



Gender-Sensitive Substance Abuse Treatment and Arrest Outcomes for Women [☆]

Wendy B. Kissin ^{a,*}, Zhiqun Tang ^a, Kevin M. Campbell ^b, Ronald E. Claus ^a, Robert G. Orwin ^a

^a Westat, 1600 Research Boulevard, Rockville, MD 20850, USA

^b Division of Behavioral Health and Recovery, Washington State Department of Social and Health Services, Box 45330, Olympia, WA 98504-5330

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ABSTRACT

The present study links an empirically-developed quantitative measure of gender-sensitive (GS) substance abuse treatment to arrest outcomes among 5109 substance abusing women in mixed-gender short-term residential programs in Washington State. Frailty models of survival analysis and three-level hierarchical linear models were conducted to test the beneficial effects of GS treatment on decreasing criminal justice involvement. Propensity scores were used to control for the pre-existing differences among women due to the quasi-experimental nature of the study. Men's arrest outcomes were used to control for confounding at the program level. Results show that women in more GS treatment programs had a lower risk of drug-related arrests, and women in more GS treatment programs who also completed treatment had a significant reduction in overall arrests from 2 years before- to 2 years after treatment, above and beyond the reduction in arrests due to treatment alone. Implications and directions for future research are discussed.

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1. Introduction

In recent years, the United States has seen a dramatic increase in the number of women involved in the criminal justice (CJ) system. From the year 2000 to 2010, the number of women arrested increased by 29% while the number of men arrested increased by only 7% (Bureau of Justice Statistics [BJS], 2011a). Although women accounted for fewer than 7% of individuals under State or Federal prison jurisdiction in 2010, this represents a 23% increase since the year 2000 and 159% increase since 1990 (BJS, 2011b). Increased incarceration of women has been attributed to mandatory sentencing for drug offenses (Austin, Bruce, Caroll, McCall, & Richards, 2001; Mauer, Potler, & Wolf, 1999). Upwards of 80% of female offenders have a substance abuse problem, and 50% of women are under the influence of substances at the time they commit the offense (Bloom, Owen, & Covington, 2003; Covington & Bloom, 2006).

Substance abuse is a primary risk factor for involvement in the CJ system. Substance abuse is one of the “central eight” risk and/or need factors for CJ involvement for both women and men (Andrews, Bonta, & Wormith, 2006). Other risk factors include problems with marital/family relationships, education/employment, and leisure activities, and the “big 4”, or personality characteristics, criminal thinking, criminal history, and criminally-involved peers (Andrews et al., 2006). However, the development and manifestation of substance abuse among women can be more severe than for men, involving more

physical, psychological, family/social, and socioeconomic problems (Messina, Calhoun, & Warda, 2012; Pelissier & Jones, 2005; Spjeldnes & Goodkind, 2009). Cumulative evidence about risks for CJ involvement specific to women comes from recidivism studies among women offenders primarily during the past decade. The most common reasons for recidivism among women offenders include substance abuse and mental health problems; a history of being physically and/or sexually abused (Messina, Grella, Burdon, & Prendergast, 2007; McDonald, 2008; Salisbury & Van Voorhis, 2009); and parenting stress with minimal economic and emotional support for child rearing (Van Voorhis, Wright, Salisbury, & Bauman, 2010). Salisbury and Van Voorhis identified three common pathways to offending among women: childhood victimization, unhealthy relationships, or (the more gender-neutral) financial problems. The former two pathways, childhood victimization and dysfunctional relationships, contribute to the development of depression, anxiety and other mental health problems, substance abuse, and eventual involvement in the CJ system.

Effective treatment for women's substance use disorders can reduce their involvement with the CJ system (Mosher & Phillips, 2006). Prison-based substance abuse treatment has been shown to reduce rates of reoffending among women (Dowden & Blanchette, 2002; Mosher & Phillips, 2006; Pelissier, Camp, Gaes, Saylor, & Rhodes, 2003; Pelissier, Motivans, & Rounds-Bryant, 2005; Robbins, Martin, & Surratt, 2009), especially among women who complete treatment (Mosher & Phillips, 2006; Robbins et al., 2009) or spend more time in treatment (Messina, Burdon, Hagopian, & Prendergast, 2006). Moreover, in response to the multidimensional profile of problems women display upon admission to substance abuse treatment and correctional settings, emerging literature shows that researchers in both fields have been questioning the traditional policies and practices

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* Corresponding author. Westat, 1600 Research Boulevard, Rockville, MD 20850, United States.

E-mail address: wendykissin@westat.com (W.B. Kissin).

developed largely “through the lens of managing men, not women” (Ney, Ramirez, & Van Diemen, 2012, p. 4). Researchers and practitioners in the substance abuse and the CJ fields emphasize the importance of understanding gender differences and women’s specific needs and risk factors, and advocate for comprehensive, strengths-based, relational, trauma-informed, and gender-sensitive (GS) (or gender-responsive) treatment provided in a safe, affirming environment (Bloom et al., 2003; Covington & Bloom, 2006; CSAT, 2009; Greenfield et al., 2007; Greenfield & Grella, 2009; Grella, 2008; Ney et al., 2012; Van Voorhis et al., 2010).

GS treatment has been effective in correctional settings (Van Voorhis, 2012) and has led to decreased drug use, criminal behavior, and trauma exposure and increased mental health time before reincarceration (Sacks, McKendrick, & Hamilton, 2012). Several prison-based GS substance abuse treatment programs, such as the California Institute of Women’s Forever Free Program, Helping Women Recover (Covington, 2008) and Beyond Trauma (Covington, 2003), have been developed to address the needs of women offenders. Indeed, women offenders who participate in prison-based GS substance abuse treatment programs have been more likely to remain drug-free, to have lower CJ recidivism rates than the comparison group (Messina, Grella, Cartier, & Torres, 2010; Messina et al., 2012; Wells & Bright, 2005), and to spend more time engaged in aftercare (Messina et al., 2010).

Most studies in this area focus on substance abuse treatment and CJ outcomes for women offenders during and/or following probation, incarceration, or parole (i.e., a 100% offending sample). Relatively few studies have examined women’s CJ outcomes following treatment among general substance abuse treatment admissions, and even fewer have assessed the effects of GS treatment on CJ outcomes among a general substance abuse treatment population of women (Ashley, Marsden, & Brady, 2003). Some evidence for the relationship between GS treatment and favorable CJ outcomes comes from a limited number of studies comparing women’s outcomes from women-only to mixed-gender programs. In a study involving pregnant women (Daley et al., 2000), lower levels of criminal activity were reported following substance abuse treatment provided in multiple modalities (i.e., outpatient, methadone, residential, detox, residential/outpatient), with greater decreases noted among women with vocational skills and among women with more severe drug use. In this study, the cost savings of avoided crime more than paid for treatment costs (Daley et al., 2000). A more recent study (Prendergast, Messina, Hall, & Warda, 2011) reported decreased substance abuse, criminal activity, and arrests and increased employment among women 12 months after entering outpatient substance abuse treatment; in addition, women who attended women-only treatment showed greater decreases in substance abuse and self-reported criminal activity (but no difference in arrest rates) than women who attended mixed-gender treatment. Similarly, pregnant and parenting women who attended women-only (versus mixed-gender) treatment had fewer arrests and better overall outcomes at 10-year follow-up (Evans, Li, Pierce, & Hser, 2013). In these studies, 61% of the women had been arrested in the year prior to treatment (Prendergast et al., 2011), 70% reported lifetime arrests, and 49% reported lifetime incarceration (Daley et al., 2000).

Most women who receive substance abuse treatment in the United States do so in mixed-gender settings (Grella & Greenwell, 2004), and there is considerable variation in the extent to which these programs are tailored to meet women’s needs (Tang, Claus, Orwin, Kissin, & Arieira, 2012). One evaluation of the potential value added by GS substance abuse treatment is to examine women’s post-treatment arrests. Based on a comprehensive review of the literature, Grella (2008) proposed a multidimensional model for measuring GS substance abuse treatment services and practices, which Tang and colleagues implemented in their development of a quantitative measure. This measure of GS treatment was developed using organization-level data collected from mixed-gender, intensive inpatient

programs (IIPs, i.e., short-term residential programs) in Washington State, which it placed empirically along a continuum of GS treatment. In general, programs ranked as more GS tended to report offering the services, staff expertise, and milieu to provide GS treatment as described here. Theoretically, GS substance abuse treatment may directly or indirectly reduce women’s CJ involvement in different ways. First, it may directly lead to the reduction of substance abuse, above and beyond treatment as usual. Second, GS treatment might have direct effects on factors that make women vulnerable to criminal behaviors that lead to or are accompanied by substance use, such as trauma, mental health problems, parenting and relationship stress, and financial problems. Third, GS treatment may indirectly affect CJ outcomes by increasing women’s engagement in care, which has been shown to improve treatment outcomes (Moos & Moos, 2003).

The present study uses administrative data to examine the effects of GS treatment on post-treatment arrests among women treated in mixed-gender substance abuse treatment programs. The primary hypothesis is that women treated in more GS programs will have fewer arrests overall and fewer drug-related arrests during the first 2 years post-treatment relative to women treated in less GS programs. The secondary hypothesis is that more GS treatment is associated with still fewer post-treatment arrests among women who complete treatment.

2. Materials and methods

2.1. Study sample

The study included 13 mixed-gender IIP programs in Washington State. Washington’s Department of Social and Health Services regulations require that IIP programs provide at least 20 hours of treatment per week, including a minimum of 10 hours of chemical dependency counseling per week. These IIP programs offer short-term (21 or 30 days, depending on the program) residential substance abuse treatment to women and men age 18 and over and serve both public- and private-pay clients. Programs were free to decide what specific curriculum or treatment approach to use. Programs were eligible for inclusion in the study if they had a client gender ratio no smaller than 1:11 in either direction, thus affording appropriate variability in a mixed-gender environment. All eligible programs agreed to participate. During the study period from April 1, 2005 to March 31, 2009, from 277 to 2332 publicly-funded women were admitted to each program. The percentage of publicly-funded women in each program varied widely, from 12 to 91%.

The client sample was composed of 5109 women and 9838 men admitted to the programs during the study period. For inclusion in the study, clients had to be qualified for publicly-funded treatment (based on income at or below 185% of the federal poverty level). Only data from publicly-funded clients were included in the study. Human subjects approval was obtained.

Women admitted to the 13 mixed-gender IIPs had a mean age of 34.2 ($SD = 10.2$, range = 18–77) and education of 11.4 years. During the 30 days before treatment, 24.5% of the women were employed (based on receiving income from employer-reported employment). Relatively few participants (16%) were married or in a committed relationship, and 43% had never been married. The racial/ethnic composition was 76% Caucasian; 7% each of Native American, African American, and other races; and 3% multiracial with 8% reporting Hispanic ethnicity (measured independently of race). Substances used most commonly during the 30 days prior to treatment entry were alcohol (67%), methamphetamine (47%), marijuana (45%), and cocaine (31%). Heroin use and past 30-day needle use were relatively rare at 11% and 14%, respectively.

At treatment admission, 55.6% of women reported feeling moderately to extremely troubled by a mental health problem during the past 30 days (with 15.2% missing data), although mental health

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