



FEMALE DRUNK DRIVERS: A QUALITATIVE STUDY



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The Traffic Injury Research Foundation

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**FEMALE DRUNK DRIVERS:
A QUALITATIVE STUDY**
HISTORY AND EXPERIENCES IN THE SYSTEM

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EXECUTIVE SUMMARY

Introduction

While males constitute a significant portion of the impaired driving problem, there is evidence of a growing number of DWI¹ arrests among females, and incremental increases among female drivers testing positive for alcohol in fatal crashes in some jurisdictions in the U.S. This suggests that women are an important part of the problem and warrant attention.

Although an examination of female self-report data on drinking and driving shows it has remained stable at 10-20%², and crash data from the Fatality Analysis Reporting System (FARS) reveals incremental changes in drinking and driving among females in the past three decades (12% in the 1980s to 14% in the 2000s), there has been a dramatic increase in the number of women arrested for drunk driving in just the past decade. To illustrate, the number of female DWI arrests has risen nationally by 28.8% between 1998 and 2007.³

A majority of the available research examines male drunk driving offenders. Women account for a much smaller proportion of the problem (approximately 20%), making it difficult to conduct meaningful research about this population. Moreover, much of this research is outdated. Hence, it does

1 The abbreviation DWI (driving while impaired or intoxicated) is used throughout this report as a convenient descriptive label, even though some states use other terms such as OUI (operating under the influence) or DUI (driving under the influence), and in some states they refer to different levels of severity of the offense. We have used DWI not only to maintain consistency throughout the report but also because it is more descriptive of the offense usually associated with drunk drivers.

2 Drew et al. 2010; Royal 2003; Schwartz and Rookey 2008; Wilsnack et al. 1984.

3 NHTSA 2009; Schwartz and Steffensmeier 2007; Lapham et al. 2000; Schwartz and Rookey 2008.

not provide an accurate or complete picture of female drunk drivers today; nor does it identify effective programs and interventions specific to this population. What is known is that there are important differences between male and female DWI offenders. To summarize:

- Many female drunk drivers have substance abuse issues which they tend to develop later in life than male counterparts.⁴
- A majority of these women are likely to be single, separated, divorced, or be living with a partner with an alcohol problem.⁵
- Female offenders tend to be older than males and have higher levels of education but lower paying jobs.⁶
- Female DWI offenders have significantly higher co-morbidity relative to males.⁷
- Several factors contribute to their alcohol use including a family history of alcoholism, history of abuse or trauma, mental health issues, and relationship problems.⁸
- Little is known about effective programs and interventions for convicted female drunk drivers, although data suggest that they account for 15-25% of DWI offenders in traditional drunk driving programs such as alcohol monitoring and DWI Courts. Available research mainly focuses on treatment effectiveness among substance abusing females. Features of effective programming include provision of childcare and transportation options in conjunction with access to treatment,⁹ customized treatment to meet individual risks and needs,¹⁰ individual counseling,¹¹ and women-only programs or women-only group therapy.¹²

Purpose and objectives

The findings stemming from TIRF's 2011 literature review on this topic revealed important gaps in knowledge pertaining to their profile and characteristics, experiences in the criminal justice and treatment systems, and the types of

4 White and Hennessey 2006.

5 Argeriou et al. 1986; Chang et al. 1996; McMurrin et al. 2011; Shore and McCoy 1987.

6 Chalmers et al. 1993; Shore and McCoy 1987.

7 Maxwell and Freeman 2007.

8 White and Hennessey 2006.

9 Green 2006.

10 Freeman et al. 2011.

11 Sun 2006.

12 Grella and Greenwell 2004.

strategies and interventions that are most effective with this population. To address these gaps and increase understanding of this problem, a follow-up qualitative study using a case study approach was conducted in 2012.

The objectives of the study are as follows:

- Create a foundation that could inform the development of much needed research initiatives as well as prevention efforts and effective interventions tailored towards female drunk drivers (i.e., hypothesis-generating as opposed to hypothesis-testing).
- Explore the life histories of convicted female drunk drivers and the ways that their history may contribute to their offending.
- Examine women's experiences in the criminal justice and treatment systems.
- Explore the experiences of criminal justice and treatment professionals in supervising this offender population.

Case studies were conducted in four sites (San Joaquin County, California; Greene County, Missouri; Ottawa County, Michigan; and Dutchess, Warren, and Westchester Counties in New York). A multi-faceted research design was utilized that included interview focus groups with 154 first and repeat offenders to explore their attitudes, behaviors, characteristics, risk and needs, and pathways to offending as well as their experiences in the criminal justice and treatment systems. Key informant interviews were also conducted with 36 experienced criminal justice and treatment professionals to identify how female drunk drivers are managed within these systems and what has been learned from their experiences. Lastly, a survey was administered to 28 female offenders in California who were unable to attend the focus groups. The data obtained from these sources were used to identify lessons learned and to formulate recommendations to improve the supervision of female offenders and the delivery of services to them.

Female drunk driver results

Data gathered during interview focus groups and the survey of offenders, and interviews with practitioners revealed highly consistent findings across the four jurisdictions in this study. These data are estimates based on the data collected.

Demographics

- > Women ranged in ages from late teens to mid-60s, suggesting that women of all ages drink and drive. Early onset and late onset drunk driving behavior were common.
- > Many participants attained a high school education or its equivalency (three-quarters) and approximately one-third reported having initiated or completed some type of post-secondary education. Occupations generally included nurses, dental assistants, paralegals, teachers, corporate employees, self-employed entrepreneurs, and bartenders. Approximately one-third had worked in bars and restaurants.
- > Home environments equally included those that were stable with no history of substance use and those that were dysfunctional or abusive where substance use was prevalent and acceptable.
- > More than half of the women were single, separated, or divorced and the majority had children. Just one-third of them reported that they had some type of support network.
- > Almost all women reported that their impaired driving arrest was precipitated by a major life stressor such as a domestic argument, the end of a relationship, the loss of a job or child custody, or the illness or death of a parent or other family member.
- > More than three-quarters of the women used one or more prescription medications for anxiety, depression, post traumatic stress disorder (PTSD), and other disorders. Undiagnosed mental health issues and histories of trauma and/or abuse (both physical and sexual) were not uncommon.
- > It is estimated that less than 20% of participants reported arrests for other offenses, in addition to impaired driving, such as drug manufacturing/distribution, theft, and/or fraud.
- > Less than one-third of participants reported use of illicit substances of which marijuana and methamphetamines were the most common drugs of choice.

Profiles

With regard to the characteristics of female drunk driving offenders, three different profiles of this population emerged:

1. Young women who drink in order to ‘fit in’ and consume alcohol and/or binge drink at house parties and bars;
2. Recently married women with children who drink following the birth of their children as a means for coping with loneliness; and,
3. Divorced older women and/or “empty nesters” who begin to drink later in life (after age 40) following a catalyst such as the death of a parent, end of a marriage, or children leaving home.

Characteristics of female drunk drivers reported in the literature were common across study participants including mental disorders, family history of substance misuse, multiple impaired driving arrests, trauma history, failed relationships, and feelings of shame and guilt.

Experiences in the criminal justice system

Overall, several interview focus group participants reported generally negative experiences in the justice system at some point, although there were exceptions. Many women defined their experiences in terms of emotional reactions such as shame, frustration, anger, depression, anxiety, and fear.

- > A majority of women reported that they were arrested within a few blocks of their residence. An estimated one-quarter of the women were arrested as a result of a crash, and a very small minority were involved in severe crashes.
- > A number of women reported that their blood alcohol content (BAC) was shockingly high and BACs ranging from .16 to .42 were not uncommon.
- > Women expressed concern about the focus of the system on their offense and the overlooking of the circumstances or underlying factors that contributed to the behavior.
- > Overall, study participants reported mixed arrest experiences but almost all of them agreed that being incarcerated in jail or prison was a frightening experience. At least one-third of participants spent time in jail or prison and reported it had negative effects.
- > Many women felt that their sentence or conditions of probation failed to take into account either their life circumstances or address their issues. They also noted that long delays in the court process prevented them from focusing on the future.

- > A majority of women reported that information about their period of supervision, conditions, eligibility for certain privileges, or consequences for non-compliance were generally unclear.
- > Most women consistently agreed that accountability is essential, and that the level of respect, communication, support, and encouragement provided by criminal justice practitioners can make the difference between their success and failure.
- > Almost all study participants reported that the overall cost of their arrest and subsequent supervision were quite substantial and could be overwhelming, even if they were employed.
- > More than half of women underscored challenges to comply with random testing requirements due to the lack of available services or extended hours, and testing costs.
- > Approximately three-quarters of participants reported that securing transportation was very challenging and made it difficult to comply with supervision, treatment, and testing conditions and maintain employment. This was more problematic in rural jurisdictions.
- > Between one-half and two-thirds of study participants reported having little or no support system to help them manage and meet all of the requirements of their supervision.
- > Almost all of the women acknowledged that it was difficult to make and maintain lifestyle changes because they felt they lacked the tools, skills, and support system to do so.

Experiences in the treatment system

While many of the female offenders in the interview focus groups reported that treatment was very beneficial, they also expressed varying degrees of frustration with it as a whole. Satisfaction levels were correlated with their perceptions of whether the intervention they received was specific to their needs. A majority responded favorably to treatment programs that were tailored to women and that included individual counseling and group therapy.

- > More than 80% of study participants consistently reported insufficient services in relation to substance use treatment programs and mental health services.

- > Generic substance use treatment groups were not perceived as beneficial by many of the participants. Individualized and female-specific approaches were identified as the most likely to produce positive and lasting outcomes because they fostered a supportive, understanding, and safe environment that enabled them to share their experiences.
- > Individual counseling is preferred initially as it provides women with an opportunity to explore issues and share experiences without fear of being judged by others.
- > The availability of treatment services varies considerably and many women are forced to participate in interventions that are not suited to their needs as a function of cost or access. The presence of insurance typically determines their options.

Practitioner interview results

Key informant interviews with 36 criminal justice professionals (judges, defense attorneys, probation officers, and alcohol education and treatment providers) were conducted in four states. Many of the themes that emerged from these interviews and many of the reported experiences were highly similar across professions. Data collected from practitioners regarding the profile and characteristics of female drunk drivers were generally consistent with the data provided by female offenders, and are described in the full report. Additional data are summarized below.

- > Practitioners reported physical health issues were fairly common among women entering the system (e.g., eating disorders, early menopause, hormonal issues), although the nature of these issues varied in accordance to age.
- > Practitioners indicated that female and male drunk drivers were equally likely to be uninsured and this was a significant problem in relation to the affordability of treatment.
- > Practitioners agreed that more young female drunk drivers were entering the system. Early onset drinking and significant substance use problems were not uncommon.

- > They also agreed that many female offenders were either in denial about the severity of their drinking or unaware of the extent of their alcohol use. They noted that women seem to experience more shame about their drinking and tend to minimize their use.

Experiences of practitioners

- > Practitioners reported that police are more likely to charge all impaired drivers, that fewer diversion programs are available today, and that while treatment is more readily available, the quality and diversity of these services varies substantially.
- > There was a high level of consensus among practitioners that female drunk drivers are most often required to participate in mixed-gender treatment in a group setting comprised of individuals with diverse backgrounds and histories of substance use. They also agreed that there are fewer specialized treatment services available today.
- > Practitioners agreed that younger women failed to acknowledge the seriousness of their first DWI offense. By comparison, practitioners stated that women in their 30s and older more often acknowledge the arrest and court processing as a ‘wake-up call.’
- > A majority of practitioners agreed that the arrest and court process is more likely to be traumatic for women than it is for men. However, they are also more accepting of the process and are less resistant to it than their male counterparts.
- > More than half of practitioners agreed that the supervision of female drunk drivers can be more effective in a DWI Court setting because of the sharing of information and team approach.
- > All practitioners agreed that the actions and attitude of probation officers or case managers is an important factor in the successful completion of supervision requirements by female drunk drivers.
- > A large majority of practitioners reported that female drunk drivers are more receptive to female-only treatment groups; more than half also agreed that individualized treatment or counseling at the outset appears to be more helpful for them.

- > Practitioners generally agreed that female drunk drivers are more likely to become compliant sooner than males and half of them indicated that female drunk drivers are more likely to successfully complete supervision/treatment than men and in less time.
- > Practitioners identified several barriers to successful completion of supervision and treatment that were especially pronounced among female drunk drivers, including limited financial resources, limited access to affordable childcare services, and transportation.

Lessons learned

Based on the collective experiences of practitioners in the supervision and treatment of female drunk drivers, there were a number of lessons learned that can help inform the development of specific strategies and interventions to better serve this population.

- > Women are more likely to try and manipulate the system and avoid the requirements of supervision and/or treatment at the outset of the process.
- > Female drunk drivers often come to supervision and treatment with a wide range of issues including substance misuse, mental health problems or a history of trauma.
- > Female drunk drivers generally experience more pressure to succeed due to financial and/or childcare responsibilities. While children are often a motivator for female drunk drivers to successfully complete supervision and treatment, this is not true in all cases.
- > Female drunk drivers often are more emotional about their situation and want to talk about it more so than their male counterparts.
- > It can take a long period of time for female drunk drivers to recognize their chaotic thinking and to develop strategies to help them defend against extremes in behavior.
- > Female drunk drivers are more likely to need assistance with relationship dynamics and this is important to their success.
- > There is not one program or intervention that will work universally for all female offenders; what strategies/interventions are most likely to result in successful outcomes is often a function of the complexity of their drinking problem.

- Spouses of female drunk drivers are generally less likely to contact practitioners about risk of relapse, unlike the spouses of male drunk drivers.
- Anniversaries of traumatic events can trigger intense emotions among female drunk drivers and the potential for relapse should be monitored particularly at these times.
- Female drunk drivers are more likely to be pro-social and compliant than males. They often feel pressure to succeed and have more responsibilities for childcare and finances.
- Female drunk drivers are more likely to be successful than males in completing their supervision and treatment requirements, particularly if family/friends are supportive of their sobriety.

Strategies for supervising and treating female drunk drivers

The following strategies can be useful guidelines for practitioners to consider when supervising and managing female drunk drivers:

- Drug screens for suspected female drunk drivers at the time of arrest can be a very helpful source of information to identify potential issues with drugs, particularly as women may be less forthcoming about this at the outset.
- Accountability and intensive monitoring and support are particularly useful for female drunk drivers at least at the beginning of their supervision period.
- It is important to remove issues of ego, shame, and guilt from conversations with female drunk drivers and to focus on the individual and avoid making judgments.
- Female drunk drivers often experience stress and anxiety about the many supervision requirements. Informing them at the outset that there is a lot of information and it can be reviewed again in subsequent appointments can help minimize these feelings.
- Applying a more comprehensive approach to supervision and treatment can benefit female drunk drivers who often suffer from a broader range of life issues.

- > The use of strategies that include incentives to encourage and reinforce compliance can better motivate female drunk drivers and help to build their self-esteem.
- > Learning to “read between the lines” in relation to female drunk drivers can help practitioners to more quickly identify custody concerns, domestic violence, and mental health issues that may affect outcomes with this population. Potential flags should be monitored and explored. The supervision of female drunk drivers who experience domestic violence may require additional sensitivity and precautions.
- > Strategies that assist female drunk drivers in recognizing a lack of boundaries in relationships, and how this contributes to their addiction or behaviors that are connected to their offending are helpful.
- > It is often useful to work to engage the family of female drunk drivers in their supervision and treatment where possible as they can help support the offender’s sobriety.

Recommendations

Data collected during the interview focus groups and individual interviews with female drunk drivers, and the key informant interviews with practitioners revealed a number of recommendations that can inform efforts to strengthen prevention initiatives and the criminal justice and treatment systems for dealing with female drunk drivers. Recommendations include:

Prevention recommendations

- > Women need to learn at an early age what constitutes ‘normal’ drinking versus excessive or binge drinking. Other important areas of education include how alcohol is metabolized differently by women and the effects of alcohol on driving performance.
- > Increased awareness and efforts to address earlier difficult living arrangements, emotional problems and mental disorders can help prevent issues that can contribute to the development of substance use problems and drinking and driving.

Criminal justice system recommendations

- > Provide guidance and assistance to female drunk drivers to help them manage life issues related to their offending.

- > Provide clear information about the conditions of probation, requirements of sentencing, and any additional responsibilities during the initial meeting with a probation officer.
- > Recognize the individual value and accomplishments and/or progress of offenders.
- > Be honest, clear and follow through in your interactions with female drunk drivers.
- > Work with female drunk drivers to achieve a good balance in how their time is scheduled and filled. Consider increased flexibility in the scheduling of probation appointments, testing, and treatment for female offenders as appropriate.
- > Identify the most appropriate and best suited treatment intervention for each offender as this is a key to their success in recovery.
- > Minimize stress and discomfort in situations when a female drunk driver is assigned to a new probation officer.
- > Minimize situations in which female drunk drivers must constantly re-live their story and review the circumstances which led to their offense. Find constructive strategies to deal with emotions and emotional situations.
- > Work to talk, listen, connect, and develop rapport with the women that are supervised but maintain boundaries. Seek to build the self-esteem and the trust of the women that are supervised.
- > Manage perceptions around the inconsistent application of sanctions across individual offenders by making clear why sanctions are applied and what factors are considered.
- > Increase the availability of education for criminal justice practitioners about substance abuse and dependence.
- > Increase education for criminal justice practitioners about female offender issues and about alcohol monitoring technologies such as ignition interlocks.
- > Learn more about social work and increase the availability of social services, educational and vocational services for offenders generally to the extent possible.
- > Develop a different protocol for home visits for female probationers.

Treatment system recommendations

- Increase the availability of better and more holistic assessments (including substance use, mental health, trauma) at the time of first offense along with referrals to appropriate and intensive treatment interventions for those who require them.
- Increase the availability and quality of treatment services; this is in relation to both male and female DWI offenders. Among women, provide more affordable services and offer the option of women-only treatment programs where possible.
- Provide women with opportunities to integrate real life responsibilities into treatment so they learn how to cope with stress, and manage their life in conjunction with sobriety.
- Counselors should be discouraged from sharing their personal stories about substance use.
- Do not require participation in treatment for women who do not have alcohol abuse or dependence issues (as determined by screening and/or assessment).
- Increase funding and resources to help women who lack insurance or cannot afford more robust treatment programs to enter programs that can better address individual risks and needs.
- Make available to practitioners more research about which treatment interventions and strategies work best with female drunk drivers.
- Make available more training and resources to improve the quality of treatment. Provide more training for clinicians and strengthen state treatment certification protocols as appropriate.
- Use alcohol-intake instruments that acknowledge and identify a history of trauma as this can have implications for treatment (e.g., it could assist practitioners in making better referrals to more appropriate services). Increase screening for co-occurring disorders.
- Provide more outpatient services outside of regular business hours (e.g., in the evening and on weekends).
- Increase skills among alcohol education counselors in relation to the moderation of group sessions.

- > Increase the availability of aftercare which is important to success following the completion of treatment.

Conclusions

This study adds to the body of knowledge about female drunk drivers and provides greater insight into their pathways to offending. It also uncovered three distinct and unique profiles of female drunk drivers that begin to shed light on the confluence of factors that play a role in their drunk driving behavior. Today, there are important gaps in existing criminal justice and treatment systems that can make it more challenging for female drunk drivers to successfully complete their sentence and comply with the conditions imposed upon them. There are also important gaps in the interventions and services that are available to women and a need to integrate interventions with relevant community and social services.

The results of this study clearly demonstrate the importance of focusing efforts to begin to better understand this problem and to develop more effective strategies both to prevent and manage it. Also of importance, this study sheds light that can inform future research initiatives. In particular, the data collected suggest opportunities for inquiry and further exploration into issues that pertain to the supervision and treatment of female drunk drivers.



1. INTRODUCTION

There is no doubt that males constitute a significant proportion of the driving while impaired (DWI¹) problem (Argeriou et al. 1986; Jones and Lacey 2001; Zador et al. 2000; Mayhew et al. 2003.) and this has been the case for more than three decades. However, evidence of a growing number of DWI arrests among females, and incremental increases among female drivers testing positive for alcohol in fatal crashes in some jurisdictions in the United States suggest that women are an important part of the problem that is worthy of our attention. This is perhaps best illustrated by recent news reports involving women arrested in high-profile drunk driving crashes which have captured the public's attention. Most notable of these was Diane Schuler who drove, with her children in her van, the wrong way down the Taconic State Parkway in New York and killed eight people (four of whom were children) and Carmen Huertas who rolled her car causing a high-speed wreck with seven children in the vehicle. Her BAC was a .12 and the crash resulted in the death of one child. These cases ultimately resulted in the passage of Leandra's Law in New York.

Today, our understanding of the impaired driving problem is largely derived from research that has studied predominantly male offenders, often for practical reasons.

While there is some research to suggest that female DWI offenders may possess some different characteristics and have different treatment needs, a majority of this research was conducted more than two decades ago.

1 The abbreviation DWI (driving while impaired or intoxicated) is used throughout this report as a convenient descriptive label, even though some states use other terms such as OUI (operating under the influence) or DUI (driving under the influence), and in some states they refer to different levels of severity of the offense. We have used DWI not only to maintain consistency throughout the report but also because it is more descriptive of the offense usually associated with drunk drivers.

Since that time, much has changed, including public attitudes and knowledge about addiction, and the use of laws, programs and policies to target this problem.

For these reasons, a closer examination of female involvement in this issue is warranted. Without more research to increase understanding of drunk driving among women, it will be challenging, if not impossible, to develop more refined approaches to prevention, detection, sentencing, supervision, and treatment of this problem among a female population.

As a first step towards addressing this gap, the Traffic Injury Research Foundation (TIRF) reviewed some three decades of research on this issue in a 2011 literature review entitled “State of Knowledge: Female Drunk Drivers” under funding from The Century Council. The report describes the magnitude of the female drunk driver problem, the characteristics of these offenders, the involvement of female drivers testing positive for alcohol in fatal crashes, and what is known about effective strategies. Key findings from the report are briefly summarized below.

Magnitude of the problem. Self-report data from different sources indicate that a fairly small percentage (10-20%) of females report drinking and driving and this number has been stable for many years (Drew et al. 2010; Royal 2003; Schwartz and Rookey 2008; Wilsnack et al. 1984). Conversely, arrest data shows DWI arrests among women have risen nationally, and especially in some jurisdictions in this same period (NHTSA 2009; Schwartz and Steffensmeier 2007). In fact, DWI arrests among women increased by 28.8% between 1998 and 2007 (Lapham et al. 2000; Schwartz and Rookey 2008). These increases are believed to be a result of changes in the societal roles of women (e.g., more women driving and entering the workforce), changes in social norms that make it more acceptable for women to drink, and changes in social control mechanisms (e.g., lowering the legal breath alcohol concentration (BAC) limit from .10 to .08).

Analyses of data from the U.S. Fatality Analysis Reporting System (FARS) reveal the portion of female drivers in alcohol impaired road crashes has incrementally increased. Women accounted for just 12% of alcohol impaired drivers in the 1980s, 13% in the 1990s, and 14% in the 2000s. Since 2006, the percent of women drivers who tested positive for any amount of alcohol in fatal crashes has averaged 14% and in 2011 of the drivers involved in fatal crashes with a BAC of .08 or greater, 1,567 were female (NHTSA 2012).

It has been argued that this increase among women is a result of sharper declines in male compared to female rates of DWI from the 1980s to the 1990s (Schwartz and Rookey 2008).

Characteristics of female offenders. For the most part, female drunk driving offenders differ somewhat from their male counterparts, yet they also share some common characteristics. A majority of female drunk drivers experience alcohol problems and the gravity and complexity of those problems is not insignificant (White and Hennessey 2006). Unlike men, they tend to develop substance abuse problems when they are older, and to develop them in a shorter period of time such that they require medical intervention on average four years earlier (Green 2006; McMurrin et al. 2011).

Older research indicates the average age of female drunk drivers is 31 (Shore and McCoy 1987), although younger females are a growing concern (Peck et al. 2008) due to their increasing involvement with alcohol, their inexperience driving, and more recent propensity for risky driving (Lynskey et al. 2007; Tsai et al. 2010).

Research about the level of education and employment among female drunk drivers is unclear. Generally, female drunk drivers are older than males and have higher levels of education but lower paying jobs (Chalmers et al. 1993; Shore and McCoy 1987). Female offenders are more likely to be the primary caretaker of children at the time of arrest (Bloom et al. 2003). A significant proportion of these women are single, divorced or separated, or more likely to be living with a partner with an alcohol problem (Argeriou et al. 1986; Chang et al. 1996; McMurrin et al. 2011; Shore and McCoy 1987).

Research also reveals more female offenders may suffer from mental health problems and have significantly higher psychiatric co-morbidity relative to their male counterparts (Maxwell and Freeman 2007). Diagnoses of anxiety, depression, and post-traumatic stress disorder (PTSD) are common, as is the use of drugs among this population (Maxwell and Freeman 2007; SAMHSA 2005). Many female DWI offenders who were admitted to addiction treatment had multiple factors that contributed to their alcohol use including a history of alcoholism within the family, experience with abuse or trauma, anxiety and depression, and family and personal relationships that encouraged heavy drinking (White and Hennessey 2006).

Also of concern, it appears that among adult male and female drunk drivers, the risk of recidivism may be similar (Lapham et al. 2000; Rauch et al. 2010). There are also some data which suggest that at least a portion of these women have a history of other traffic offenses or criminal offenses (e.g., drugs, assault, theft), although more research into this topic is needed (Caldwell-Aden et al. 2009).

Effective programs and practices. Perhaps of greatest concern, little is known about the effectiveness of programs and interventions for convicted female drunk drivers, although data illustrate that women account for 15-25% of DWI offenders in traditional drunk driving programs such as alcohol monitoring and DWI Courts. Available research focuses mainly on treatment effectiveness among substance abusing females. In brief, once in treatment, there is little difference between males and females generally in terms of effectiveness and this is true for different measures including program retention, completion, and outcomes (Greenfield et al. 2007).

A review of studies examining substance abusing women in treatment found that certain characteristics are associated with better outcomes in terms of treatment retention and completion for both men and women. These characteristics include lower levels of psychiatric symptoms, higher income, being employed, having higher levels of education, and social supports, as well as having personal and social stability (Greenfield et al. 2007). However, many of these predictors vary by gender and have been found to be associated with women's retention in substance abuse treatment (Greenfield et al. 2007).

Features of effective treatment programs include access to childcare, family services and transportation (Green 2006); customized treatment plans (Freeman et al. 2011); individual counseling (Sun 2006); women-only programs or groups (Grella and Greenwell 2004); and programs which address the needs of different sub-groups (Tsai et al. 2010).

Summary. This research clearly demonstrates that female drunk drivers are a problem that is worthy of our attention and concern. In light of outdated research, renewed efforts to examine the life histories and experiences of this population, and their experiences in the criminal justice and treatment systems can do much to inform prevention efforts and to guide the development of effective programs and practices targeted towards the risks and needs of female offenders.



2. OBJECTIVES AND METHODS

The findings from TIRF's 2011 literature review on female drunk drivers revealed important gaps in knowledge about this problem. In particular, the research on their characteristics is quite dated and the profile of these women is not well understood. Hence, it is not known if women who are currently convicted of drunk driving possess the same characteristics as their counterparts who were studied more than 20 years ago, or if these women share similar or distinct profiles in relation to male drunk drivers today. There has also been limited research to examine the experiences of female drunk drivers who are processed and supervised in the criminal justice and treatment systems; systems which have undergone tremendous changes in terms of policies and programs in the past two decades. Perhaps of greatest concern is the paucity of research in relation to the types of strategies and interventions that are most effective with this population. These important gaps in knowledge are a pressing limitation to policymakers and practitioners alike because such gaps are a barrier to the development of effective practices and strategies to address and subsequently, reduce this problem.

Approach. To further build the knowledge base and increase understanding of this problem, TIRF selected a qualitative approach to this research. This type of approach was most amenable to the exploration of this issue, and, in particular, to examining the dynamic features of the personal situations of female drunk drivers and their interactions in the criminal justice and treatment systems which are not easily measured or quantitated (Creswell 2013). Of importance, this work also builds upon TIRF's prior work on system improvements. Since 2000, TIRF has worked closely with criminal justice practitioners as part of a comprehensive U.S.-based research effort designed

to improve the effectiveness and efficiency of the impaired driving system for dealing with hard core or persistent drinking drivers (see Simpson et al. 2004 and Williams et al. 2007 for more information about hard core drinking drivers). The goal of this work was to examine priority problems that professionals face at each phase of the justice system and identify practical ways to address these problems. One of the key findings was that similar problems exist at all phases of the justice system and that fixing just one can have positive reverberations throughout it. This work has informed the development of a “system improvements” paradigm (Robertson et al. 2009). In this respect, “system” refers to the context in which strategies and countermeasures are implemented and delivered (e.g., goals of scheme, how processing of offenders occurs, levels of communication, information-sharing protocols) and structures or entities used to deliver these countermeasures to a designated target group (e.g., agencies/stakeholders involved in the delivery, the legal system, treatment setting).

A priority recommendation emanating from this research emphasized the importance of an intimate understanding of the systems in which measures are implemented as a pre-requisite for successfully applying them to any target population (see Simpson & Robertson 2001; Robertson & Simpson 2002a,b; 2003a,b). A successful implementation strategy is based upon streamlined delivery of the countermeasure, communication, and cooperation among various stakeholders, well-designed information exchange strategies, and accountability among agencies as well as offenders (Robertson et al. 2009).

As such, the information collected in this study about female drunk drivers and their experiences in the criminal justice and treatment systems has been investigated against this paradigm of “system improvements” and conclusions have been drawn and recommendations formulated accordingly. This was deemed essential to guide the development of programs and policies to best serve this population.

Study design. An exploratory case study approach using multiple cases was identified as the most practical strategy to investigate this issue. Studies that involve a single case are vulnerable to external validity threats because the focus of the study is specific to the context of the selected site. An important goal for this study was to be able to generalize the findings so the use of a multiple case study approach enabled TIRF to reveal a broad cross-section of perspectives on this issue (Maxfield and Babbie 2006).

Goals and objectives. The goal of this study was to increase understanding of the experiences of convicted female drunk drivers in the context of their life history as well as their experiences in the criminal justice and treatment systems. The outcomes of this study can contribute to a broader foundation of knowledge that could inform the development of much needed research initiatives as well as prevention efforts and effective interventions tailored towards female drunk drivers. It is underscored that this study was designed as a hypothesis-generating exercise as opposed to a hypothesis-testing one. Hypotheses can be generated in exploratory research whereas empirical data are gathered to test existing hypotheses in confirmatory research. The current study and its applied methods were conducive to the generation of such hypotheses, rather than testing them. To truly test them (i.e., reject or accept them), more data are needed.

The main objectives of the study were three-fold. First, it was designed to explore the life histories of convicted female drunk drivers and how their history was linked to their offending. Second, the study was structured to examine what were the subsequent experiences of women in the criminal justice and treatment systems. Finally, the third objective of this study was to investigate the observations of criminal justice and treatment professionals supervising not only the women participating in the interview focus groups, but a much larger sample of women. Observations were gathered as a separate measure to determine whether the perspectives of practitioners were consistent with those reported by women participating in the study. Collectively, these data can be used to enhance our knowledge of female drunk drivers.

Site selection and sampling design. There were four sites that were included as cases in this study. Three of these sites represented one county each from three different states (Greene County, Missouri; San Joaquin County, California; and Ottawa County, Michigan) and the fourth site represented three counties selected from a single state (Dutchess, Warren and Westchester Counties in New York). A complete description of each of these cases is provided in Appendix A. These sites were carefully chosen to ensure that they were geographically diverse (sites represented north-eastern, central and south-western regions of the United States), and that these sites represented a balanced cross-section of rural and urban areas. Access to the sites was facilitated with the cooperation of judges, court administrators, and deputy commissioners and chiefs of probation in the selected sites. They

were provided with complete information about the purpose and nature of the study, the research objectives, the criteria for the site selection, and the criteria to guide the sampling of convicted female drunk drivers and practitioners who could provide observations as part of the request.

Purposeful maximal sampling was employed to select sites because the intention was to include locations that could purposefully inform understanding of the female drunk drivers and to reveal different perspectives of the problem (Creswell 2013). In particular, two of these sites were selected because of the presence of DWI Academy Courts, meaning that these courts are leaders in relation to applying the principles of DWI Courts and are well-developed and specialized in dealing with impaired driving offenders. The third site was chosen because its DWI Court program was rather large and had recently been evaluated; the fourth site was selected because it has developed specialized programs for female DWI offenders. Each of these sites further included traditional probation and courts as well as a combination of specialized, gender-specific and traditional treatment programs and support groups. Hence, these sites were considered to be robust and comprehensive in relation to the topic, and each site was able to provide a good cross-section of female DWI offenders and experienced practitioners representing the criminal justice and treatment systems.

Stratified purposeful sampling was utilized to select individuals to participate in the study and the sample was carefully chosen to ensure it would illustrate sub-groups and facilitate comparisons (Creswell 2013). Individual selection criteria of female DWI offenders included varying ages (younger, middle-aged and older) and offense histories (i.e., first and repeat offenders; offenders with just drunk driving offenses and those with other types of criminal and/or traffic offenses), and a diversity of life experiences and issues. It was equally important that the practitioners included in the study represented a cross-section of practitioners working in courts, probation, alcohol education, and treatment programs who were able to share their observations drawn from supervising and treating the women participating in the interview focus groups, as well as a larger population of women who were not included in the groups. Criteria used to select these participants included their varied roles and responsibilities (i.e., line staff and supervisors), their length of experience in the field (i.e., limited experience or considerable experience),

their varied levels of experience with female offenders, their involvement in different types of programming, and their availability.

Development of guides and survey questions. Interview focus group guides were developed to structure discussion in both offender interview focus groups and key informant (practitioner) interviews, and to elicit relevant information regarding priority topics that had been identified in the literature review conducted previously in 2011. The guides for offenders included questions relating to: demographic information; history of substance use; factors leading up to the offense; experiences with police; experiences with the courts; experiences with probation/parole; experiences with assessment and/or treatment programs; and, re-integration into the community. Priority topics for key informant interviews with practitioners included questions regarding their observations based on experiences working with female drunk drivers generally in relation to their experiences with males, and their observations regarding supervision and treatment strategies or interventions that have resulted in positive responses and/or successful outcomes, and those that have not produced positive responses or successful outcomes. Strengths and challenges associated with current approaches and lessons learned were also part of the interviews.

Drafts of the interview guides for offenders and practitioners were peer-reviewed by an experienced researcher and an experienced probation officer to ensure the questions and language contained within them were appropriate, sensitive, and clear to the intended audiences. Due to time limitations, it was not possible to pilot test the guides.

The survey of female drunk drivers contained 64 items to explore a range of factors related to personal history, history with substance use, the DWI offense, characteristics of females at the time of the DWI offense, experiences with the criminal justice system, probation, and treatment, and re-integration into the community. This survey was developed based upon the interview focus group guide for offenders.

Subject recruitment. Female drunk drivers were invited to participate in the interview focus groups by the criminal justice practitioner responsible for their supervision (typically a probation officer). When the invitation was extended, participants were informed that participation was strictly voluntary. Women were offered the opportunity to attend a focus group in lieu of a regularly scheduled meeting with the practitioner so that they received something

of value in exchange for their participation. Women were also provided with information about the agency conducting the study and the funder of the project, the purpose and objectives of the research and the use of its results in the form of a report. It was underscored that all information shared during the focus groups would be confidential, anonymous and not directly attributed to any individual. Key informants were similarly invited to participate in the study by the judge, court administrator, chief probation officer, or deputy commissioner in each of the counties involved in the study.

Data sources and collection methods. The multi-faceted research design used for this study included data collected from two main sources: 1) female offenders who had been convicted of drinking and driving and who were currently under supervision or had recently completed it; and, 2) key informants who worked in the criminal justice and treatment systems and were involved in supervising and treating female drunk drivers. In particular, the inclusion of the observations of practitioners permitted the collection of data involving a much larger population of female drunk drivers (beyond the sample of offenders in the study) and over a much longer timeframe. These observations also served as an independent measure of the experiences of women involved in the study and illustrated the convergence of the findings from these two different groups to strengthen the study. Moreover, the interviews with practitioners also permitted the collection of data in relation to lessons learned about female drunk drivers and the operation of the two systems from the experiences of practitioners.

Data from female offenders was gathered using a variety of methods, including interview focus groups, individual in-depth interviews, and surveys. These methods were selected to facilitate the collection of data from a broader group of participants than would have been possible using just one method, and to accommodate the schedules of participants and control project costs. Data from key informants were collected using interview focus groups and phone interviews for the same reasons as noted above.

Generally speaking, qualitative research tends to have a lower degree of validity than quantitative research due to the level of subjectivity and interpretation involved in data collection and analysis (Gray et al. 2007). However, triangulation is a strategy that can be used to strengthen confidence in the validity of measures that are being used (McDavid and Hawthorn 2006). No single method of data collection is, or can be, designed to capture all of the

factors associated with a problem, however, the use of multiple methods can provide more empirical information that can be accumulated and analyzed to identify any similarities, patterns, and common themes. Hence, the use of multiple data sources or measurement processes can reduce the uncertainty involved in the interpretation of results.

A large portion of the data were collected from interview focus groups with first and repeat offenders to explore their attitudes, behaviors, characteristics, risks and needs, and pathways to offending as well as their experiences within the criminal justice and treatment systems. This was augmented by a survey of a separate group of offenders that covered the same material as the interview focus group guides. This survey questionnaire was administered to female offenders in California who wanted to participate in the study and were unable to attend the focus groups at the scheduled times.

Interview focus groups were utilized as a primary method of data collection for several reasons. First it was important to gauge the interactions of the participants to gain additional information and to provide context for their experiences. Second, the interviewees had shared a similar experience (i.e., conviction for drinking and driving and subsequent supervision) and were cooperative with each other in light of the fact that they had had contact with other participants through their involvement in court and treatment programs. Third, there was concern that one-on-one interviews would create a less comfortable environment and participants may be less forthcoming. Finally, there was a strong desire to ensure that a sufficient number of women were included in the study, however, time on site to collect data was limited. Similarly, a combination of interview focus groups and one-on-one interviews were also utilized with practitioners to maximize participation and to accommodate their respective schedules.

Data collection. There were a total of 15 interview focus groups which ranged in size from five to 15 participants. Each group lasted approximately two hours and involved two researchers. Information provided at recruitment was again re-stated at the beginning of each focus group to ensure that the women understood that their participation was strictly voluntary. It was emphasized that women were encouraged to share information that they were comfortable sharing, and that each of them was free to exit the group at any time. The benefits of their participation, including the opportunity to help improve the experiences of women who found themselves in a

similar situation in the future, and the opportunity to help prevent other women from drinking and driving were highlighted. A copy of the 2011 literature review report that was previously conducted was also available for participants to examine at the time the groups were conducted. Women were further informed that copies of the final study report would be made available to them through the requisite court or probation agency responsible for their supervision.

Data were collected between July and November 2012 with cooperation from the National Center for DWI Courts² (NCDC) and the American Probation and Parole Association (APPA). Interview focus groups and interviews were conducted in four sites – California (San Joaquin County), Michigan (Ottawa County), Missouri (Greene County), and New York (Dutchess, Warren, and Westchester Counties). Slightly more than half of the offenders who participated in this study were located in urban areas whereas slightly less than half represented rural jurisdictions. In contrast, key informant interviews almost equally represented urban and rural jurisdictions.

The interview focus groups and interviews with practitioners in Missouri were conducted at a hotel that was located very near the courthouse and drinks and snacks were provided during the meeting. This location was selected because it was convenient for the women to reach, and taxi vouchers were also made available to participants who required them. Conversely, in California and New York the interview focus groups were held either at the courthouse (in the jury room) or at the probation department in private rooms. These locations were identified as preferred settings because they were known to the participants and accessible to them. Drinks and/or snacks were also provided at these meetings. The interviews conducted with Michigan participants were conducted by phone due to cost. While several practitioners were involved in the study, only a small number of women from this site ultimately participated. It is believed that this was because they were more reluctant to provide interviews one-on-one by phone.

2 Specialty problem-solving courts such as DWI Courts and Drug Courts are more widespread in the United States than in Canada. For more information about these courts please see the National Association of Drug Court Professionals and the Nation DWI Court Center at www.nadcp.org and www.ncdc.org.

The use of a recording device and associated software to capture and analyze discussion in each of the offender groups had been considered as part of the original study design, however, this was not pursued in order to protect and preserve the anonymity of the participants. In addition, frontline practitioners and researchers were in agreement that this would create a potentially uncomfortable environment and may discourage participants from disclosing information or speaking freely about their life history and experiences in the criminal justice and treatment systems. It was believed that this would ultimately impede the research study, influence interactions among participants, and detract from the quality and amount of data that was gathered.

Two researchers were present in each of these interview focus groups and they each recorded their own notes to document discussion. Throughout the course of the focus group interviews, researchers were also careful to ensure that all of the participants were provided with the opportunity to speak, that discussions were constructive, and that individual participants did not dominate the discussion. Depending on the scheduling of the groups, researchers reviewed their notes immediately following each interview focus group or at the first available time to incorporate additional information and clarify details gathered during each session.

In-depth interviews with female drunk drivers were conducted primarily by phone with one being conducted in-person. The interviews were conducted by one researcher and lasted approximately one hour. The interviews involved four offenders (two from Michigan and two from California). The anonymous survey questionnaire was distributed to female drunk drivers by their treatment provider in California because these women wanted to participate in the study but were unable to attend the focus groups. The surveys were collected by the treatment provider and returned to TIRF. The questionnaire took approximately 30 minutes to complete and participation was voluntary.

In-person key informant interviews were conducted by two researchers and lasted approximately two hours, whereas phone interviews with practitioners involved only one researcher and lasted approximately 90 minutes.

Study participants. In total, there were 154 convicted female drunk driving offenders (both first and repeat) who participated in the interview focus groups. There were four additional in-depth individual interviews with female drunk drivers also drawn from these sites.

Focus group participants ranged in age from late teens to women in their mid-60s. Approximately one-third of the participants were first offenders; the balance were repeat offenders and the number of prior impaired driving offenses reported by them varied from one to seven with the average being two or three. Approximately half of the participants had been processed in traditional courts and the balance of them represented DWI Court participants or graduates.

A select survey of 28 female drunk drivers in California was also included in the study. These surveys were returned to TIRF (21 from the El Concilio Drinking Driver Program and seven from His Way Recovery Home both located in California). It should be noted that these survey results are meant to provide a snapshot as opposed to a representative sample of all female drunk drivers. Furthermore, every question asked was not answered by all survey respondents. Therefore, results cannot be generalized and are shared to provide some additional insight into this issue.

The key informant interviews involved a total of 36 individuals representing judges (3), defense attorneys (2), probation officers (24), alcohol education providers (3), and treatment counselors (4). The practitioners included in this study represented frontline professionals as well as managers and supervisors. While some practitioners had just two or three years of experience in their field, the majority of them had between ten and 30 years of experience.

Data analysis. Following the conclusion of data collection at each site, researchers independently reviewed their notes to begin coding the data using both pre-figured codes that were comprised of data that researchers expected to find based upon the literature, and also emergent codes based upon surprising information that researchers did not expect to find, and information that was conceptually interesting or unusual (Creswell 2013). Summaries were independently produced by each researcher for each site, and then the summaries were compared. Once data collection was completed at each of the four sites, the summarized and coded data was analyzed to identify key themes, issues, and patterns in the data. Overall,

the notes produced by each researcher were highly consistent and contained similar themes, information, and observations.

The data that are reported in the results sections are estimates that were developed based upon the detailed notes gathered by both researchers reflecting discussion in each of the focus groups. The results from the interview focus groups, survey³, and key informant interviews with practitioners were synthesized and organized according to themes and priority issues described in the literature, and those that were unexpected or conceptually interesting. This information was used to identify lessons learned and to formulate recommendations to improve the supervision of these female offenders and the delivery of services to them in the criminal justice and treatment systems.

The results that are reported are based upon a cross-case comparison because the larger purpose of this study was to provide a more holistic perspective of the issue so that generalizations could be drawn. The cross-case comparison revealed categories and themes emerging from each case study were highly similar across all four study sites; only very minor differences were evident in the composition of participants included in each case (e.g., slight differences in urban/rural participation, socio-economic status of participants, or offense histories) and these minor differences are noted where appropriate, however, they did not add any additional insight into this issue. Within-case comparisons were highly similar also and are omitted to avoid repetition.

Peer-review. Earlier drafts of this report have been peer-reviewed by several knowledgeable practitioners who offered their feedback and input on the content of the report, the findings of the study, and the recommendations put forward.

Of interest, the information obtained from the interview focus groups with offenders and key informant interviews with practitioners will be available to APPA to inform the development of a training module on female drunk drivers for probation and court practitioners, and also to NCDC to examine opportunities within the DWI Court model to better address female drunk driver issues.

³ Frequencies of response categories for the 28 surveys were calculated where possible (i.e., for the questions that received a high response rate).



3. FEMALE DRUNK DRIVER RESULTS

More than 150 first and repeat female drunk drivers in four states (California, Michigan, Missouri, and New York) participated in 15 focus groups that ranged in size from five to 15 participants each. There were also an additional four in-depth interviews conducted and a select survey of 28 female drunk drivers from California. All of the participants either had previously been or were currently involved in the criminal justice system and had been processed in traditional courts, DWI Courts, or both. All of these participants were informed that their participation was strictly voluntary and that they were free to exit the group or interview at any time. Women were not asked to provide their names or any identifying information. They were also informed that any information they chose to disclose during discussions would be anonymous and not shared with any persons involved in their court case or supervision.

Interview focus group discussion was structured according to a discussion guide that was prepared for this purpose. A range of topics were addressed in each group, including: demographic information, history of substance use and mental health, factors leading up to the offense, experiences with police, experiences with the courts, experiences with probation/parole, experiences with assessment and/or treatment programs, and re-integration into the community.

Results of the interview focus groups, interviews, and survey are summarized below according to the following topics: demographic information; general profiles of offenders; substance use; mental health; life situation prior to offense; experiences with the criminal justice system; and, experiences with the treatment system. While many of these findings were consistent

across states, some differences were noted and these are highlighted where appropriate.

The data that are reported in this section are estimates that were developed based upon the detailed notes of the researchers who conducted the focus groups and a comparison of their notes reflecting discussion in each of them.

3.1 Demographic information

3.1.1 Age

The female offenders who participated in the interview focus groups, interviews, and survey ranged in age from late teens to mid-60s, suggesting that women of all ages are involved in impaired driving. A majority of the participants were between an estimated 20 and 40 years of age. For example, the median age of survey respondents was 33. The number of college-aged young women present in each of the groups was higher than expected and accounted for perhaps one-quarter of participants. Similarly, there was also a not insignificant proportion of women older than age 40 in each age group, and a number of women acknowledged that they had grandchildren of varying ages. Survey responses reflected this trend as the results indicate that the age range for a first DWI charge was 18 to 55.

3.1.2 Education and employment

With regard to level of educational achievement, it is estimated that more than three-quarters of the study participants reported having completed high school or their General Equivalency Diploma (GED). At least one-third of these women also reported having initiated and/or completed some type of post-secondary education to obtain a professional degree, license, or certificate. The majority of survey respondents (24 individuals) indicated that they had either finished high school or attained some level of post-secondary education. Only four respondents had not finished high school.

More than half of the study participants reported that they were employed and common occupations that were represented included nurses, dental assistants, other health professionals, paralegals, administrative staff, casino staff, teachers, corporate employees, real estate agents, childcare providers, self-employed entrepreneurs, and bartenders. Less than one-quarter of women who participated in the study represented either trade professions (e.g., roofer, construction worker, welder, railway mechanic) or military

personnel. Of the survey respondents who answered the question about employment, 11 indicated that they had full-time jobs, eight had part-time employment, and six were unemployed.

At least one-third of women reported that they had worked in bars and restaurants, either currently or previously, and this often facilitated a lifestyle of increased alcohol consumption, socializing, and driving after drinking, usually at the end of a shift.

The women in the study who lacked employment generally found it difficult to be hired as a result of their prior arrests generally, and/or their felony convictions in particular. Almost all of the participants reported that gaining and/or maintaining employment was often challenging because of the scheduling demands placed on them as part of their sentence (e.g., random testing for alcohol and drugs, treatment or counseling, and court or probation appointments during regular business hours). These challenges were further compounded by a lack of available transportation options.

3.1.3 Marital and family status

The lack of stable and supportive relationships among women was a common characteristic across the focus groups, interviews, and survey. It was estimated that more than one-half of women were single, separated, or divorced at the time of the study, and approximately one-quarter of women were currently in a relationship. Of those involved in a relationship, the majority of women reported having a partner or spouse who drank frequently and/or had a drinking issue whereas a minority of women reported having a sober, healthy relationship.

Almost all college-age participants were single, although many of these women reported having prior relationships, and many acknowledged that drinking was a factor in those relationships. Most often, the relationship ended when the woman was either arrested for impaired driving, or made a decision to enter treatment.

A history of unhealthy relationships was reported as common among the majority of study participants in their mid-20s to mid-40s. At least one-third of the women reported getting married and having children in their late teens or early 20s. A very small percentage of women reported having a stable or long-term relationship, and among those with this type of relationship, most

often the woman's drinking was a contributing factor to discord and periods of instability in the relationship.

It is estimated that more than three-quarters of the women participating in the study had children ranging in age from toddlers to adult children, and approximately one-fifth of the participants reported having grandchildren.

Although a significant majority of participants reported having custody of their children at the time of the interview focus group, an estimated one-quarter of these women acknowledged having temporarily lost custody of their child(ren) for some period of time. In almost all cases, the loss of custody was a result of their heavy drinking and/or an impaired driving arrest, particularly for those women who had their child(ren) in the vehicle at the time of their arrest.

3.1.4 Family history and environment

The reported family history of women who participated in the study varied considerably. It is estimated that slightly more than half of women reported a history of dysfunctional family relationships combined with prevalent alcohol and drug use and/or abuse to varying degrees. To illustrate, one 25-year old participant who had been sentenced for her fifth DWI offense reported "I did my first line with my dad." More than half (17) of survey respondents indicated that there was a history of alcohol abuse in their family.

Among these women, reports of coming from homes with unhealthy relationships between parents, divorced or single-parent homes, or having been raised by relatives for a period of time were common. While specific questions regarding a history of trauma were not explicitly asked, stories that were shared by more than half of participants spontaneously suggested or referred directly to a history of some type of abuse (e.g. emotional, physical, or sexual). They also often acknowledged having siblings who also had problems with alcohol or drug use, and family members (particularly male family members) who also engaged in and/or had been arrested for impaired driving. At least two focus group participants reported that their fathers had been drinking and driving for more than 20 years but had never been caught. In one case, a participant acknowledged that she never thought impaired driving was a "big deal" because she observed her father do it on a regular basis.

In contrast, it is estimated that slightly less than half of the study participants reported coming from a relatively stable home environment with no recognized history of alcohol or drug abuse. A common denominator among these women was that they often reported no awareness of a relative (e.g., aunt/uncle or grandparent) suffering from alcohol problems until after they had been arrested for impaired driving. To this end, many of these women suggested that having been made aware earlier of the history of alcohol problems in their family would have enabled them to consider their own drinking behavior more objectively as a problem instead of dismissing it as “normal.”

Teresa grew up in a traditional home where both of her parents drank, but were not heavy drinkers. She had her 1st DWI conviction in her early 20s while in college and her 2nd in her early 30s. Her 2nd offense was a felony because her children were in the vehicle. She admits she only had them with her because she had been drinking less than her husband, who was an abusive alcoholic. The seriousness of this offense ultimately motivated her to end the relationship.

She was sentenced in Drug Court and notes that the stigma associated with being an alcoholic was devastating. Her experiences in the criminal justice and treatment systems have been generally positive but frustrating at times, particularly because the conditions of supervision and treatment made it challenging for her to juggle her other responsibilities to family and her employer. Looking back, she admits that assessment and treatment were essential to help her admit her problem and to be compliant with the conditions of her sentence. Teresa said that more information about alcohol, ‘normal’ consumption, and impaired driving laws earlier on would have made her more aware of the dangers of drinking and driving and perhaps helped her to avoid her first offense.

3.1.5 Physical health

An estimated one-third of the study participants reported experiencing either past or current physical health issues. These included eating disorders and weight issues, gastric bypass surgery, cancer, fibromyalgia, diabetes, high blood pressure, and high cholesterol. In addition, it is estimated that approximately 10% of participants had undergone surgeries as a result of a car crash, often caused by drinking and driving. Many of the women in the

focus groups indicated that they suffered from insomnia or had a difficult time sleeping due to anxiety or emotional issues. Often they would consume alcohol as a way to self-medicate in an attempt to fall asleep.

3.1.6 Criminal history

It is estimated that less than 20% of participants reported prior involvement in other criminal activities in addition to their impaired driving arrest(s). Most often, their involvement in criminal activities was linked to an existing relationship with a male partner, or a group of friends engaged in criminal activity. Almost half of survey respondents reported that they had family members who had been arrested for criminal offenses other than DWI or friends who had involvement with the criminal justice system. However, only three women indicated that they had been arrested for a non-DWI related offense. Focus group participants most often indicated involvement in offenses related to drug manufacturing and distribution, theft, fraud, or writing bad checks.

3.2 General profiles of female drunk drivers

An examination of the characteristics of female drunk driving offenders in the study, revealed a number of commonalities among the majority of participants. First, a significant majority of women reported the presence of a life stressor immediately prior to their drinking and driving offense (e.g., death of a parent, spouse or sibling, serious illness of family member, fight with spouse, end of relationship, job loss, and/or financial problems). Second, it is estimated that more than half of women either specifically acknowledged or alluded to a history of trauma, although the nature and extent of it varied considerably. In addition, more than half of the study participants reported drinking and driving regularly, with some engaging in this behavior for more than a decade before their first arrest. Almost all of these women acknowledged and accepted personal responsibility for their behavior and the situation resulting from it (in some instances, to their own detriment as they continued to blame themselves and dwell on their actions which further lowered their self-esteem). This is in sharp contrast to male offenders who often deny responsibility or minimize the seriousness of their behavior.

Three distinct profiles of female drunk drivers also emerged, and it is estimated that more than three-quarters of the study participants matched one of these three profiles which are described in more detail below.

- > Young women, often college-aged, involved in socializing and social activities;
- > Recently married women with young children; and,
- > Divorced older women, “empty nesters,” or women who had a parent with a debilitating health problem or who had recently died.

3.2.1 Young women

It is estimated that at least one-quarter of the study participants were women under the age of 25, some of whom had accumulated multiple impaired driving offenses in a rather short period of time. In fact, one participant had served one year in prison following her fourth offense at the age of 24.

These young women reported that they did most of their drinking in bars or at house parties and that they had attempted to drive home from those locations when they were arrested. They often reported drinking to relax, to feel comfortable, or to “fit in” in social settings. Moreover, many of them reported that they felt pressure to “keep up” with male friends or boyfriends in terms of the amount of alcohol that they consumed. Young women who had grown up in a stable home environment also reported drinking in order to cope with the high expectations of family members and what they perceived as “the pressure to succeed.”

Daily alcohol consumption and binge drinking was not uncommon among this subgroup and this is consistent with research findings identifying binge drinking among college-age women as a phenomenon of growing concern (CDC 2013). These women tended to be single or had a partner who also drank heavily and facilitated and/or encouraged their use of alcohol.

3.2.2 Recently married women with children

This group of female drunk driving offenders reported that their drinking did not become a problem or ‘take off’ until after their children were born. In some instances, these women suffered symptoms of postpartum depression and drank as a coping mechanism or as a result of feelings of isolation and loneliness. Much of the alcohol consumption occurred with family or friends at home (e.g., they would drink while they did household chores, while on

the phone, or with friends or their partner). If a spouse was present, more often than not, they would also drink heavily which in some cases led to incidences of domestic violence. Of note, most of the women who fit into this profile stated that they did not have a drinking problem prior to entering into the relationship with the partner who abused alcohol and/or prior to the birth of their children. The circumstances that led up to the arrest of these women were often characterized by running errands close to the home such as picking up their children from school, buying groceries, or going to get gas. Many of these women were convicted of felony⁴ impaired driving offenses on account of their children being passengers in the vehicle at the time of their arrest (this was especially common in New York due to the passage of Leandra's Law⁵). While a majority of the women acknowledged that they were aware that they should not be driving after drinking with their children in the vehicle, it was often perceived as the only or the safest option (e.g., they were the more sober partner or childcare was not available).

Kathy has been surrounded by substance use her entire life. Her mother drank heavily after her father left and her sister abused alcohol and drugs. Although she admits to repeatedly driving impaired when she was younger, she was able to "get away with it" in the past and didn't receive her 1st DWI until age 48. Leading up to her offense, she suffered from depression and anxiety attacks as a result of having a child and a husband with health problems. Although she was able to remain sober for lengthy periods of time, many of her relationships were negative due to a love of chaos and excitement.

Kathy was sentenced in Drug Court and noted that successful graduation is possible if a participant becomes committed to recovery. Kathy is now in the process of attending school to be an addictions counselor. For her, the hardest part of sobriety is people not understanding why you don't want a drink.

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- 4 In the United States, criminal offenses are categorized as misdemeanor and felony offenses. In Canada, offenses are categorized as summary conviction and indictable offenses respectively.
- 5 Leandra's Law was passed in 2009. This law made any DWI conviction where a child 16 years of age or under was present in the vehicle at the time of the arrest a felony. This law also provided for mandatory ignition interlocks for a minimum period of six months for all misdemeanor and felony DWI convictions.

3.2.3 Divorced older women and/or empty nesters

Women who were not convicted of drunk driving until later in life typically reported that they developed a drinking problem in their late 30s or early 40s. Catalysts for their drinking included divorce or failed long-term relationships, shared custody arrangements or grown children leaving home, or parental illness/death. These women most often drank at home when they were alone and reported depression or feelings of isolation. Some of these women also reported drinking to feel comfortable in social settings, such as bars, because it had been a very long time since they had engaged in social activities of this nature. In particular, the women who fit this profile reported that they had more intense feelings of embarrassment and shame as their children were old enough to appreciate the stigma associated with their offending behavior, and in some cases, were also called to bail them out of jail following the arrest.

While it is estimated that a small minority of participants did not fit into one of these three profiles, a majority of them possessed many of the characteristics frequently reported in the scientific literature including failed relationships, mental health problems, history of alcohol abuse within the family, multiple impaired driving arrests, history of trauma, and feelings of shame, guilt, and embarrassment.

3.3 Substance use

The reported extent of substance use varied substantially across study participants. It is estimated that almost one-half of women reported early onset of drinking with many experimenting with alcohol and/or drugs in their early or mid-teen years; the lowest reported age of onset drinking was nine years old. In many cases, they indicated that their first exposure to alcohol and drugs was either in their own home, with relatives, or with friends. Conversely, it is estimated that between one-quarter and one-third of women did not begin to regularly use or develop a problem with alcohol or drugs, or begin to drive after using these substances, until they were in their 30s or 40s.

Three common themes emerged among these women, regardless of the age at which they began to lose control of their substance use. First, many reported that their drinking did not become problematic until they became involved with a boyfriend or spouse who drank or used drugs more regularly

or extensively than they did. A number of women acknowledged that it was at this point in their life when their drinking and/or drug use changed in that it became more frequent, and/or involved the consumption of larger quantities of alcohol or other substances.

Second, a majority of women stated that they were not aware that their substance use was more pronounced in relation to “normal use” and that they did not recognize that their level of use was problematic until an intervening event (e.g., an arrest) occurred. As one woman remarked, “No one ever talked to me about addiction.” Third, it is estimated that more than three-quarters of study participants used alcohol in combination with prescription drugs for mental health issues that were either medically diagnosed or undiagnosed of which anxiety and depression were reported as being the most common.

It is estimated that study participants equally reported patterns of daily drinking or binge drinking. Approximately one-quarter of participants reported drinking heavily for a brief period which was followed by an extended period of sobriety that could last several months. A universal theme that emerged in all of the focus groups was that women reported that they drank for emotional reasons, or that alcohol consumption was a coping mechanism to help them manage their emotions and stress. To illustrate, one participant noted that “Men drink for social reasons; women drink for emotional ones.”

In terms of their typical drinking scenario, more younger and middle-aged women reported that they were “social drinkers” in that they would do their drinking at a bar or restaurant or at the home of a friend or family member. These women reported that they typically engaged in binge drinking on weekends, and/or during holidays or celebrations. It was not uncommon for these women to report drinking to “feel comfortable” or to “fit in.” Conversely, some middle-aged and older women reported drinking at home alone and drinking on a daily basis. Among all of these women, it was not uncommon for them to report blackouts as a result of their drinking, and a minority of women recalled “coming to” during their arrest or waking up in jail or the hospital and having no recollection of how they arrived at that location.

Those women who had been arrested multiple times for impaired driving or had previously entered treatment programs aptly described the challenges associated with maintaining sobriety, noting that not only is alcohol easily

accessible, but that “Drinking is just so acceptable; it’s easier to be a recovering addict.” These women were also more likely to report learning to hide their drinking from their family or spouse.

In terms of drug use, less than one-third of the participants reported use of illicit substances. Among many of these women, marijuana and methamphetamines were the most common drugs of choice, although use of cocaine, hashish, and ecstasy was also reported. Often the drug use was connected to the presence of a partner or spouse who also used drugs. There was also a very small minority of focus group participants who reported that alcohol was not their “drug of choice” and that they did not have a problem with alcohol.

3.4 Mental health

Mental health issues were also frequently reported among this study population. It is estimated that three-quarters of the study participants reported using one or more prescription medications for disorders such as anxiety, depression, PTSD, bi-polar disorder, and schizophrenia. A small number of participants acknowledged sexual assaults or abortions as influencing their mental state, and some also indicated prior suicide attempts. Ten survey respondents indicated that they had past experiences with trauma of an emotional/psychological, physical, or sexual nature. There was also a minority of women who reported having mental health issues but not being on medication due to cost. This was succinctly described by one participant who stated, “I can’t afford to be depressed; I don’t have insurance.”

Among those women with prescriptions for mental health issues, there was universal agreement that prescriptions were extremely easy to obtain and a large majority of them agreed that the doctor who provided them with the prescription never inquired about their alcohol use or informed them that they should not use alcohol in conjunction with the medication, although several women acknowledged that this information was printed clearly on the box of medication.

3.5 Life situation prior to offense

More than three-quarters of the women that participated in the study reported that their impaired driving arrest was precipitated by a major life stressor such as a domestic argument, the end of a relationship, the loss of a job or child custody, the illness or death of a parent or other family member,

or financial problems. These women frequently associated this event as contributing to their arrest for drinking and driving, reporting that, “Men don’t stuff stuff in emotionally; women do,” meaning that women may be more likely to suppress or ignore negative emotions instead of dealing with them. Feelings of low self-esteem, worthlessness, shame, guilt, failure, or loneliness were often reported as being the motivating factor that led to their alcohol consumption and subsequent DWI arrest.

3.6 Experiences in the criminal justice system

Participants were asked about a broad range of issues pertaining to their experiences in the criminal justice system that covered their impaired driving arrest, their processing through the court system, and their experiences with supervision. Each of these is described in more detail below.

3.6.1 Arrest

Of interest, almost all of the study participants reported that they were arrested within a few blocks of their residence and that they were either on their way home from an evening out or they were running an errand. An estimated one-quarter of women had their child in the vehicle at the time of their arrest, although it is estimated that more than half of the focus group participants reported drinking and driving with their child in the vehicle on one or more occasions.

It is estimated that approximately one-quarter of participants were arrested as a result of a crash that ranged in severity from very minor to major. Nine survey respondents reported that they had been in a DWI-related crash. A small minority of women were involved in crashes resulting in serious injuries to themselves and/or others; between five and ten women acknowledged that they were responsible for the death of other vehicle occupants (either in their vehicle or the vehicle that they struck) or that one of their children had been killed as a result of their drunk driving crash.

With regard to the reported BACs of study participants, the reported presence of high BACs ranging from .16⁶ to .42 was not uncommon and many women acknowledged being well over the legal limit of .08. For example, in the New York interview focus groups, more than half of the women had BACs of .16 or higher. It is estimated that at least one-quarter of the women who

6 In most states, a BAC of .16 or greater is classified as a ‘high-BAC’ and is often considered an aggravating factor which can result in the imposition of more severe sanctions.

participated in the study were unable to recall their arrest which may suggest BACs in higher ranges. Of interest, when participants did reference their BAC level, it was often included as an afterthought as opposed to a focal point of their story. In this regard, the women did not talk about their BAC in the same way as male offenders, and their BAC was generally a source of shame or embarrassment as opposed to pride.

Overall, the study participants generally reported mixed arrest experiences. A not insignificant number of women reported what they perceived to be harsh treatment, particularly by female officers, although an equal number of women acknowledged that their behavior towards police officers was aggressive, resistant or abusive, and some of them reported being subjected to a Taser or additional charges, such as resisting arrest, or assault on a police officer as a result. The majority of survey respondents (24) classified their experience with police as calm/uneventful whereas the remainder described it as physical or scary.

More than half of study participants reported spending time in jail immediately following their arrest. The majority of survey respondents (21) similarly reported that they were placed into custody as a result of their arrest. Almost all of the women found this to be a very frightening experience that was often coupled with the humiliation of having parents, siblings, partners, or adult children bail them out of jail. As one woman noted, "It was not my proudest moment."

3.6.2 Court process

It is estimated that a majority of study participants reported that the circumstances leading up to their impaired driving arrest were generally overlooked during the court process and that there appeared to be little consideration of how these circumstances may have contributed to the offending behavior. It was the perception of many participants that the focus of the system was almost exclusively on the offense without any regard for the circumstances that led up to the behavior. This was more often the case among participants in traditional courts, and less often among DWI Court participants. As one woman who was processed in traditional courts reported, following four impaired driving arrests in a relatively short span of time, "Everyone looked at what I did but no one asked why." The perceived failure of the system to identify or acknowledge underlying factors that contributed to their impaired driving behavior (i.e., the pathways to offending) beyond

alcohol use was viewed as problematic by many participants. They often felt that their sentence or conditions of probation failed to take into account their life circumstances or address their issues.

It is estimated that more than half of participants reported that they were represented by a court-appointed attorney during the court process, and at least one-third of them were represented by private attorneys. Almost all of the study participants acknowledged that they were more likely to successfully delay their case and/or ultimately avoid a conviction when they had a private attorney. One participant summarized this consensus stating, "Having your own lawyer makes it a totally different experience." Approximately three-quarters of women also reported significant delays in obtaining an assessment and in initiating the court case resulting from the arrest. It would often take an extended period of time (in some instances, months or even in excess of a year) to finally resolve the case. Women indicated that these long delays were a barrier to them moving forward and often referred to their experience with the court system as "being in limbo" which prevented the women from putting their offense behind them and focusing on the future.

3.6.3 Sentencing and supervision

Study participants consistently identified a myriad of challenges associated with the sentence imposed for their impaired driving offense, and/or the period of court or probation supervision they received. These challenges and perceived barriers (described in more detail below) led to feelings of tremendous frustration among the female offenders.

Negative effect of jail and prison. It is estimated that at least one-third of participants reported spending time in jail or prison as a result of their sentence for impaired driving, and/or for subsequent violations of court or probation supervision. The amount of time incarcerated generally ranged from a week to 30 days, although a not insignificant number of women reported spending between one and five years in prison for their offenses. With few exceptions, almost all of the women reported that jail and/or prison is a frightening experience that merely desensitized them, meaning that they shut down emotionally and became disconnected or lacked empathy for others. The exceptions reported that, at that time, jail or prison was the only thing that would get their attention and force them to stop drinking.

Lack of information. Perhaps most notably, a majority of participants reported that information about the requirements of their supervision, the length of their supervision, their eligibility for certain privileges (e.g., a driver's license), or the potential consequences for non-compliance generally lacked clarity or were unclear. The women also indicated that the information they received often varied depending on the probation officer or judge to whom their case was assigned. It is estimated that more than half of the participants reported that they did not feel that they received adequate information to enable them to understand the process or what was expected of them, or that they received what they considered 'confusing' or contradictory answers to questions. This is perhaps best illustrated by the fact that during the interview focus groups in each jurisdiction, women frequently asked other participants for information about different requirements or processes. The lack of clarity in relation to requirements or conditions became a source of great frustration for several participants who violated the terms of their supervision. They stated that they were not intentionally 'breaking the rules' but instead were unaware that certain actions would lead to the imposition of sanctions.

Quality of supervision. A large majority of study participants consistently agreed that the level of respect, communication, support, and encouragement provided by criminal justice practitioners (e.g., judges, case managers, probation officers) can make the difference between their success and failure. Women who reported being able to establish a rapport with the practitioner assigned to their case acknowledged that this was a source of motivation and important to their belief that they could successfully complete the requirements of their supervision and maintain sobriety. A significant majority of participants reported that when a practitioner treats them with respect, makes an effort to understand them and the circumstances of their case, and takes the time to listen it has very positive effects for their self-esteem and sense of self-worth and is a tremendous source of encouragement. For many of these women, this is often the first time that they have received positive feedback and support from individuals in their life and as one participant described it, "A helpful and supportive probation officer makes you want to try harder; you don't want to disappoint them."

At the same time, a majority of participants also underscored the importance of being held accountable throughout the course of their supervision, agreeing that, "Probation officers are not counselors; they are there to hold

you accountable.” A not insignificant number of women indicated that when they initially began their period of supervision, they tried to manipulate the system and made excuses to avoid doing what was required of them. In such cases, these women acknowledged that this only prolonged their period of supervision and/or resulted in additional offenses, and that their life only began to improve once they learned to adhere to the requirements of their supervision.

At the same time, many women also emphasized the importance of fairness and balance in relation to the approach adopted by the practitioner, and the value of practitioners working with them to help them problem-solve and manage their risks to reduce the likelihood of re-offending.

A minority of participants indicated that their experiences with supervision were mainly negative and that they were not able to develop a rapport with the practitioner supervising their case. In these instances, participants indicated they did not feel like they received enough information to be able to comply with the requirements of supervision and reported feeling unmotivated, discouraged, and depressed as a result of the process. One participant noted that, “For a person to get well, they need to feel worthy; I never left my probation officer feeling good about myself.”

Finally, while an estimated one-quarter of the study participants noted that it was preferable to have a female practitioner supervise them, a larger proportion reported that it was not the gender of the practitioner that was an issue, but instead their ability to develop a good rapport with them. Some participants also stated that having a male probation officer who is supportive had a positive impact in their life because they had previously had only negative or abusive relationships with men.

Cost. Almost all of the study participants indicated that the overall cost of their arrest and subsequent supervision were quite substantial, and a majority of them reported that, combined, the payment of lawyer fees, court and supervision costs, fees for services, and fines were overwhelming and difficult to handle. It was not uncommon for participants to report that there were often “hidden” or unexpected costs associated with their supervision requirements. To illustrate, more than a few women reported that they were surprised to find out they had to pay a fee in order to complete their community service requirement. The ongoing fees associated with ignition interlock devices and urinalysis were highlighted as particularly cumbersome.

Inadequate services for random testing. It is estimated that more than half of the participants reported challenges specifically in relation to compliance with random testing requirements. In many of the jurisdictions, women reported that there was only one testing facility available, and this facility was typically only open during regular business hours and often could not be easily accessed using public transportation. According to participants, this made it quite difficult for them to reach the facility either before or after work. Moreover, they often reported that they had to have cash on hand to cover the costs of both testing and/or transportation in the event they were randomly selected.

A minority of participants also reported challenges in identifying the reason why some of their test results came back as “dilutes.”⁷ This was a source of concern given that this result could result in sanctions. A number of participants indicated that such results were due to diets and “cleanses,” and that, while some probation officers provided assistance to help them avoid such results, others were just told to “figure it out.”

Additionally, a few older women reported considerable discomfort with the random testing process and being observed when providing a urine sample to probation officers. They noted that older women may experience bladder control issues and find it difficult and embarrassing to provide a sample for testing immediately while under observation. They indicated that more sensitivity in such situations would be helpful to mitigate this problem.

Limited transportation options. An estimated three-quarter of study participants reported that finding or obtaining transportation, which was essential to their ability to complete the requirements of their sentence and supervision, was very challenging. They further noted that the additional costs for transportation (as a result of loss of licensure) were also substantial, particularly in rural jurisdictions where public transportation options are limited. A few women reported having to sell their house and move into town in order to access limited public transportation because they were unable to afford the costs of taxis, and they could not rely upon family members, friends, or neighbors for rides.

7 Dilution is the process of reducing the concentration of drug or drug metabolites in a urine sample. This result may occur intentionally or unintentionally, although sanctions may be imposed on offenders for such a result, particularly if it is a repeated occurrence.

Many women also acknowledged that they were forced to take public transportation late in the evening when it was dark, or to accept rides from persons they did not know well just in order to attend urine testing, treatment programs, or Alcoholics Anonymous (AA) meetings. In this regard, participants were very sensitive to the potential risk to personal safety that was associated with these situations.

It is estimated that at least one-quarter of study participants reported that they found it difficult to maintain family relationships, particularly with those who lived outside of their county, because of limited transportation options in conjunction with restrictions resulting from their supervision (i.e., they required permission from their probation officer to travel outside of their county or state).

Lack of employment. While it is estimated that more than half of participants were employed at the time of this study, it was universally acknowledged that securing employment following their conviction for impaired driving was challenging, particularly if they had been convicted for a felony offense. Among those women in the study who lacked employment, they reported it was difficult to find a job as a result of the prior conviction(s) generally, and/or their felony conviction(s) in particular, and due to the necessity of finding employment in a location near their residence as a result of limited transportation options.

In addition to their criminal record and limited transportation options, women reported that the difficulty associated with obtaining and maintaining regular employment was compounded by the scheduling demands placed on them as part of their court or probation supervision. In particular, women noted that most of their scheduled appointments (i.e., appointments with probation officers, random testing, treatment, and court appearances) occurred during regular business hours. As a result, even when women were able to secure employment, they found it difficult to retain their position due to the frequency with which they had to request time off of work. Moreover, the time off work they required was often reported as being two hours or more because they generally had to rely on public transportation to get to and from their appointment. As a consequence, many women were forced to resort to “pink-collar” professions in restaurants, bars, call centers, or casinos because the shift work was easier to manage in conjunction with their requirements of

supervision. However, the women expressed concern that these professions are not always the most conducive for the maintenance of sobriety.

Limited support system. With regard to their current situation, between one-half and two-thirds of study participants reported having little or no support system that they could rely upon following their impaired driving arrest to assist them in the completion of the requirements of their supervision. Of those survey respondents who answered the question about support systems, only 12 indicated that they had ‘a lot of support.’ A minority of focus group participants identified family members, neighbors, or friends who were able to provide transportation, childcare, or financial support, and noted that a support system was essential to their ability to meet the requirements of supervision and also maintain employment. Most frequently these participants reported that the members of their support system were female, and a not insignificant number of participants identified other female drunk drivers as being an important part of their support network. A number of women identified a positive aspect of AA support meetings was that it enabled them to meet other women who were more understanding of their situation and who could potentially be relied upon to provide assistance.

Of interest, among those participants involved in stable marital or common-law relationships almost none of these women reported that their spouse or partner provided significant support in terms of transportation, childcare, or helping them maintain sobriety. This is in sharp contrast to the case of male impaired driving offenders who often rely upon their female partner for such support.

Change in lifestyle. It is estimated that a large majority of participants reported that it was challenging to completely change their lifestyle although this was often deemed essential to their ability to complete the requirements of supervision and/or maintain sobriety. Approximately 20% of participants specifically reported that they had to distance themselves from family members in order to maintain sobriety, and in some cases, this involved not permitting their own children to reside in and/or visit their residence. Many of these women also had to end relationships with partners who engaged in heavy drinking or drug use as continuing to live in this sort of environment would not allow them to maintain their sobriety.

Women almost universally acknowledged that it was extremely difficult to make and to adhere to these changes because they felt they lacked the tools, skills, and support system to do so. As a consequence, it was not uncommon for women to report returning to unhealthy relationships and environments, and this often resulted in relapse as well as subsequent drinking and driving arrests.

3.7 Experiences in the treatment system

While almost all of the females participating in this study reported that treatment had a positive impact on their lives, they also identified significant gaps in the treatment system which are described in greater detail in this section. Overall, it is estimated that more than half of the participants acknowledged that, generally speaking, most people do not enter treatment when they are “at their bottom” and ready to stop drinking and to be serious about treatment. In other words, they have not yet reached the readiness for change stage in recovery and are often in denial about the severity or extent of their substance abuse and/or dependency. In this regard, they believe that access to services that match the needs of individuals provides a greater chance that such services will be effective. Furthermore, the women consistently agreed that a majority of female offenders require more time in treatment than men before they feel as though they are able to connect to others, to disclose their life histories, and to identify and understand personal issues that contribute to their drinking. Survey respondents identified the sharing of personal experiences among women as one of the more helpful aspects of treatment

In addition, although AA is a support group and not a form of treatment, the majority of participants described their participation in AA in conjunction with their treatment experiences. As such, their experiences with AA are also described here for convenience.

Insufficient and inadequate services. Most notably, more than 80% of study participants consistently reported insufficient services not only in relation to treatment for alcohol and other substance use, but also in relation to mental health services. The women repeatedly stated that the types of services available to them were often limited and failed to meet their needs; this was especially the case in rural jurisdictions.

Moreover, the general lack of service openings frequently resulted in delays in enrolment and/or long waiting times to receive services. This was identified as problematic for a not insignificant number of participants who reported that they were unable to access these services when they were highly motivated to achieve sobriety. This could also result in delayed case dispositions or extended probation in instances where the successful completion of treatment was a condition of sentencing and/or supervision.

In addition, mental health services were rarely offered or available to participants. For the limited number of participants who were able to access mental health services, they believed that these services were an essential component to their ability to manage their drinking and establish a stable, healthy, and positive lifestyle.

It is estimated that almost all of the participants reported attending generic substance abuse treatment services or programming delivered in mixed-gender group sessions at some point. This type of treatment program was the most commonly reported as available across jurisdictions, and this was even more pronounced in rural areas. It was generally agreed by participants that these generic services delivered to a broad cross-section of individuals including both males and females were often not helpful and, in many cases, were considered to be detrimental. Survey respondents identified mixed-gender group therapy as one of the least helpful aspects of treatment.

In relation to mixed-gender treatment services, study participants frequently reported that such services had little or no benefit. In particular, they felt as though they could not relate to the experiences of individuals with different substance dependency issues, levels of dependence, or offense histories. To illustrate, a woman with alcohol dependence resulting from postpartum depression reported difficulty attending group therapy sessions that are comprised of a wide spectrum of individuals with substance abuse issues such as long-term drug abusers. Women also generally agreed that it was uncomfortable being female in male-dominated treatment groups and that they were unable to address personal issues related to trauma (which is often intimately linked to substance abuse) in these settings. For these reasons, a majority of participants indicated that a tailored and female-specific approach was preferred and that they believed this approach increased the likelihood of positive and lasting treatment outcomes.

It is estimated that between one-third and one-half of participants were able to access female-only treatment services and/or women-only AA support groups at some point. All of these women reported higher levels of satisfaction with gender-sensitive treatment services and also female-only AA support groups. They generally agreed that female-only treatment groups fostered a supportive, understanding, and safe environment that enabled them to better relate according to common experiences such as a history of abuse, parental and family issues, and concerns about children. In addition, a majority of participants also reported a strong preference for individual counseling at the outset of their treatment regimen as it provides them with an opportunity to identify and explore issues connected to their substance use, to discuss their experiences in greater detail, and to open up without fear of being judged by others. Women reported that individual counseling equipped them to better engage in group treatment by helping them to understand their issues so they could begin to address them.

Approximately half of participants reported that they had completed either outpatient or inpatient treatment programs. An estimated one-third of participants reported that they had, at some point in their drunk driving career, been able to access specific treatment services tailored to a drunk driver population or to those with alcohol use issues, or programs that utilized a gender-sensitive approach. These programs that target the risks and needs of either drunk drivers or female offenders were frequently reported as being more beneficial and effective. However, according to participants, the availability of these types of services is limited or has been reduced substantially in recent years due to reduced funding.

While there was no distinct trend in terms of the type of treatment that “worked” for study participants (e.g., inpatient, outpatient, individual, or group therapy), the level of satisfaction that women reported in relation to the treatment they received appeared to be correlated with their perceptions of whether the treatment they received was delivered in a setting in which they felt comfortable to disclose their experiences and whether the services provided were specific to their individual needs.

At least one-quarter of participants were neither Caucasian or African-American and self-identified as a range of other ethnic and cultural populations including Asian, Hispanic, Mexican, and Samoan. Among these participants, the lack of culturally-sensitive treatment services was not raised

as an issue, suggesting that this may not be perceived as an important barrier in comparison to some of the other issues that were identified.

Other reported gaps in treatment services related to the limited hours during which programming was delivered, limited transportation options, and the lack of available childcare. It is estimated that more than half of focus group participants reported difficulty in attending treatment either because of limited transportation options, the need to take time off work to attend treatment during regular business hours, or because of the lack of childcare services offered (i.e., there was no one available to watch their children while they attended treatment). Survey respondents identified these three issues as substantial barriers to treatment and the majority (18) noted that no childcare or transportation was offered as part of the treatment they attended.

A significant majority of women also agreed that the length of treatment programs is often insufficient to enable them to understand the nature of their substance use and, more importantly, to learn the tools and skills necessary to manage it. To illustrate, with regard to inpatient treatment services, one woman noted that “28 days is like putting a band-aid on a boo-boo; this is much bigger than that.” It was estimated that up to one-half of participants relied upon AA support groups to supplement the limited availability of treatment services. Several women relied on AA as their primary source of ‘treatment’ or therapy either due to a lack of services or because the services available did not meet their needs.

Cost. The cost associated with treatment services was an important factor that determined the type of treatment that at least three-quarters of participants were able to access. In particular, cost often limited their ability to access services that best suited their needs, as did transportation options. More intensive and specific treatment programs are often costly and it is not uncommon for women to be forced to participate in a program that does not meet their needs because that is all they can afford. In addition, some women also reported having to select treatment options that were accessible in terms of transportation as opposed to services that best addressed their needs. Women further reported that such services are counterproductive and make it difficult for them to maintain sobriety.

Participants noted that the availability of insurance coverage typically determines what treatment options are available to them, reporting that, when it comes to treatment services, “you get what you pay for.” The cheapest

option is normally the only option that many of these women can afford as approximately three-quarters of them do not have insurance. They further note that because the quality of services provided is so poor, the treatment itself has little or no value and/or benefit. They perceived their involvement in these types of programs as a “waste of time.” Conversely, those participants who reported having insurance coverage expressed frustration about the length of time they were retained in treatment as treatment agencies tended to keep them enrolled in programs or therapy longer than they felt was needed. One woman stated that “If you don’t have insurance you can’t get into treatment, and if you have insurance you can’t get out.”

3.8 Emotional effects of their experience

Undoubtedly, the most prevalent theme that emerged and was consistent across all of the study participants was that women often defined their experiences in both the criminal justice system and the treatment system in terms of the emotional effects.

All study participants reported a pronounced sense of shame, humiliation, and embarrassment as a result of their offense, not only at the time of and immediately following their arrest, but also throughout the entire court process and subsequent supervision period. These feelings were pervasive not only in relation to their children and immediate family members, but also in relation to their neighbors, friends, and peers, and also the broader community which included organized groups and school associations. It is estimated that almost one-quarter of participants reported that their arrest was either published in newspapers or publicized on television and this was reported to be a very traumatic experience. Their ‘public humiliation’ resulted in decreased self-esteem and, in some instances, contributed to increased substance use as a result of depression and anxiety.

It is estimated that almost all of the study participants reported fear about the unknown associated with the process (i.e., not understanding the requirements they would have to complete, the conditions they would have to abide by, and how to successfully adhere to both). To illustrate, one woman claimed her experience in the criminal justice system was akin “to being held hostage” in terms of not knowing what was expected and not knowing when the process would come to an end.

Study participants also reported feelings of anxiety, concern, and stress in relation to the effects of their arrest and involvement in the system on their children. Moreover, these emotions were also connected to their apprehensions about their ability to complete the multitude of requirements of supervision. A myriad of factors including a lack of information about the process, challenges associated with completing all of the requirements of supervision, lack of support systems, inability to afford the costs associated with supervision and treatment, lack of appropriate treatment options, and inadequate transportation options compounded the angst that these women experienced. A majority of participants also reported feelings of dread in relation to relapse (returning to substance use and the consequences associated with this), and to having to put themselves in risky situations by taking public transportation or cabs at night or taking rides from persons they did not know very well due to a lack of alternative transportation options.

Other emotions that were commonly reported by study participants included frustration and anger. These emotions were mainly connected to the focus of the criminal justice system on their offense alone (as opposed to the circumstances leading up to it) and also with being forced to repeatedly discuss their offense, as well as not being able to move forward with their life because of the requirements associated with their supervision. Several women reported that they felt as though they were continually struggling to “keep their head above water.” An intense feeling of pressure was also indicated by study participants. This was most often in relation to sustaining sobriety, fulfilling parental roles, not disappointing family members, continuing to pay bills, and meeting the demands placed upon them by family and employers. A number of women referred to feeling as though they were a burden on family and friends because of their ongoing need for assistance with transportation and childcare.

Several women also acknowledged feelings of depression and of being overwhelmed by the process. In many cases, they reported feeling, at some point, like they would not be able to succeed or reach the end of the supervision and requirements. Such feelings appeared to be more pronounced among women with no support system or transportation options, or those who had more intensive supervision arrangements as a result of their offense. When there was no perceived end in sight to supervision, some of the women

questioned whether success was even possible or if everything they did was an exercise in futility. This greatly reduced their motivation for self-betterment.

Finally, almost all of the women involved in the interview focus groups acknowledged a tremendous sense of relief and were extremely thankful that they had not injured or killed someone as a result of their impaired driving behavior. This appeared to be an important focus of attention for women following their offense, suggesting that they had not recognized or considered the possibility of such consequences at the time of their behavior. In this regard, they demonstrated insight into the severity of their actions and also admitted that their situation “could be much worse.”

3.9 Summary

The interview focus group, survey, and in-depth interview data collected from more than 150 first and repeat female drunk drivers revealed highly consistent findings across the four jurisdictions that participated in this study.

Demographics. Interview focus group participants ranged in age from late teens to mid-60s, suggesting that women of all ages are involved in impaired driving. A majority of them had attained a high school education or its equivalency and approximately one-third reported having initiated or completed some type of post-secondary education. Most were employed in diverse occupations and approximately one-third of the women reported that they had previously or currently worked in bars and restaurants which often facilitated a lifestyle of increased alcohol consumption, socializing, and driving after drinking, usually at the end of a shift. Women who lacked employment generally found it difficult to be hired as a result of their criminal record.

Some women came from stable home environments where there was no history of alcohol or drug misuse whereas others were the product of broken or abusive homes where substance use and abuse were prevalent and acceptable. A lack of stable and supportive relationships was another common characteristic among focus group participants. More than half of the women were single, separated, or divorced and the majority had children, some of which were in the vehicle at the time of their impaired driving arrest. Approximately one-third of the participants stated that they had some type of support network in the form of either family or friends that

enabled them to comply with the demands of parenting, employment and the requirements of supervision.

A significant majority of women who participated in the interview focus groups reported that their impaired driving arrest was precipitated by a major life stressor such as a domestic argument, the end of a relationship, the loss of a job or child custody, or the illness or death of a parent or other family member.

It is estimated that less than 20% of participants reported prior involvement in other criminal activities in addition to their impaired driving arrest(s). Typical offenses included drug manufacturing and distribution, theft, and/or fraud.

Profiles. With regard to the characteristics of female drunk driving offenders, three different profiles of this population emerged:

1. Young women who drink in order to 'fit in' and consume alcohol and/or binge drink at house parties and bars;
2. Recently married women with children who drink following the birth of their children as a means for coping with loneliness; and,
3. Divorced older women and/or empty nesters who begin to drink later in life (after age 40) following a catalyst such as the death of a parent, end of a marriage, or departure of children.

Many of the characteristics identified in the literature were common across all groups including trauma history, failed relationships, mental disorders, history of alcohol and/or drug misuse within the family, multiple impaired driving arrests, and feelings of shame, guilt, and embarrassment.

Substance use and mental health. Less than one-third of participants reported use of illicit substances of which marijuana and methamphetamines were the most common drugs of choice. More than three-quarters of the focus group participants were on at least one or more prescription medications for disorders such as anxiety, depression, PTSD, and bi-polar disorder; there was agreement among the women that these prescriptions were extremely easy to obtain. There were also many instances of undiagnosed mental health issues and histories of trauma and/or abuse (both physical and sexual).

Experiences in the criminal justice system. Overall, several focus group participants reported generally negative experiences with the justice system from the point of arrest through to completion of probation, although

there were exceptions. Many women emphasized the emotional reactions associated with their experiences in terms of shame, frustration, anger, depression, anxiety, uncertainty, and fear.

In relation to their arrest, a large majority of focus group participants reported that they were arrested within a few blocks of their residence. It is estimated that approximately one-quarter of the women were arrested as a result of a crash, and a very small minority were involved in significant crashes. A number of women reported that their BAC was shockingly high and BACs ranging from .16 to .42 were not uncommon. Overall, study participants reported mixed arrest experiences but agreed that being placed in custody was a frightening experience.

There were a number of concerns associated with the court process. It was the perception of many participants that the focus of the system was almost entirely on the offense without any regard for the circumstances that led up to the behavior, and this was perceived as problematic. Many women felt that their sentence or conditions of probation failed to take into account either their life circumstances or address their issues. Women also indicated that long delays in the court process prevented them from putting their offense behind them and focusing on the future.

Challenges associated with sentencing and supervision practices were also highlighted. At least one-third of participants spent time in jail or prison and reported that it had a negative effect. A majority of participants reported that information about requirements and consequences was generally unclear, and a large majority of participants consistently agreed that the way that practitioners respond to women can make the difference between their success and failure.

Almost all study participants indicated that the overall cost of their arrest and subsequent supervision were quite substantial and could be overwhelming. More than half of them reported challenges in relation to compliance with random testing requirements. Securing transportation was reported as very challenging by an estimated three-quarters of participants and this made it difficult to meet supervision, treatment, and testing conditions as well as maintain employment. Compounding this problem, between one-half and two-thirds of study participants reported having little or no support system to assist them.

Experiences in the treatment system. While many of the female offenders in the focus groups reported that treatment had a positive impact on their lives, they also expressed a great deal of frustration. More than 80% of study participants consistently reported insufficient services not only in relation to treatment for alcohol and substance use, but also for mental health. The general lack of availability of services led to delays in program enrolment.

Generic substance use treatment groups were not perceived as beneficial by many of the participants because they reported they were not able to relate to mixed groups that included offenders who have different substance use problems and offense histories. Subsequently, the tailored and female-specific approach was cited as the most likely to produce positive and lasting outcomes because it fostered a supportive, understanding, and safe environment that enabled them to better relate and share their experiences. The women also expressed a strong preference for individual counseling at the outset of their treatment plan.

Women also indicated that the availability of treatment services varies considerably and many women are forced to participate in interventions that are not suited to their needs as a function of cost or access. This was especially pronounced in rural jurisdictions. The quality of available treatment was also reported as a concern. The availability of insurance coverage often determines what treatment options are available to them.

Emotional effects of their experience. All study participants reported a pronounced sense of shame, humiliation, and embarrassment as a result of their offense throughout the entire process. These feelings were pervasive in relation to their children, family, friends, neighbors, and communities which were exacerbated in one-quarter of the cases as a result of media coverage. The women further reported fear about all of the unknown variables and conditions associated with their involvement in the criminal justice and treatment systems. Additional emotions that participants identified included:

- > Anxiety, concern, and stress over how to discuss their arrest/conviction with their children;
- > Frustration due to a lack of information about the process, lack of support systems, inability to afford costs associated with supervision and treatment, lack of appropriate treatment options, and inadequate transportation;

- > Dread in relation to the possibility of relapse;
- > Pressure to remain sober, meet all supervision conditions, meet the demands of family and employers, fulfill parental roles, and pay bills;
- > Depression due to a perceived inability to succeed as a result of being overwhelmed and lacking support; and,
- > Relief that they had not injured or killed someone as a result of their impaired driving behavior.

Beth grew up in a small town. Drinking was common because there wasn't really much to do. Her father was an abusive drunk and many of her siblings also struggled with alcohol use. To escape, Beth joined the Air Force and was a soldier serving in combat overseas. Upon return from two tours, she struggled with PTSD. Her family did not understand and the estrangement from her siblings and nieces/nephews contributed to her depression and binge drinking. Beth subsequently accumulated four DWIs in a few short years and ultimately lost custody of her son who went to live with his father in another state. She knew that getting sober was the only way to get her son back.

She has since regained custody of her son and is in a healthy relationship with a man who does not drink. She made the difficult decision to separate herself from family members because of their continued drinking which she acknowledges would have a negative impact on her life. She notes that she struggled in several treatment programs and credits her probation officer for helping her to find a Veterans Affairs group where she could get help for her drinking and PTSD. While thankful for her sobriety, she continues to be frustrated with her limited employment opportunities. A combination of being overqualified and being a felon has made her feel as though she cannot contribute to the society she once served.



4. PRACTITIONER INTERVIEW RESULTS

Key informant interviews with practitioners in the criminal justice and treatment systems were conducted in four states - California (San Joaquin County), Michigan (Ottawa County), Missouri (Greene County), and New York (Dutchess, Warren, and Westchester Counties). These states were chosen to provide a geographically representative sample of the United States. Key informant interviews almost equally represented practitioners in urban and rural jurisdictions.

Key informant interviews involved a total of 36 individuals representing judges (3), defense attorneys (2), probation officers (24), alcohol education providers (3), and treatment counselors (4). While a majority of these interviews were conducted in-person with two researchers present, a minority of these interviews took place via phone. Some of the interviews were conducted with just one key informant, whereas others took place in small groups of three to five practitioners and this was often a result of scheduling opportunities. For example, in New York, key informant interviews with probation officers were conducted in groups in each of the three counties included in the study.

The practitioners included in this study represented frontline professionals as well as managers and supervisors. While some practitioners had just two or three years of experience in their field, the majority of them had between 10 and 30 years of experience.

The practitioners involved represented both criminal justice professionals and alcohol education and treatment professionals. However, many of the themes that emerged from these interviews and many of the reported experiences

were highly similar across professions. As such, the results in this section are structured according to the reported characteristics of female offenders to whom these professionals provide services, their experiences in delivering supervision or treatment services to these women, and the lessons that they have learned as a result of their experiences.

4.1 General characteristics of female drunk drivers who are supervised or treated

4.1.1 Arrest and crash characteristics

It was agreed by practitioners who participated in this study that the arrest characteristics of female drunk drivers are, by and large, similar to those of male drunk drivers in terms of time of day and day of the week during which arrests are most likely to occur (i.e., evenings and weekends). However, many of them reported that women are much more likely than men to have children in the vehicle at the time of arrest.

There was also considerable agreement among practitioners that Child Protective Services (CPS) was rarely called, and only became involved if there was no family member to take custody of the children in the event that the woman was placed in custody or admitted to inpatient treatment. This generally occurs because it is widely recognized among justice professionals that children are better accommodated within their family setting as opposed to being placed in the custody of the State.

Practitioners reported differences in relation to the average BAC of women they encountered at the time of arrest. An estimated two-thirds of practitioners reported that women often have BACs equal to and also higher than men on average. Conversely, approximately one-third of them reported that the BACs among female drunk drivers are generally lower than those of men. However, a number of these practitioners also acknowledged that a not insignificant number of women are arrested with lower BACs, and this is generally believed to reflect the fact that women are more likely to combine alcohol with their prescription medication or other substances. Hence, they exhibit signs of impairment that may not be consistent with their BAC level.

There were also reported diametrical differences in relation to crash involvement. Whereas approximately half of practitioners indicated that women were more likely than males to be involved in some type of crash (e.g., either minor or major) at the time of arrest, an equal portion also reported

that women were less likely to be involved in a crash. This is consistent with the focus group results which revealed that reports of crash involvement were more prevalent in some groups than in others. There were no apparent differences across jurisdictions.

There were also reported differences among practitioners regarding the behavior of female drunk drivers at the time of arrest. Whereas some of them reported that women were more likely to be combative with arresting officers or during the booking process, others reported that this behavior was rare among women. Again, this is consistent with results from the focus groups where only some of the women reported aggressive behavior on their part or having blackouts and/or no recollection of the arrest. There were no apparent differences across jurisdictions.

There was a high level of consensus among practitioners that drunk drivers often report a lack of consideration of the possibility of killing or injuring themselves or others when they get behind the wheel after drinking. However, after the arrest, almost all offenders have the realization that they could have easily killed or injured someone and express this fact, or experience intense and ongoing guilt because they did kill or injure someone. This is generally true both for female and for male drunk drivers.

4.1.2 Demographic characteristics

Age. Practitioners consistently agreed that, in their experience, the majority of female drunk drivers entering the criminal justice system are between the ages of 21 and 45. They further noted that a smaller proportion of women who entered the system were either older or younger, and these findings are consistent with the literature (Shore and McCoy 1987). However, there was a high level of consensus that a growing number of younger, college-aged women were entering the system for drunk driving than was previously the case, and that there is often more “drama” associated with the lives of younger women. They also indicated that the presence of young women who were pregnant at the time of arrest was becoming somewhat more common and that this was a concern, although this is not the case in every jurisdiction.

Physical health. Practitioners reported that many women who entered the system were identified as having physical health issues, although the nature of these issues varied in accordance with the age of offenders. They noted that

younger women were more likely to suffer from eating disorders and other addiction issues whereas older women were more likely to indicate hormonal issues, early menopause, or significant illness. Of note, practitioners reported that insomnia and sleep disorders were common among a significant number of offenders as were undiagnosed medical issues, which is consistent with interview focus group findings. Of interest, in Michigan, multiple cases of female drunk drivers who had undergone gastric bypass surgery were reported.

Marital status. All practitioners reported that the majority of female drunk drivers they supervise or treat are currently single with many of them coming out of unhealthy or abusive relationships. They also agreed that those women who were in relationships were most often involved with a partner who used and/or abused alcohol and/or drugs. This was frequently reported as being a factor in a female offender's substance use problem. As one practitioner noted "Women desire independence but they do not like to be alone."

Support network. Approximately half of the practitioners agreed that women were less likely than male drunk drivers to have a support network that they could rely upon to help them with transportation, childcare, and provide emotional support and encouragement in relation to their sobriety. The balance of practitioners reported that this was equally the case for females and males, or that males were less likely to have a support network.

Education. A majority of practitioners agreed that, in their experience, female drunk drivers represent all levels of education and professions. They reported that most of these women have at least some high school education and many of them had either finished high school or obtained their GED. They further agreed that a minority of female drunk drivers have at least some college education. These findings are consistent with the literature (Peck et al. 2008). Of interest, it is estimated that at least half of the practitioners agreed that female drunk drivers were more likely to have some college education and a professional career relative to males. This is also consistent with the literature (Chalmers et al. 1993; Shore and McCoy 1987).

Employment. With regard to employment, findings were mixed. Whereas approximately half of the practitioners reported that more women than men had low-paying jobs and were either minimally employed or looking for work, an equal portion reported that women were more likely to have a professional career, were more likely to be working than men, and were

better able to afford supervision and treatment costs. These mixed findings are also consistent with the literature (Chalmers et al. 1993; Shore and McCoy 1987).

Insurance coverage. Practitioners reported that both female and male drunk drivers were equally likely to be uninsured, and this was noted as a significant problem in relation to the affordability of treatment services for all offenders. They further noted that, even for those women with insurance, rarely are all of the associated costs of treatment or health services covered by the policy, meaning that cost can also be an issue even for those who do have coverage. Moreover, some practitioners underscored that those women with insurance were unlikely to utilize their insurance coverage to pay for treatment services because they did not want to have to report their impaired driving offense for fear that their employer would find out and they would lose their job.

4.1.3 Substance use

It is estimated that more than half of practitioners reported that they are encountering more female drunk drivers who are younger and they often have significant substance use problems at a young age. They agree that these younger women have an earlier age of onset of drinking that is comparable to that of men, and that they are consuming larger quantities of alcohol than has historically been the case. These findings are consistent with the literature (Popkin 1991; Brady and Randall 1999; Gudrais 2011). According to some practitioners, this is sometimes referred to as the “Sex in the City Syndrome,” meaning that these young women report frequently drinking in social settings with their friends (who often encourage their alcohol consumption) and that these women are less likely to stop drinking or say no to alcohol. In addition, young women generally have fewer responsibilities (i.e., children or full-time employment) and this facilitates drinking on a regular basis.

In contrast to younger female drunk drivers, a majority of practitioners reported that, in their experience, older female drunk drivers are more likely to indicate that they drink at home alone, often as a result of depression. However, they acknowledge there is also a proportion of older women (i.e., age 40 and older) who are newly single and who go out with friends to bars in order to meet new people. Practitioners report that these women are more likely to drink heavily in these settings in order to relax and feel comfortable.

Practitioners also generally agreed a majority of female drunk drivers meet the clinical criteria for a diagnosis of alcohol abuse with many of them indicating early onset of dependence and a smaller proportion reporting adult onset. Among this population alcohol consumption is believed to be a natural segue to drugs (more often illicit). Subsequently, poly-substance use issues are reported by practitioners as being common among female drunk drivers. Interestingly, whereas some practitioners noted that women exhibit more poly-substance use than males with drinking coming first, others equally indicated that poly-substance use was more prevalent among males. Similarly, some practitioners reported that prescription drug use was more prevalent among women over age 35 and others noted that prescription drugs were common among all age groups. Some treatment professionals also reported that male drunk drivers are often likely to have prescription medication as well. Almost all of the practitioners acknowledged that it was fairly easy for female drunk drivers to obtain prescription medications from physicians or psychiatrists.

It is estimated that at least half of the practitioners indicated that many female drunk drivers are likely to be in denial about the severity of their drinking or unaware of the extent of their alcohol use. According to interviews, many of these women view themselves as social drinkers, particularly if they are able to maintain employment and care for children and, as such, lack insight into their level of dependency. Practitioners generally agreed that female drunk drivers are often not aware of their limits in relation to drinking and that women are less likely than males to have a good understanding about how much they can drink. In particular, they noted that female first offenders are often quite shocked by their BAC reading, and the amount that they drank to reach this level. They reported that many female offenders commonly suggest that they had “just one glass of wine.”

They also frequently acknowledged that women experience more shame in relation to their drinking and tend to minimize their alcohol use. However, practitioners reported that in alcohol education and treatment settings, females are more willing to disclose past use than male drunk drivers.

4.1.4 Mental health

In the experience of practitioners there was agreement that mental health issues were very common among the female drunk driver population. They also agreed that in some cases these issues were diagnosed whereas in

others they were not yet formally identified by a mental health practitioner. The mental health issues most prevalent among these women according to practitioners included anxiety, depression, PTSD, and bi-polar disorder, and this finding is consistent with the literature (McMurrin et al. 2011; LaPlante et al. 2008; Shaffer et al. 2007). By comparison they report that males are more likely to suffer from bi-polar disorder and anger management issues.

Almost all of the practitioners reported that mental health issues are generally more common among older women, although a not insignificant number of younger women are likely to experience these issues.

Many practitioners also acknowledged that a majority of female drunk drivers consume alcohol in order to help cope with emotional issues. Some practitioners suggested that this is because women in treatment are often of lower socio-economic status and cannot afford medication so they use alcohol to self-medicate. In this regard, women drunk drivers are reported by treatment providers as using alcohol and marijuana to cope with anxiety.

Trauma. It is estimated that more than half of practitioners indicated that it is not uncommon for female drunk drivers to have experienced domestic violence at some point in their lives. They noted that, in some cases, it is following a domestic violence event in which the woman leaves the residence that she is arrested for drunk driving.

In particular, treatment professionals report that past trauma (e.g. verbal, physical, or sexual abuse) is quite prevalent among female drunk drivers, with rates estimated to be as high as 80% in some jurisdictions. This trauma is often believed to be a consequence of familial relationships. They noted that many women develop low self-esteem as a result of these experiences and past trauma is often a trigger for substance use problems. Treatment professionals indicated that rape and incest, violent deaths and loss of siblings, abandonment issues, grief, and estrangement issues were not uncommon experiences among this offender population. Interestingly, at least one-third of practitioners also reported that past trauma was a common issue among male drunk drivers as well, but they noted that such issues are less likely to be identified or addressed for males as a result of their hesitancy to disclose and discuss abuse.

4.1.5 Other driving and criminal history

It is estimated that half of the practitioners reported approximately 60% of female drunk drivers have other driving violations (e.g., speeding, careless driving, tailgating, driving while suspended or revoked) and that such offenses are as common among female drunk drivers as they are among males. They also generally agreed that a minority of female drunk drivers have other criminal offenses on their record and this is more common among repeat female drunk drivers. The most often reported offenses include drugs, domestic violence or assaults, shoplifting, and retail fraud.

4.2 Experiences of practitioners

Changes in society. A number of practitioners who have worked in their field for several years reported that some general changes in society over time may have contributed to increased drinking and driving among women. Not only do more women (and younger women in particular) have greater access to vehicles, but also alcohol is more easily accessible today than it has been in the past. Moreover, it is agreed that social attitudes towards alcohol consumption have also changed and alcohol is often present and available at social gatherings, at celebrations, and at meals. As one practitioner noted, “Alcohol is not socially unacceptable, so there are more social reasons to drink than to not drink.”

These practitioners also acknowledged that there is more societal breakdown and/or disintegration in relation to community and familial relationships. In many cases, there are more single-parent families, and there are greater pressures on families economically due to today's difficult financial climate. Some practitioners also identified an increased trend towards personal self-indulgence and the demand for and expectations of possessing luxuries and items that reflect social status.

In stark contrast, practitioners reported that public attitudes towards drunk driving have become increasingly punitive and, despite research clearly demonstrating that substance use is prevalent among drunk drivers, public support for treatment and rehabilitation for this population is quite low. However, they did acknowledge that it is more socially acceptable for women to participate in treatment for substance abuse now as compared to the past.

4.2.1 Criminal justice system

Practitioners. With regard to their experiences working in the criminal justice system and how it has changed over time, practitioners agreed that police officers are more likely to charge all impaired drivers as compared to in the past when it was more common for drunk drivers generally, and women in particular, to be sent home or given a ride home as opposed to being arrested. They further noted that the presence of high-profile cases involving drunk drivers has increased concern about liability and this has contributed to changes in attitudes and law enforcement practices along with changing social norms.

Similarly, practitioners across jurisdictions also reported that police officers are still likely to endeavor to make arrangements to ensure that children (who were present in the vehicle when a female driver was arrested) are placed in the care of an appropriate family member as opposed to involving CPS. This is often considered to be in the best interest of the children. There was agreement that the involvement of CPS tended to be only in those extreme cases when there was no one else who was able to take custody of the children.

All practitioners reported that fewer diversion programs are available to drunk drivers today, whereas in the past such programs were common and frequently utilized. They noted that this change in practice has also likely contributed to more female drunk drivers becoming involved in the criminal justice system, especially since women are now more likely to be formally arrested and processed than they were in the past.

There was considerable agreement among practitioners that more criminal justice professionals are now sensitive to and knowledgeable about issues of trauma and victimization, mental health issues, and self-esteem issues than they were previously. They also noted that younger practitioners are more likely to be familiar with these issues in relation to those who have worked in the system for more than two decades, and that they are more likely to be aware that these issues are relevant to both male and female offenders. Finally, there was also a high level of consensus among practitioners that there are more female police and probation officers, judges, and attorneys working in the system today than was the case historically. As a result of this increased level of professional equality, female offenders may be less likely to benefit from being female to obtain leniency.

In relation to perceptions about treatment availability, practitioners generally agreed that while treatment is more often available today than has been the case previously, they also noted that the quality and diversity of treatment services and the qualifications of treatment providers vary substantially. In all jurisdictions, it was reported that those treatment agencies that are eligible to accept insurance coverage are generally staffed with more qualified providers. Moreover, practitioners agreed that fewer specialized or comprehensive services are generally available to drunk drivers than was the case a decade ago.

Case processing. Practitioners consistently agreed that their colleagues generally endeavor to supervise and treat male and female drunk drivers in an equal fashion using the same strategies. It is estimated that half of the practitioners reported that female drunk drivers are not treated differently than males and that women are offered the same types of pleas and receive the same sentences as men. They also noted that women are more likely to receive sentences involving a period of custody today than was the case in the past. Of interest, some practitioners also noted that in the case of jury trials, female jurors are more likely to be harder on female drunk drivers than they are on males.

Conversely, the balance of practitioners indicated that although male and female drunk drivers are likely to be processed in the same way, courts still tend to be more lenient with females. It was noted that perceptions about women remains an influencing factor although to a lesser degree than has been the case historically. These practitioners also agreed that females were more likely to plea to a lesser charge or receive a suspended sentence, and acknowledged that this is often to avoid children being placed in the custody of the State. Some practitioners suggested that women are more often able to manipulate the system and that some female drunk drivers will try to use their children (e.g., bring them to court) in order to avoid more serious sanctions.

Among practitioners, probation officers reported that one of the limitations of current practices in the justice system is that they often do not receive any information about the arrest of drunk drivers and, unless offenders are screened by the probation department, they often do not have any objective history of substance use and must rely solely on the information that offenders choose to disclose. Hence, this means that intake and initial

meetings with probationers can take longer because officers have to try to identify relevant issues before being able to determine the most appropriate strategies to manage them.

A majority of practitioners agreed that the biggest barrier to participation in treatment for female drunk drivers is the fear of losing custody of their children, particularly if they are required to attend inpatient treatment and they are a single parent. They further noted that it was not uncommon for women to refuse to attend treatment or to try to postpone attending treatment for this reason.

There was a high level of consensus among practitioners that female drunk drivers are most often required to participate in mixed-gender treatment in a group setting comprised of individuals with diverse backgrounds and histories of substance use. There was also considerable agreement that this is generally problematic for females not only because of the diversity of participants, but also because of the small numbers of females in these groups. As such, they report that females are often uncomfortable and unable to discuss or focus on issues of trauma, abuse, or relationships which are frequently contributing factors to their substance use because the group is predominantly male. It was further noted by many practitioners that most treatment agencies strongly promote group counseling only and this makes it difficult for individuals to receive the type of treatment that would benefit them most, regardless of whether they are male or female.

A majority of practitioners reported that there are fewer gender-sensitive or female-only treatment services available to drunk drivers today than was the case even a few years ago, and this is perceived to be a significant issue of concern. It was generally acknowledged that while placement of male and female drunk drivers in an appropriate treatment setting is important to their ability to succeed, the availability of such services is lacking, particularly in rural jurisdictions.

In all jurisdictions, practitioners acknowledged that previously available female-only treatment services have been shut down or discontinued due to funding and resource issues. They indicated that this was also the case in relation to mental health services and, overall, expressed concern about the shrinking or erosion of the range of essential services that are available to all drunk drivers. This results in offenders being placed in treatment programs that are available as opposed to those that are most appropriate.

Interestingly, some practitioners reported that they perceived that treatment professionals with their own past history of substance use can be more effective than those without personal substance abuse experience. They suggested that it is more difficult for drunk drivers to manipulate these counselors. It was also believed to be important because female drunk drivers in particular require motivation and it is beneficial for them to see a “success story” (i.e., a person who had struggled with addiction issues and managed to gain control of those issues and build a better life). However, some practitioners also expressed concern about practitioners in recovery as there were instances when there “seemed to be a void with counselors not sharing important information with the probation officer when an offender reported a relapse during a treatment session” in a perceived effort to protect the “therapeutic relationship” and prevent the offender from having a violation recorded (although it should be noted that a report of relapse will not necessarily result in a violation).

Another issue of concern expressed by many practitioners was the lack of trauma-informed clinicians in treatment settings. Of equal concern, it was also noted that most alcohol intake instruments that are used in treatment settings do not include questions about trauma, meaning that these issues which may be important contributors to or triggers of alcohol use, particularly among a female offender population, are frequently not identified or are overlooked. Many practitioners reported that generic treatment programs targeted towards all types of substance use are often not consistently equipped to deal with trauma issues. In these instances, practitioners acknowledged that counselors often do not want to hear about trauma and/or abuse and this affects the overall effectiveness of the treatment.

More than half of practitioners agreed that the supervision of female drunk drivers can be more effective in a DWI Court setting because the entire team of practitioners (e.g., prosecutors, judges, probation officers, and treatment professionals) receives a greater amount of information that is shared among them. It is believed that this contributes to a higher level of accountability and also provides a stronger support network for women in particular. They also reported that DWI Courts are more likely to have linkages to the mental health system and services and this enables women to deal with these issues in an appropriate setting. For this reason, practitioners working in these settings report that they feel better equipped to manage female drunk

drivers. However, it was acknowledged that this is equally the case for male drunk drivers.

There was also consensus among many practitioners that alcohol monitoring technologies (e.g., alcohol ignition interlock, continuous transdermal alcohol monitoring devices) are beneficial for both female and male drunk drivers. Not only did they agree that these devices contributed to a higher level of accountability among offenders, but they also enable counselors to more easily identify and address relevant issues. They acknowledged that technologies make it easier for treatment professionals to work with clients and note that, “Technology is the client’s conscience to get them sober.”

4.2.2 Experiences with supervision and treatment

Reactions to arrest and court processing. According to the experience of practitioners, among many of those women who are college-aged and single, the initial arrest and court processing that results from a drunk driving offense is not generally perceived as a serious situation. They reported that these women often fail to fully appreciate the magnitude of the consequences of their offense, particularly in terms of having a criminal record or the extended loss of their driving privileges. It was also suggested by practitioners that one explanation for this may be that younger women are in denial about their drinking behavior, and/or they have less to lose at this point in their life because they are more often single and do not have significant family or employment responsibilities which are frequently a source of concern among older women. In general, they reported that the attitude of these younger women often conveys the sentiment that “I don’t need help; I got this.”

Although it is estimated that more than half of practitioners agreed that this reaction is much more pronounced among first offenders, they also reported that if young women continue to accumulate subsequent impaired driving offenses, their attitude does change rather dramatically as they begin to appreciate the consequences associated with their behavior. They reported that women also begin to experience a much higher level of concern about their future and the opportunities that will be available to them, particularly if they are convicted of felony offenses. These observations are similar to focus group findings as some of the young women stated that they failed to appreciate the severity of their offending until their third or fourth offense, at which point there was no longer leniency and they instead encountered severe sanctions such as jail time.

Most practitioners reported that in comparison, women in their 30s and older are much more likely to appreciate the seriousness of their circumstances, and to acknowledge the arrest and court processing as a “wake-up call” to the fact that they are in trouble (in relation to their drinking) and need help. They suggested that one reason why older women take their arrest and court processing seriously the first time is because they have more to lose in terms of child custody arrangements, family disapproval, community stigma, and loss of employment. Practitioners acknowledged that, in many cases, women indicated that they are mad at themselves particularly given the burden that their offending can place upon their family.

Regardless of the age of female offenders, it is estimated that a majority of practitioners agreed that the arrest and court process is more likely to be traumatic for women than it is for men. Furthermore, almost half of them reported that women also appeared to find the court process more intimidating and confusing than men. They proposed that one explanation for this may be because women are less likely to have been previously involved in the criminal justice system for other offenses combined with the additional stress resulting from women frequently being the primary or sole caregiver of children. They further reported that, overall, women tend to experience more shame in relation to their offense, particularly if they have children, and that they are also more likely to try to hide their arrest from family members and/or their spouse whereas with males this is less often the case. Generally speaking, practitioners indicated that women appeared to be more embarrassed to be in court than men, and that women expressed more concern about the well-being of others, and the impact that their arrest/conviction will have on those close to them, which is in sharp contrast to men.

It was acknowledged by at least half of practitioners that more women rely upon a public defender than do men. However, it was also noted that those female drunk drivers who could afford a private attorney would utilize one, although this was more often the case for women charged with a misdemeanor and less often the case for women charged with a felony.

Moreover, it is estimated that many practitioners agreed that women are more accepting of the process and are less resistant to it, whereas men generally have more anger about it. It was further suggested that these differences may result, in part, from the fact that women are much more likely to accept

responsibility for their offense in court and are more likely to plead guilty, whereas men tend to make excuses or attempt to justify their behavior in court and are less likely to plead guilty.

There was also some discussion among practitioners in some jurisdictions with regard to the experiences of ethnic minorities. In particular, some practitioners noted that drunk drivers who are Hispanic (both male and female and particularly first generation) are more likely to accept responsibility for their offense and are motivated to fulfill requirements imposed upon them to reach closure of the process. At the same time, it was also noted that this population of offenders appears to be somewhat more reluctant regarding self-examination and behavior change in relation to their drinking, and this was noted in particular in DWI Courts. One possible explanation that was offered by practitioners is that this particular group of offenders is concerned about ongoing involvement in the criminal justice system due to concerns about immigration status and deportation issues.

Supervision experiences. Perhaps the most significant finding in relation to supervision experiences of female drunk drivers is that all practitioners agreed that the actions and attitude of probation officers or case managers is an important factor in the ability of female drunk drivers to successfully complete the requirements of their supervision. While this is likely true in the case of male drunk drivers as well, this was noted particularly in relation to females because this population appears to have heightened concerns about a broader range of issues and they may face more significant challenges as the sole caregiver or breadwinner as a single parent. Subsequently, practitioners reported that women tend to place greater demands on probation officers and case managers in terms of time and emotional support. These issues are described in more detail below.

Overall, it is estimated that more than three-quarters of practitioners agreed that they spend more time in appointments with female drunk drivers than they do with males, and more time during these appointments is spent listening to offenders discuss their issues and/or concerns. This is especially the case once women have established a rapport with their probation officer or case manager. They noted that women generally have more questions and seek to talk more about their current situation as well what may happen in the future. To illustrate, female drunk drivers ask more questions about and are more focused on long-term scenarios, also referred to as the “what-if

phenomenon” (e.g., Will I be able to be present when my grandchild is born in six months?; When will I get my license back?) as opposed to immediate supervision issues. Practitioners reported that men, on the other hand, tend to want to get out of their appointments as quickly as possible and do not feel the need to have lengthy conversations with their probation officer or case manager.

It was also agreed by many practitioners that women require more guidance and support in relation to practical issues as well as emotional issues. In this regard, some practitioners indicated that female drunk drivers generally are more emotional about their circumstances, and it is not uncommon for them to express intense emotions during these appointments. They reported that women can be more sensitive to feedback, and for these reasons, appointments with women can be more emotionally draining for officers. Practitioners reported that female offenders tend to sense when probation officers are not “being genuine with them” and therefore, it is important to assign practitioners who want to work with this population and have the requisite skillset. Practitioners acknowledged that necessary attributes include a caring demeanor, an excellent grasp of motivational interviewing techniques, a willingness to help female offenders be successful, and the ability to hold them accountable in the event of violations.

It is estimated that a majority of practitioners acknowledged that female drunk drivers generally tend to be less forthcoming, particularly in relation to their past experiences as well as current living or family situation than males. For example, women generally will not report domestic violence unless there are obvious signs or family members get involved. They consistently agreed that practitioners have to listen for flags and ask more questions at the outset to gain a complete understanding of the situation of female drunk drivers. Male drunk drivers are the opposite in that they are much more likely to volunteer information and be an “open book.” As one practitioner noted, “Men are straightforward. Women can be exhausting to deal with.”

Overall, there appeared to be a high level of consensus among practitioners that the reasons why female drunk drivers have a problem with alcohol and/or other substances are often more complex than is the case for males. As a consequence, practitioners indicated that they frequently need to spend more time gathering information about the offender’s life history or current situation when they are female. They also spend more time trying to identify

key issues and triggers (e.g., Do they have issues with authority?; Do they have a history of abuse?) as well as optimal strategies to manage female drunk drivers.

Researchers estimated that most practitioners agreed that time management (i.e., scheduling of priorities and responsibilities) is more often an issue for female drunk drivers than it is for males. Whereas they reported that male drunk drivers often have fewer responsibilities (e.g., no children), or may have a spouse to provide support (e.g., drive them around), female drunk drivers generally have more responsibilities in terms of childcare, employment, finances, and community involvement, particularly if they are a single parent. This can make it more of a challenge for them to fulfill all of the requirements related to their supervision and treatment, and, for this reason, it is essential that female drunk drivers develop a plan to enable them to manage these responsibilities. At the same time, practitioners also acknowledged that women require more flexibility in scheduling in order to enable them to successfully cope with these increased demands. Practitioners suggested that probation officers should recognize the hardships and demands that female offenders face in their daily lives and work with them in a collaborative fashion to assist them in meeting their supervision requirements.

There appeared to be a high level of consensus among practitioners that women are often busier, particularly at the beginning of supervision as they learn to handle the increased number of appointments and conditions imposed upon them. Some of them also suggested that female drunk drivers being busy can be an important factor in their remaining sober as it keeps them out of trouble and eliminates distractions that contribute to their drinking behavior.

An estimated half of the practitioners also acknowledged that female drunk drivers are more employable than males, and some of them also suggested that this may be because they more often seek low-level, minimum wage jobs which are more readily available. A number of practitioners reported that it was not uncommon for females to be more fearful about losing their teaching/nursing license and are more concerned about the embarrassment of having to report their offense as part of the re-licensing process. Practitioners noted that, as a consequence, females are also less likely to renew their professional license once it expires and this can result in them seeking alternative employment at a lower wage.

There was a high level of agreement among half of the practitioners that female drunk drivers are not more or less likely to have support networks to assist them during their period of supervision than men, although the balance of them disagreed and indicated that women were less likely to have a support network. As evidence of this latter finding, it was noted that, in relation to offenders who are incarcerated, males frequently get more visitors than females. They agreed that this may be because females do not have a spouse and their family is unable to visit regularly. They also noted that female drunk drivers often discourage visits because of the shame and embarrassment of having their children and/or family see them in jail or prison.

Similarly, some practitioners reported that women are less likely to be picked up or dropped off at appointments or classes by their spouse, in sharp contrast to the situation with males. In cases where a female drunk driver is receiving transportation support, it is most often another woman who picks her up and drops her off. Women are also much more likely to miss appointments or classes, or to appear at them with their children, than men because of their inability to arrange childcare.

Among those female drunk drivers that are in a relationship and/or have a spouse, some practitioners noted that the male partner is likely to complain to the woman about the effects of their situation, and be less willing to help with transportation or childcare. This is usually not the case if the situation is reversed as women are likely to be supportive and accommodating when their boyfriend/husband is the offender. In this regard, it is suggested by some practitioners that it should not be assumed that female drunk drivers with a spouse are more likely to have support and that it may, in fact, be likely that these women have to cope with the frustration of their spouse in addition to the stress they already face. In fact, it was acknowledged by a number of practitioners that women who are in relationships are actually more likely to stay, even if the relationship is unhealthy or destructive, because of financial reasons or because they need a source of transportation or childcare to successfully complete their sentence. They emphasized that this contributes to their victimization and should be a consideration with regard to supervision. Several practitioners also expressed concern about the ability of women to stay sober in these environments as the male spouse will often not be supportive of sobriety and instead, encourage drinking because

they perceive the woman to be “calmer” or less high-strung when she is drunk.

There were mixed findings with regard to practitioners’ perspectives on the likelihood that women will seek to build a support network if they do not have one. Some of the practitioners reported that women may actively engage in AA or other support groups more in an effort to establish some type of support network or to meet individuals who can provide assistance with transportation. However, it was equally noted that some women will intentionally avoid any offers of assistance and resist developing a support network because they do not know how to ask for help, they are too embarrassed to ask for help, or they will insist on managing all of their responsibilities independently. A handful of practitioners referred to this type of female offender as the “super mom” who was accustomed to handling a plethora of responsibilities on their own even when the situation became untenable to manage.

Practitioners’ perspectives with regard to the financial situation of female drunk drivers and their ability to cope with the financial demands associated with arrest, case processing, and supervision were also mixed. It is estimated that approximately half of them reported that women have greater concern about and struggle more with the financial implications of involvement with the criminal justice system than their male counterparts. Practitioners reported that this is largely due to the fact that many female offenders are single parents, and as such, frequently bear all of the financial burden associated with caring for children as few of them receive child support payments from their spouse. The other half of practitioners reported that women did not struggle more financially than male drunk drivers. In the same vein, it is estimated that more than half of them indicated that cost is a greater barrier to treatment participation for women than it is for men, and that perhaps 50% of women can afford to pay for treatment. However, a number of them also noted that it is not so much an issue of affordability as it is of willingness to pay, and proposed that women are less likely than men to be willing to pay for treatment. Of interest, some practitioners suggested that female drunk drivers are much more motivated to stop drinking because of the costs associated with the arrest, case processing, and supervision.

Finally, in relation to supervision, approximately one-third of practitioners reported that female drunk drivers are more likely to require and to receive referrals for mental health services and other community services, particularly in relation to housing. It is not uncommon for the drunk driving arrest to precipitate thoughts about or actual departure from unhealthy relationships. As such, practitioners noted that, in particular, women are more likely to require assistance with transitional housing.

A minority of practitioners also indicated that female drunk drivers more often require family services, although involvement with CPS on an ongoing basis is rare and is more common in cases where there are several charges in addition to drunk driving (e.g., drug possession, assault). Practitioners in some jurisdictions acknowledged that there is often a deferred response for family services in relation to child protection issues, and women are more likely than men to use this service in which counselors go to the home for visits and oversight purposes.

Treatment experiences. With regard to alcohol education sessions, a minority of practitioners reported that having men and women in the same alcohol education class or treatment group was not a problem for either gender. In fact, some of these practitioners further suggested that mixed settings for education and/or treatment are beneficial to help women to better understand male experiences so that they can critically examine their own issues, particularly those pertaining to relationships and addiction. It was proposed that this may be useful to provide females with other perspectives and insight into their own situation.

Conversely, it is estimated that at least half of practitioners indicated that it is more difficult for women to engage in and benefit from mixed-gender education and treatment services, as well as support groups like AA. They noted that this is often related to the fact that women in general are more likely to have had negative experiences with abusive male partners or sexual relationships. Of concern, they suggested that not only are women less likely to share their experiences or receive support in these settings, but also that men are often a source of distraction from their recovery. Female focus group participants echoed these sentiments and acknowledged that some males in these settings made a habit of seeking emotional and or other relationships from women, and referred to them as “the thirteen steppers.”

Some treatment providers try to manage this by requiring appropriate attire by both sexes at meetings.

In relation to the response of female drunk drivers to education and treatment, it is estimated that more than half of practitioners agreed that women tend to be more skeptical at the outset when they enter treatment than males. However, they equally agreed that, once women attain a level of comfort, they are more likely to open up about their experiences and bond with counselors and peers more easily than men. This is particularly true in the case of female-only services. Many practitioners generally agreed that, in female-only programs, women exhibit a higher level of empathy and provide support for others, and they are more likely to share intimate details about loss. In these settings they report that women share more personal information and tend to take the classes seriously whereas men are more likely to make jokes and laugh about alcohol education classes and treatment. They view it as a requirement that they must complete as opposed to an opportunity from which to learn or derive benefit. As a caveat, practitioners highlighted that women who engage seriously in treatment are more likely to exhibit extreme behavior and frequently pursue cleanses, juices, and diets to improve their health which often have implications for random testing results.

Overall, a large majority of practitioners acknowledged that female drunk drivers are more receptive to female-only treatment groups, with some noting that men prefer this also. There was also a high level of agreement among practitioners that female-only groups are rarely available and that this is a critical gap in the treatment system.

Lastly, it is also estimated that more than half of practitioners concurred that individualized treatment or counseling for female drunk drivers appears to be helpful, particularly at the outset because women may have suppressed or not be aware of how past experiences have shaped their behavior. Practitioners generally agreed that this approach has the added benefit of enabling practitioners to get a more accurate history to inform treatment and supervision strategies. Some jurisdictions with DWI Courts indicated that there is more one-on-one counseling available to female drunk drivers in these settings and this is important to help them feel comfortable and encourage them to talk about their past experiences.

Supervision and treatment outcomes. It is estimated that a majority of practitioners agreed that female drunk drivers are more likely to become compliant sooner than males, although they acknowledged that a significant majority of women attempt to manipulate the system or avoid requirements of supervision at the outset, particularly if they have no or few prior offenses. According to these practitioners, women more often express the sentiment that they “just want to complete the process and get out” of the system. They further reported that female drunk drivers generally have a higher level of fear about going back to court than do male offenders, and that they are more cognizant of the shame and cost associated with their offending, as they are about its overall effects on their children. As such, these practitioners reported that women are less likely to be violated for non-compliance, and when they are violated it is often in relation to missing appointments due to transportation or childcare issues.

Approximately half of practitioners also acknowledged that female drunk drivers are more likely to successfully complete supervision/treatment than men and in a shorter period of time. Moreover, it was agreed that they have lower levels of absenteeism in groups and are less likely to repeat treatment.

It is estimated that there was a high level of consensus among many practitioners regarding the presence of specific barriers to the successful completion of supervision and treatment by female drunk drivers. While these barriers also exist for male offenders, they are not as pronounced for a male population. These reported barriers include:

- > Female drunk drivers are more likely to struggle financially to meet the costs associated with arrest and supervision. Not only may married women not have access to money depending on the nature of their relationship with their spouse, but as single parents they are more likely to bear all of the costs associated with child rearing.
- > Female drunk drivers are more likely to have full custody of any minor children, and this is particularly true if a child has special needs. A lack of access to affordable childcare services can prevent these women from attending supervision appointments or treatment sessions.
- > Female drunk drivers are more likely than men to struggle with transportation issues not only as a result of limited availability in rural areas and/or a lack of a support network, but also because of the safety

concerns that many women have about using public transportation at night, and/or accepting rides from persons they do not know well.

In terms of outcomes, it is estimated that more than half of practitioners noted that women are more likely to accumulate multiple offenses in a fairly short period of time as compared to male drunk drivers, although, in their experiences, men are more likely to re-offend overall. One explanation that was proposed to explain this phenomenon was that women can be overconfident about their sobriety and then relapse because they have not dealt with the underlying issues that contribute to their drinking (e.g., mental health issues, trauma).

4.3 Lessons learned

Based on the collective experiences of practitioners in the supervision and treatment of female drunk drivers, some of whom have specialized in this area, there were a number of lessons learned that they shared which can be useful to inform the development of specific strategies and interventions to better serve female drunk drivers. These are briefly highlighted below and structured according to what practitioners can expect, as well as what strategies have proven to be useful and successful in many cases.

4.3.1 What to expect supervising and treating female drunk drivers

- > Women are more likely to try to manipulate the system and avoid the requirements of supervision and/or treatment at the outset of the process. This may be because these women have been able to successfully manipulate other persons in their life and this is a strategy that they have learned is effective and have relied upon in the past. In these cases, it often takes women longer to “get past the games,” to open up about their experiences, and to approach their situation with more seriousness. For this reason, practitioners agreed that whereas supervising and dealing with male drunk drivers is very “black and white” with these offenders being fairly transparent, the supervision and treatment of female drunk drivers is described as being more “shades of gray.”
- > Female drunk drivers often come to supervision and treatment with a wide range of issues in addition to substance abuse and/or dependence such as mental health problems or a history of trauma. In most cases, they have not sought help to deal with any of these issues and only do

so because they are forced to as a result of the court process, probation, or treatment. More time and effort are needed on the part of supervision and treatment professionals as compared to male drunk drivers to help them “unpack” these issues.

- Female drunk drivers generally experience more pressure to succeed because of their financial and/or childcare responsibilities. It is not unusual for these women to convey that they have the feeling that they cannot fail in relation to their diverse responsibilities. Females are more likely to have high expectations of themselves to perform or succeed because they feel that others are counting on them to fulfill different roles. As such, these women tend to be preoccupied with “trying to show that everything is okay.”
- Whereas children are often a motivator for many female drunk drivers to be successful in completing their supervision and treatment requirements, this is not true in all cases. However, for those women who are motivated by their children, it is essential to recognize that their children can be a significant influence on their behavior and play an important role in their decision-making. For these female drunk drivers, having their children show pride in or be proud of them as a parent is very important. In addition, it can be very challenging for these women to focus on supervision or treatment requirements if they are concerned about the welfare of their children.
- Female drunk drivers often are more emotional about their situation and frequently expect and need practitioners to let them talk and also to listen more so than male offenders. Women are more likely to shut down in these situations if they feel rushed or ignored. It is not unusual for women to share their emotions during appointments and this can be exhausting for practitioners. In this regard, women frequently are seeking opportunities to establish a rapport or connect with the practitioner. On a positive note, female drunk drivers are also more likely to be able to help themselves and to problem solve but they need emotional support to do this. Generally speaking, once they can establish this connection, they will work harder to “dig themselves out and move forward.”
- It should be underscored that, in many cases, it takes a long period of time for female drunk drivers to recognize their chaotic thinking and to develop strategies to help them defend against extremes in behavior.

Practitioners can benefit from exercising more patience when dealing with female drunk drivers, and from taking steps to ensure that they are able to manage any frustration they may experience.

- Female drunk drivers are more likely to need assistance with relationship dynamics and this is important to their success. In many cases, it can be easier for women to manage their situation and successfully complete their probation and treatment requirements if they are single. This enables them to deal with drinking issues which can be hard to do when they are focused on or distracted by a relationship in order to make it work, or if they are involved with a partner who also has a substance use problem.
- There is not one program or intervention that will work universally for all female drunk drivers; what strategies/interventions are most likely to result in successful outcomes is often a function of the complexity of their drinking problem. Practitioners need to have the determination to find the right program for women and to never stop trying to “get the light switch to come on.” As such, female drunk drivers tend to be more honest and comfortable in female-only groups so this should be a consideration. Women who also have a history of trauma may benefit from inpatient treatment at the outset.
- Whereas the wife of a male drunk driver is more likely to call a practitioner if they believe their husband is at risk for relapse or does relapse, the husband or male spouse is less likely to call if a female drunk driver is at risk of relapse or does relapse. In some cases, when a male spouse does report this, it may be a reflection of an unhealthy relationship or domestic violence situation. For this reason, it is important that practitioners are more sensitive to potential flags when dealing with female drunk drivers, and to also take steps to ensure that these women are not “re-victimized” by their spouse.
- For female drunk drivers in particular, anniversaries of traumatic events (e.g., arrest, death, end of a relationship, and so forth) can trigger intense emotions and they may be more likely than men to be at risk for and/or experience a relapse at these times.

- > Women are more likely to be pro-social and compliant than men, most often because of the pressure they feel to succeed and the broader range of responsibilities that they have in relation to childcare and financial support.
- > Female drunk drivers are more likely to be successful than males in completing their supervision and treatment requirements particularly if they have family/friends that are supportive of their sobriety

4.3.2 Strategies for supervising and treating female drunk drivers

During the course of the interviews, each of the practitioners shared what they had learned based on their individual experiences in relation to more appropriate strategies to both supervise and treat female drunk drivers. These strategies can be useful guidelines for other practitioners to consider and are briefly summarized below.

- > Drug screens for suspected female drunk drivers at the time of arrest can be a very helpful source of information to identify potential issues with drugs, particularly as women may be less forthcoming about substance use in addition to alcohol at the beginning of their involvement in the criminal justice system. Practitioners further acknowledged that making specific inquiries about a female drunk driver's prescriptions and continually checking their prescriptions can also help identify problems with prescription medications as well as tendencies towards "doctor shopping."
- > The use of a presenting assessment tool during intake can assist practitioners in the identification of substance use and mental health issues at the outset and, subsequently, help them make informed and appropriate referrals to services initially.
- > Intensive monitoring and support are particularly useful for female drunk drivers at least at the beginning of their supervision period, in order to create a high level of accountability. At the same time, it is important to balance supervision and accountability with compassion (as appropriate) and rehabilitation. To this end, the matching of probation officers and treatment counselors with appropriate skillsets to best meet the needs of female drunk drivers should be a consideration as part of case assignment. To better accommodate some of the specific challenges that

female drunk drivers face, it is helpful if probation officers and treatment counselors can exercise a certain degree of flexibility and discretion to address the individual circumstances of each female, and to help women be successful. In addition, practitioners that are prepared to serve as a resource and source of support for females are perhaps better suited to manage this population.

- It is important to remove issues of ego, shame, and guilt from the conversation with female drunk drivers and to start with the individual and refrain from making judgments (either real or perceived). Initial conversations with females should gauge their current level of self-esteem and also what factors contribute to or detract from their self-esteem. According to practitioners, “Some women fake it well but have low self-esteem,” and it is helpful to understand where female drunk drivers are at in relation to their individual perceptions of self-worth. This understanding helps to ensure that practitioners are better able to recognize and utilize strategies that contribute to the building of self-esteem as part of their approach to supervision and treatment for this population.
- The creation of a safe environment that women perceive as welcoming can assist in the establishment of rapport and help women to open up (i.e., setting up an office so that there is good lighting, plants and/or flowers, artwork, pamphlets that contain information relevant to women, and so forth, in an effort to create an inviting as opposed to a sterile atmosphere).
- The stress and anxiety of female drunk drivers can often be eased by informing them at the beginning of the process that they will receive a lot of information and paperwork about their case and supervision during initial discussions and appointments. It should be emphasized that there is recognition that it is a lot to absorb and that one of the roles of supervision professionals is to help them “figure it out” and ensure that they manage their conditions accordingly. By delivering this information in manageable packages as appropriate, practitioners can make the process seem less overwhelming for female drunk drivers and can make them feel as though they are better equipped and capable of accomplishing what is expected of them. In this regard, officers should be prepared to provide ongoing guidance and support.

- > Consideration of a more comprehensive approach to supervision and treatment can benefit female drunk drivers who frequently need assistance to address a broader range of factors in relation to their life situation beyond drinking and driving. In addition, a key factor that is useful to inform these decisions is that many female drunk drivers are unable to focus on supervision or treatment until they attain a reasonable level of comfort in relation to the living situation of their children and their ability to continue to access and care for them.
- > The selection of strategies that involve incentives to encourage and reinforce compliance, that are designed to motivate female drunk drivers, and that can help build self-esteem are highly beneficial for this population. By supplementing these strategies with verbal praise and demonstrations of support, practitioners can increase a woman's belief that she can be successful. At the same time, it cannot be overlooked that female drunk drivers are more likely to perceive their probation officer or treatment counselor as a positive role model, and this may be the first time they have had not only a role model but also someone who is supportive of their success in life. As such, it is underscored that practitioners should be sensitive to these perceptions and take steps to not only be a source of support and guidance but also to maintain appropriate boundaries and a professional relationship with female drunk drivers.
- > Practitioners should take extra steps to learn to "read between the lines" in relation to female drunk drivers in order to better identify custody concerns, domestic violence, and mental health issues that may affect supervision and treatment outcomes. Of importance, male practitioners report that, whereas male drunk drivers are more likely to be up front about their issues, female drunk drivers are less likely to spontaneously disclose them. Conversely, female officers indicate that female drunk drivers are equally likely to disclose such issues. As such, the gender of the practitioner may be a factor in relation to the willingness of female drunk drivers to disclose personal or sensitive issues.
- > It is essential that practitioners be sensitive to potential flags that may indicate sources of concern that should not be overlooked. These flags may include the status of a female drunk driver's relationship with their significant other (whether they are supportive or not); as well as whether their family is supportive or not. In some cases, the arrest and supervision

requirements often force female drunk drivers to choose between sobriety and maintaining a personal relationship. Not only is this situation difficult emotionally, but it can contribute to relapse.

- The supervision of female drunk drivers who experience domestic violence may require additional sensitivity and precautions. It is not only important that women believe that they can trust the practitioner, but the practitioner also has to protect against letting the spouse abuse the situation and continue the victimization.

In this regard, efforts for supervision and treatment professionals to create a non-threatening environment for female drunk drivers who are victims of domestic violence and/or have a past history of trauma are important. To illustrate, the size or set-up of the room for appointments with women and the tone of voice used by the practitioner could potentially be perceived as threatening and must be taken into consideration. In some instances, female drunk drivers may be more receptive to discussing personal issues with a female practitioner as opposed to a male, although this is not a factor for all women.

- Strategies that assist female drunk drivers in recognizing their potential lack of boundaries in relationships, and how this contributes to their addiction or behaviors that are connected to their offending are helpful to those offenders for whom this is an issue. It is also equally important to consider the use of strategies that can assist female drunk drivers in learning how to set boundaries and better protect themselves from unwanted or negative experiences.
- It can be beneficial to try and engage a female drunk driver's family in supervision and/or treatment, to the extent possible, so that they can be a source of support for the offender's sobriety. Explanations about addiction and its effects, as well as the needs of individuals seeking sobriety can contribute to female drunk drivers experiencing a higher level of support and ultimately, success. At the same time, ongoing encouragement for female drunk drivers to attend AA support groups in order to help them build a network of support can also be a contributing factor in their success.



5. RECOMMENDATIONS

Based on feedback gathered during the interview focus groups and individual interviews with female drunk drivers, and the interviews with practitioners representing probation officers, judges, defense attorneys, alcohol education counselors, and treatment professionals, a number of recommendations emerged that can inform efforts to strengthen prevention initiatives as well as improvements to the criminal justice and treatment systems for dealing with female drunk drivers. These recommendations are discussed in more detail below.

5.1 Prevention

The first step toward reducing incidents of impaired driving is to increase education among women about alcohol. In particular, prevention efforts should be targeted at young women and delivered in a school setting before they begin drinking and it should be ongoing throughout high school. It is important that women learn at an early age what constitutes ‘normal’ drinking and what is classified as excessive or binge drinking. Other important areas of education include how alcohol is distributed in the body differently for each sex (i.e., when a man and a woman drink exactly the same amount of alcohol under the same circumstances, the woman’s BAC will be higher) and how drinking effects driving performance.

In addition, increased awareness of and attention to the identification of emotional problems, mental disorders, or difficult living circumstances among women is also very important from a prevention perspective as these issues often compound a woman’s situation and can contribute to substance misuse as well as drinking and driving. As one offender put it, “We have issues even before we begin drinking.” Young women who face these challenges should

be encouraged to seek counseling or treatment and be taught that turning to alcohol and/or drugs is not a good coping strategy and is likely to increase problems as opposed to alleviate them. Furthermore, efforts are needed to breakdown stigma associated with these issues that can prevent women from seeking the help they need.

5.2 Criminal justice system recommendations

The following are recommendations to improve the experiences of female drunk driving offenders processed through the criminal justice system as well as recommendations relating to the management of their supervision. The recommendations highlight strategies that practitioners may wish to consider and/or utilize when monitoring this offender population. Suggestions are also put forward as to the most appropriate and effective interventions as identified by both offenders and experienced practitioners.

5.2.1 Recommendation from offenders

- > Provide guidance and assistance to female drunk drivers to help them manage life issues related to their offending. In particular, women are seeking assistance in the identification and use of strategies to ask for forgiveness from children following their conviction for impaired driving. This was cited by almost all women as an area where probation officers or treatment professionals could be of help to offenders as they frequently reported that this was a priority issue to them that they felt unequipped to manage.
- > Provide clear information about the conditions of probation, requirements of sentencing, and any additional responsibilities during initial meetings with probation officers. Female offenders expressed frustration with the lack of information they received or inconsistencies in response to their questions. These women noted that the supervision process could be simplified if they know exactly what the expectations of them are and how to avoid violating their conditions. In the interest of fairness, these women also feel as though they should equally be made aware of what avenues are open to them in the event that they violate (e.g., appeals, second urinalysis tests).
- > Work with female drunk drivers to achieve a good balance in how their time is scheduled and filled. Female offenders need a sense of purpose and to be kept busy in order to increase feelings of self-worth, to occupy

free time in a constructive manner, and to maintain a certain level of accountability. However, balance is needed as they also must address their issues and not be permitted to be so busy that they can “run from life” or their problems. Practitioners are integral to help them achieve this balance through active listening and practical suggestions about the scheduling of various responsibilities.

- Recognize the individual value and accomplishments and/or progress of offenders. As one woman noted “I don’t want to be just another case or docket number.” Of importance, this recognition builds their self-esteem and motivates them to try harder and be successful. Many of these women have not felt good about themselves in a very long time which is often a contributing factor to their substance use. One of the biggest motivators for these women is to have their progress recognized and for them to know that they are making gains and getting their life back on track. This sense of accomplishment can be fostered through demonstrations of trust, respect, and encouragement on the part of probation officers when the women are able to meet conditions of their supervision such as gaining employment.
- Be honest, clear, and follow through in your interactions with female drunk drivers. For example, if appointments are scheduled with offenders, it is important that appointments take place as scheduled, particularly if the offender is trying to maintain employment and manage childcare arrangements, and that follow-up on inquiries is completed.
- Consider increased flexibility in the scheduling of probation appointments, testing, and treatment for female offenders as appropriate. Many female drunk drivers find it challenging to meet all of these requirements and still maintain employment as scheduling often occurs during work hours. Few employers are sympathetic to frequent requests for time off, especially on a weekly basis. While it may not always be possible to accommodate offenders’ schedules, probation officers are encouraged to work with them to develop solutions that allow them to maintain employment and still meet all conditions of probation. Otherwise, the women may feel as though they are being set up to fail.
- Identify the most appropriate and best suited treatment intervention for each offender as this is a key to their success in recovery. If women are forced to attend treatment services that they feel lack value or that

they are not deriving benefit from, it is unlikely that it will assist them in the maintenance of sobriety (e.g., mixed gender groups that consist of participants with varying degrees and types of addiction issues). Practitioners are encouraged to find a balance between programs that are available and affordable and those that address the individual risks and needs of female offenders. Practitioners may consider working collaboratively with the women they supervise to find the right treatment program so they are comfortable to disclose, share experiences, and address their issues. Also, in an effort to further establish rapport and respect, it is recommended that probation officers listen to women when they say that a treatment program is not working. At a minimum, this may warrant a discussion about what aspects of the intervention the women perceive as problematic or of little value.

- Minimize stress and discomfort in situations when a female drunk driver is assigned to a new probation officer. It is not uncommon for female offenders to switch probation officers over the course of their period of supervision (which is often a function of caseload/workload of different officers). This may be a difficult transition, particularly if a positive relationship and good rapport had been established with the current officer or case manager. In order to make the transition as smooth as possible, practitioners might consider making the change gradually or scheduling a meeting with both officers and the offender to ensure that everyone is brought up to speed about the case.
- Minimize situations in which female drunk drivers must constantly re-live their story and review the circumstances which led to their offense. This is painful and depressing and reinforces their low self-image. While they recognize that it is important to learn from past mistakes so as not to repeat behavior, at a certain point this becomes counterproductive. Women are more likely to benefit from an increased focus on the present and recognition of the progress that they have made and future challenges. This will allow them to move forward instead of being stuck in the past.
- Find constructive strategies to deal with emotions and emotional situations. It is at these times that women are most in need of support and encouragement. While this may pose challenges, it can be useful to listen to concerns instead of perceiving the situation as a power struggle and/

or dismiss it as a petty issue. Helping females work through emotional situations can be important to teach them how to problem solve and not overreact when solutions are available to them.

- Manage perceptions around the inconsistent application of sanctions across individual offenders by making clear why sanctions are applied and what factors are taken into consideration. Perceived differences in sanctions across female drunk drivers is another source of frustration to them. It is important to note that many of these women are in group therapy together and share their experiences and stories. Often, they learn what others with similar histories or offenses have received, and what they perceive to be more lenient sanctions or conditions can lead to perceptions of a lack of fairness or inequality. For this reason, it might be beneficial for probation officers to explain to the offenders they supervise why they received a particular sentence and/or conditions. It is also recommended that probation officers take into consideration compliance history and alter conditions as appropriate to recognize progress.
- Increase the availability of education for criminal justice practitioners about substance abuse and dependence. This can help practitioners not only understand the psychology of addiction but also understand about relapse and the likelihood of its occurrence, and the importance of matching offenders to appropriate treatment interventions. The ability to identify triggers and 'red flags' among probationers could help prevent relapse and also to make appropriate treatment and intervention recommendations.
- Increase education for criminal justice practitioners about female offender issues and about alcohol monitoring technologies such as ignition interlocks. The more information available to practitioners, the better equipped they are to apply appropriate sanctions, and effectively monitor offenders, and address concerns.

5.2.2 Recommendations from practitioners

- Work to talk, listen, connect, and develop rapport with the women that are supervised. Female offenders take a longer time to open up than their male counterparts and they need to feel as though they are in a safe environment in order to feel comfortable disclosing information. It might

take women longer to ask for help as many have never learned to ask for assistance and have historically relied on themselves to do everything.

- > Seek to build the self-esteem and the trust of the women that are supervised. In this regard, it is important to know the women as individual persons as opposed to case files. The establishment of trust between the two parties can also facilitate information-sharing and motivate female offenders to comply with their conditions.
- > Set boundaries. While it is important to be a source of support for female offenders, probation officers cannot let women view them as a “friend” as that is not their role; they must be able to hold probationers accountable for their actions and avoid being manipulated.
- > Learn more about social work and increase the availability of social services, educational and vocational services for offenders generally to the extent possible. Practitioners recommend better communication and the development of relationships with other community and social services (e.g., employment, education). Increased follow-up with these services is also important to ensure that offenders have access and are able to complete the requirements/conditions of their supervision.
- > Develop a different protocol for home visits for female probationers. Factors to take into consideration include: the presence of children in the home who may be frightened; the embarrassment associated with probation officers announcing their presence, particularly in an apartment or communal living setting (e.g., showing up with jackets that say ‘Probation’ or with weapons visible); the invasion of personal space that some women might feel if a male goes through their home and possessions; and the impact that visits to work for random testing can have on employment. It is recommended that a female probation officer be present during home visits or at least until a level of trust and comfort is established.

5.3 Treatment system recommendations

Female drunk drivers also provided recommendations to improve their experiences within the treatment system. The recommendations highlight strategies that practitioners may wish to utilize when treating or making treatment and intervention referrals for this offender population. Suggestions

are also put forward as to the most promising and well-received treatment approaches as identified by both offenders and experienced practitioners.

5.3.1 Recommendations from offenders

- > Increase the availability of better and more extensive assessments (for both substance use and mental health) at the time of first offense along with referrals to appropriate and intensive treatment interventions for those who require them. Often, there is a lack of consequences for a first offense; some women perceive mandated education sessions as “a joke” because these classes are viewed as a place to “meet people to drink with.” Many of the women in this study reported that if there had been more serious assessment or if their issues (e.g., the underlying cause of their offending behavior) had been identified following their first offense, a second offense might not have occurred. As one woman noted, “the first offense is really more about process than consequences.”
- > Provide more affordable and higher quality treatment services. Not everyone has insurance and women often end up paying for the cheapest treatment options because they are unable to afford more intensive interventions or the therapy that is best suited to their needs. This frequently results in women paying for and attending treatment that is not relevant or beneficial, and this is a source of frustration and can result in unsuccessful treatment outcomes.
- > Offer the option of women-only treatment programs and services where possible. Attendance in a treatment program or therapy that is tailored to women is perceived by female offenders as the most preferable option. Not only do women prefer female-only groups but they also prefer groups that are comprised of women with similar issues (e.g., comparable levels of dependence) and who are in the same age category (e.g., older women have different experiences, issues, and responsibilities than younger women). When women are with peers who they feel they can relate to, they are more likely to share experiences and be receptive to feedback.
- > Provide women with opportunities to integrate real life responsibilities into their treatment. In other words, they want to learn how to cope with pressure and how to organize and manage their life in conjunction with treatment. They also want to apply the skills that they learn in therapy as

they cannot learn skills in a vacuum and then be expected to know how to apply them outside of treatment in the 'real world' in the absence of guidance and support. As one woman stated, "with 30 days you get the information and knowledge to understand but then you are out the door and not yet equipped with the tools and skills." Female offenders need to learn how to deal with life differently and in a better way and, as such, they also require opportunities to practice the application of skills in an effort to change behavior and achieve better outcomes.

- Encourage counselors to refrain from sharing their personal stories as treatment should be focused on the offender, not the counselor. Continual discussion of use may trigger some women and prompt relapse. One woman stated that the role of the counselor is "not to teach you how to use, but how to live a sober life."
- Do not require participation in treatment for women who do not have alcohol abuse or dependence issues (as determined by screening and/or assessment). They are unlikely to benefit from mandated participation in treatment and, in these instances, women tend to become resentful and view the treatment process as a waste of both time and money.

5.3.2 Recommendations from practitioners

- Make available to practitioners more research about which treatment interventions and strategies work best with a female drunk driver offender population. Currently, there is a lack of research in this area and knowing what works would be beneficial.
- Increase the availability of treatment services and higher quality services; this is not specific to DWI offenders, but rather for all offenders in general. There is also a need for more gender-sensitive treatment strategies and gender-specific therapy groups.
- Increase funding and resources to help women who lack insurance or are of low socioeconomic status enter into evidence-based treatment programs that can adequately identify and address their individual risks and needs.
- Make available more training and resources to improve the quality of treatment. Practitioners recognize that most available counselors are pretty well-equipped to deliver programming, however this varies across jurisdictions. There is also a need to increase recognition that women

are often more complex clients than men and it is difficult for them to manage all of their priorities and responsibilities (e.g., childcare and employment) which could affect their success in treatment.

- Provide more training for clinicians and strengthen state certification protocols as appropriate. In some jurisdictions, little training is required to deliver therapy or treatment interventions and this is not an ideal scenario. It is often assumed that if a clinician is licensed that they are qualified, but that is not always the case. Subsequently, practitioners note the importance of the creation of standards in education and standardized testing for clinicians in order to be licensed. The implementation of audit protocols of treatment providers to verify that appropriate services are being provided is one potential option. Clinicians would also benefit from backgrounds or education in the areas of trauma and relationships, particularly when working with female clientele.
- Use alcohol-intake instruments that acknowledge and identify a history of trauma as this can have implications for treatment (e.g., it could assist practitioners in making better referrals to more appropriate services). There is also a need for more trauma services, trauma-informed clinicians, and one-on-one counseling services for trauma.
- Increase screening for co-occurring disorders. There is a need for medical services that are acceptable and affordable that includes psychiatric, medical, and physical health services. In order for treatment of substance use to be successful, any co-occurring mental disorders must also be identified and treated.
- Provide more outpatient services outside of regular business hours (e.g., in the evening and on weekends). This would make it easier for women who work during the day or care for children to attend treatment.
- Increase skills among alcohol education counselors in relation to the moderation of group sessions. It is important that counselors are able to 'shut down' difficult clients and ensure that the group is functional and constructive and that all participants are able to share their experiences.
- Increase the availability of aftercare which is important to success following the completion of treatment and the maintenance of long-term sobriety. It is essential to offer these services which enable women to return for follow-up if they successfully completed treatment. The

provision of follow-up services can also help women maintain abstinence and prevent relapse.

Melissa came from an affluent family and was never in trouble as a teenager. By the time she was in her mid-20s, she had completed her undergraduate degree and was employed full-time as a high school teacher and looking to complete a Masters of Education. Then she was arrested for two DWIs within a six-month period. On both occasions, she had been celebrating accomplishments and had not considered herself to be impaired or unable to drive because she had been drinking.

Her convictions meant she was forced to resign from her job and she entered an inpatient program for substance abuse. She found that the intense media coverage of her offenses made it more difficult for her to cope with her already challenging situation. There was tremendous stigmatization because she lived in a small community and was a well-known teacher. She says she found it difficult to manage after her convictions and could not have done it without the support of family and friends. Now re-located, she cautions that the significant costs and demands resulting from a DWI can make it difficult to succeed, even though she had means and was very motivated. "I had to work multiple jobs to cover all of the costs and fees associated with my DWIs and to be compliant. Getting a job once you have a criminal record is really challenging. If I had known the consequences, I would never have driven."



6. CONCLUSIONS

As evidenced by TIRF's 2011 review of the literature, much of the available research about female drunk drivers is outdated and several gaps in knowledge exist. What is known is that there are important differences between female drunk drivers and their male counterparts. In particular, they are often older at arrest, are more likely to be single, separated or divorced, have more education, and are often the primary caregivers of children. Mental health issues and prescription drug use is typically more pronounced, and histories of abuse, trauma, and health problems are common. In contrast, what is not well understood are the pathways to this behavior among women, the factors that contribute to it or that compound it, their experiences post-conviction, or what strategies can best serve this population.

This study adds to this body of knowledge and demonstrates that, in addition to issues identified above, offending behavior among a large majority of female drunk drivers appears to often be associated with a significant emotional event or trigger (e.g., intense pressure to succeed, financial problems, the end of a relationship, the illness of a child, death of a parent). A majority of women struggle with low self-esteem or depression and turn to alcohol use as a coping mechanism without understanding its effects. They further report that the stigma associated with a drinking problem not only compounds these problems but frequently discourages them from admitting it or seeking treatment. This is equally true in relation to other issues such as trauma and abuse. And, they are immensely attuned to how the acknowledgement of such problems will negatively influence the perceptions of family, the custody of children, and their professional status.

This study also identified three distinct and unique profiles of female drunk drivers that begin to shed light on the confluence of factors that play a role in their offending. Of importance, such profiles illustrate that women may be subject to different risks and needs, and that drinking and driving behavior may not emerge until later in life. This knowledge has important implications for prevention initiatives as well as interventions targeted towards this population.

Once convicted of drunk driving, it appears that female offenders experience greater financial pressures as the sole breadwinner and caregiver of children, and they are often forced to choose between an unhealthy relationship and sobriety. They are frequently overwhelmed and unequipped to manage the demands of supervision in combination with ongoing parental, employment, and community responsibilities. They are more often reliant on emotional support from family members and friends, and require assistance with childcare, housing, and transportation. Moreover, women with fewer financial resources express significant safety concerns in relation to their limited transportation options. Perhaps most notably, these women frequently define their experiences in the criminal justice and treatment systems in terms of emotional consequences; shame, anxiety, frustration, anger, fear, and uncertainty.

This study also revealed that there are important gaps in existing criminal justice and treatment systems that can make it more challenging for female drunk drivers to successfully complete their sentence and comply with the conditions imposed upon them. Practitioners report that they often lack knowledge about the risk/need dynamic of this specific population, and have limited understanding of addiction issues. They also note that the tools they frequently utilize are not designed to identify mental health issues or histories of trauma, and it can be challenging to gather sufficient information about the personal history of the women they supervise in order to best serve them. Existing supervision and scheduling protocols are generally less appropriate for females because of the competing responsibilities that they face.

It is also apparent from this study that women often receive conflicting or confusing information from the different systems they are involved with (i.e., criminal justice, treatment, and licensing) regarding expectations, requirements, and consequences. This is perhaps most poignantly illustrated by the fact that many women resign themselves to not reinstating their

driving privileges until they have completed their supervision because they become so frustrated in trying to determine when they are in fact eligible and the process that they must complete.

There are also important gaps in the interventions and services that are available to women. There is a greater demand for more specialized treatment services that are capable of addressing the complexity of issues that contribute to their drinking, however, commonly available treatment programs often do not meet their diverse needs. The integration of these interventions with relevant community and social services is also lacking and practitioners working in criminal justice and treatment systems are often less prepared to make referrals to outside agencies to help these women address mental health, counseling, housing, childcare, and employment issues.

In summary, the results of this study clearly demonstrate the importance of focusing efforts to begin to better understand this problem and to develop more effective strategies both to prevent and manage it. Subsequently, more research about the characteristics of these women, what works with female drunk drivers in relation to the effectiveness of traditional sanctions, and how such strategies can be best implemented in existing criminal justice and treatment systems is needed. In particular, research to increase understanding of what supervision strategies lead to successful completion of probation and what components of treatment produce better outcomes can guide efforts to address this problem in the form of policies, programs, and individual interventions.

In recognition of this, some agencies have already recognized the need to improve the delivery of services and to develop different approaches and strategies to address the needs of this specialized population. The results from this study can bolster such initiatives. As a first step in this regard, the results obtained from the interview focus groups, in-depth interviews, survey, and key informant interviews will be available to the APPA to inform the development of a training module on female drunk drivers for probation and court practitioners. Findings will be also be shared with the NCDC to help identify opportunities within the DWI Court model to better address the specific risks and needs of female drunk drivers in an effort to reduce recidivism.

Also of importance, this study provides insight that can inform future research initiatives. In particular, the data collected suggests opportunities for inquiry and further exploration into issues that pertain to the supervision and treatment of female drunk drivers. As the purpose of this study was to generate hypotheses as opposed to test them, potential areas for future research include:

- Examination of which types of treatment interventions produce the best outcomes among female drunk drivers.
- Comparison of whether outcomes are better among this population using gender-sensitive supervision and treatment approaches opposed to traditional approaches.
- Examination of what impact the use of screening and assessment of first offenders followed by appropriate referrals to treatment services has on future recidivism.
- Examination of the benefits of early intervention among young women and first DWI offenders in regards to alcohol consumption.
- Further investigation of the profiles described in this report, and identification of what supervision strategies and treatment interventions produce the best outcomes among each of them.
- Examination of the benefits of the inclusion of victimization and trauma training for probation officers who supervise female offender caseloads.
- Determination of the magnitude of the prevalence of mental health and trauma issues among female drunk drivers and the identification of best practices to address these problems.
- Measurement of the impact and effectiveness of Leandra's Law in New York on women in relation to outcomes.
- Examination of the financial impact that drunk driving offenses have on female drunk drivers in comparison to males.

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8. APPENDIX - CASE STUDIES

8.1 Jurisdictional profile: California

DWI statistics

- > Progress has been made in California in reducing alcohol-impaired fatalities. Between 2009 and 2010, the number of fatalities decreased by 14.4% from 924 to 791 and continued to decrease in 2011. Of the five states with the greatest number of total traffic fatalities, California has the best alcohol-impaired driving fatality rate. In 2011, there were 774 fatalities in crashes involving a driver with a BAC of .08 or higher in the state of California.
- > In 2010, there were 195,879 DUI arrests in the state. Females comprised 22.4% of these arrests. The proportion of females among convicted DUI offenders has risen consistently every year since 1989 (California Department of Alcohol & Drug Programs 2012).
- > California maintains a high DUI conviction rate of approximately 79%.

State impaired driving laws

Driving Under the Influence (DUI). A person commits the crime of DUI if they are under the influence of any alcoholic beverage or drug, or under the combined influence of any alcoholic beverage and drug, and drives a motor vehicle.

- > 1st offense: fine of not less than \$390 and not more than \$1,000; imprisonment in county jail of no less than 96 hours (at least 48 of which must be continuous) and not in excess of six months.
- > 2nd offense: fine of not less than \$390 and not more than \$1,000; imprisonment in county jail of no less than 90 days and not in excess of one year.
- > 3rd offense: fine of not less than \$390 and not more than \$1,000; imprisonment in county jail of no less than 120 days and not in excess of one year.
- > Habitual offenders must be convicted of three or more DUIs and the designation is applied for a period of three years.

Driving with prohibited blood alcohol concentration. It is unlawful for any person who has .08 percent or more, by weight, of alcohol in his or her blood to drive a vehicle.

Reckless driving involving alcohol. DUIs in California are often reduced to the lesser charge of reckless driving involving alcohol, commonly referred to as 'wet reckless.' In order to be eligible for the reduction, offenders must be willing to plead guilty and not have any prior DUI convictions. Penalties include a \$1,000 fine and mandatory completion of a DUI education program.

Programs

Supervision. Female DUI offenders can be processed through either traditional courts or DWI/Drug Courts. California has 99 Adult Drug Courts and 9 DWI Courts.

If a first offender is granted probation they will be granted summary probation for a period of three years, which is generally the maximum period that can be imposed. While there are various terms and conditions attached to a sentence of summary probation (including participation in a DUI education program), there is a lack of active supervision by either a probation officer or the court. This generally holds true for second and even third time offenders, because under California law, unless the DUI driver causes injury to another person, a non-injury DUI cannot be charged as a felony until and unless offenders have sustained three prior DUI convictions within a ten year period before the pending (fourth) arrest. Once offenders are convicted of a felony offense, they must be placed on formal probation, because by statute, summary probation is not available as a sentencing option for felony offenders. It is at this point that they will be actively supervised by a probation officer and/or the court.

Interlock program. California has a hybrid interlock program (judicial and administrative components) that has been in place since 1986 and was implemented statewide in 1990. Recently, the program has undergone a number of legislative changes culminating in a pilot initiative in four counties for first offenders launched in 2010.

The courts are responsible for ordering the interlock device as part of sentencing for impaired driving offenders. The interlock legislation is mandatory for repeat offenders and discretionary for first offenders. The court has the general authority (as per Sec. 23575 of the Vehicle Code) to

order the installation of an interlock on any DUI conviction and is to give heightened consideration in cases of high BACs, test refusals, or to offenders with two or more prior traffic violations. This statute is not mandatory per se and relies heavily upon judicial discretion to order the device. There are mandatory interlock provisions for offenders who are caught driving while suspended or revoked for DUI. For example, offenders convicted for a 2nd DUI serve a two-year suspension but can get an interlock-restricted license after 90 days permitted that they meet all eligibility criteria (e.g., proof of DUI education, financial responsibility, and interlock installation).

The interlock is ordered infrequently and not uniformly applied as a sanction across the state; judges in some counties tend to order the device with greater consistency than others. The monitoring of interlock offenders is the responsibility of probation officers but only if those individuals are being actively supervised (many offenders are on paper probation and do not regularly meet with a probation officer).

Several evaluations of California's interlock program have found that more first offenders participate in the program than repeat offenders (DeYoung 2002; DeYoung et al. 2005). Reinstatement rates after three to four years are also higher for first offenders than repeat offenders (75% vs. 50%).

In an effort to further address the impaired driving problem in the state, California recently introduced a pilot program (see Sec. 23700 of the Vehicle Code) in four counties (Alameda, Los Angeles, Sacramento, and Tulare) for first offenders. As of July 1st, 2010, interlocks are required for all DUI offenses – both first-time and repeat. First offenders are required to have the device installed for a period of five months. Repeat offenders are required to have the device installed for periods of 12, 24, or 36 months depending on the number of prior DUI convictions. The results of this pilot are due to be presented to the legislature in 2015. At present, the participation rate for the program is 20-25% (Khan 2011).

Treatment. A common condition of probation for DUI offenders is the enrollment in and completion of a driving under the influence program that is approved by the State Department of Alcohol and Drug Programs (ADP). The ADP currently licenses 472 programs that fall into four different categories:

- > **Wet Reckless Program.** This program is designed for offenders convicted of reckless driving with a measurable amount of alcohol in their blood and involves 12 hours of alcohol education.
- > **First Offender Program.** This program is designed for offenders convicted of their first DUI offense; they must complete a state-licensed three-month or nine-month program, depending on their BAC (.2 or higher requires participation in the nine-month program). These programs involve alcohol and drug education and counseling.
- > **18-Month Program.** This program is designed for offenders convicted of their second DUI. This program involves 52 hours of group counseling, 12 hours of alcohol and drug education, six hours of community re-entry monitoring, and bi-weekly individual interviews.
- > **30-Month Program.** This program is designed for offenders convicted of their 3rd and subsequent DUI. This program is only available in select counties and involves 78 hours of group counseling, 12 hours of alcohol and drug education, 120-300 hours of community service, and regular individual interviews.

These programs are designed to enable participants to consider attitudes and behavior, support positive lifestyle changes, and reduce or eliminate the use of alcohol and/or drugs. Program components include education, group counseling, individual interview sessions, and treatment.

Other treatment components may be required as a condition of probation. Offenders could be required to complete inpatient or residential treatment, the quality and availability of which would be dictated on a county-by-county basis. Female DUI offenders also routinely participate in Alcoholics Anonymous; gender-specific meetings are available but again, this depends on the jurisdiction.

County selected

The county chosen as a site for interview focus groups in California was San Joaquin County. According to the 2010 U.S. Census, the county has a population of 685,306 (480/mile²). In 2008, San Joaquin County implemented a system change whereby all repeat DUI offenders in the largest judicial district (City of Stockton) were required to participate in a DUI Monitoring Court program. The program is comprised of two different tracks that identify varying levels of risk among this offender population:

- > Track 1 is a monitoring track in which offenders are required to come to court infrequently and report on progress (e.g., completion of terms of probation, re-licensing).
- > Track 2 is designed for offenders who are unable to comply with Track 1 requirements and are assessed as needing substance abuse treatment. Track 2 adheres to a traditional Drug Court model.

Participation in the program lasts a minimum of 12 months and participants must be sober for a period of 120 days before being permitted to exit. As part of the program, probation officers assess and re-assess offenders every six months to identify any changes in risk and needs. The assessment instrument that practitioners rely upon is the Static Risk and Offender Needs Guide (STRONG) which is a comprehensive, fourth generation risk and needs assessment tool as well as an automated case planning system.⁸

A 2011 evaluation by NPC Research found the program to be effective. Participants were less likely than a comparison group of DUI offenders on traditional probation to be re-arrested after 18 months (9% vs. 12%). To access a copy of the evaluation, please refer to: <http://www.centurycouncil.org/sites/default/files/reports/California-Evaluation-1.pdf>

Alternative Work Program (AWP). The AWP is a community corrections program in San Joaquin County that allows individuals who are sentenced to jail to serve their time living at home and working within the community. Participants are assigned to work 8-10 hours daily on public works or for non-profit organizations. Each day worked in the community counts as two days served in jail. The program is viewed as beneficial because it allows offenders to maintain employment and family ties, avoid incarceration, and contribute to society.

Profile of offenders

- > There were 30 female DUI offenders that participated in the California interview focus groups. Approximately three-quarters of these women were repeat offenders and one-quarter were first offenders.
- > The majority of the women who participated in the interview focus groups were estimated to be between the ages of 20 and 45.

⁸ For more information about STRONG, please refer to: https://www.assessments.com/assessments_documentation/STRONG%20Fact%20Sheet.pdf

- > In comparison to the other states involved in the study, California offenders tended to be of lower socioeconomic status.
- > There was greater cultural diversity among female DUI offenders in California as compared to other jurisdictions. In particular, there was a much larger Hispanic population represented.
- > Many of the female offenders were placed on continuous alcohol monitoring (i.e., SCRAM) as a condition of their probation.
- > Many of the women had the following issues present in their history as confirmed by the participants themselves and through the observations of practitioners:
 - » broken/dysfunctional household;
 - » mental health symptoms and/or diagnoses;
 - » polysubstance use;
 - » sexual abuse/assault;
 - » domestic violence/abuse; and,
 - » difficulty sleeping.

Profile of practitioners

- > There were five probation officers, three alcohol education program managers, two treatment providers, two defense attorneys, and one judge that participated in practitioner focus groups in California. A majority of these practitioners had considerable experience in their respective professions, although not all of them. Alcohol education and treatment professionals had considerable experience
- > The DUI Monitoring Court Program has a specialized felony DUI unit that allows for intensive supervised probation of offenders. The unit is funded through a grant from the California Office of Traffic Safety.
- > Probation officers who supervised female DUI offenders were male and female and many of them had mixed caseloads. Practitioners noted that there were many more females working in the criminal justice system as probation officers, prosecutors, and defense attorneys.

- > Some of the officers reported using an alternating schedule in which offenders come to the office for appointments for a period of two weeks followed by two weeks of home visits. All offenders are required to submit to random breath testing and urinalysis during both office appointments and home visits.
- > There are no special protocols in place for the supervision of female DUI offenders compared to males.
- > Probation officers attempt to accommodate offenders who work and some of them keep flexible hours to allow probationers to come for appointments and/or testing in the evening or on weekends.
- > Practitioners do make an effort to refer women to appropriate services and programming whenever they have the opportunity to do so. For example, pregnant women are referred to the Healthy Connections Program.

8.2 Jurisdictional profile: Missouri

DWI statistics

- > In 2011, there were 258 fatalities in crashes involving a driver with a BAC of .08 or higher in the state of Missouri (NHTSA 2012).
- > In 2011, there were 29,447 impaired driving arrests in the state (FBI 2012).

State impaired driving laws

Driving While Intoxicated (DWI). A person commits the crime of DWI if they operate a motor vehicle while in an intoxicated or drugged condition. The statute is not limited to impairment by alcohol and includes prescription drugs.

- > 1st offense: Class B misdemeanor; up to \$500 fine; up to six months in jail.
- > 2nd offense (within five years): Class A misdemeanor; up to \$1,000 fine; up to one year in jail.
- > 3rd offense: Class D felony; up to \$5,000 fine; up to four years in prison.
- > 4th offense: Class C felony; \$5,000 fine; up to seven years in prison.

- > 5th or subsequent offense: Class B felony; minimum \$5,000 fine; prison sentence of not less than five years to a maximum of 15 years.

Driving with excessive blood alcohol content (BAC). A person commits the crime of driving with excessive blood alcohol content if they operate a motor vehicle with a BAC of .08 or higher. The offense, also known as ‘BAC’, is commonly thought of as a lesser offense than DWI however, a reduction of a DWI to a BAC will generally not lessen the impact of a conviction or sanctions.

The court can require, as a condition of probation, that any offender convicted of an intoxication-related traffic offense abstain from consuming or using alcohol as demonstrated by continuous alcohol monitoring or by verifiable breath alcohol testing performed a minimum of four times per day as scheduled by the court for a minimum period of 90 days.

Aggravated, chronic, persistent, and prior offenders. Missouri law further identifies different categories of repeat impaired driving offenders and the associated penalties for each category are summarized below. Courts are not permitted to suspend the imposition of sentences for aggravated, chronic, persistent, or prior offenders. These offenders are also not eligible to pay fines in lieu of imprisonment.

- > **Aggravated offender.** A person who: 1) has pled guilty or has been found guilty of three or more intoxication-related traffic offenses; or, 2) has pled guilty or has been found guilty of intoxicated driving leading to death or bodily injury. Aggravated offenders are not eligible for parole or probation until they serve a minimum of 60 days imprisonment.
- > **Chronic offender.** A person who: 1) has pled guilty or has been found guilty of four or more intoxication-related traffic offenses; or, 2) has pled guilty or has been found guilty on two or more separate occasions of intoxicated driving leading to death or bodily injury; or, 3) has pled guilty or has been found guilty of two or more intoxication-related offenses and, in addition, has been found guilty of intoxicated driving leading to death or bodily injury. Chronic offenders are not eligible for parole or probation until they serve a minimum of two years imprisonment.
- > **Persistent offender.** A person who: 1) has pled guilty or been found guilty of two or more intoxication-related traffic offenses; or, 2) has pled guilty or been found guilty of involuntary manslaughter, assault in the

second degree, or assault of a law enforcement officer in the second degree related to an intoxication traffic offense. Persistent offenders are not eligible for parole or probation until they serve a minimum of 30 days imprisonment unless they perform at least 60 days (480 hours) of community service or participate in and successfully complete a court-ordered treatment program under the supervision of the court.

- > **Prior offender.** A person who has pled guilty to or has been found guilty of one intoxication-related traffic offense, where such prior offense occurred within five years of the occurrence of the intoxication-related traffic offense for which the person is charged. Prior offenders are not eligible for parole or probation until they serve a minimum of 10 days imprisonment unless they perform at least 30 days (240 hours) of community service or participate in and successfully complete a court-ordered treatment program under the supervision of the court.

Programs

Supervision. Female DWI offenders can be processed through either traditional courts of DWI/Drug Courts. Missouri has a total of 38 hybrid DWI/Drug Courts, 37 Adult Drug Courts, and 20 DWI Courts. In Missouri, a DWI offense is classified as a misdemeanor which is a non-supervisable offense. Only felony offenders (three or more offenses) are actively monitored on probation.

Interlock program. Missouri's interlock program was originally a court-based program but has since evolved to become a hybrid program. The administrative component was recently added when completion of the interlock program became a condition of license reinstatement. Program participation rates have steadily increased as a result of this structural change. In 2012, there were 7,500 interlocks installed in the state.

First-time offenders are not eligible to enter into the interlock program. There are rare cases where judges will mandate a first offender into the interlock program but these are usually reserved for instances where offenders were either underage or had a very high BAC. For repeat DWI offenders, participation in the interlock program is mandatory. Judges are required to order their participation (although this is not always done) and it is also a condition of license reinstatement. The courts have the ability to respond to violations and can schedule a hearing and possibly revoke probation

and/or apply sanctions such as a weekend in jail. The court also has the authority to extend interlock program participation for those offenders who continually demonstrate an inability to comply with program rules. However, court-based usage of interlocks is still relatively low although there has been a concerted effort to deliver education to criminal justice practitioners to improve program participation.

Treatment. In Missouri, successful completion of the Substance Abuse Traffic Offender Program (SATOP) is a condition of full license reinstatement. This education and treatment program is overseen by the Division of Drug and Alcohol Abuse in the Department of Mental Health (DMH). The program serves more than 30,000 DWI offenders annually who are referred as a result of an administrative license suspension or revocation, court order, condition of probation, or plea bargain. All SATOP clients undergo an assessment and may receive a referral to different levels of treatment as a result. Interventions range from 10 hour education courses to 50 hours of outpatient counseling and residential treatment interventions.

Similar to other jurisdictions, female DWI offenders are required to complete some form of treatment as a condition of their probation which could include either intensive inpatient or outpatient programming. Services are limited in rural jurisdictions and, as a result, some women have few options available. Attendance at support group meetings such as Alcoholics Anonymous is common and encouraged.

County selected

The county chosen as a site for interview focus groups in Missouri was Greene County. It is the fourth most populous county in the state and according to the 2010 U.S. Census, the population is 275,174 (408/mile²). Greene County has an Academy DWI Court, meaning it is a model for other courts in the nation. The Greene County DWI Court was started in 2004, and is located in Springfield, Missouri. This DWI Court only accepts felony DWI cases with a program capacity of 115 individuals with over 125 graduates. The court uses a team approach whereby all members work together collaboratively in an effort to hold offenders accountable and protect public safety while also promoting rehabilitation. The mission of the Greene County DWI Court is “to promote public safety by expediting the time interval to get felony DWI offenders into accountability and treatment quickly and to keep the

felony DWI offender engaged in treatment long enough to receive treatment benefits.”

Agencies represented as part of the DWI Court team include the judge, prosecutor's office, members of the defense bar, probation and parole, Sigma House⁹ (treatment provider), and private contractors who provide mental health and case management services. In addition, other specialized treatment and female-only groups used to be offered more frequently in Greene County but they are no longer available to the same degree that they were previously.

There are four phases to participation. Upon successful completion of each of these phases, offenders are eligible to graduate from the court.

- > **Phase 1** includes weekly court attendance for a minimum of three months; 10:30pm curfew; completion of a naltrexone screening; must have 30 consecutive days of sobriety immediately prior to advancing to the next phase.
- > **Phase 2** includes court attendance every two weeks for a minimum of four months and during that time the offender identifies family issues; maintenance of employment; completion of the pre-test for the GED; must have 60 consecutive days of sobriety immediately prior to moving to the next phase.
- > **Phase 3** includes court attendance every four weeks for a minimum of five months; development of an aftercare plan; begin community service; must have 90 consecutive days of sobriety prior to advancing to the next phase.
- > **Phase 4** includes court attendance every six weeks for a minimum of six months; development of a relapse prevention plan; maintenance of stable housing and employment; completion of 60 hours of community service; must maintain six months of sobriety in order to graduate.

9 Sigma House, also referred to as Clarity Recovery & Wellness is a non-profit corporation that provides full-spectrum drug and alcohol rehabilitation for male and female clients over age 18 at four locations in the state; both residential and outpatient services are offered and the length of treatment is based on client needs. The treatment programs are abstinence-based and incorporate the 12-Step model, individual counseling, group therapy, 12 Step meetings, and activities designed to lead to physical, emotional, social, and spiritual wellness. Weekly family groups are also offered to help loved ones understand the impact of addiction and the treatment process. The cost for both residential and outpatient treatment is affordable, and those without insurance coverage are eligible for sliding fee scale programs.

At all times during the phases, court participants are expected to comply with court orders, demonstrate consistency in attending treatment, keep all appointments, and submit to random drug testing from three times a week in Phase 1 to once a week in Phase 4 or as directed.

Profile of offenders

- > There were 33 female DWI offenders that participated in the Missouri interview focus groups. Approximately three-quarters were repeat offenders and one-quarter were first offenders.
- > It is estimated that the women ranged in age from 22 to 59.
- > Double digit BACs of .2 or higher were common and some of the women who had higher BACs were involved in crashes with most of these involving property damage only; a minority involved injury and/or death.
- > There was a wide cross-section of socioeconomic status and education levels represented among interview focus group participants.
- > Reported illicit drug use, particularly methamphetamines and marijuana, was higher among women in Missouri as compared to other jurisdictions in the study.
- > Transportation (i.e., finding alternative transportation options) was a significant problem in Missouri. Several women reported that they were forced to move from rural to more urban areas in order to comply with supervision requirements (e.g., attendance of court, treatment, testing, and other appointments) because they had no driver's license. These women reported spending considerable sums of money on taxi cab fares.
- > Many of the women had the following issues present in their history as confirmed by the participants themselves and through the observations of practitioners:
 - » broken/dysfunctional household;
 - » mental health symptoms and/or diagnoses of depression, anxiety or other disorders;
 - » prescription drug use and/or polysubstance use;
 - » sexual abuse/assault;
 - » domestic violence/abuse;

- » difficulty sleeping;
- » unhealthy relationships and/or a partner with a substance use problem; and,
- » other criminal offenses (e.g., manufacturing/distribution of methamphetamines and fraud/writing bad checks/shoplifting).

Profile of practitioners

- > There were four probation officers who participated in a Missouri focus group. The level of experience of these probation officers varied as one had less than two years experience whereas another had eight years experience. One of the officers had previously worked as a social worker for 20 years.
- > Probation officers were both male and female and had general mixed caseloads and there were no specialized caseloads.
- > There is no specific or gender-sensitive training available to practitioners who supervise female DWI offenders although practitioners acknowledged that this would be beneficial.
- > The scheduling of ‘team meetings’ is considered important within the context of the DWI Court. Practitioners meet regularly to review cases, share information and determine appropriate action plans, courses of treatment, and sanctions when necessary.

8.3 Jurisdictional profile: New York

DWI statistics

- > In 2011, there were 315 fatalities in crashes involving a driver with a BAC of .08 or higher in the state of New York (NHTSA 2012).
- > Over a five year span (2007-2011), the percentage of female drivers involved in alcohol-related crashes in New York ranged from 21-24% (Dowling 2013).
- > In 2011, there were 35,541 impaired driving arrests in the state (FBI 2012).
- > Over a five year span (2007-2011), the percentage of females arrested for impaired driving in New York increased by 1% each year from 18% in 2007 to 22% in 2011. In the last 13 years, the percentage of female

DWI recidivist drivers has also increased with women accounting for 12% of recidivists in 1999, 16% in 2009 and 18% in 2012 (Dowling 2013).

- In 2009, 23,150 individuals were sentenced for felony and misdemeanor DWI convictions. Most offenders (13,140) either paid a fine, paid a fine and had their license suspended, or paid a fine with a conditional discharge. 5,072 offenders received a probation sentence, and another 2,095 received a combination of jail and probation. 2,128 offenders went to jail, and 514 went to prison (NYS DCJS 2010). Periods of probation supervision for a misdemeanor DWI are three years and five years for a felony DWI. Not all convictions result in a term of probation.
- Since Leandra’s Law took effect on December 18th, 2009, a total of 2,932 individuals have been arrested (as of May 21st, 2013). In this same period, 1,042 individuals were convicted of Aggravated DWI with a Child under Leandra’s Law (resulting in 1,939 total sentences). Of those arrested under Leandra’s Law, 1,081 were female.

Aggravated DWI with a child cases

	2009*	2010	2011	2012	2013**	TOTAL
January	0	47	61	49	50	207
February	0	47	55	58	57	217
March	0	56	59	62	61	238
April	0	71	64	68	54	257
May	0	95	101	86	40	
June	0	94	91	91	0	
July	0	115	118	106	0	
August	0	101	71	83	0	
September	0	92	79	78	0	
October	0	76	55	68	0	
November	0	70	68	47	0	
December	19	61	60	48	0	
TOTAL	19	925	882	844	262	2932

Note: Includes cases where an Aggravated DWI With a Child charge does not appear as a charge at arrest.

* Law became effective on December 18th, 2009. ** Through May 21st, 2013.

Source: DCJS. Computerized Criminal History system (as of 05/21/2013).

- > Between August 10th, 2010 and December 31st, 2012, a total of 12,055 interlocks have been installed in New York which translates to an installation rate of 29.3%.

State impaired driving laws

Driving While Ability Impaired (DWAI). A BAC more than .05 up to .07; first offense is a traffic infraction as is a second offense within five years. A third or subsequent offense within a ten year period is a misdemeanor.

- > 1st offense: \$300-\$500 fine; up to 15 days in jail; 90-day license suspension.
- > 2nd offense: \$500-\$750 fine; up to 30 days in jail; minimum six month license revocation.
- > 3rd and subsequent offense: \$750-\$1,500 fine; up to 180 days in jail; minimum six month license revocation.

Driving While Impaired (DWI). A BAC of .08 and higher; first offense is a misdemeanor and repeat offenses within a ten year period are a felony.

- > 1st offense: fine of \$500-\$1,000; jail sentence of up to one year; minimum six month license revocation.
- > 2nd offense: fine of \$1,000-\$5,000; jail sentence of up to four years; minimum one year license revocation.
- > 3rd and subsequent offense: fine of \$2,000-\$10,000; jail sentence of up to seven years; minimum one year license revocation.

Penalties are the same for Driving while impaired for drug (DWAI-Drug) and Driving while impaired by combined alcohol and drug (DWAI-Combination).

Aggravated Driving While Impaired (AGG-DWI). A BAC of .18 and higher; first offense is a misdemeanor and repeat offenses within a ten year period are a felony. Penalties are as follows:

- > 1st offense: fine of \$1,000-\$2,500; jail sentence of up to one year; minimum one year license revocation.
- > 2nd offense: fine of \$1,000-\$5,000; jail sentence of up to four years; minimum 18 month license revocation.
- > 3rd and subsequent offense: fine of \$2,000-\$10,000; jail sentence of up to seven years; minimum 18 month license revocation.

Leandra's Law. This recently passed legislation (2009) amended the New York Vehicle and Traffic Law and the Penal Law to establish a new Class E felony to DWI when a child (under age 16) is a passenger in the vehicle at the time of arrest. The law also requires that all offenders convicted of both misdemeanor and felony DWI install an interlock for a minimum of six months.

Programs

Supervision. Female DWI offenders can be processed through either traditional courts or DWI/Drug Courts. New York has 75 hybrid DWI/Drug Courts.

Interlock program. New York's interlock program is court-based and the Department of Criminal Justice Services is the designated program authority. Interlock legislation was first passed in 1992 and in 2007 a statewide multi-year pilot interlock program involving seven counties with post-revocation interlock installations was expanded. In 2009, Leandra's Law was implemented which made interlocks mandatory for all individuals convicted of DWI. The law went into effect on August 15th, 2010 and has resulted in significant growth in the state's interlock participation numbers. Prior to Leandra's Law, 10% of DWI convictions resulted in an interlock sanction and now they are a mandated condition of sentencing although court compliance varies across counties.

Interlocks are now required for first and repeat offenders. It is mandatory on all vehicles owned or operated by persons convicted of misdemeanor and felony DWI offenses for a minimum period of six months.

Treatment. Most female DWI offenders are required to complete some form of treatment as a condition of probation. The availability of services depends on the jurisdiction as rural counties afford offenders fewer options. Variety in treatment options is also dictated by whether the offender has insurance. If they do not have insurance, they typically opt for the cheapest available option.

Available services run the gamut from intensive inpatient programs to outpatient therapy. Treatment programs often have lengthy wait times for admission, particularly for inpatient or residential programs. Treatment programming can take the form of individual counseling, group therapy, or a combination of both. Mixed gender group therapy is most commonly available whereas female-only group therapy is offered in fewer locations.

Many female offenders also attend Alcoholics Anonymous meetings either on a voluntary basis or as a condition of probation.

Counties selected

The counties chosen as focus group sites varied in terms of population/population density. The following statistics are derived from 2010 U.S. Census data:

- > Dutchess County (Poughkeepsie) - 297,488 (371 people/mile²)
- > Warren County (Lake George) - 65,707 (75 people/mile²)
- > Westchester County (White Plains) - 949,113 (2,193 people/mile²)

In general, services such as treatment and specialized programs were much more limited in rural jurisdictions such as Dutchess and Warren Counties as compared to metropolitan areas such as Westchester County.

The Dutchess County Office of Probation and Community Corrections offers traditional probation supervision for female DWI offenders. There is no specialized programming or DWI/Drug Court available to this offender population. In Dutchess County, the installation rate for ignition interlocks is 13% (probation as monitor) and 51% (Drinking Driver Program as monitor).

All of the female offenders who participated in the interview focus groups in Warren County were Drug Court probationers. This program involves specialized intensive supervision of high-risk felony offenders who have alcohol or drug abuse issues. Participation in Drug Court is offered in lieu of local jail or state prison. In Warren County, the installation rate for ignition interlocks is 15% (probation as monitor) and 29% (District Attorney as monitor). Gender-specific AA groups are available in Warren County.

The Westchester County Department of Probation oversees the DWI Enforcement Program. In Westchester County, 20-25% of all offenders placed on probation are supervised for a DWI or DWI-related offense. As a result, three units (which consist of 20 specialized probation officers and three supervisors each), were created to supervise all DWI cases in the county. Offenders in the program are subject to strict supervision and are required to complete treatment and participate in Victim Impact Panels as a condition of their probation. According to an evaluation of intensive supervision programs for DWI offenders conducted by NHTSA, probationers in the Westchester County DWI Enforcement Program had an 18.1% lower recidivism rate

compared to offenders not in the program. In Westchester County, the installation rate for ignition interlocks is 37% and probation is the program monitor. Gender-specific AA groups are available in Westchester County.

Profile of offenders

- > There were 91 female DWI offenders that participated in the New York interview focus groups. An estimated one-third of these were first offenders and two-thirds were repeat offenders.
- > It is estimated that the women ranged in age from 19 to 65.
- > Several participants had felony DWI convictions, some resulting from having a minor in the vehicle at the time of arrest.
- > Double digit BACs of .16 or higher were common.
- > In comparison to the other states involved in the study, New York offenders tended to be older and have more DWIs in their history.
- > There was a wider cross-section of socioeconomic status and education levels represented among interview focus group participants with more women holding white collar jobs or being financially independent.
- > Many of the women had the following issues present in their history as confirmed by the participants themselves and through the observations of practitioners:
 - » broken/dysfunctional household;
 - » mental health symptoms and/or diagnoses;
 - » sexual abuse/assault;
 - » domestic violence/abuse;
 - » difficulty sleeping;
 - » lost parent to disability or death as a child;
 - » lost sibling due to violent death, accident, or illness; and,
 - » estranged from parent who abandoned the household.

Profile of practitioners

- > 13 probation officers (both frontline practitioners and supervisors) participated in the New York focus groups.

- > Probation officers who participated in focus groups had varying levels of experience (some had in excess of fifteen years and others had less than three years of experience).
- > In Westchester County and Dutchess County, some probation officers had a specialized caseload and only supervised female offenders. The majority, however, supervised mixed caseloads that were not specific to DWI offenders or either sex.
- > Probation officers who worked with female DWI offenders were male and female although an effort was made in Dutchess County to have a female probation officer supervise most female DWI offenders.
- > In Westchester County, it is a common practice to review offender case files and determine which probation officer will best suit the offender's needs (i.e., background and specialized training). This is easily facilitated due to the large size of the probation department.
- > Probation officers recognize the importance of having training to deal with mental health issues and a history of trauma as it is recognized that these are prevalent amongst the female DWI offender population.
- > Practitioners commonly “move on” from supervising a female-only caseload because of the potential for burnout due to the emotional demands of female probationers.

The Westchester County Forward Motion Program

A growing number of female DWI offenders in combination with several high profile fatal collisions involving female drunk drivers in New York sparked the creation of the Forward Motion Program. The program incorporates treatment, educational and other social services. Features include close monitoring, immediate sanctions for non-compliance, mentorship to assist offenders in the development of short and long-term goals, and assistance to help them identify and utilize community resources to achieve their goals. The program seeks to stabilize addictions, improve education, provide vocational assistance, improve social skills, provide targeted interventions, increase positive reinforcement, and enhance intrinsic motivation in order to improve overall functioning. Program participants must be between the ages of 21-45, be a Level I or Level II offender, have needs that outweigh risks (as determined by the COMPAS Risk and Needs Assessment System), and be stable in their sobriety. The focus of the program is on the achievement of at least one of three goals that the women identify during the course of participation (e.g., completion of GED, attainment of stable employment, home ownership). For more information see: <http://probation.westchestergov.com/contact-us>.

8.4 Jurisdictional profile: Michigan

DWI statistics

- > In 2011, there were 255 fatalities in crashes involving a driver with a BAC of .08 or higher in the state of Michigan (NHTSA 2012).
- > In 2011, there were 29,443 impaired driving arrests in the state (FBI 2012).
- > In Ottawa County in 2012, 236 women were arrested on OWI-related charges (Michigan Department of State Police 2013). Women accounted for 25% of OWI-related arrests in the county.

State impaired driving laws

Operating While Visibly Impaired (OWVI). A person commits the crime of OWVI if their ability to operate a motor vehicle is visibly impaired because of alcohol or other drugs.

- > 1st offense: fine up to \$300; up to 93 days in jail; up to 360 hours of community service; Driver Responsibility Fee of \$500 for two consecutive years.
- > 2nd offense: fine of \$200-\$1,000; five days to one year in jail; 30 to 90 days of community service; Driver Responsibility Fee of \$500 for two consecutive years.
- > 3rd offense: felony; fine of \$500-5,000; one to five years imprisonment or probation with 30 days to one year in jail required; 60 to 180 days of community service; Driver Responsibility Fee of \$500 for two consecutive years.

Operating While Intoxicated (OWI). There are three different types of violations that fall under the auspices of OWI. These include: 1) alcohol or drugs present in the body that substantially affect an individual's ability to operate a motor vehicle safely; 2) a BAC at or above 0.08; and, 3) a high BAC of .17 or above.

- > 1st offense: fine of \$100-\$500; up to 93 days in jail; up to 360 hours of community service; Driver Responsibility Fee of \$1,000 for two consecutive years.

- > 1st offense (high BAC): fine of \$200-\$700; up to 180 days in jail; up to 360 hours of community service; Driver Responsibility Fee of \$1,000 for two consecutive years.
- > 2nd offense: fine of \$200-\$1,000; five days to one year in jail; 30 to 90 days of community service; Driver Responsibility Fee of \$1,000 for two consecutive years.
- > 3rd offense: felony; fine of \$500-5,000; one to five years imprisonment or probation with 30 days to one year in jail required; 60 to 180 days of community service; Driver Responsibility Fee of \$1,000 for two consecutive years.

Programs

Supervision. Female DWI offenders can be processed through either traditional courts of DWI/Drug Courts. Michigan has a total of 49 hybrid DWI/Drug Courts, 6 Adult Drug Courts, and 12 DWI Courts.

Interlock program. Michigan has a judicial interlock program that is mandatory for repeat and high BAC (.17 >) first offenders. Under Michigan's Repeat Offender Laws, habitual offenders (defined as having two or more convictions within seven years OR three or more convictions within ten years) are required to have an interlock. These offenders can apply for a restricted license after serving a minimum period of license revocation. Hearing officers must require that habitual offenders install an interlock on any vehicle they own or operate for at least one year. As of 2010, any individual with a restricted license that requires an interlock must continue to drive with the device until the Secretary of State authorizes its removal.

A pilot project began in 2009 and was administered through the Eaton County DWI Court. All high BAC first offenders were required to install the device for a period of one year. Due to a compliance rate of approximately 88%, the Michigan Legislature passed a law the following year that expanded the pilot program to every DWI Court in the state. The program was further expanded in 2011 to include all repeat DWI offenders. Previously, these offenders were not eligible to obtain a restricted license without serving a lengthy hard suspension. The law was changed to permit these offenders to receive a restricted license after 45 days permitted that they are making progress in their DWI Court program and have installed an interlock.

For more information on the Michigan pilot programs, please refer to: <http://www.centurycouncil.org/sites/default/files/reports/Michigan-Evaluation-1.pdf>

Treatment. Most offenders convicted of alcohol-related offenses in Michigan are mandated by the court to undergo an assessment. For OWI/OWVI offenders, participation in an Alcohol Highway Safety Education program is mandatory. Based on the results of the assessment, offenders are required to complete different levels of programming. For example, one licensed provider offers three levels for offenders with varying degrees of risk:

- > Alcohol 1 is designed for first offenders with a focus on education and prevention. The program consists of one six-hour session.
- > Alcohol 2 is designed for more serious offenders with a focus on recognizing the seriousness of substance abuse. The program consists of several sessions for a total of eight hours.
- > Alcohol 3 is designed for the highest risk offenders and DWI/Sobriety Court participants. Participants in this program will already have been involved in treatment previously. The program consists of small group sessions that focus on cognitive skill-building as well as the development of an action plan for change. It spans multiple sessions and lasts a total of 20 hours.

County selected

The county chosen as a site for practitioner interviews in Michigan was Ottawa County. According to the 2010 U.S. Census, the population is 263,801 (466/mile²).

In operation since May 2004, the 58th District DWI Court aims to “promote community safety and reduce alcohol and drug abuse through a coordinated program involving intensive supervision, judicial interaction, treatment, incentives, sanctions and accountability.” This Academy DWI Court is a post-plea treatment court that is targeted toward a population that does not have a record of serious violent behavior or ongoing mental illness but does have a serious substance abuse pattern. In order for a DWI offender to be eligible to participate, they must be facing a second or subsequent charge in Ottawa County.

Profile of offenders

Note that the jurisdictional profile for Michigan is limited due to a lack of focus groups with female DWI offenders. While originally scheduled, these focus groups did not take place due to funding. However, interviews with two offenders and six practitioners were conducted. The following profile of offenders is based on the information provided to the researchers by the interviewed practitioners.

- Practitioners report that there is a growing number of young female impaired drivers in courts and on probation caseloads (late teens and early 20s).
- Women represent a wide cross-section of socioeconomic status and education levels; female offenders tend to work menial jobs or low-paying jobs in relation to their male counterparts and most have only a high school education or some college education.
- Most female offenders have children and are often single mothers. Payment of child support among fathers of these children is an issue.
- Reported illicit drug use, particularly marijuana which is used to manage anxiety.
- Transportation (i.e., finding alternative transportation options) was a significant problem in Michigan, particularly during the winter months.
- Female offenders tend to struggle more financially than males. They also tend to violate probation more frequently due to missed appointments (which is often as a result of being unable to find childcare).
- Many of the women had the following issues present in their history as confirmed through the observations of practitioners:
 - » broken/dysfunctional household;
 - » low self-esteem;
 - » co-occurring disorders, particularly depression, bi-polar disorder, anxiety, and/or PTSD combined with alcohol dependence;
 - » early onset of drinking;
 - » prescription drug use and/or polysubstance use;

- » history of trauma and grief which often served as a trigger for alcohol consumption;
- » domestic violence/abuse;
- » lack of support networks;
- » general health problems in addition to problems sleeping;
- » unhealthy relationships and/or a partner with a substance use problem; and,
- » other criminal offenses (e.g., drug offenses, retail fraud, assault, and driving on a suspended/revoked license).

Profile of practitioners

- > Six practitioners participated in interviews (two judges, two treatment providers, one probation officer, and one probation officer/treatment counselor).
- > The experience level of practitioners ranged from 5 to 30 years in the field.
- > Treatment practitioners utilize assessment tools at intake that include identification of past trauma as it is recognized that incidences of abuse are common in the history of offenders.
- > The Substance Abuse Subtle Screening Inventory (SASSI) is another assessment tool used during the intake process for both male and female offenders.
- > The intake process utilizes a holistic approach and considers information about the offender, their background information, family, community environment, and any systemic issues that may be present.
- > Practitioners in these counties tend to be sensitive to lesbian-gay-bisexual-transgender (LGBT) issues.
- > Practitioners do not receive any gender-specific training.
- > Cases are rarely transferred from one probation officer to another without cause. Judges in these jurisdictions prefer there to be continuity in supervision and monitoring.
- > Caseloads involved low-risk and drug offenders.

NOTES



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