



Gender differences in psychosocial complexity for a cohort of adolescents attending youth-specific substance abuse services

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ABSTRACT

This study examines gender differences in the characteristics of young people ($N = 1000$) attending alcohol and other drug (AOD) services in the state of Victoria, Australia. Females demonstrate levels of substance use that are at least as high, and perhaps more harmful than that of males. Our data add to a growing base of evidence that young women attending youth AOD services experience additional psychosocial problems at higher rates than their male counterparts. This evidence is now fairly consistent in regard to mental health problems, self-injury, suicide attempts, and homelessness. Findings from this study further suggest that the gender imbalance may extend to child protection involvement, family conflict and disconnection, access to social support, and exposure to neglect and abuse.

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1. Introduction

It is well established that males are more highly represented than females in substance abuse treatment services. It has long been assumed that this reflects a higher prevalence and severity of substance use problems among male than female adolescents, but recent research is challenging this assumption and raising the question of whether selection factors other than need are shaping entry to higher levels of care for young males (Landsverk & Reid, 2013).

It is also well known that a large proportion of adolescents receiving treatment for substance abuse and dependence also experience additional behavioural health problems such as mental disorders and offending behaviour. Males are more highly represented in the service settings that provide treatment and remediation for these concerns. This may lead to the conclusion that these behavioural health problems are more prevalent and/or more severe among males than females.

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Much of the information that we have about the co-occurrence of substance use problems and other psychosocial difficulties comes from population-based surveys conducted in the general community or in schools. Fairly consistently these studies do find higher rates and higher severity of substance use, offending behaviour and other externalising mental health issues for males than females (Armstrong & Costello, 2002; Essau, 2011; Merikangas & McClair, 2012; Slade et al., 2009). A problem with these studies is that they capture small numbers of youth with multiple and complex needs, and do not study issues specific to this population in depth (Rounds-Bryant, Kristiansen, Fairbank, & Hubbard, 1998). To do this, research needs to be conducted with the populations attending services.

Only a small number of such studies have been conducted from the perspective of substance abuse treatment services. One of the earliest (also the largest) was conducted over 20 years ago from 1993 to 1995. Rounds-Bryant et al. (1998) found that young women and young men had very similar rates of substance use and dependence, but that young women had higher rates of mental health problems, as well as past and current physical and sexual abuse. Young men had higher rates of justice system involvement, but gender differences in rates of involvement in illegal activity were not as marked, particularly for more serious types of crime.

Following a long gap in research activity, several recent studies conducted in substance abuse services have confirmed differences between

young males and females in the prevalence of co-occurring emotional and behavioural health problems (Dean, McBride, MacDonald, Connolly, & McDermott, 2010; Edokpolo, James, Kearns, Campbell, & Smyth, 2010; Hodgins, Lovenhag, Rehn, & Nilsson, 2014; James, Smyth, & Apantaku-Olajide, 2012; Keane, Ducray, & Smyth, 2015; Schroder, Sellman, Frampton, & Deering, 2008; Slesnick & Prestopnik, 2005; Wu, Lu, Sterling, & Weisner, 2004).

This literature is highly fragmented, with studies varying substantially in their jurisdiction, the variables examined, and the methods used to collect the data. Most studies also involve small samples. Despite this variability, some potentially important patterns are emerging involving higher prevalence of emotional and behavioural health problems among females. Unsurprisingly there are also inconsistencies in the data. There is a need to bring this literature together and develop methods of investigating gender differences with the potential to reduce fragmentation, and resolve or explain inconsistencies. Only then will it be possible to develop and test hypotheses about underlying causal processes and confidently identify potential practice implications.

We present a brief review of this recent literature, followed by a report of results from original research conducted in Victoria, Australia. Our work introduces a new method that enables investigation of a wider range of variables in a larger sample than has been achieved in previous studies. Our results and discussion demonstrate the potential of this approach to integrate and mobilise the existing research base by testing emerging trends, generating hypotheses about causal processes, and discerning implications for practice and further research.

2. Literature review

The following review presents findings of Australian and international work conducted from the perspective of AOD treatment settings. Only studies published within 10 years of the current research (2013) are included.

2.1. Mental health problems

The co-occurrence of substance misuse and other mental health problems has been extensively studied, including among adolescents, however few studies have examined gender differences in these co-occurrences. In contrast to specialist mental health service settings, where substance use problems appear more prevalent among males (Wu, Gersing, Burchett, Woody, & Blazer, 2011), there is growing evidence that mental health problems are more prevalent among females than males in youth AOD services. However, this evidence is inconsistent. The overall prevalence of mental disorders varies substantially across programs and the gender disparity varies across diagnoses.

Gender differences have mostly been reported within the diagnostic categories of depression, anxiety, conduct disorder and ADHD. Females have been found to have higher rates of depression (Schroder et al., 2008; Slesnick & Prestopnik, 2005; Wu et al., 2004) and anxiety disorders (Slesnick & Prestopnik, 2005; Wu et al., 2004), while males have higher rates of ADHD (Schroder et al., 2008; Wu et al., 2004). Schroder et al. and Slesnick & Prestopnik found that males had higher rates of conduct disorder than females, but in the larger sample of Wu et al. females had higher rates of conduct disorders than males (15% vs 9%).

Several studies have analyzed gender differences across psychiatric diagnostic groups or in terms of alternative concepts that are not dependent on diagnosis. Females attending youth AOD services have been found more likely than males to have a lifetime history of psychiatric disorders (James et al., 2012). Using the Beck Youth Inventory, Edokpolo et al. (2010) found that females were more likely than males to experience additional psychological problems in four out of five domains including self-concept, anxiety, depression, and anger, while Keane et al. (2015) found that heroin dependent females had

significantly more moderate to severe problems than heroin dependent males for self-concept and disruptive behaviour.

A study of 262 adolescents admitted to an AOD withdrawal unit in the Australian state of Queensland found that 88% were recorded at intake as having “any mental health issue”, and 44% were actually involved in current mental health treatment. No gender differences were found (Dean et al., 2010).

2.2. Self-injury and suicide attempts

Self-injury and suicide attempts are behavioural problems of substantial concern to practitioners in youth substance abuse services. There are little reliable data to indicate the prevalence of self-injury among those attending AOD services, but this behaviour is widely accepted as far more common among females than males. James et al. (2012) found that 27% of young people admitted to a youth AOD service in Ireland had engaged in deliberate self-harm. Young women were more likely to have a history of deliberate self-harm (58%) than young men (20%) (OR, 5.3; 95% CI, 2.2–13.1). In her Victorian snowball sample, Daley (2015) found that self-injury was more common than not among young women, with 20 of the 26 young women in the study disclosing a history of self-injury. This compared to only 9% of the young men.

2.3. Criminal involvement

Prevalence of criminal involvement has also been studied in the youth AOD population. It is generally understood that levels of criminal involvement are higher among males than females. Consistent with this a study of 180 adolescents seeking treatment for substance misuse in Sweden found significant gender differences for both violent crime (43% females vs. 66% males) and non-violent crime (76% females vs. 86% males) (Hodgins et al., 2014). By contrast the Queensland study by Dean et al. (2010) found no significant differences in the rates of involvement in illegal activities between males (76%) and females (71%).

2.4. Homelessness

In regard to homelessness, Dean et al. (2010) in Queensland found that adolescent girls were more likely to be homeless on admission to the AOD withdrawal unit (17.5%) compared to boys (5.5%). In unstructured interviews with a snowball sample of 61 young people recruited from youth AOD services in Victoria, 96% of the young women and 86% of the young men reported having experienced homelessness at some stage (Daley, 2015).

2.5. Family environment

It is well established that a young person's family environment influences the development of harmful substance use (Skeer et al., 2011; Wu et al., 2004). Wu et al. (2004) examined gender differences in the prevalence of three family environment factors in a population of 419 adolescents aged 12–18 years attending substance abuse treatment services in California. They found that females scored significantly higher than males on family conflict and negative perceptions of family environment, but lower than males on absence of limit setting. Females also reported more substance abusing family members.

2.6. Neglect and abuse

Neglect and abuse, including physical, sexual and psychological or emotional abuse, are now well established as some of the most significant general risk factors for a broad range of emotional and behavioural problems in adolescence and young adulthood (King et al., 2011; Lansford, Dodge, Pettit, & Bates, 2010; Oshri, Tubman, & Jaccard, 2011; Rosenkranz, Muller, & Henderson, 2012; Tanaka, Wekerle, Schmuck, Paglia-Boak, & Team, 2011). Surprisingly there has been very little

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