

**Appendix 5**  
**Suggested Reading for**  
**Chapter 5: Meeting Women's**  
**Basic Needs**

## **MEETING BASIC NEEDS: ADDRESSING ECONOMIC ADVERSITY IN WOMEN'S LIVES\***

One of the most consistent findings in community studies of people with mental and addictive disorders is that those at the lowest economic rung of the ladder typically have the highest rates of mental health and substance use problems. In our study of women who use publicly funded mental health and substance abuse services in Dane County, the vast majority of whom report a current mental health or substance use problem, or both, economic adversity and its consequences are major problems with which women need and want help.

Several findings reveal the extent of economic adversity with which women use alcohol, drug, or mental health (ADM) services in the publicly funded system in Dane County grapple with on a daily basis.. First, when we compare these women, whom I will refer to subsequently as "consumers," with other women in Dane County, we find:

- Consumers are less likely to continue their educations beyond high school than other women in Dane County
- Consumers are more likely than other women in Dane County to be unemployed (50% versus 22.5%)
- Among those consumers who are employed, only 35% are employed fulltime compared to 49% of other women in Dane County
- The average monthly income of consumers is \$1000, less than a third of that of other women in Dane County (\$3,299)
- 77% of the consumers we interviewed reported having had serious money problems, including not enough money for a place to live or food, at some point in their lives

In short, women who receive services in the publicly funded ADM system in Dane County are **significantly disadvantaged compared to other women in Dane County in terms of their access to material resources.**

### **How can economic adversity affect a woman's life?**

It is difficult to convey the grinding, demoralizing impact that chronic economic difficulties can have on a person's life. We asked the women we interviewed, "During the past three months, did you generally have enough money each month to cover ...?" Their "no" responses to this query are listed below:

- housing (16% said no)

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\* Joy Newmann (2002), Principal Investigator, Women and Mental Health Study Site of Dane County. Written for the *NPW Consumer Curriculum*. Please contact the author for permission to reprint, [jnewmann@facstaff.wisc.edu](mailto:jnewmann@facstaff.wisc.edu).

- food (26% said no)
- clothing (40% said no)
- transportation (20% said no)
- social activities, like movies or eating out in a restaurant (51%)
- medical care (32%)

Indeed, our findings show that not only are insufficient material resources a major life problem for women, it is also a major barrier that undermines a woman's ability to seek and find appropriate services to address her mental health and substance use problems. For example, although many women told us they felt they needed such services, close to half (42.3%) reported that they did not seek care because they did not have the money to pay for services; twenty-seven percent did not have transportation to get to needed services.

## **What are some solutions to this problem?**

### **(1) Make mental health and substance abuse services more affordable and available to poor women.**

As part of our efforts to learn how to improve services for women, we asked: "If you were able to change one thing about the mental health or substance use service system in Dane County, what is the first thing you would do?" Interestingly, the most common response, given by 46% of the women, was to *increase access to care*. For many, this involved reducing financial barriers or making services more accessible for working women:

*"I would have services in evenings so people who work and don't have insurance can go to them and not miss work..."*

*"So many people now days don't have insurance and (agency) have such extensive waiting lists I think more facilities are needed."*

*"I think there should be more structured groups available to the working poor, scheduled at times that they can attend."*

*"I got bounced around for six years before I found (agency), because I didn't have the right insurance. Nobody would take my insurance, so I guess there should be places that people can go that don't have any money."*

*"Its not cheap...the cost is a barrier...more people would use it if it were cheaper."*

*"Make it more affordable."*

### **(2) Insure that mental health and substance abuse services are more "recovery-oriented" in the sense of addressing women's economic adversity directly.**

Although many women are satisfied with their care providers in the publicly funded ADM system in Dane County, our findings suggest that much more can and

should be done to address women's economic problems directly as part of ADM services. Although many caregivers do this, 25% of the women we interviewed stated that their caregivers had not asked them about their current work situation and/or interest in finding a job during the prior six-month period. Moreover, 37% of the women did not feel the services they had received had helped them "do better in school or work."

This is a surprising finding given that many women who are unemployed are eager to find a job, if they can. In fact, we asked women: "What does recovery mean to you?" The most frequent response related in some way to what we conceptualized as: "leading a normal and productive life." Some version of this idea, which was mentioned by 29% of the women we interviewed, typically involved getting more education or getting a job:

*"I guess the idea of recovery is different for everybody. I am as recovered as much as I am going to be. It is being able to participate in life to the best degree that you can. Just to try and live as normal of a life as I can."*

*"To be able to live my life in a productive manner. Being able to go to work and take care of myself."*

*"It means going back to work and being able to function in normal society without my mental illness limiting my ability to perform. It means getting through the days without being haunted. It means being productive and satisfied with my work. It means pursuing hobbies cheerfully and happily. It means regaining my independence."*

*"Getting back to a normal life and leading a normal life. Not living in Hell. That's what it means to me."*

These statements, which reflect an attitude about one's place in the world as a productive citizen, were frequently linked with "getting out of the system" and becoming economically independent:

*"Being free from all the programs and everything and not having to deal with the system."*

*"Being off disability and off medication and working full-time again. Taking care of myself monetarily."*

*"Getting off social security, getting a job in (work sector) and moving. I have absolutely nothing in (city) because everyone knows everything about me here...there is no way I could get a job in (work sector). I would like to own a house and have a car...be able to play the stock market and go on trips."*

*"Not needing services from a mental health provider...being able to hold a job...do the functions of life without questioning myself and being free of flashbacks."*

Finally, toward the end of the interview, we asked women: "In looking ahead to the next six months, what do you see as the areas of your life that you would most like to change?" The most frequent response women gave had something to do with what we called *increasing their material resources*. This group of responses included material resources beyond money and reiterated a theme we heard throughout the interview--a desire to improve one's socioeconomic standing and material well being more generally. Areas of change mentioned, which were coded in this category, included wanting a better job, job training, a bigger home, an education, transportation, or health insurance:

*"My money situation, I would like more money. I would like to live at the poverty level, not below it."*

*"Housing- I would like to have a home or something that is much bigger than this because it stresses me out that this apartment is so small and I don't have the money to get something more decent."*

*"A better job. A decent job that would take care of me and my kids and I wouldn't have to worry about the bills. That is really important to me...being a single parent."*

*"Get a medical assistance card...I'd be happy if I could just get a medical assistance card. It would pay for the drugs. Now I pay for them myself. There are some drugs, a few of the drugs, that I do get straight from the companies, but I still pay quite a bit for drugs. I could go to the dentist too, get my eyes checked...I just wish I could get a medical assistance card and get my eyes checked...I just wish I could get a medical assistance card...it would make it so much easier for me."*

**(3) Help women singly and collectively address their own needs to improve their work skills, motivation, and access to educational and job training opportunities.**

One of the most heartening experiences during the two years that the Women and Mental Health Study Site was funded was the opportunity to work with many women who have been long-time consumers of mental health and/or substance use services in Dane County. We shared common goals, and some that were different, but we worked long and hard together to make Dane County a better place for women to seek and receive good care for their mental health and substance use problems. Some of this work has continued under the New Partnerships for Women Project. Moreover, it promises to continue into the future through other endeavors. Important questions for the future are: What can be done to insure that you, and other women like you, have an opportunity to continue growing and learning? How can we convert these experiences into viable employment opportunities that recognize your strengths and creativity? Finally, for those of you who are unable to work, what can we do collectively to insure that you have sufficient material resources, including adequate health care, so that you can purchase services that fit your needs?

## DISCUSSING TRAUMA AND PTSD WITH YOUR DOCTOR\*

The experiencing or witnessing of traumatic events can lead to psychological (emotional) problems and to physical problems (in addition to any that occurred at the time of the trauma). These symptoms can last for a relatively short time after the event, can last for months or years, or can "surface" months or even years later.

Not everyone who experiences trauma will go on to develop full PTSD. You may suffer from only some problems. Even so, treatments are available for these problems.

You may find it helpful to talk with your primary care physician about your experience(s) and any symptoms you have --- even if he or she does not ask first. Keep in mind that your doctor may not know about the emotional or psychological after effects of trauma or the many-associated medical problems. You can help your doctor understand you better and plan your treatment by sharing this crucial information about yourself. Please note that not everyone who experiences trauma will go on to develop full PTSD. You may suffer from only some PTSD symptoms or problems. Even so, it is important to discuss symptoms or problems with your health care providers, and treatment may be helpful.

At first, individuals may find it hard to discuss their experience(s). Because it may be difficult for you to discuss what happened to you, and the symptoms that you suffer, there is a quick checklist below that you can use to show to your doctor. It may help you to begin to talk about your trauma experience and the symptoms you are experiencing.

### Quick Checklist of Trauma Symptoms

Check those symptoms below that you experience (that may or may not be related to a traumatic event) and make some notes as needed:

I experienced or witnessed a traumatic event during which I felt extreme fear, helplessness, or horror.

The event happened in (day/month/year)\_\_\_\_\_.  
What happened?\_\_\_\_\_.

1) I have symptoms of reexperiencing or "reliving" the traumatic event:

Having bad dreams or nightmares about the event or something similar

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\* Pamela Swales, Ph.D. and Joe Ruzek, Ph.D. A National Center for PTSD Fact Sheet. Available at: [http://www.ncptsd.org/facts/specific/fs\\_doctor.html](http://www.ncptsd.org/facts/specific/fs_doctor.html). This information is presented for educational purposes only. It is not a substitute for informed medical advice or training. Do not use this information to diagnose or treat a mental health problem without consulting a qualified health or mental health care provider. This article is in the public domain and may be copied and distributed without restriction. For more information telephone (802) 296-5132 or send email to [ncptsd@ncptsd.org](mailto:ncptsd@ncptsd.org).

- Behaving or feeling as if the event were actually happening all over again ("these are known as "flashbacks")
  - Having a lot of emotional feelings when I am reminded of the event
  - Having a lot of physical sensations when I am reminded of the event (e.g. heart races, pounds, or "misses a beat"; sweating, hard to breathe, feel faint, feel like I'm "going to lose control")
- 2) I have symptoms of avoiding reminders of the traumatic event:
- Avoiding thoughts, conversations, or feelings that remind me about the event
  - Avoiding people, places, or activities that remind me of the event
  - Having difficulty remembering some important part of the event
- 3) I have noticed that since the event happened:
- I have lost interest in, or just don't do things that used to be important to me
  - I feel "detached" from people-I find it hard to trust people
  - I feel emotionally "numb" and I find it hard to have loving feelings even toward those who are emotionally close to me
  - I have a hard time falling or staying asleep
  - I am irritable and have problems with my anger
  - I have a hard time concentrating
  - I think I may not live very long-so why plan for the future?
  - I am "jumpy" and get startled easily
  - I am always "on guard"
- 4) I experience these medical or emotional problems:
- Stomach problems
  - Intestinal problems
  - Gynecological problems
  - Weight gain or loss
  - Chronic pain (e.g. back, neck, in women-pelvic area)

- Problems getting to sleep
- Problems staying asleep
- Headaches
- Skin rashes and other problems
- Irritability, "short fuse", "quick temper", other anger problems
- Nightmares
- Depression
- Lack of energy, chronic fatigue
- Alcoholism and other substance use problems
- General anxiety
- Anxiety (panic) attacks
- Other symptoms I have are: \_\_\_\_\_

**Here is a list of possible questions that may help you identify what you might like to ask your doctor or counselor:**

- "What do people have to do to recover from PTSD?"
- "Why do I have PTSD and other people don't?"
- "Does having PTSD mean that I'm crazy or mentally ill?"
- "What will happen if I go for treatment?"
- "How long will treatment last?"
- "What will be the likely effects of treatment?"
- "What should I tell my wife/partner/other family members about PTSD?"

**If medication treatment is being discussed, you might like to ask some of these questions:**

- "How is this medication supposed to help me?"
- "How will it affect my symptoms?"
- "How long will I have to take it?"
- "Can I stop it if I don't like it?"
- "How will we know if it is working or not?"
- "What will happen if it doesn't work?"
- "What are the side effects of the medication?"
- "How will it affect my other medications that I'm taking?"

- "Why do I need to go for counseling if I'm receiving medication treatment?"
- "How will medication treatment fit in with my PTSD counseling?"
- "How will medication affect my substance abuse recovery?"

Again, if you think you have PTSD, or even just some of the symptoms, it is important for you to let your primary care physician know. This information is invaluable in planning your medical treatment. It can also help your doctor in providing you with appropriate referrals for other services you may need (e.g., psychologist, social worker, child abuse protective services, lab tests, etc.).

You may find it helpful to bring this and other fact sheets available from the National Center for PTSD to show to your doctor. Fact sheets from the National Center for PTSD can be found on the Internet at <http://www.ncptsd.org>.

## INFORMATION ON PTSD FOR WOMEN'S MEDICAL PROVIDERS\*

### How common is sexual trauma among women?

Estimates vary, but studies suggest that about 13% of women have experienced a sexual assault at some time during their life.<sup>1</sup> Estimates for child sexual abuse are higher, with 27% of women reporting this experience.<sup>2</sup> In some samples (e.g., veterans and current military), these rates tend to be higher).

### Consequences of Sexual Assault

Although many women who have been sexually assaulted function quite well, others have considerable difficulties. Many of the problems experienced by these women are those that may present themselves in the primary care setting. These difficulties include interpersonal, social, physical, and psychological problems that may last for many years. Women who have experienced sexual trauma are also more likely to be high utilizers of healthcare.

**Physical Consequences.** Numerous physical problems have been reported to occur with greater frequency among women with sexual assault histories. These problems include: diabetes, obesity, arthritis, asthma, recurrent surgeries, chronic pelvic pain, irritable bowel syndrome, back pain, headache, eating disorders, poor reproductive outcomes, digestive problems, and hypertension.

Women reporting a history of childhood sexual abuse also report higher rates of numerous problems including venereal disease, pelvic inflammatory disease, surgical evaluation of pelvic pain, respiratory problems, gastrointestinal problems, and neurological problems.

**Sexual trauma and healthcare utilization.** Given the increased reports of health problems, its not surprising that the experiences of childhood and adult sexual trauma are associated with increased healthcare utilization and costs.

A recent study examining HMO health care utilization found that women who reported a history of childhood sexual abuse were more likely to visit the emergency room and had annual total health care costs that were significantly higher than those without abuse histories.<sup>3</sup> These differences held even after excluding the costs of mental health care.

Adult sexual trauma victims also appear to utilize high levels of health care (increased physician visits and outpatient costs), even in comparison to women who have been victims of other types of crime.<sup>4</sup>

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\* Erica Sharkansky, Ph.D. A National Center for PTSD Fact Sheet. Available at [http://www.ncptsd.org/facts/specific/fs\\_female\\_primary.html](http://www.ncptsd.org/facts/specific/fs_female_primary.html). This article is presented for educational purposes only. It is not a substitute for informed medical advice or training. Do not use this information to diagnose or treat a mental health problem without consulting a qualified health or mental health care provider. This article is in the public domain and may be copied and distributed without restriction. For more information telephone (802) 296-5132 or send email to [ncptsd@ncptsd.org](mailto:ncptsd@ncptsd.org).