S. Covington, PhD 2015

PRAYER AND MEDITATION

© S. Covington, PhD 2015

Helping Women Recover

Creating a Vision

"Today is _____,
and as I look back over the last six
months I see . . ."

© S. Covington, PhD 2015

Helping Women Recover: A Trauma-Informed Approach

ORID

- OBJECTIVE
- REFLECTIVE
- INTERPRETIVE
- DECISIVE

© S. Covington, PhD 2015

What Makes a Difference?

- Creating a safe environment
- Listening to her story
- Empathy

© S. Covington, PhD 2015

Woman-centered Treatment

"What does each woman need to have by the time she leaves treatment?"

© S. Covington, PhD 2015

Woman-centered Treatment

Each woman needs an opportunity to:

- Acknowledge that she has an addiction.
- Create a connection with other women.
- Obtain an accurate diagnosis (through assessment) and appropriate medication, when necessary, for any co-occurring disorder(s).

© S. Covington, PhD 2015

Woman-centered Treatment (cont.)

- Understand the impact of alcohol and other drugs on the female body.
- Understand the connection between trauma and addiction.
- Have a wide selection of clean-and-sober coping skills.

© S. Covington, PhD 2015

Woman-centered Treatment (cont.)

- Have a recovery plan
- Have her basic needs addressed (for shelter, food, transportation, childcare, literacy, employment, etc.).

© S. Covington, PhD 2015

Helping Women Recover: A Trauma-Informed Approach

Therapeutic Approaches

- Relational-Cultural
- Group therapy
- Cognitive-behavioral
- Experiential
- Therapeutic community
- Mutual Help

© S. Covington, PhD 2015

Sanctuary



© S. Covington, PhD 2015

What is Sanctuary?

- Sacred place
- Place of refuge/protection
- Shelter

© S. Covington, PhD 2015

Women and Girls Healing

Working on multiple levels:

- Individual
- Political
- Spiritual

© S. Covington, PhD 2015

For More Information

Twyla Wilson, LCSW

Email: twyla.lcsw@gmail.com
Websites: sites.google.com/site/twylalcsw
therapists.psychologytoday.com/rms/105193

919-801-9087
112 Swift Avenue
Durham, NC 27705

Stephanie S Covington, Ph.D., LCSW

Email: sac@stephaniecovington.com
Websites: stephaniecovington.com
centerforgenderandjustice.org