



ADOLESCENT SUBSTANCE ABUSE FACT SHEETS

Does Sex Specific Treatment Help Adolescents Succeed in Treatment Programs?

What is sex specific substance abuse treatment?

There are a couple of different definitions of sex specific treatment. This term is used most commonly to mean a treatment facility that only treats one sex or a facility that may treat both sexes but keeps boys and girls separated during treatment. Of course there are different degrees to this separation. Some facilities may allow common time to be co-gendered but keep group therapy sessions sex specific.

This term can also be used to describe a counselor/patient relationship. In this situation, a male counselor would only treat male patients and a female counselor would only treat female patients.

Do adolescent boys and girls exhibit different symptoms when they abuse substances?

Adolescent females who abuse drugs and alcohol are more likely to experience psychological difficulties, poorer self-image, and more family-related problems than their male counter-parts. In addition, females consistently report greater numbers of suicide attempts before entering treatment than males do.^{1,2}

On the other hand, males are more likely to experience behavioral problems at school, as well as problems with law enforcement before treatment.¹ Adolescent males tend to exhibit more impulsive tendencies, and this impulsiveness may drive the desire to abuse substances. Adolescent male impulsiveness also helps to explain the aforementioned behavioral problems that boys report at pre-treatment. We do not know, however, if this impulsiveness is a cause of substance abuse or the use of substances causes boys to become even less inhibited, and therefore more impulsive.²

Traditionally it was thought that males exhibited externalizing symptoms, like acting out at school and getting in trouble with law enforcement, while females exhibited internalizing symptoms, like depression and suicide attempts. In recent years, however, researchers have shown that females tend to suffer a double dose of symptoms, experiencing both external and internal symptoms. This means that, in general, girls experience higher levels of depression than boys even if they are not using drugs. So the adolescents girls who are abusing substances will exhibit these internal symptoms that many adolescent girls experience, but then they will also exhibit the external symptoms that drug

What is the connection between victimization and adolescent substance abuse?

Studies have repeatedly found a high incidence of abuse (sexual, physical, and mental) among adolescents who abuse drugs and alcohol. One study found 64% of girls in therapeutic drug treatment reported a history of sexual abuse, versus 24% of boys. Because there is a reluctance to disclose information about abuse, especially among boys, these rates could be even higher.⁴

Garnesfski and Arends (1998) found that males with a history of sexual abuse reported drinking three times the amount of alcohol per month than males without a history of sexual abuse. Girls with a history of sexual abuse also consumed more alcohol than girls without a history of abuse, but the margin

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SAMHSA



nc department
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NC Division of Mental Health,
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Center for
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says who?

1. Hsieh, S., & Hollister, D. (2004). Examining gender differences in adolescent substance abuse behavior: Comparisons and implications for treatment. *Journal of Child & Adolescent Substance Abuse*, 13, 53-70.

2. Martin, C., Milich, R., Martin, W., Hartung, C., & Haigler, E. (1997). Gender differences in adolescent psychiatric outpatient substance use: Associated behaviors and feelings. *Journal of the American Academy of Child & Adolescent Psychiatry*, 36, 486-494.

3. Dakof, G. (2000). Understanding gender differences in adolescent drug abuse: Issues of comorbidity and family functioning. *Journal of Psychoactive Drugs*, 32, 25-32.

was not nearly as large for girls as it was for boys. The girls who experienced abuse consumed 11 glasses a month compared to eight glasses consumed by non-abused females.⁵

When assessed on a general victimization scale, girls are more likely than boys to have experienced any kind of victimization, survived a greater variety of victimizing experiences, and to have higher patterns of victimization. It is not surprising then that girls worry more about future or current victimization than their male counterparts.^{6,7}

What are the implications of gender differences in terms of treatment?

Given the prevalence of abuse among adolescent substance abusers, a successful treatment program will deal with these issues and will assist adolescents in developing healthier alternative coping strategies. Therefore, it is imperative that a patient feels safe enough in his/her environment to come to terms with any victimization that he/she may have experienced. If abuse has been an issue for an adolescent he/she will probably be more comfortable interacting with a group of his/her own sex.

As stated above, females generally score higher on an overall victimization scale and therefore, tend to worry more about future or current victimization. In a mixed-gender environment, a female's anxiety about interacting with males may interfere with her treatment outcome. In an all-female environment girls may feel less anxious about possible victimization. Girls may also be able to provide each other with more support in this type of environment.

The gender of therapists and counselors can also have an impact on patient retention. One study found that male therapists are more likely to retain male clients than female clients, and vice versa (female therapists are more likely to retain female clients than male clients). In other words, a gender match between therapist and client led to greater treatment retention; 77% retention in gender-matched therapist/client relationships compared to just 66% of those in a non-gender match relationship.⁶

In addition, special services may be needed for the female population in a treatment center. For example, girls may be in need of pregnancy and/or parenting services when they enter a substance abuse treatment program. Studies have not been done in the adolescent population, but for adult women, the availability of these types of services greatly increases their chances of treatment success.⁸

What still needs to be done?

- Given the prevalence of past and/or current trauma in the lives of adolescent substance users, trauma screening should be incorporated into substance abuse treatment.
- Complete clinical trials that investigate sex specific treatment in adolescent substance users. We have a fair size of information concerning gender differences in adolescent substance users but there is a deficit in studies concerning the effectiveness of sex specific substance abuse treatment.
- Treatment providers should look into the possibility of allowing clients the option of matched gender therapists.

4. Hawke, J., Jainchill, N., & De Leon, G. (2000). The prevalence of sexual abuse and its impact on the onset of drug use among adolescent in therapeutic community drug treatment. *Journal of Child and Adolescent Substance Abuse*, 9, 35-49.

5. Garnefski, N., & Arends, E. (1998). Sexual abuse and adolescent maladjustment: Differences between male and female victims. *Journal of Adolescence*, 21, 99-107.

6. Titus, J., Dennis, M., White, W, Scott, C., & Funk, R. (2003). Gender differences in victimization severity and outcomes among adolescent treated for substance abuse. *Child Maltreatment*, 8, 19-35.

7. Diamond, G., Wintersteen, M., Mensinger, J. (2005). Do gender and racial differences between patient and therapist affect therapeutic alliance and treatment retention in adolescents? *Professional Psychology: Research and Practice*, 36, 400-408.

8. Gordon, S. (2002). *Women & addiction: gender issues in abuse and treatment*. Warnersville, PA: Caron Foundation.