

gender matters



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## POLICY AND PRACTICE BRIEF

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## Gender Matters in Mental Health Brief No.2: Transition-Age Young women

*Excerpted from A Roadmap to Mental Health Services for Transition-Age Young Women: A Research Review by Lynne Marsenich, LCSW <http://www.cimbh.org/downloads/TAYFinalReport421055.pdf>*

### ISSUES AND TREATMENT IMPLICATIONS

Evidence shows clearly that transition-age young women tend to fare more poorly than their male counterparts, with more sexual assaults, single parenthood, and homelessness, under-employment and unemployment, and suicide attempts. Moreover, this vulnerable group is often neglected in social and mental health service systems. Unfortunately, only limited research has been conducted on the outcomes of gender-specific programs and interventions.

A growing body of evidence indicates that transition-age women are not accessing mental health services at the same rates as their male counterparts, despite demonstrated need. Mental health problems in girls tend to be identified later than in boys, or in some instances, are missed altogether. The knowledge levels of “gateway” service providers—primary health, child welfare, juvenile justice, and education professionals—about the specific mental health service needs of adolescent girls and young women are primary predictors of mental health service use.

Understanding developmental stages and milestones is a prerequisite for effective mental health interventions for adolescent girls and young women. Clinicians who work with young women need to respond not only to the presenting problem

but also to failure of their clients to develop normative skills as a consequence of having an emotional or behavioral disorder during this critical developmental phase.

### *Trauma*

Trauma—exposure to emotionally painful or shocking events with lasting effects—is implicated as a risk factor for virtually all psychiatric diagnoses, including substance abuse, affecting young women. In addition, the early results from research on juvenile delinquency suggest that trauma may be the pathway to delinquency for girls.

Researchers have found extremely high rates of interpersonal violence and victimization among adolescents. Researchers have also found elevated prevalence of all types of victimization among African American and Native American adolescents.

Despite limited information about the connection between trauma and mental health problems in transition-age women specifically, evidence increasingly indicates a pattern for young women similar to the known impacts of trauma in adult women. The connection between substance abuse, mental health problems, and trauma for adult women receiving substance abuse and/or mental health treatment is well established.

Acute traumatic stress in young women is associated with post-traumatic stress disorder (PTSD), depression, substance abuse,

health-risking sexual behaviors, and health-related problems. For women, the most common events precipitating PTSD are rape, sexual molestation, physical attack, being threatened with a weapon, and childhood molestation.

**Treatment.** Research strongly suggests that clinicians working with young women who have been exposed to trauma should evaluate them for PTSD, major depression, and substance abuse. Research findings also suggest that identifying, challenging, and modifying inadequate social cognitions may help to reduce risky behaviors and re-victimization in young women with a history of trauma.

There are currently no treatments for PTSD developed for or tested specifically on adolescent girls or young women. However, given the high prevalence of PTSD in women, most of the participants in clinical trials have been female. Cognitive behavioral therapy (CBT) is the most efficacious treatment for PTSD. Exposure therapy, a form of CBT unique to trauma treatment, uses carefully repeated, detailed imagining of the trauma (exposure) in a safe, controlled context, to help the survivor face and gain control of the fear and distress that was overwhelming during the trauma.

### ***Girls in the Juvenile Justice System***

Statistics show that more girls are becoming involved in the justice system, at younger ages, and for more violent offenses. Girls from ethnic minority groups are disproportionately represented, and female delinquents have fewer placement options than their male peers in the juvenile justice system.

Females in the juvenile justice system have specialized mental health treatment needs. Studies indicate that, female juvenile offenders have:

- greater exposure to trauma
- a greater incidence of mental health problems than male juvenile offenders
- higher incidences of physical, emotional and sexual abuse, physical neglect, and family history of mental illness.

**Treatment.** Effective mental health treatments for youth in the juvenile justice system must be highly structured, must emphasize development of basic skills, and must provide individual counseling that responds to behaviors, attitudes and perceptions. Cognitive behavioral approaches have been shown to be the most effective treatments for youth in the juvenile justice system, particularly those with trauma-related problems. Interventions that involve the family in treatment and rehabilitation have been shown to be more successful than usual care in decreasing subsequent arrests, self-reported delinquency, and time spent in institutions. Interventions should reinforce a young woman's relationships with her family and other supportive adults, peer culture, school and community.

### ***Substance Abuse***

While promising declines in adolescent substance abuse have occurred in recent years, young girls have been smoking and drinking as much as boys and are catching up in the use of illicit drugs. The reasons and risk factors that induce girls and young women to use substances are different from those of boys and young men. Girls and young women are more vulnerable to addiction; they become hooked faster and suffer consequences sooner than boys and young men. Girls who abuse substances are more likely than boys to:

- be depressed
- be suicidal

- have eating disorders
- engage in risky sex or become victims of sexual assault.

As in the broader population of substance abusers, high percentages (up to 60 percent) of adolescents have a comorbid diagnosis—most commonly conduct disorder and oppositional defiant disorder, followed by depression. Among females, the dual diagnosis of PTSD and substance abuse is common. Untreated trauma symptoms in women hamper engagement in substance abuse treatment, lead to early drop-out and make relapse more likely.

**Treatment.** The only empirically supported substance abuse treatment for adolescent girls and young women was developed to treat co-occurring PTSD and substance abuse. The program, *Seeking Safety*, emphasizes clinician selection based on performance and adherence to the model. It has four content areas: cognitive, behavioral, interpersonal, and case management.

Two family therapy interventions have strong empirical support, have developed cultural adaptations for African American and Latino youth, and have potential for use in treating adolescent girls.

- Brief Strategic Family Therapy is effective for adolescent Latinos and their families.
- Multidimensional Family Therapy was adapted for African American youth and their families.

### ***Depression***

Higher prevalence of depression and dysthymia (a mood disorder similar to depression) is common among women and adolescent girls. Gender differences in depression emerge in early adolescence, between the ages of 11 and 15. Depression in adolescence is associated with serious psychosocial dysfunction and

can interfere with functioning into young adulthood.

Lesbians may have greater risk of depressive episodes than other women, are at higher risk for developing alcohol dependency than heterosexual women, and are more likely to engage in moderate illicit drug consumption. Although women in other ethnic groups experience rates of depression similar to those of Caucasian women, they are more likely to either go untreated or be inadequately treated. High rates of depressive symptoms also occur among low-income mothers, with long-term dramatic consequences for mothers and their children.

**Treatment.** When adolescent girls are evaluated and treated for depression they should also be evaluated for the presence of other comorbid conditions. Given the potential negative consequences of depression in adolescents, effective early treatment is imperative.

A large body of evidence indicates that cognitive behavioral therapy (CBT) is an efficacious treatment for young adult and adolescent depression. Antidepressant medications, if used, should be combined with careful monitoring and other treatment approaches.

## **Suicide**

Suicide is the third leading cause of death among 15- to 24-year-olds in the United States. Although suicide ideation and attempts are more common among females, completed suicide is more common among males.

The incidence of youth suicide differs among racial and ethnic subgroups. Youth suicide is more common among whites than African American youths in the United States, with the highest rates in Native Americans and the lowest rates among Asian Pacific Islanders. A recent study examining suicidality among urban African American and

Latino youth demonstrated an association between ethnicity, poverty, and suicide. Gay teens also have greater likelihood of attempting suicide.

**Treatment.** Few studies have systematically evaluated interventions aimed at reducing suicidal ideation and behavior in adolescents and young adults.

## **Eating Disorders**

Females comprise the majority of individuals diagnosed with an eating disorder—*anorexia nervosa*, *bulimia nervosa*, and *binge eating*. Eating disorders often co-occur with depression, substance abuse, and anxiety disorders, and can cause serious health problems. Adolescent girls are at greater risk than those of other ages for developing an eating disorder, and comorbidity is common. No links between ethnicity and eating problems have been conclusively established.

**Treatment.** Research on the causes of eating disorders and on effective treatments is in the early stages. Because risk is associated with the developmental period of adolescence and young adulthood, accurate assessment and treatment of eating disorders are crucially important.

## **Young Mothers and Psychiatric Disorders**

Parenting may overwhelm the coping capacities of a young woman with mental health problems, leading to abuse, neglect or other problems affecting her children. Intervention to help her manage her mental health symptoms and increase her parenting competencies decreases the risk of negative outcomes for both mother and children.

**Treatment.** One treatment program, the Nurse-Family Partnership Program, produces consistently good outcomes for low-income women and their children through the child's fourth year of life.

## **POLICY AND PRACTICE IMPLICATIONS**

### ***Integrate mental health and substance abuse treatment services***

The rates of comorbidity are stunning and argue for simultaneous rather than sequential treatment. At the very least, mental health clinicians and substance abuse counselors should be cross-trained to provide or make appropriate referrals to comprehensive screening for posttraumatic stress disorder, major depression, suicide risk, and substance abuse.

### ***Provide gender-specific services for young women in the juvenile justice system***

Adolescent girls entering the juvenile justice system bring with them complex health and mental health needs related to trauma histories, including childhood abuse and current partner abuse, sexual behavior, and substance abuse. Services for girls in the juvenile justice system should include treatment for depression, traumatic stress, substance abuse, inadequate parenting skills, and health-risking sexual behaviors.

### ***Provide training to all gateway service providers working with adolescent girls and young women***

Gateway service providers—child welfare, juvenile justice, primary health, and education providers—need the information and the tools to recognize risk and protective factors, to identify mental health symptoms early, and to make appropriate referrals.

*Continued*



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**POLICY AND PRACTICE IMPLICATIONS** *continued from 3*

***Provide specialized treatment programs for transition-age mothers***

Specialized treatment programs must be available for young mothers and should include transportation, child care, parenting training, and other support services necessary for them to participate in their treatment.

***Provide specialized training for clinicians working with adolescent girls and young women***

Mental health clinicians should receive evidence-based training and education through which to understand the distinct risk and protective factors for adolescent girls and young women in racial and ethnic subgroups. Clinicians must have sufficient resources to offer culturally and gender-appropriate services and treatments.

***Increase funding for mental health treatment research specific to transition-age women and subgroups of transition-age women***

Investigation of the unique treatment and service needs of transition-age women has been inadequate, and more research is needed. Gender and ethnicity must be incorporated as components of all data collected, analyzed, and published by funding agencies.