



FEMALE DRUNK DRIVERS: A QUALITATIVE STUDY



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**FEMALE DRUNK DRIVERS:
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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 Moreover, much of this research is outdated.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.

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