Gender sensitive interventions: an overview

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Outline

- **Introduction**

- **Gender-sensitive interventions: Journey of three decades**

- **Future Direction**

Introduction

What is gender-sensitive intervention?

'Gender-sensitive' alternatively 'Gender- responsive'

Emerged to represent the drive to achieve gender equality in various social processes, policies, programs and practices

Widely applied within an international context to efforts that aim to make social interventions and institutions responsive to the needs of different genders (includes areas of economics and budgeting, governance, developmental initiatives , health programs etc.)

(UNESCO 2007)

A programming process is gender sensitive when the gender dimension is systematically integrated into every step of the process, from defining the problem to identifying potential solutions

Gender & Substance use disorders

Until recently, research and treatment of substance use disorders suffered lack of data on gender diversity

Traditionally seen as male phenomenon

Treatment programs tailored to meet the needs of men

Bio-psychosocial differences in the pattern of substance use between men and women being recognized since 1970s

Till date, limited research & treatment experiences on sexual minority groups

(Grella,2008; NIDA,2015)

Gender & Substance use disorders

Women
- Experience significant health and social impacts
- Multiple roles including family and childcare responsibilities
- Less access to treatment
- Stigma may lead to underreporting of substance use by women.
- Barriers to accessing support and treatment greater for pregnant and parenting women
- Histories of trauma / victimization significantly impact pathways to substance use
- More likely to use substances to cope with emotional problems
- More likely to be introduced to substance by a partner, and are more likely to continue to use substances in order to maintain a relationship than are men, begin using/injecting drugs in the context of a sexual relationship
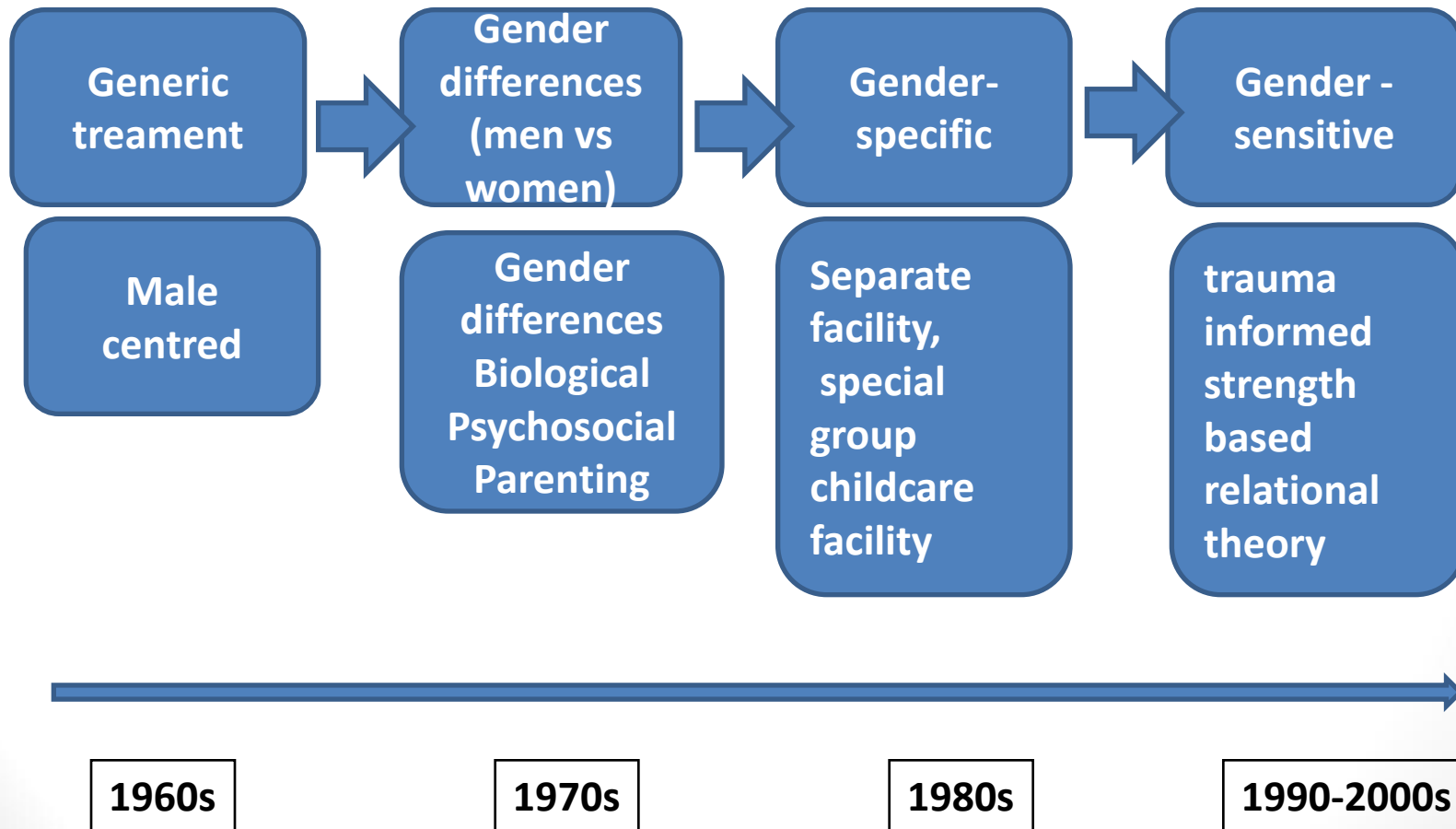
Trans-gender
- The majority of trans people have experienced violence
- Experience of violence associated with greater risky drinking among transgendered people
- Higher rates of substance use disorders among trans individuals

(SAMMSHA,2011;Poole et al,2012; Wells etal,2014; Coulter et al,2015)

Gender-sensitive interventions: Journey of three decades

Paradigm shift-generic to gender-sensitive

Generic treament	→	Gender differences (men vs women)	→	Gender-specific	→	Gender -sensitive
Male centred		Gender differences Biological Psychosocial Parenting		Separate facility, special group childcare facility		trauma informed strength based relational theory

→

1960s	1970s	1980s	1990-2000s

Terms & evolving definitions

"Gender-responsive" / "women-focused" and "women-sensitive"Gender-specific
Alternatively used in the literature
Difference often unclear

Terms, evolving definitions, evidence-based treatment approaches

A holistic and woman-centered approach that acknowledges their psychosocial needs
(Grella, 1999; Grella, Joshi, & Hser, 2000; Orwin, Francisco, & Bernichon, 2001)

The creation of an environment – through site selection, staff Selection, program development, and program content and materials – that reflects an understanding
of the realities of women's and girls' lives and that addresses and responds to their challenges and strengths
(Covington, 2003)

Terms, evolving definitions, evidence-based treatment approaches

- 1987-98: Increase in number of services associated with women's treatment needs (i.e., child care, domestic violence, counselling, family counselling, prenatal and postnatal care)
- Women only programmes more likely to provide these services than programs in which women were the minority of client

(Grella & Greenwell 2004)

- More mixed-gender residential settings initially (>40%)
- OPD initiatives lately started
- Comprehensive programmes started coming up
- Children, family members included
- Variability of type & quality of services
- Lack of trained staff, lack of funds
- Lack of collaboration

(National Survey of Substance Abuse Treatment Services (N-SSATS),2000,2002,2005;Grella, 2008)

Terms, evolving definitions, evidence-based treatment approaches

- Year 2000 onwards:

- **Gender-sensitive interventions:**
  - **A set of comprehensive family focused intervention**
  - **Delivered in a strength based, relational and "trauma informed" fashion**
  - **Within a safe & affirming environment**

- **Acknowledged the relationship between dependence on psychoactive substance &**
  - **Physical and /or sexual abuse**
  - **Multiple trauma (including physical and/or sexual abuse, poverty, and racism)**
  - **Developmental lags because of damaging relationships**

(Grella,2008; Tang,2012)

Terms, evolving definitions, evidence-based treatment approaches

Theory of women's psychosocial development

Relational model
Strong sense of connection
Disconnection: ground for developing addiction
Relationship & mutuality

Physical, emotional, psychological, and spiritual aspects
Environmental & socio-political aspects

Gender-sensitive intervention

Addiction theory

Trauma theory

All kinds of trauma
Trauma of stigmatization
Impaired relations, development
Safe environment, non-judgemental, supportive staff

Theoretical underpinning

(Covington& Surray,1997; Herman,1997; Grella, 2008; Tang,2012; UNICRI,2013)

Terms, evolving definitions, evidence-based treatment approaches

Framework

Core elements framework:
- Women-centred
- Holistic
- Need-responsive
- User-led
- Core elements (centre)
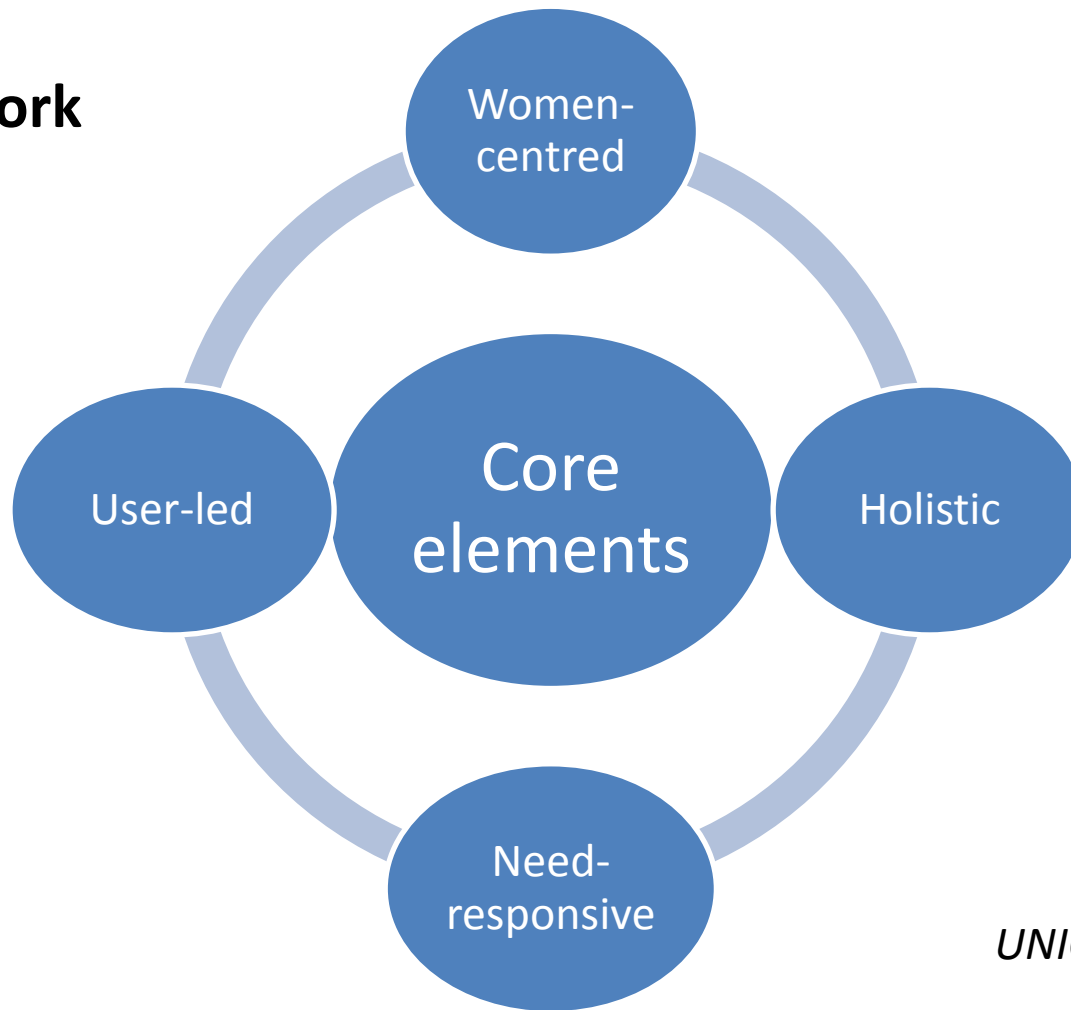
UNICRI, 2013

Gender-sensitive principles

Gender: Acknowledge that gender makes a difference

Environment :Create an environment based on safety, respect, and dignity

Relationships:Develop policies & practices that are relational promote healthy connections to children, family, significant others, & the community.

Services: Substance abuse, trauma, mental health issues through comprehensive, culturally relevant fashion

Socio-economic status: Opportunities to improve socioeconomic conditions

Community: Establish comprehensive and collaborative community services

(Bloom, Owen, & Covington, 2003; UNICRI,2013)

Terms, evolving definitions, evidence-based treatment approaches

- CBT, Mtivational interviewing, contingency managements modified to incorporate relevant themes
- Therapeutic community, have been modified to incorporate Empowerment & supportive approaches rather than confrontational approaches

(Sacks et al. 2004 ;Grella, 2008)

- *Women's Integrated Treatment* (WIT) model

  - Theoretical framework includes three foundational theories: Relational-cultural theory, Addiction theory, Trauma theory
  - Centred on gender-responsive and trauma-informed principles
  - Based on multidimensional therapeutic interventions

- To date, seven theoretically supported and trauma-informed manualized curricula designed

(Covington, 2008)

- Matrix model adapted for women

(SAMHSA, 2012)

Interventions@ various setting & outcome

Setting

- Out-patient
- Residential
- Hospital based
- Correctional

Programmes

- Single gender/ women only(WO)
- Mixed-gender model
- Comprehensive models

Outcome

- Retention, completion
- Drug use
- Employment
- Criminality
- Utilization of services
- Cost-effectiveness

Effectiveness: WO/WO vs. Mixed

- Compared completion & retention rates the characteristics of 4117 women in publicly funded residential drug treatment programs (1987 – 1994)
  - More problems at intake in WO centres
  - Spent more time in treatment and were more than twice as likely to complete treatment(than Mixed gender setting)

  (Grella et al,1999)

- Provision of need-matched services, transportation, outreach, and enhanced treatment services associated with receipt of a greater number of services, treatment satisfaction & lower post-treatment drug use

  (Marsh et al, 2000;Smith et al, 2002)

Effectiveness: WO/WO vs. Mixed

- Program characteristics associated with treatment retention among 637 women in 16 residential drug treatment programs

  - Women with higher rates of retention were in programs that provided more services related to women's needs
  - Longer retention associated with higher rates of abstinence

(Grella et al,2000)

- Providing women with showed that Better retention post-discharge among women treated in specialized residential treatment programs than in standard, mixed-gender programs

(Claus et al,2007)

Effectiveness: WO/WO vs. Mixed

- Meta-analysis of 33 treatment outcome studies (1966-2000)

- WO treatment was effective

  - Strongest impact on pregnancy outcomes

  - Psychological well-being, attitudes/beliefs, and HIV risk reduction were also substantially improved by treatment, but psychiatric outcomes improved only modestly

  - Only small improvement in alcohol use, other drug use, and lowered criminal activity

- Few studies compared gender-sensitive to mixed-gender programs, making conclusions tentative

  (Orwin et al,2001)

- Providing gender-specific space only does not improve treatment outcome
  (Bride,2001; Rabideau RL,2016)

Effectiveness: WO/WO vs. Mixed

Predictors/ effective programme components

- 38 studies(7 RCTs, and 31 were non-randomized)

- in 35 studies (8RCTS, 15

❖ **Lack of a randomized controlled design**

❖ **Non-disentanglement of multiple conditions**

❖ **Lack of a consistent definition for treatment factors and outcomes**

❖ **Small sample size**

❖ **Lack of thorough program description**

❖ **Lack of thorough statistical analyses**

length of stay, decreased use of substances, reduced mental health symptoms, improved birth outcomes, employment, self-reported health status, and HIV risk reduction

- Case management
- Supportive staff
- Individual counselling

(Ashley et al,2003)

(Sun et al,2006)

Effectiveness: WO/WO vs. Mixed

- Quasi-experimental study

- Retention patterns across types of services (outpatient treatment; highly structured, women-focused day treatment; male-based residential treatment

- The type of treatment program (compared with pre-treatment and patient characteristics) was the most prominent factor in predicting retention

- Greatest retention in day treatment, followed by outpatient and then residential programs

- Pre-treatment and patient characteristics not significant overall

(Haller and Miles, 2004)

Effectiveness: WO/WO vs. Mixed

- Systematic review :280 studies (1975-2005)

> ➢ **No strong evidence for differential outcome comparing women-only versus mixed-gender treatment**
>
> ➢ **Women with special need (With dual disorders, pregnancy, dependent children) benefit more from single-gender settings**
>
> ➢ **Predictors of length of stay, treatment completion: program type or certain pre-treatment characteristics--such as referral source, psychological functioning, personal stability, and number of children**
>
> ➢ **Gender-specific treatment programming may enhance treatment retention**
>
> ➢ **Residential treatment with children & related services may also enhance retention compared to those that do not provide these services**

- Further randomized studies to assess treatment outcomes for women-only programs that have gender-specific programming or services, compared with mixed-gender treatment

(Greenfield et al, 2007)

Effectiveness: WO/WO vs. Mixed

- Longitudinal study examined service needs, utilization and outcomes

- 189 women in women-only (WO) programs and 871 women in mixed-gender (MG) programs

- At intake, women in WO programs had greater problem severity in several areas including alcohol, drug, family, and medical and psychiatric domains

- Women in the WO programs utilized more treatment services and had better drug and legal outcomes at follow-up

- Specialized services in WO programs vital

(Niv & Hser,2007)

Effectiveness: WO/WO vs. Mixed

- Long-term outcomes

- 10 years after admission

- 789 mothers in California

- After controlling for patient characteristics at intake, WO (vs. MG) treatment increased the odds of successful outcome by 44%   *(Evans et al,2013)*

Effectiveness: WO/WO vs. Mixed

- Women-only (WO) outpatient programs compared with mixed-gender (MG) outpatient programs

- Drug and alcohol use, criminal activity, arrests, and employment at 1year

  - In both groups, women showed improvement in the four outcome measures

  - Significantly less substance use and criminal activity in WO treatment

  - No differences in arrest or employment status

  (Prendergast et al,2011)

- The link between gender-sensitive (GS) substance abuse treatment and employment outcomes (mixed-gender intensive inpatient programs)

  - Treatment completion was a positive predictor of employment outcome

  - Gender sensitivity had a positive effect on the post-treatment increase in chance of being employed (OR = 1.07, p < .01),

  (Evans et al,2010; Kissin et al,2015)

Cost effectiveness: WO/WO vs. Mixed-Gender(MG)

- Residential vs out-patient
- Specialized versus standard residential programs for women

- Hospital-based program :Multi-disciplinary staff, including on-site medical personnel; and cost twice as much per week as the women's program
- Women may be equally well-served by high-quality MG and WO day treatment programs

(Kaskutas et al,2005)

- No added cost for trauma-integrated treatment over standard treatment

(SAMHSA,2005)

Effectiveness :Comprehensive models

- Uses cognitive-behavioral, relational, mindfulness, and expressive arts techniques

- Helping Women Recover: a program for treating Addiction
- Comprehensive, seventeen-session curriculum, varied settings
- Organized in four modules
- key areas (as triggers for relapse): self, relationships, sexuality, and spirituality

- Content: self-esteem, sexism, family of origin, relationships, domestic violence, and trauma

- *W*idely used in addiction treatment programs, mental health clinics, eating disorder programs, and domestic violence services

- Special edition for women in the criminal justice system

Effectiveness :Comprehensive models

- "Women's Integrated Treatment" (WIT) model (using HWR)with women in a residential program with their children *(Covington et al., 2008; SANDAG, 2007)*

  - Decrease in depression (using Beck's Depression Inventory) and trauma symptoms (using the Trauma Symptom Checklist – 40 scale)

- Empirical validation for HWR and BT was tested in two experimental studies

  - Significant improvement during parole among previously incarcerated (WIT vs. therapeutic community.

  - Significantly more likely to be participating in voluntary aftercare treatment services (25 % versus 4 %)

  - significantly less likely to be incarcerated at the time of the six-month follow-up interview (29 % versus 48%)

(Messina & Grella, 2010)

Effectiveness :Comprehensive models

- RCT among women participating in drug-court treatment settings
- Women in the gender-responsive treatment group (using HWR and BT)
- Better in-treatment performance, more positive perceptions related to their treatment experience, and trends indicating reductions in PTSD

(Messina et al., 2012)

- Short term outcome :Significant improvements in women's mental health symptoms and reductions in anger

(Kubiak, Kim, Fedlock, & Bybee, 2012)

Effectiveness :Comprehensive models

- Matrix model
- An effective intervention for high –risk behaviour reduction in stimulant user
- Structured, multi-component behavioural treatment
- 16 week group sessions focussed on relapse prevention, family therapy, group therapy, drug education, and self-help, delivered in a sequential and clinically coordinated manner

(Rawson et al,2008)

- Adapted to focus more on relationships, parenting, body image, and sexuality in order to improve women's retention in treatment and facilitate recovery
- No effectiveness study till date *(SAMHSA,2012)*

Methodological issues

- Lack of experimental studies with randomized assignment to conditions

- Lack of consistent definitions for treatment factors and outcomes
- Small sample sizes
- Heterogeneous sample
- Lack of thorough program description
- Lack of thorough statistical analyses

- Limited range of treatment outcomes examined
- Small effect sizes for observed outcomes
- No mention about evidence based pharmacological intervention

- Lack of adequate measurements of the therapeutic and programmatic components
- Restricted to the organizational characteristics of programs

(N-SSATS,2002; Ducharme et al, 2007)

Measurement domain

Measurement Domains of Gender-Responsive Treatment

Domain	Variables
Treatment Orientation/ Processes	Women as priority or target population, treatment model/approach (e.g., nonconfrontational, empowerment, strengths-based, relational, developmental, trauma-informed), cultural competency, use of evidence-based approaches, planned treatment duration, use of written protocols or manuals
Administrator and Staff	Program director's gender, percent of female staff, staff education & training, staff beliefs and attitudes about treatment, staff competencies
Organizational Characteristics	Age of program, type of ownership, type of setting (e.g., stand-alone vs. multimodality), program capacity, accreditation, client case-mix (e.g., percent of women clients), proximity to other service providers, formal & informal relationships with other providers (e.g., exchange of clients, funds, information), referral sources, MIS
Women's Services	Prenatal/postnatal services, women-only groups (in mixed-gender settings), parenting training/counseling, trauma/abuse counseling and/or groups, women's health services
General Services	Gender-specific assessment, psychiatric consult or on-site mental health services, case management, medical, spiritual, educational, vocational, legal/CJS, social services, individual counseling, family therapy, HIV education/prevention, recreational/social, employment/vocational, 12-Step groups, transportation, after-care, housing, alumni groups
Children's Services	On-site child care, live-in accommodations for children (in residential settings), age and number rules regarding children's participation, assessment, counseling/mental health services, psycho-education, educational services, coordination with Child Welfare/Children's Protective Services
Physical Environment	Program environment, safety and security, child care area is clean and well designed, spatial layout, social/recreational spaces, community environment, access to public transportation

Effectiveness: Mixed-gender

- Varying gender-sensitivity across mixed-gender programmes demonstrated by using these measures

  (Tang et al,2012)

- Link b/w GS treatment to arrest outcomes among substance abusing women in mixed-gender residential settings

- Treatment completion rate77%

- . Women clients in more GS treatment programs had a lower risk of drug-related arrests after treatment, above and beyond the effect of treatment completion.

  (Tang et al,2012;Kissin et al,2014)

Effectiveness: WO/Mixed gender

- Qualitative study
- Women in WO group counselling frequently endorsed feeling safe, embracing all aspects of one's self, having their needs met, feeling intimacy, empathy, and honesty
- Group cohesion and support allowed women to focus on gender-relevant topics supporting their recovery.
- Increase treatment satisfaction and improve treatment outcomes

(Greenfield et al,2013)

Challenges

Systemic

Underrepresentation of women in policy development and resource allocation

(United Nations Development Fund for Women, 2015-2016)

Difficulty in awareness of need for research and addressing gender issues & for resource allocation directed to women

Limited data on gender differences in factors that determine health status and outcome from Asian(including India), African and South-America

Less research data on content of programmes

Challenges

Structural

- Less number of specialized services
- Lack of comprehensiveness
- Lack of collaboration
- Lack of trained staff

Future direction

Future research direction

- Randomized controlled trial
- Developing standard assessment measures
- Use of standard measure
- Inclusion of evidence base use of pharmacological intervention as measurement domain
- Standardize definitions of outcome
- Comprehensive statistical analyses
- Separate out the effects of co-interventions
- Assess the effects of different types and styles of counselling
- Determine the characteristics of women most likely to benefit from residential programmes

To develop a gender-sensitive intervention

- A clear definition and statement of guiding principles and criteria is needed
- Structure & content : both equally important
- Separating SUD patients by gender not sufficient for producing positive treatment outcomes, rather modifications to various modes of treatment needed
- Need based
- User-led: Women should be involved in the treatment decision process
- Interventions: Research informed, culturally acceptable
- Networking
- Comprehensive " one-stop shopping"
- Gender-sensitive administration

Ray of hope

Ray of hope

Policy based recommendations
• Gender responsive harm reduction programmes and drug treatment centres

• Stop criminalising mothers

• Alternatives to custody for women incarcerated for drug related offences
• Involve women's issues in the United Nations General Assembly Special Session 2016 (UNGASS)
• Incorporate gender sensitivity into all aspects drug policy and drug related programmes and services

(Global Drug Policy Observatory, 2014; UNODC,2014;
United Nations Integrated Crime& justice Research Institute,2015; INCB,2016)

Thank you

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FIRST

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