

Examining a conceptual framework of intimate partner violence in men and women arrested for domestic violence.

Stuart GL; Meehan JC; Moore TM; Morean M; Hellmuth J; Follansbee K. *Journal of Studies on Alcohol* 67(1): 102-112, 2006. (55 refs.)

Objective: There is a paucity of research developing and testing conceptual models of intimate partner violence, particularly for female perpetrators of aggression. Several theorists' conceptual frameworks hypothesize that distal factors-such as personality traits, drinking patterns, and marital discord-influence each other and work together to increase the likelihood of physical aggression. The purpose of the present study was to investigate these variables in a relatively large sample of men and women arrested for domestic violence and court-referred to violence intervention programs. Method: We recruited 409 participants (272 men and 137 women) who were arrested for domestic violence. We assessed perpetrator alcohol problems, antisociality, trait anger, relationship discord, psychological aggression, and physical abuse. We also assessed the alcohol problems, psychological aggression, and physical abuse of their relationship partners. We used structural equation modeling to examine the interrelationships among these variables in both genders independently. Results: In men and women, alcohol problems in perpetrators and their partners contributed directly to physical abuse and indirectly via psychological aggression, even after perpetrator antisociality, perpetrator trait anger, perpetrator relationship discord, and perpetrator and partner psychological and physical aggression were included in the model. The only significant gender difference found was that, in male perpetrators, trait anger was significantly associated with relationship discord, but this path was not significant for women perpetrators. Conclusions: The results of the study provide further evidence that alcohol problems in both partners are important in the evolution of psychological aggression and physical violence. There were minimal differences between men and women in the relationships of most distal risk factors with physical aggression, suggesting that the conceptual framework examined may fit equally well regardless of perpetrator gender. This finding suggests that, in

arrested men and women, violence intervention programs might have improved outcomes if they offered adjunct or integrated alcohol treatment. Copyright 2006, Alcohol Research Documentation, Inc.

Factors associated with lifetime history of drug treatment among substance dependent women.

Walton-Moss B; McCaul ME. *Addictive Behaviors* 31(2): 246-253, 2006. (22 refs.)

There is extensive research on factors related to substance use treatment retention and completion but less is known about factors related to treatment initiation, particularly for women. This paper examines factors associated with a lifetime history of substance abuse treatment among women with drug abuse or dependence. Baseline interview data, using the Addiction Severity Index (ASI) that obtained during a randomized clinical trial was analyzed comparing women with no history of drug treatment with women with a history at least one drug treatment episode. Of the 153 women, 47.4% had a lifetime history of drug treatment compared to 52.6% who have never enrolled in drug treatment. After multiple logistic regression, craving drugs at least 15 days in the past month, using cocaine at least 15 days in the past month, ASI alcohol composite score, perceived seriousness of legal problems, history of at least 3 pregnancies, and history of physical abuse by a known person, were independently associated with drug treatment. Copyright 2006, Elsevier Science Ltd.

Mothers in substance abuse treatment: Differences in characteristics based on involvement with child welfare services.

Grella CE; Hser YI; Huang YC. *Child Abuse and Neglect* 30(1): 55-73, 2006. (74 refs.)

Problem: Greater awareness of the role of parental substance abuse in child maltreatment makes it imperative that the substance abuse treatment and child welfare systems coordinate services for these parents. Yet little is known about the characteristics of child-welfare involved parents (primarily mothers) who enter into substance abuse treatment. This paper compares the characteristics of mothers in substance abuse treatment who were and were not involved with child welfare services, and discusses the treatment implications of these differences. Method: Data were

obtained from a statewide treatment outcome monitoring project in California. Clients were assessed at treatment admission using the Addiction Severity Index. Bivariate analyses and multivariate logistic regression were conducted comparing mothers who were (N = 1,939) and were not (N = 2,217) involved with child welfare. Results: Mothers who were involved with child welfare were younger, had more children, and had more economic problems. They were more likely to be referred by the criminal justice system or other service providers, to have a history of physical abuse, and to be treated in outpatient programs. They had lower levels of alcohol severity, but did not differ with regard to psychiatric severity or criminal involvement. Primary users of methamphetamine were disproportionately represented among this group and had a distinct profile from primary alcohol- and opiate-users. Conclusion: Study findings suggest that mothers involved with child welfare enter substance abuse treatment through different avenues and present a clinical profile of treatment needs related to exposure to physical abuse, economic instability, and criminal justice involvement. Copyright 2006, Elsevier Science.

Personality, attitudinal and behavioral risk profiles of young female binge drinkers and smokers.

Pirkle EC; Richter L. *Journal of Adolescent Health* 38(1): 44-54, 2006. (49 refs.)

Purpose: Analyses were conducted to identify personality, attitudinal and behavioral correlates of binge drinking and smoking among adolescent girls and young women, a population whose substance use attitudes and behaviors have received only limited attention in the literature. Methods: A nationally representative sample of girls and young women (n = 929) from three age cohorts completed a telephone interview assessing various personality, attitudinal, and behavioral characteristics. Respondents were categorized into four groups based on self-reported binge drinking and smoking (binge drinker/nonsmoker, smoker/non-binge drinker, binge drinker/smoker, or nonbinge drinker/nonsmoker) and were assessed on a number of variables, including self-monitoring, depressive symptoms, coping style, religiosity/spirituality, popularity, dieting behavior, and smoking- and alcohol-related expectations. Univariate and multiple regression analyses were conducted to identify characteristics that best describe each of these types of substance users. Results: Risk profiles varied across the groups. Girls and young women who binge drank but did not smoke were more likely to be high self-monitors, to engage in disordered dieting, and to believe drinking provided an excuse to

act with less inhibition. Those who smoked but did not binge drink were more likely to report depressive symptoms. Those who binge drank and smoked were more likely to be popular and to report depressive symptoms. Certain forms of avoidant coping and low religiosity were associated with all three types of substance use. Conclusion: Understanding the risk profiles of girls and young women who engage in specific forms of substance use can facilitate the identification of those at risk and the development of more targeted and effective prevention programs and interventions. Copyright 2006, Society for Adolescent Medicine.

Racial and ethnic disparities in medical history taking: Detecting substance use among low-income pregnant women.

Kerker BD; Leventhal JM; Schlesinger M; Horwitz SM. *Ethnicity & Disease* 16(1): 28-34, 2006. (46 refs.) Objective: To determine whether providers' medical history-taking of substance use varies with their patients' race or ethnicity. Design/Setting/Participants: The medical records of 1083 low-income women who delivered at an urban teaching hospital over a 12-month period were reviewed and data were abstracted. The frequency with which the presence or absence of substance use was documented was compared among Black, Hispanic, and White women. Multivariate models predicting documentation of data on substance use were also built. Results: Information on substance use was more often documented in the medical records of Black and Hispanic women than in those of White women. For example, 74% of Black women, 78% of Hispanic women, and 60% of White women had data on cocaine use documented in their medical records (P=.0001). Multivariate analyses found that, after controlling for other factors, Black (odds ratio [OR] 4.1) and Hispanic (OR 5.3) non-clinic patients were more likely than White non-clinic patients to have documented data on substance use history in their medical records. No racial/ethnic disparities were found among clinic patients. Among White women, clinic patients were more likely than non-clinic patients to have documented data on substance use. Among other races and ethnicities, no disparities were found between places of care. Conclusions: The differential collection of information on women's medical histories may be influenced by organizational factors and/or provider factors. The standard implementation of history-taking protocols would reduce the influence of institutional and personal biases on the care provided to pregnant women and enable all patients to receive appropriate referrals to treatment. Copyright 2006, ISHIB.

Drastic elevations in mortality among female injection drug users in a Canadian setting.

Spittal PM; Hogg RS; Li K; Craib KJ; Reesky M; Johnston C. *AIDS Care* 18(2): 101-108, 2006. (39 refs.)

The health and social conditions of women living in Vancouver's Downtown Eastside has recently been the focus of substantial international attention. Since few studies have examined rates and correlates of death among addicted women in Canada, we have characterized patterns of mortality among female injection drug users (IDUs) in Vancouver. The Vancouver Injection Drug Users Study (VIDUS) is a prospective open cohort study of IDUs. The analyses presented here, were restricted to women enrolled between May 1996 and May 2002 and who were aged 14 years or older. We estimated cumulative mortality rates using Kaplan-Meier methods and Cox regression was used to calculate univariate and adjusted relative hazards. Between May 1996 and May 2002, 520 female IDUs have been recruited from the Vancouver area among whom 68 died during the study period. Elevated rates of mortality were observed among those who reported, baseline sex-trade involvement, those with HIV-infection at baseline, and those who lived in unstable housing at baseline (all log-rank: $p < 0.05$). In adjusted analyses, HIV infection (RH = 3.09 [95% CI: 1.86 - 5.11]; $p < 0.001$), unstable housing (RH = 1.74 [95% CI: 1.10 - 2.86]; $p = 0.029$) and sex-trade involvement (RH = 1.82 [95% CI: 0.95 - 3.45]; $p = 0.071$) were associated with the time to death. When the number of observed deaths was compared to the number of expected deaths based on the general female population of British Columbia using indirect standardization, the rate of death among female IDUs was elevated by a factor of 47.3 (95% CI: 36.1 - 58.5). In Vancouver, female IDUs have rates of mortality almost 50 times that of the province's female population. Our findings are consistent with a growing number of reports from other settings internationally, and demonstrate the need for an appropriate evidence-based strategy to address the health and social needs of addicted women. Copyright 2006, Taylor & Francis Ltd.

Re-examining whether and why acculturation relates to drinking outcomes in a rigorous, national survey of Latinos.

Zemore SE. *Alcoholism: Clinical and Experimental Research* 29(12): 2144-2153, 2005. (32 refs.)

BACKGROUND: Fundamental limitations have hampered conclusions surrounding acculturation's effects among Latinos. This research re-examines associations between acculturation and alcohol use, addressing the most troubling of these limitations. The

research also explores mediators of the association, and the dimensional structure of acculturation. **METHODS:** Linear regressions and scale analyses were used to analyze data from Latino adults in the U.S. (825 women, 761 men) sampled in the 1995 National Alcohol Survey. Analyses used a standard, reliable acculturation scale and well-validated drinking measures; systematically accounted for demographic covariates; and analyzed men and women separately. **RESULTS:** As expected, higher acculturation was positively associated with a higher probability of drinking (vs. abstinence) among women, and higher average volumes and more frequent drunkenness among female drinkers. Acculturation was unrelated to alcohol use among men. Also as expected, mediational analyses of average volume supported expectations that gender-specific drinking norms would mediate acculturation's effects (though norms did not explain acculturation's associations with either drinking status or frequency of drunkenness). Analyses investigating depressive symptoms showed no support for the acculturation-stress model. Factor analyses of the acculturation scale supported the hypothesized distinctions between linguistic acculturation, attitudinal acculturation, and the social environment of acculturation. Further, items implying more intimate exposure to Anglo culture (i.e., language use) were most strongly related to drinking outcomes among women, supporting the normative interpretation of acculturation's effects on drinking. **CONCLUSIONS:** Results underline acculturation's influence on alcohol consumption among Latina women, and highlight the role of drinking norms in mediating this association. Results also suggest a multidimensional view of acculturation. The article recommends further research on drinking norms and other potential mediators of acculturation's effects among Latina women. Copyright 2005, Research Society on Alcoholism.

Smoking cessation for weight-concerned women: Group vs. individually tailored, dietary, and weight-control follow-up sessions.

Copeland AL; Martin PD; Geiselman PJ; Rash CJ; Kendzor DE. *Addictive Behaviors* 31(1): 115-127, 2006. (44 refs.)

Postcessation weight gain is of concern to many female cigarette smokers. A multidisciplinary treatment combining psychological, dietary, and exercise components followed a 2-week smoking cessation program. Participants were randomly assigned to receive six follow-up relapse prevention sessions (in a group format or in an individually tailored format) directed by trained representatives from clinical psychology, dietary counseling, and

exercise physiology. As predicted, abstinence rates were significantly higher among the individually tailored follow-up participants than among those assigned to the group follow-up condition at 3 and 6 months posttreatment. Differences between conditions in postcessation weight gain were not significant. However, the postcessation weight gain that did occur was significantly associated with subsequent smoking relapse in the group follow-up condition only. Copyright 2006, Elsevier Science Ltd.

Opiate misuse in pregnancy: Findings of a retrospective case note series.

Crome I; Ismail KMK; Ghetau E; McAuley R; Bloor R; Jones P; O'Brien PMS. *Drugs: Education, Prevention and Policy* 12(6): 431-436, 2005. (15 refs.) This is a retrospective review of pregnant opiate users registered with a pregnant drug-users service between January 2001 and October 2002. The aim was to identify the obstetric and neonatal characteristics of these high-risk pregnancies, the level of contact with the service and the relationship between level of attendance and pregnancy outcome. There were no pregnancy losses during the studied period. The birth weights of 27 of 39 babies were \leq 10th centile for gestational age. Associations between different antenatal variables and pregnancy outcomes were tested. The positive association between attending \geq 70% of expected antenatal visits to the service and the birth weight centile reached statistical significance. This has implications for the development of models of service delivery for these high-risk pregnancies. Copyright 2005, Taylor and Francis Ltd.

Alcohol consumption and risk of type 2 diabetes among older women.

Beulens JWJ; Stolk RP; Van der Schouw YT; Grobbee DE; Hendriks HFJ; Bots ML. *Diabetes Care* 28(12): 2933-2938, 2005. (24 refs.) OBJECTIVE - This study aimed to investigate the relation between alcohol consumption and type 2 diabetes among older women. RESEARCH DESIGN AND METHODS- Between 1993 and 1997, 16,330 women aged 49-70 years and free from diabetes were enrolled in one of the Dutch Prospect-EPIC (European Prospective Study Into Cancer and Nutrition) cohorts and followed for 6.2 years (range

0.1-10.1). At enrollment, women filled in questionnaires and blood samples were collected. RESULTS - During follow-up, 760 cases of type 2 diabetes were documented. A linear inverse association ($P = 0.007$) between alcohol consumption and type 2 diabetes risk was observed, adjusting for potential confounders. Compared with abstainers, the hazard ratio for type 2 diabetes was 0.86 (95% CI 0.66-1.12) for women consuming 5-30 g alcohol per week, 0.66 (0.48-0.91) for 30-70 g per week, 0.91 (0.67-1.24) for 70-140 g per week, 0.64 (0.44-0.93) for 140-210 g per week, and 0.69 (0.47-1.02) for > 210 g alcohol per week. Beverage type did not influence this association. Lifetime alcohol consumption was associated with type 2 diabetes in a U-shaped fashion. CONCLUSIONS - our findings support the evidence of a decreased risk of type 2 diabetes with moderate alcohol consumption and expand this to a population of older women. Copyright 2005, American Diabetes Association.

Children's family environments and intellectual outcomes during maternal incarceration.

Poehlmann J. *Journal of Marriage and the Family* 67(5): 1275-1285, 2005. (48 refs.) Despite the dramatic increase in incarcerated mothers that has occurred in the past decades, there is a paucity of family research focusing on the children affected by maternal imprisonment. The present study investigated family environments and intellectual outcomes in 60 children between the ages of 2 and 7 years during their mothers' incarceration. Multiple methods were used to collect data from children, mothers, and children's nonmaternal care-givers. Results indicated that most children experienced multiple risks across contextual levels. Cumulative caregiver sociodemographic risks predicted children's cognitive abilities, although quality of the home and family environment mediated this relation. Results underscore the importance of children's family environments and highlight the need for increased monitoring, service delivery, and longitudinal research with children of incarcerated mothers and their families. [Note: A significant number of women in prisons is related drug use.] Copyright 2005, Blackwell Publishing.