

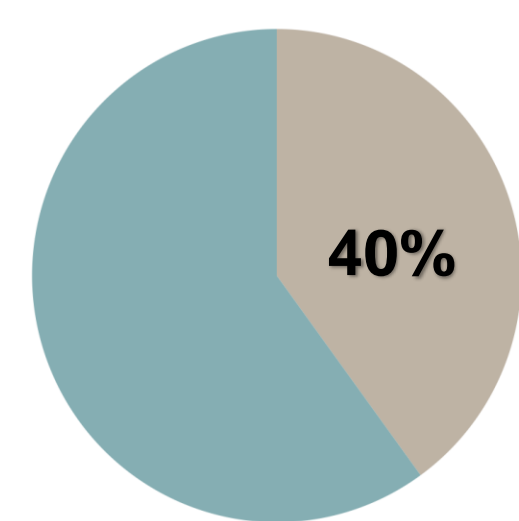
Sexual Violence Prevention in Hartford, Connecticut: Behavioral Health Programming for Women at Coventry House

Gabbie Marcuccio '25

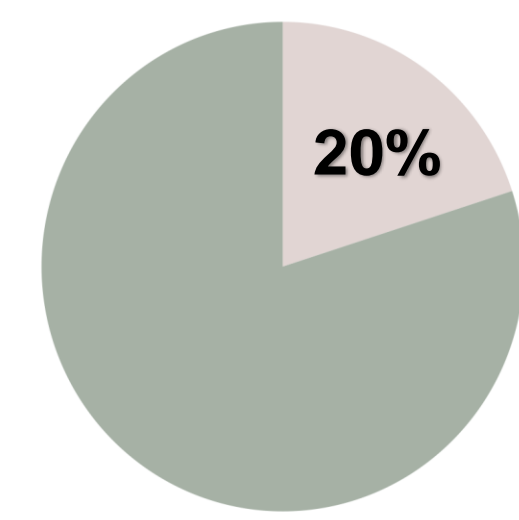
With community partner InterCommunity and faculty advisor Dr. Kelly Dugan

Introduction

Percent of Severely Mentally Ill (SMI) Women in the US Who Experienced Rape or Attempted Rape During Adulthood (Khalifeh, 2014)



Percent of US Women with a Mental Health Condition in Previous Year (Office on Women's Health, 2021)



Mentally Ill Women are 5x more likely than the general population to experience sexual violence (Khalifeh et al., 2014).

Research Questions and Methodology

1. What are the risk factors and vulnerabilities that contribute to the high prevalence of sexual violence against mentally ill women?

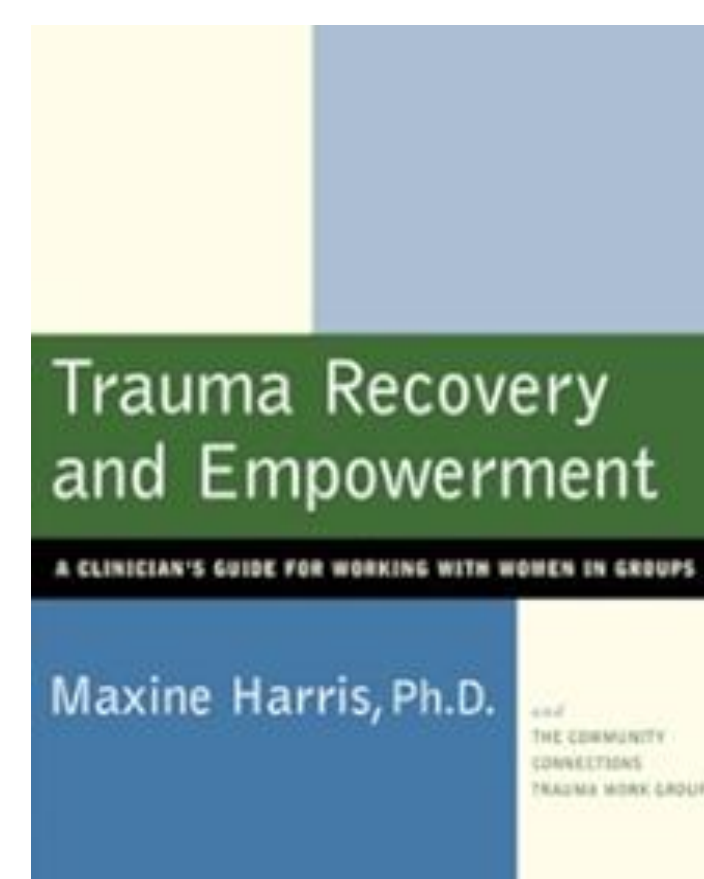
1 Literature Review
Digital peer-reviewed sources, published 1999-2021

2. How does the Coventry House residential program function, and what is the nature and efficacy of the program in combatting sexual violence among mentally ill women?

2 Interviews (2)
Semi-structured, 40 minutes each, with the respective Director and Manager at Coventry House

3. Similarly, what is the nature and efficacy of the Trauma Recovery Empowerment Module (TREM) curriculum utilized at Coventry House in combatting sexual violence against mentally ill women?

3 Curriculum Review
Of the Trauma Recovery Empowerment Module



4. How do the program directors at Coventry House perceive the strengths, weaknesses, and areas for expansion of the current TREM curriculum and overall Coventry House programming?

Language and Terminology

Identity First Language: Grounded in a disability rights perspective, I predominantly chose to use terms such as *mentally ill women* as opposed to *women with mental illnesses* to acknowledge the socio-political reality of disability and how individuals are actively disabled and oppressed through societal systems and structures.

Severe Mental Illness (SMI): Chronic, persistent mental illness that functionally disables an individual across multiple areas of life. Predominant examples include Bipolar Disorder, Major Depressive Disorder, and Schizophrenic Spectrum Disorders.

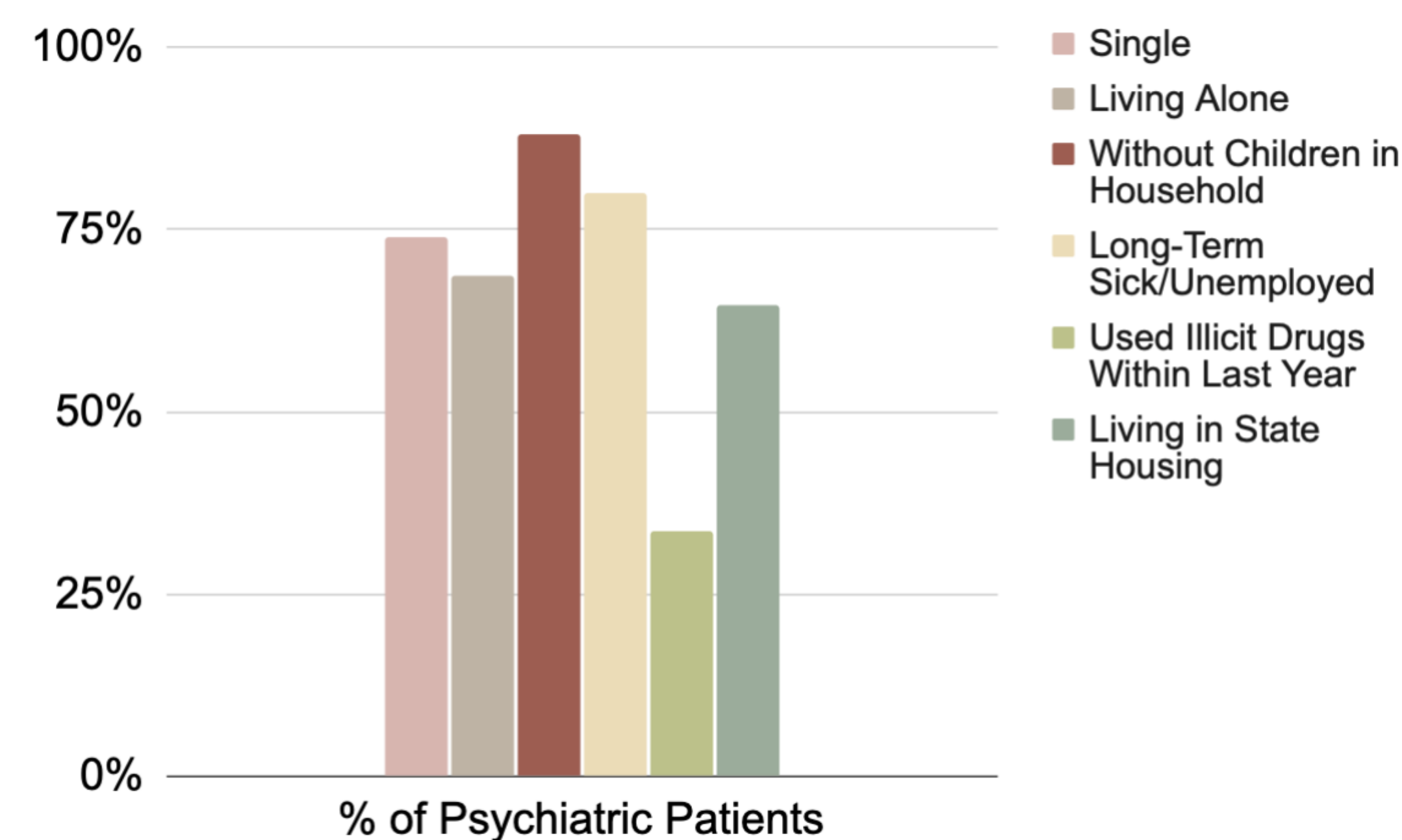
Sexual Violence (SV): Assault, harassment, or coercion of a sexual nature.

Domestic Violence (DV): Violence perpetrated by a relative or intimate partner.

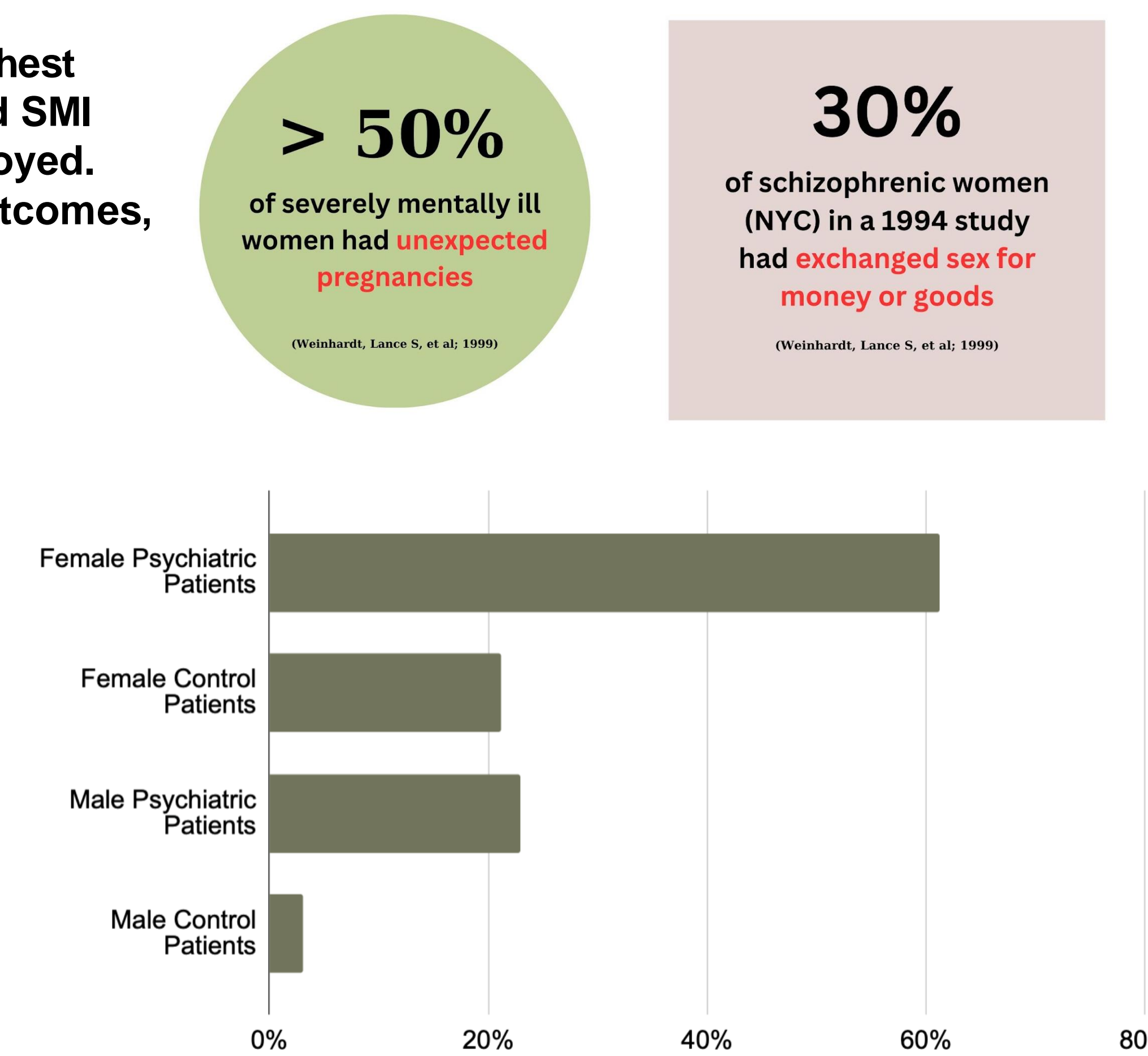
Sexual Coercion: The use of threats or intimidation to receive sex, or the exchange of sex for money/shelter/etc.; includes prostitution.

Literature Review: Vulnerabilities and Risk Among Mentally Ill (MI) Women

Women with severe mental illnesses (SMI) experienced the highest rates of sexual violence compared to both non-SMI women and SMI men, and were most likely to be homeless, single, and unemployed. SMI women had the poorest sexual and reproductive health outcomes, the lowest capacity to consent, and the highest risk for HIV.



Socio-Demographics of Psychiatric Patients, British Crime Survey 2011-2013 (Khalifeh et al., 2014)



Percent of Participants Who Experienced Any Form of Sexual Violence Since Age 16 (Khalifeh et al., 2014)

> 50% of severely mentally ill women had **unexpected pregnancies** (Weinhardt, Lance S, et al. 1999)

30% of schizophrenic women (NYC) in a 1994 study had **exchanged sex for money or goods** (Weinhardt, Lance S, et al. 1999)

Program Efficacy of Coventry House and TREM Curriculum

About Coventry House (CH):

- Residential rehabilitation program in CT at a 3.5 level of care
- For adult women diagnosed with a substance use disorder, who are pregnant or parenting a child under 5
- To be admitted to the program, a woman must have used drugs within the last 30 days or at any point during their pregnancy
- Primary goal is to keep mother and child together during program stay and rehabilitation process → building healthy attachments
- Women required to attend minimum 20 clinical hours of therapy a week
 - Group therapy, individual therapy, peer support
 - Home-like residential space, safe and comfortable living environment

Women and Programs (Based on Interviews):

- Complex trauma histories, challenges with interpersonal effectiveness and emotional regulation
- Therapy groups focus on understanding and healing complex trauma, building self-esteem and empowerment, identifying values, interpersonal skills
- Groups conducted in atmosphere that encourages vulnerability, empathy, and respect among participants
- Clear topic and goals at beginning of each group session; activities, opportunities for both reflection and sharing out
- TREM group is most widely praised among the participants

Trauma Recovery Empowerment Module (TREM) Curriculum:

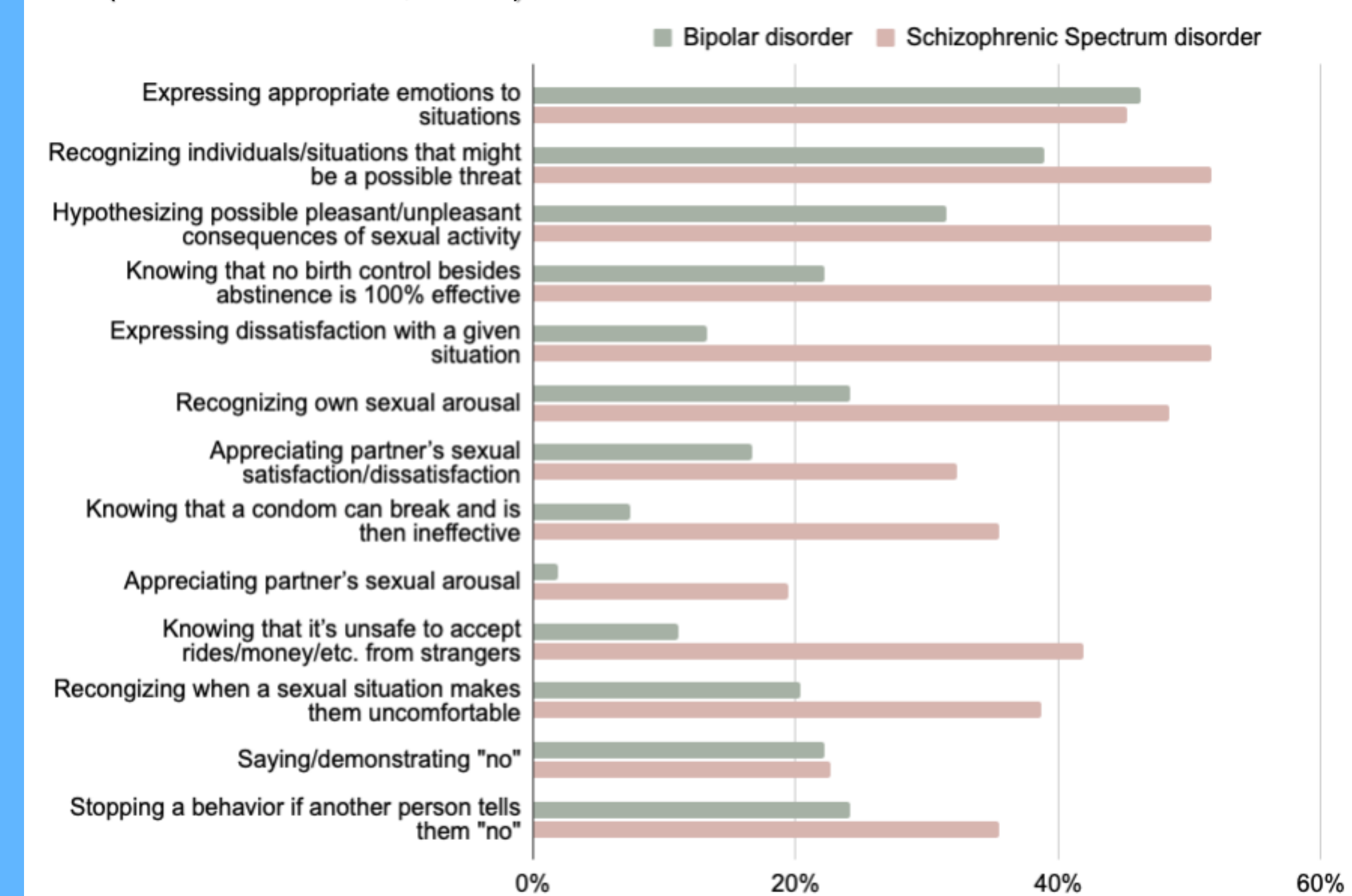
- Personal & interpersonal, development of healthier relationships and healthier perceptions of sexuality/intimacy
- Addressing root traumas, naming experiences, contextualizing
- Indirect sexual education: helping women reach their own conclusions about the nature of consent, coercion, abuse, what healthy relationships look like
- Brief section specific to women with SMIs:
 - Modifies some exercises and structures
 - Opportunities for identifying and understanding high-risk behaviors, building healthier habits and problem solving skills → reduce behaviors that increase vulnerability for SV

Interpersonal & Relational Challenges for SMI Women

- Function Matching**
Finding a partner at a similar functioning level
- Pathologizing Problems**
Partners may overattribute woman's behaviors or concerns to MI symptoms
- Symptom Interference**
MI consumed too much of woman's energy, or was too disruptive, for a relationship
- Dating Deal Breakers**
Women being reluctant or unsuccessful in dating due to MI stigma
- Sexual Foreclosure**
Women being reluctant or unsuccessful in dating due to MI stigma
- Dating Deprioritized**
Women deciding to prioritize MI recovery rather than dating
- Relational Resilience**
Some SMI women had greater success with online dating apps where they could 'pre-screen' dates (Mizock, Lauren, et al; 2019)

Capacity to Consent

Percent of Bipolar vs. Schizophrenic Spectrum Patients Deemed Incapable of Meeting the Following Criteria for Consent (Mandarelli et al., 2011)



Community Strategies

CHALLENGES

- Women can only stay in the residential CH program as long as there is demonstrated clinical need
- Highly controlled environment, which may lead participants to think that they are more prepared
- Relapse unexpectedly when confronted with unpredictable or unexpected circumstances

POTENTIAL SOLUTIONS

- Women being discharged encouraged to join a step-down program that is not as intense as residential care,
- Build strong support systems of family and friends
- Seek out peer mentors who may have had similar experiences and can be a sober role model
- Increase non-residential community programs and support
- Secure stable employment and safe housing
- Provide HIV/STD testing services
- Increased sexual health and birth control including for sex workers
- Cross-training between mental health professionals
- Trauma-informed care and ecological intervention methods

Limitations & Future Research

- Intersections of race/sexuality with gender/disability...intersectional identities, further vulnerabilities
- Personality disorders (BPD), symptoms of hypersexuality/ impulsivity/ instability
 - Capacity to consent, targeted interventions
- Expanded community services, sexual education, birth control, health & reproductive care
- Updated studies on demographics, vulnerabilities, violence rates, etc.