



Bermuda Hospitals Board

Female Resilience in an Outpatient Treatment Environment

**Shirley Place
Bermuda Drug Information Network Meeting
Friday, November 4th, 2022**



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Who Are Our Female Clients?

- Total of 23 females (less females are admitted to treatment than males)
- Average Age: 53
- # of younger females in treatment is very small, 3 females aged 26 – 34
- Average Age of First Use: 17
- 2/23 started using in their twenties
- Everyone else started using in their teens.
- Many have a history of traumatic experiences and self-medicate with drugs and alcohol.



Social Circumstances Bermuda Hospitals Board

- 6 (26% employed)
- Many females are dependent on other sources for income. This is usually FA or a male, sometimes opening them up to being exploited for other purposes (sexual, housing, caregiving)
- 13 (56% have dependents)
- One impediment to females entering treatment is care for children or other loved ones who they have sole responsibility for.



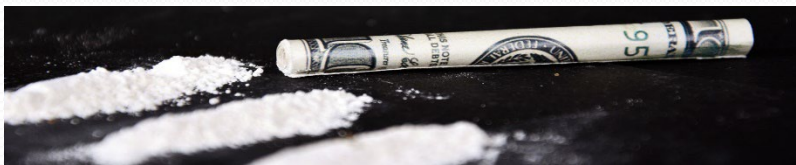
Social Circumstances Bermuda Hospitals Board

- 13/23 (56%) with other diagnoses/co-morbidities either medical or mental health
- 3/23 (11%) unstable housing; 11/23 (48%) require additional supports to sustain housing (sig. other, social supports, financial)
- These females require more resources around coordination of services, follow ups with GPs, mental health services and overall clinical input.
- Most females in our services are reliant upon significant others for support.



Use of Substances

- Opiates – 10 (43%)
- Alcohol – 14 (61%)
- Cocaine – 10 (43%)
- Cannabis -9 (39%)
- Crack – 3 (13%)
- Poly-Substance Use – 12 (52%)



Common Issues Women Face in Outpatient Treatment

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- Outpatient treatment has both genders in services with access to the same programs in the same space.
- This can mean other issues for females to face in an outpatient treatment environment.



Case Example - Virginia

Family History

- **Father, heroin addict**
- **Died of an overdose**
- **Strained relationship with her mother**
- **Witnessed physical and verbal abuse in the home**
- **Mom was reliant on partner for financial support of the family**
- **She moved out and went to live with her grandmother**



Case Example - Virginia

- 2 brothers; 1 incarcerated
- Established a good relationship with her father's family; grandmother became a mother figure
- Relationship was based on communication, caring, "treating me like I was somebody," they chastised me when needed.
- Competed with mother's boyfriend for attention and support



Case Example - Virginia

Start of Anti-Social Behavior

- Started hustling on the streets to get money
- locked up at age 19
- started shoplifting at age 15
- started skipping school and hanging out with other students who used drugs and committed crimes



Case Example - Virginia

Start of Anti-Social Behavior Continued

- Started using marijuana at age 21; smoked randomly every few months...then progressed to smoking joints laced with cocaine about twice a week

Other Factors Impacting Her Life

- Struggled with sexual identity issues due to strained relationship with her mom; first sexual experience was with a female
- Mom was disappointed when she found out about the drug use.



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Identify Themes in Virginia's Story





Themes in Virginia's Story

- Poor parental relationships
- Family history of drug use
- Trauma in the home (witnessed domestic violence; lack of coping around father in active use; neglect)
- Poor communication in the home
- Unclear boundaries
- Negative view of male-female relationships
- Gender identity issues
- Absent father who was a heroin user

Common Issues Women Face in Outpatient Treatment



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- Risk of re-traumatization
- Risk of a lack of sensitivity from male clients
- Fear of exploitation (objectification)
- Premature romantic relationships due to increased vulnerability
- Reinforcement of negative stereotypes of males/fathers
- Childcare concerns; CFS involvement



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Common Issues Women Face in Outpatient Treatment

- **Women are usually introduced to substances by a male partner etc.**
- **More likely to have partners who also use substances.**
- **How many males do you know who have partners who use vs females who have male partners that also use?**

Common Issues Women Face in Treatment



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- Mood disorders
- Self-Esteem issues
- Use of derogatory language by male counterparts



Resilience in Treatment

- The capacity to **recover** from difficulties
- The ability to **bounce back**
- **Treatment provides an opportunity for women to experience recovery. It is important for treatment providers and the community as a whole to understand the unique challenges that women face not only addressing their treatment needs specific to substance use but also the other factors they contend with while in treatment in an outpatient setting.**



Resilience in Treatment

- Behaviors of other clients in treatment, especially male to female, could be a trigger or re-traumatizing for some clients. This includes male counselor to female client.



Implications for Treatment

- Treatment must be seen as a safe place (key with families, referral sources and treatment providers)
- Some gender sensitive issues have to be addressed separate from male clients
- Female empowerment is key
- Reframing of what healthy social relationships look like for women
- How to address male-female relationships (esp. when use is connected to male partners)



Implications for Treatment

- How to address same gender relationships
- Understanding how treatment entry is impacted by caregiving roles (comparison to males at TP)
- Understanding female stigmatization (female to female and male to female)



Implications for Treatment

- Include assessment questions related to past trauma, abuse etc.
- Address parenting issues
- Healthy relationships does not equal maintaining relationships at all costs (When we teach them to be empowered, how to ask questions and how to advocate for themselves we then have to allow them to learn how to do this the right way).
- i.e. Honor their empowerment. If we don't, their significant others won't either.



Implications for Treatment

- Treatment should empower them to resist abuse, resist unhealthy relationships, question poor communication, resist exploitation, advocate for themselves even when we don't agree with their view on something, challenge any use of derogatory language, build on self-esteem and be counted on to be a voice for other clients in treatment to get what they need.
- Accepting the empowered voice of the client affirms their resilience. They have already been previously silenced. Encourage and support them in having a voice.



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- “Resilience is the ability to bounce back from adversity and perhaps even become happier, smarter, stronger, and healthier than you were before. There is no shortage of adversity in addiction recovery. You may have your own demons to slay, you may have family and friends who actively try to undermine your efforts, and you may slip up or fully relapse several times.”

<https://www.forgingnewlives.com/blog-posts/how-to-build-resilience-in-recovery>