# Women and Impaired Driving



### **Overview**

- Description of research initiatives
- Magnitude of the problem
- Characteristics and profiles of female drunk drivers
- Characteristics of DWI offending
- Experiences in the criminal justice/treatment systems
  - Keys to success
- Recommendations for supervising and treating female drunk drivers
- Additional resources



## Impetus for the project

- Historically, drunk driving has been a male-dominated crime.
- In recent years, several high-profile, multi-fatality crashes involving female drunk drivers has shifted attention.
- What is going on?





### Research initiatives

 Beginning in 2010, Responsibility.org contracted with the Traffic Injury Research Foundation (<u>TIRF</u>) and the American Probation and Parole Association (<u>APPA</u>) to explore the issue and identify promising practices for supervising and treating female drunk drivers.





# **State of Knowledge**

## Literature review

- An initial review of the <u>State of</u>
   <u>Knowledge</u> on the issue was
   completed to determine what we
   know.
- The bulk of the literature was found to be outdated and male-centric.
- This revealed the need to conduct more research to fill these gaps and inform policy and interventions.





# Magnitude of the problem

# Magnitude of the problem



- A relatively small percentage of females self-report drinking and driving (10-20%).
- Female driver involvement in alcohol-related crashes has remained fairly stable (12% in the 1980s, 13% in the 1990s, and 14% in the 2000s).
- According to 2013 FARS data, of the 6,515 drunk driver fatalities,
   1,036 (or 16%) involved a female drunk driver.
- The number of women arrested for DWI has increased dramatically:
  - In 1980, only 9% of those arrested were female.
  - This number rose to 28.8% between 1998 and 2007.
  - According to 2013 FBI UCR data, women accounted for 24.9% of those arrested for DWI.



## Potential causes for increase in arrests

- There are several potential explanations for why the number of female DWI arrests have increased:
  - More women in the workforce = more vehicle miles travelled.
  - Women are now more likely to possess a driver's license, be the driver of a vehicle, drive during nights and weekends, and even drive more aggressively.
  - It is now more socially acceptable for women to consume alcohol and to do so in public.
  - Changes in the socio-legal climate and social control policies have led to greater uniformity in the pressing of DWI charges.



## Women and alcohol consumption

- The effects of alcohol on women are different than the effects on men for several reasons:
  - Women have less water in their bodies than men (55% vs 68%) which means that when a woman drinks, she has less fluid in which to distribute alcohol.
  - Women are generally physically smaller. As a result, they have fewer pounds to distribute alcohol across.
- Therefore, when a woman and a man drink the same amount of alcohol under the same circumstances, the woman's BAC will be higher.
- Women tend to be more impaired at lower BACs.



## Women and alcohol consumption



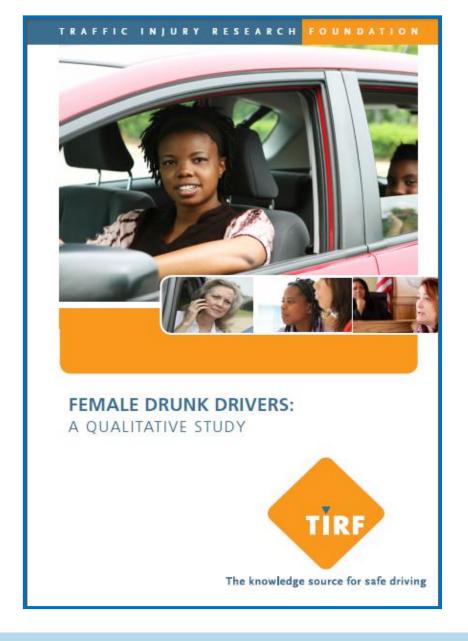


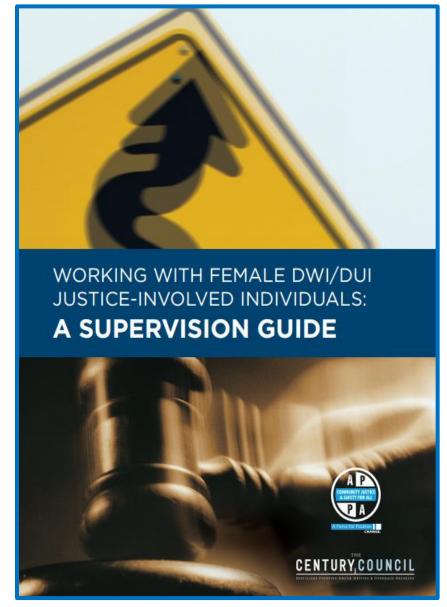
# **Exploring the issue in-depth**

## Female drunk drivers: A qualitative study

- Responsibility.org contracted with TIRF to do a follow-up study in 2012.
- The qualitative study was designed to fill the identified gaps in the literature and to increase understanding of this population based on their characteristics and experiences in the criminal justice and treatment systems.
- APPA was also contracted to create a supervision guide. The purpose of the guide is to offer best practices for probation officers who monitor female drunk drivers.









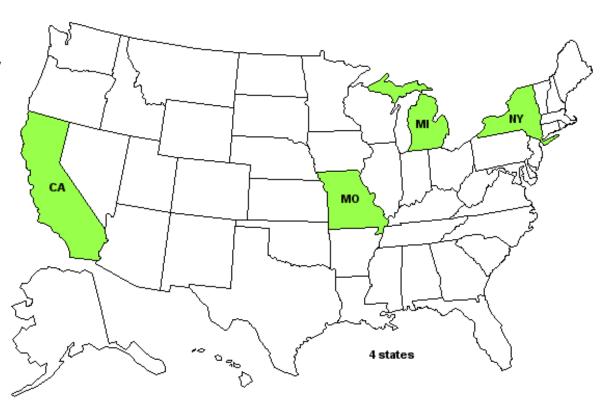
## **Acknowledgments**

- Traffic Injury Research Foundation, particularly Robyn Robertson.
- National Center for DWI Courts:
  - Judge Peggy Davis (MO); Judge Sue Jonas (MI); Judge Richard Vlavianos (CA)
- American Probation and Parole Association:
  - Mary Ann Mowatt; chief probation officers



## Methodology

- Case studies conducted in four sites across US:
  - California
    - San Joaquin County
  - Missouri
    - Green County
  - Michigan
    - Ottawa County
  - New York
    - Dutchess County
    - Warren County
    - Westchester County





## Methodology

- The interview focus groups were comprised of 154 female drunk drivers (both first and repeat offenders).
- In addition, key informant interviews were conducted with 36 experienced practitioners (judges, defense attorneys, probation officers, alcohol educators, and treatment providers).
- Lastly, 28 offenders in San Joaquin
   County were surveyed to gain insight
   about their history and their
   individual experiences.



# **Key Findings: Characteristics and Profiles**



#### Age

Women in the focus groups were from every age category.
 The range was from late teens to mid-60s.

#### Familial history

- Some women came from strong family support networks and stable home environments.
- Some women came from dysfunctional or 'broken' homes.

#### Education

- The majority (75%) of women had at least a high school education.
- Many women had college and/or advanced degrees.



#### Employment

- Occupations were diverse.
- Of interest, approx. 1/3 of participants reported working in bars/restaurants.

#### Relationship status

- The majority of the women were single, separated, or divorced.
- Many reported a history of abusive relationships.
- The majority had children but lacked any sort of support network.

#### Criminal history

 If a record existed, common offenses included fraud, theft, and petty drug charges.



#### Alcohol use

- Some women reported having no issues with alcohol consumption.
- Many met the criteria for alcohol abuse and/or dependence.
- The age of first consumption varied. Many reported early onset drinking whereas others did not begin to drink consistently until later in life.
- Both binge drinking and daily drinking were common but tended to vary based on offender typology.
- Many women indicated that they drank as a way to self-medicate or cope with emotional issues.
- There was limited understanding of what constitutes "normal" consumption.



"Men drink for

social reasons;

women drink for

emotional

reasons."



#### Drug use

- A minority of participants indicated that they favored substances other than alcohol.
- Other substances commonly used included marijuana and methamphetamines.
- Many of the women tied their drug use to involvement with a partner who used and/or sold illicit drugs.

The majority of women reported having prescriptions to at least one

medication. They indicated that it was very easy to gain access to prescriptions.



#### Mental health

- The prevalence of co-occurring disorders was high.
- Depression, bipolar disorder, anxiety, and post-traumatic stress disorder (PTSD) were common among participants.
- These conditions were formally diagnosed in some instances and remained undiagnosed in others.
- A history of trauma (e.g., mental/emotional abuse, physical abuse, sexual assaults) was also common.
  - Some women reported drinking as a coping mechanism.
  - Anniversaries of traumatic events were identified as a trigger for relapse.
- The use of prescription medications in conjunction with alcohol consumption was a cause for concern.



# Offender typologies

- In addition to identifying common characteristics, the TIRF study also led to the classification of female drunk drivers into three distinct typologies:
  - 1. Young women who drink in social settings
  - Recently married women with children who drink at home
  - Divorced older women and/or empty nesters



## The young female drunk driver

- Women under the age of 25; many of whom accumulate multiple DWIs in quick succession.
- Drink at bars or parties and then attempt to drive home.
- Motivation for drinking is to relax and "fit in."
- Attempt to keep up with male partners/friends, resulting in high BACs.
- Commonly engage in binge drinking.
- Fail to understand the seriousness of their actions or learn from mistakes.



## The recently married woman with children

- Women in their mid-20s to mid-30s who typically do not have any previous DWIs.
- Drink at home during the day to pass the time.
- Alcohol consumption did not 'take off' until after the birth of their children. Drinking often tied to postpartum depression.
- Motivation for drinking is to combat feelings of loneliness and/or isolation.
- Being involved in an abusive relationship with a partner who drank heavily was common.
- Would often be arrested running errands;
   sometimes with their children in the vehicle.





## The older female drunk driver

- Women who are 40 or older who did not develop a drinking problem until later in life.
- Drink at home to cope with depression, isolation, and loneliness.
- These women tended to be daily drinkers as opposed to binge drinkers.
- Heavy drinking results from a catalyst:
  - Divorce/end of a long-term relationship;
  - Children moving away from home;
  - Sickness or death of a parent.
- Forced to deal with intense feelings of shame, guilt, and embarrassment following their DWI arrest.



#### **Common characteristics**

- Even if a female DWI offender did not fit neatly within one of the three identified typologies, the vast majority of women shared the following characteristics:
  - Multiple failed relationships;
  - Co-occurring disorders;
  - History of alcohol abuse within the family;
  - History of trauma; and,
  - Feelings of shame, guilt, and embarrassment as a result of their offending.
- This is consistent with the findings in existing literature.



# **DWI Offending**

# **Pathways to DWI Offending**





#### **BAC levels**

- Women tended to have very high BACs.
- These higher BACs ranged from .16 to .42.
- In contrast to male offenders, the women did not like discussing their BAC level.
- It was viewed with tremendous shame.
- Many women reported that they had no idea their BAC could get so high.

#### **Crash involvement**

- It is estimated that approximately 1/4 of the women were arrested as a result of a crash.
- A very small minority were involved in significant crashes that caused serious injuries or death, some of which included their own children.





#### The DWI arrest

 A large majority of focus group participants reported that they were arrested within a few blocks of their residence.

 The DWI arrest was frequently precipitated by a major life stressor:

- domestic argument;
- end of a relationship;
- loss of a job/financial problems;
- loss of child custody; or,
- illness or death of a parent or other family member.
- Less than half of the women had their child in the vehicle at the time of arrest.



## Dealing with the offense

- Unlike their male counterparts, female drunk drivers are more likely to take responsibility for their actions.
- They also suffer a tremendous emotional burden as a result of their offending.





# **Experiences in the criminal justice** and treatment systems

## The experience of female drunk drivers

#### The criminal justice system:

- Frustration with long delays during the process.
- Confusion with respect to expectations and requirements.
- Lack of support, few viable transportation options, and limited flexibility with respect to supervision conditions makes success difficult.
- Costs associated with supervision and treatment can be overwhelming.
- If they were not provided with the tools to succeed or maintain lifestyle changes, they often fell back into old patterns.



# The experience of female drunk drivers

## What were the keys to success?



- Having practitioners understand that there is more to the offending than just driving drunk.
- Avoiding judgments and focusing on the individual; there is no onesize-fits-all model for supervision and treatment.
- Having a probation officer that listened and treated the women with respect but also held them accountable.
- Knowing that someone was in their corner and had a vested interest in seeing them succeed.
- Having clear information about the process provided at the outset to ease anxiety.

"A helpful and supportive probation officer makes you want to try harder; you don't want to disappoint them."



## What were the keys to success?



- Building up the woman's self-esteem and motivating her to reach goals (e.g., sobriety, education, career).
- Assisting women in addressing foundational needs (e.g., housing, employment, education, parenting, etc.).
- Helping the women establish healthy boundaries and relationships.
- Engaging family and friends in the process; encouraging the women to develop support networks with positive influences.



## The treatment system:

- Insufficient treatment and mental health services are available.
- Generic treatment programs such as mixed gender group therapy is not preferred.
- Insurance (or lack of) often dictated the services that women could access.
- Alcohol education classes were not taken seriously and had little to no impact on behaviour.



## What were the keys to success?



- Providing women with the opportunity to have individual counseling followed by female-only group therapy.
- Allowing women to discuss their issues in a safe environment where they felt supported.
- Identifying drug and mental health issues in addition to alcohol issues early in the process. ASSESSMENT!
  - Determine individual risk factors and treatment needs.
- Being cognizant of and sensitive to any history of trauma.



## What were the keys to success?



- Using a comprehensive approach to address all issues —
  integrate substance use, mental health, and trauma treatment.
- Anticipating relapse and creating a continuum of care.
- Collaborating with service providers to ensure that everyone involved has a common and comprehensive understanding of the woman and her situation.



# **Additional Recommendations**

## Recommendations

- Educate women about alcohol consumption.
- Look at the totality of a woman's circumstances. Do not solely focus on what she did – try to understand why she did it.
- Recognize and focus on progress; helps build self-esteem.
- Be sensitive to the demands that women face (e.g., sole provider and/or caretaker for children).
- Develop gender-responsive case plans and utilize evidencebased practices.
- Conduct screenings/assessments at the first offense and make appropriate referrals based on findings.



## Recommendations

- Screen for co-occurring disorders and trauma; address these issues in conjunction with substance dependence.
- Tailor interventions based on individual risk and needs.
  - Identify the most appropriate interventions and be willing to accept feedback on the experience. Modify if necessary.
- Provide practitioners with more information/education: substance dependence, trauma, alcohol monitoring technologies, and gender-sensitive approaches to supervision and treatment.
- Increase the availability and quality of treatment services, particularly women-only programs and aftercare.



# Resources

U.S. Department of Justice

National Institute of Corrections





Women Offender
Case Management
Model







## **Computerized Assessment and Referral System (CARS)**

- <u>CARS</u> was developed by a team of researchers from Cambridge Health Alliance, a teaching affiliate of Harvard Medical School.
  - Initial grant funding was provided by NIAAA; Responsibility.org continues to fund CARS research and implementation.
- The goal was to create an assessment tool specifically for a DUI offender population that fills the mental health void that exists with traditional instruments.
- CARS primary purpose is to identify mental health and substance use among DUI offenders and facilitate treatment referral for those issues.
  - A secondary use is to predict DUI recidivism risk from mental health profiles.
- NJC Webinar: April 16<sup>th</sup>, 2015





# Spotlight: Westchester County Forward Motion Program

- Program developed specifically for a female DWI offender population (ages 21-45 with needs that outweigh risks).
- Incorporates treatment, educational, and other social services as well as close monitoring, accountability, and mentorship.
- Women develop short and long-term goals and identify ways to meet these goals by utilizing various community resources.
- The program seeks to stabilize addiction, improve education, provide vocational assistance, improve social skills, enhance motivation, and improve overall functioning and quality of life.
- For more information, please contact: Sheryl Day (Probation Officer) <u>sdd5@westchestergov.com</u>



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