

Fact Sheet: Substance Use Disorder (SUD) Care for Women with Children

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Key Topics

1. Intersections of Trauma and SUD in Women

- Women's SUD experiences are closely tied to trauma and experiences of childhood abuse, intimate partner violence (IPV), and sexual violence (SV).
- Victimization impacts women's behavioral health, increasing their risk for developing diagnosable SUD, posttraumatic stress disorder (PTSD), and experiencing increased suicidality.

2. Evolution of Women-Centered Treatment

- Progress has been made through implementing trauma-informed, person-centered, and holistic approaches.
- Treatment models incorporate flexibility, family-centered care, and integrated care for SUD, mental health, and trauma.

3. Barriers to Treatment

- Funding limitations, treatment stigma, workforce shortages, and regulatory issues
- Coercion, interference, and treatment/recovery sabotage by abusive partners further restricts access to care

4. Clinical Strategies for Engagement and Retention

- Gender-responsive care includes relational, trauma-informed, and strengths-based approaches.
- Individualized adaptations and peer-based support enhance recovery outcomes.
- Emphasis on safety, privacy, and flexible service delivery is crucial.

5. Family and Parenting Support

- Recognizing the role of parent/caregiver-child attachment in recovery.
- Holistic support includes addressing stigma, providing parenting resources, and promoting protective factors.

Key Interventions and Models

1. Person-Centered Approaches

- Incorporate sources of individual pride, traditions, and community support in care.
- Example programs: *Celebrating Families!* and the Boston Consortium Model.

2. Trauma-Informed Practices

- Offer trustworthy services, promote safety in program relationships, policies, and environments.
- Avoid retraumatization by addressing IPV, stigma, and bias.

3. Family-Centered Services

- Promote co-regulation, creative expression, and resilience-building activities for children and parents/caregivers.

Key Recommendations

1. Dismantle stigma and discrimination women with children face.
2. Recognize the connections between trauma, IPV, SV, and SUD.
3. Support access, engagement, retention, and completion through assertive and flexible strategies and resource advocacy.
4. Use nonjudgmental, strengths-based approaches that build on environmental, parent/caregiver, and family strengths.
5. Support women's self-defined goals, needs, priorities, and timely access to desired resources.
6. Nurture parent/caregiver-child attachment, advocating with systems (when needed).
7. Offer holistic services through community collaborations, including peer-based services.

Contact

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