

Whose higher power? Criminalized women confront the "Twelve Steps".

Sered S; Norton-Hawk M. *Feminist Criminology* 6(4): 308-332, 2011. (58 refs.)

Drawing on 3 years of fieldwork with a community of criminalized women in eastern Massachusetts, this article explores their ambivalent, often negative, relationship with and feelings about Alcoholics Anonymous/Narcotics Anonymous (AA/NA). We suggest that coerced participation in AA/NA undermines any potential value that these programs may have for other types of participants and that the Twelve Step ideology of personal responsibility and turning oneself over to a Higher Power fails to resonate for women who are homeless, poor, incarcerated, abused, and have had their children taken from them. Copyright 2011, Sage Publications.

Alcohol's role in sexual violence perpetration: Theoretical explanations, existing evidence and future directions.

Abbey A. *Drug and Alcohol Review* 30(5, special issue): 481-489, 2011. (68 refs.)

Issues. There is controversy regarding the extent to which alcohol plays a causal role in sexual assault perpetration. Approach. This paper critically reviews the relevant alcohol administration and survey research literature. Key Findings. Alcohol administration researchers have randomly assigned male participants to drink conditions prior to exposure to an acquaintance rape scenario. As compared to sober participants, intoxicated participants find the male character's use of force to obtain sex more acceptable and express greater willingness to act in a similar manner. In several studies, these effects are strongest for intoxicated men with hostile attitudes toward women. Survey researchers have asked male participants to describe incidents in which they behaved in a sexually aggressive manner. Men who commit sexual assault when drinking report having traits, attitudes and experiences similar to those of other perpetrators except in the alcohol domain. Perpetrators who commit sexual assault when drinking tend to drink more than other perpetrators in sexual situations and have stronger expectancies regarding

alcohol's effects on sexual behaviour. Implications. Overall, research suggests that alcohol interacts with personality and aspects of the situation, adding to the risk of perpetration among men already predisposed to engaging in sexual aggression. Conclusions. Although there are no simple answers to questions about alcohol's role in sexual assault, research suggests that intoxication may be a more important determinant of when some men commit sexual aggression, rather than who becomes sexually aggressive. Copyright 2011, Wiley-Blackwell.

Chronically homeless women report high rates of substance use problems equivalent to chronically homeless men.

Edens EL; Mares AS; Rosenheck RA. *Women's Health Issues* 21(5): 383-389, 2011. (34 refs.)

Introduction: The U.S. federal government recently committed itself to ending chronic homelessness within 5 years. Women constitute one out of four chronically homeless adults and represent a particularly vulnerable group, but have been little studied. To identify potentially unique needs in this group, we report characteristics and 2-year outcomes in a large sample of male and female chronically homeless adults participating in a multisite, supportive housing program. Methods: Men and women participating in the outcome evaluation of the 11-site Collaborative Initiative on Chronic Homelessness (n = 714) supportive housing program and who received at least one follow-up assessment were compared on baseline characteristics and up to 2-year follow-up outcomes. Mixed model multivariate regression adjusted outcome findings for baseline group differences. Results: Few significant baseline differences existed between males and females, with both sexes self-reporting very high rates of lifetime mental health (83% women, 74% men) and substance use (68% women, 73% men) problems. Throughout the 2-year follow-up, both men and women dramatically increased the number of days housed, showed minimal changes in substance use patterns, and had modest improvements in mental health outcomes, without significant differences between genders. Conclusion: Unlike other U.S. populations,

chronically homeless adults do not demonstrate substantial gender differences on mental health or addiction problems. Policy and service delivery must address these remarkably high rates of substance use and mental illness. Copyright 2011, Elsevier Science.

The SUCCESS Program for smoking cessation for pregnant women.

Albrecht S; Kelly-Thomas K; Osborne JW; Ogbaber S. *Journal of Obstetric, Gynecologic and Neonatal Nursing* 40(5): 520-531, 2011. (51 refs.)

The Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) developed an evidence-based practice program, Setting Universal Cessation Counseling Education and Screening Standards (SUCCESS), to educate nurses and other health care practitioners about smoking cessation interventions, increase the number of practitioners providing smoking cessation interventions, and deliver a smoking cessation intervention program to childbearing women who smoke. The development, implementation, and outcomes of the SUCCESS program are described. Copyright 2011, Wiley-Blackwell.

Predictors of retention of women offenders in a community-based residential substance abuse treatment program.

Adams SM; Peden AR; Hall LA; Rayens MK; Staten RR; Leukefeld CG. *Journal of Addictions Nursing* 22(3): 103-116, 2011. (86 refs.)

Substance abuse is a major contributing factor to women being incarcerated in the United States, and substance abuse is a critical factor in the high recidivism rates of women offenders (50-70% within one year). Understanding factors that enhance and deter women from retention in substance abuse treatment will facilitate tailored interventions to improve treatment outcomes. This prospective study examined the relationship of substance use characteristics, childhood trauma, current trauma-related symptoms, motivation to treatment, and socio-demographic characteristics, in predicting the retention of women offenders in an urban, residential substance abuse program as they re-enter the community from incarceration. All women were interviewed within the first week of admission to the residential program using the following measures: the Addiction Severity Index (ASI), the Childhood Trauma Questionnaire (CTQ), and the Trauma Symptom Inventory (TSI), and socio-demographic characteristics. Length of stay was tracked for all study participants (n = 105). Using multiple regression analysis, substance use characteristics did not predict retention. Age, current use of prescribed pain medication, sexual concerns,

employment problems, and importance of drug treatment were significant predictors. Specifically, women remained in treatment longer if they were older, were not taking any prescription pain medication, reported concerns about employment, reported concerns about sexual problems, and reported lower importance of drug treatment, yet higher personal commitment to recovery. Higher scores for childhood emotional trauma, emotional neglect, and physical neglect were correlated with retention, but not statistically significant. These findings suggest the need to tailor individualized treatment to address the medical, employment, sexual and interpersonal relationships, and emotional trauma needs in this vulnerable population of women. Copyright 2011, Informa Healthcare.

Childhood sexual abuse and substance abuse treatment utilization among substance-dependent incarcerated women.

Peltan JR; Cellucci T. *Journal of Substance Abuse Treatment* 41(3): 215-224, 2011. (52 refs.)

Incarcerated women have high rates of substance abuse problems and trauma. A variety of variables may influence whether these women seek help or are referred for substance abuse problems. This study reports an exploratory project on service utilization among incarcerated substance-dependent women (N = 40) in southeastern Idaho. Using self-report and interview tools, most participants reported some substance abuse treatment history, although extent and types of treatment varied. Most of the women also reported some type of childhood abuse. Age, income, and consequences of alcohol and other drug use related positively to substance abuse treatment. However, severity of childhood sexual abuse and current trauma symptoms were negatively correlated with substance abuse treatment episodes. These women may use substances to cope with childhood trauma or may not perceive the substance abuse system as responsive to their co-occurring trauma symptoms. Copyright 2011, Elsevier Science.

A randomized phase I trial of a brief computer-delivered intervention for alcohol use during pregnancy.

Tzilos GK; Sokol RJ; Ondersma SJ. *Journal of Women's Health* 20(10): 1517-1524, 2011. (57 refs.)

Background: Drinking alcohol during pregnancy has a range of negative consequences for the developing fetus. Screening and brief intervention approaches have significant promise, but their population impact may be limited by a range of challenges to implementation. We, therefore, conducted preliminary

acceptability and feasibility evaluation of a computer-delivered brief intervention for alcohol use during pregnancy. Methods: Participants were 50 pregnant women who screened positive for risky drinking during a routine prenatal clinic visit and were randomly assigned to computer-delivered brief intervention or assessment-only conditions. Results: Ratings of intervention ease of use, helpfulness, and other factors were high (4.7-5.0 on a 1-5 scale). Participants in both conditions significantly decreased alcohol use at follow-up, with no group differences; however, birth weights for infants born to women in the intervention group were significantly higher ($p < 0.05$, $d = 0.62$). Conclusions: Further development and study of computer-delivered screening and intervention for alcohol use during pregnancy are warranted. Copyright 2011, Mary Ann Liebert.

Adolescent obesity as a risk factor for high-level nicotine addiction in young women.

Hussaini AE; Nicholson LM; Shera D; Stettler N; Kinsman S. *Journal of Adolescent Health* 49(5): 511-517, 2011. (40 refs.)

Purpose: Obesity and cigarette smoking are two of the most frequent and preventable causes of disease and death in the United States; both are often established during youth. We hypothesized that obese, adolescent girls would be at higher risk for nicotine addiction in young adulthood, and that particular individual and social factors would mediate this association. Methods: Students surveyed in the National Longitudinal Study of Adolescent Health (Add Health), a nationally representative school-based and in-home survey conducted in three waves, comprised the sample. More than 4,000 respondents were used for the multivariate linear and logistic regression analyses used to determine the association between obesity and level of nicotine addiction. Potential mediation effects of the association were also examined. Results: Obesity doubled the risk of the highest level of nicotine addiction after controlling for demographic factors, parent and friend smoking, and baseline smoking (OR, 2.12; 95% CI, 1.22-3.68). Family smoking was the strongest predictor of nicotine addiction (OR, 4.72; 95% CI, 2.89-7.72). Grade point average was a partial mediator of this relationship (OR, .48; 95% CI, .32-.74). Conclusions: Obese, adolescent females are at increased risk for high-level nicotine addiction in young adulthood as compared with their nonobese peers. Grade point average partially mediates the association, and may represent a confluence of factors including increased absenteeism, social marginalization, biases, and lack of confidence in academic ability. Obese, adolescent females may

require targeted interventions to address their risk of subsequent high-level nicotine addiction, especially if risk factors such as parental smoking and poor school performance are present. Copyright 2011, Society for Adolescent Health and Medicine.

Effects of an alcohol intervention on drinking among female college students with and without a recent history of sexual violence.

Brahms E; Ahl M; Reed E; Amaro H. *Addictive Behaviors* 36(12): 1325-1328, 2011. (24 refs.)

Objective: Alcohol misuse among college students is a significant public health problem that can have negative long-term implications. One important correlate of problem drinking among college female populations is sexual violence. The current study investigated: (1) past year sexual violence and its association with alcohol consumption and related psychosocial variables (stress, coping, and mental health); and (2) whether the impact of an alcohol intervention was different for college women with a history of sexual violence compared to those without such a history. Methods: Female undergraduate students ($N = 351$) who participated in the Brief Alcohol Screen in College Students (BASICS) completed web-based surveys measuring alcohol and drug use, psychosocial factors, and sexual violence at baseline and six-month follow-up. Results: At baseline, women who experienced sexual violence reported less use of protective alcohol strategies, more positive coping skills, and more mental health symptoms. Following the intervention, alcohol consumption decreased significantly among the entire sample; however no significant differences in consumption were identified based on a history of sexual violence. Yet, compared to women not reporting sexual violence, women who reported recent sexual violence showed greater improvements in mental health outcomes ($p < 0.05$). Conclusions: Findings suggest that brief alcohol interventions may have a differential impact on alcohol-related outcomes based on whether or not women have experienced recent sexual violence. Copyright 2011, Elsevier Science.

Early healthcare utilization and welfare interventions among children of mothers with alcohol and substance abuse: A retrospective cohort study.

Sarkola T; Gissler M; Kahila H; Autti-Ramo I; Halmesmaki E. *Acta Paediatrica* 100(10): 1379-1385, 2011. (23 refs.)

Aim: Early childhood healthcare utilization, mortality and welfare interventions were studied among children of mothers with identified gestational alcohol and/or

substance abuse. **Methods:** Register-based retrospective cohort study. The exposed cohort consisted of 638 children born to 524 women followed up antenatally 1992-2001 at special outpatient clinics in the capital area of Finland. Nonexposed children (n = 1914) born to control women were matched for maternal age, parity, number of foetuses, month of birth and delivery hospital of the index child. Postnatal data of both cohorts were collected from national registers until 2007. **Results:** The exposed cohort displayed twice the amount of in- and outpatient hospital care episodes compared with nonexposed children. Differences attributable to exposure were found in categories of conditions originating in the perinatal period, mental and behavioural disorders, and nonspecific factors influencing health status and contact with health services. This was reflected in amounts of reimbursements for drugs of the central nervous system, as well as special care allowances and rehabilitation for mental and behavioural disorders. The highest degree of healthcare utilization was observed among exposed children placed in out-of-home care. One-third of these children received outpatient care and one-tenth required inpatient care for a mental and behavioural disorder. No significant differences were found in early mortality. **Conclusion:** The exposed children displayed significant neonatal and early mental and behavioural healthcare utilization, and need for significant psychosocial support during their first decade of life. Copyright 2011, Wiley-Blackwell.

Women smokers' experiences of an age-appearance anti-smoking intervention: A qualitative study.

Grogan S; Flett K; Clark-Carter D; Gough B; Davey R; Richardson D et al. *British Journal of Health Psychology* 16(Part 4): 675-689, 2011. (21 refs.) **Objectives.** This study was designed to investigate women's experiences of engaging in an age-appearance anti-smoking intervention. **Methods.** Ten 18- to 34-year-old women gave accounts of their experiences after engaging in an age-appearance facial morphing anti-smoking intervention in interviews (n = 7) and a focus group (n = 3), and 37 women gave their accounts while they were engaged in the intervention. Transcripts were analysed using a thematic analysis broadly informed by the procedures of Grounded Theory. **Results.** Women were very concerned about the impact of ageing on their faces in general, and in particular the additional impact of smoking on their skin. Women were concerned about other people's reactions to them as older smokers with wrinkled skin, and many experienced a physical shock reaction (including reports of nausea) to seeing how they would

age if they continued to smoke. They reported that seeing their own face aged on the computer screen increased their perceived risk of skin wrinkling. Women reported being highly motivated to quit smoking as a result of the intervention, and many reported that they would take active steps to quit having seen how they would look if they continued to smoke. This was linked with increased perceived personal responsibility for quitting. **Conclusions.** Results are discussed in relation to suggestions for anti-smoking interventions aimed at women in the 18- to 34-year-old age group. It is concluded that interventions incorporating age-appearance morphing techniques are likely to be effective in helping women to take active steps to quit smoking. Copyright 2011, Wiley-Blackwell.

Contingency management with community reinforcement approach or twelve-step facilitation drug counseling for cocaine dependent pregnant women or women with young children.

Schottenfeld RS; Moore B; Pantalon MV. *Drug and Alcohol Dependence* 118(1): 48-55, 2011. (75 refs.) **Background:** Cocaine abuse among women of child-bearing years is a significant public health problem. This study evaluated the efficacy of contingency management (CM), the community reinforcement approach (CRA), and twelve-step facilitation (TSF) for cocaine-dependent pregnant women or women with young children. **Methods:** Using a 2 x 2 study design, 145 cocaine dependent women were randomized to 24 weeks of CRA or TSF and to monetary vouchers provided contingent on cocaine-negative urine tests (CM) or non-contingently but yoked in value (voucher control, VC). Primary outcome measures included the longest consecutive period of documented abstinence, proportion of cocaine-negative urine tests (obtained twice-weekly), and percent days using cocaine (PDC) during treatment. Documented cocaine abstinence at baseline and 3, 6, 9 and 12 months following randomization was a secondary outcome. **Findings:** CM was associated with significantly greater duration of cocaine abstinence ($p < .01$), higher proportion of cocaine-negative urine tests ($p < 0.01$), and higher proportion of documented abstinence across the 3-, 6-, 9- and 12-month assessments ($p < 0.05$), compared to VC. The differences between CRA and TSF were not significant for any of these measures (all p values ≥ 0.75). PDC decreased significantly from baseline during treatment in all four groups ($p < 0.001$) but did not differ significantly between CM and VC ($p = 0.10$) or between TSF and CRA ($p = 0.23$). **Interpretation:** The study findings support the efficacy of CM for cocaine dependent pregnant women and women with

young children but do not support greater efficacy of CRA compared to TSF or differential efficacy of CM when paired with either CRA or TSF. Copyright 2011, Elsevier Science.

Association of moderate alcohol use and binge drinking during pregnancy with neonatal health.

Meyer-Leu Y; Lemola S; Daepfen JB; Deriaz O; Gerber S. *Alcoholism: Clinical and Experimental Research* 35(9): 1669-1677, 2011. (52 refs.)

Background: Heavy drinking and smoking during pregnancy are known to have a negative impact on the unborn child. However, the impact of low-to-moderate alcohol consumption and binge drinking has been debated recently. The aim of this study was to examine the relationship of moderate prenatal drinking and binge drinking with birthweight, being small for gestational age (SGA) at birth, preterm birth, and neonatal asphyxia. Methods: Moderate alcohol drinking, binge drinking, and several possible confounders were assessed in 1,258 pregnant women; information on neonatal health was obtained at birth. Results: Results indicate that 30.8% of the women

drank at low levels (< 2 glasses/wk), 7.9% drank moderately (2 to 4 glasses/wk), and 0.9% showed higher levels of drinking (≥ 5 glasses/wk); 4.7% reported binge drinking (defined as ≥ 3 glasses/occasion). 6.4% of the children were SGA (< 10th percentile of birthweight adjusted for gestational age), 4.6% were preterm (< 37th week of gestation), and 13.0% showed asphyxia (arterial cord pH < 7.10 and/or arterial cord lactate > 6.35 mmol and/or Apgar score < 7 at 5 minutes). When controlling for maternal age, citizenship, occupational status, parity, smoking, use of prescription/over-the-counter drugs, illicit drug use, and child gender moderate drinking was related to lower birthweight ($p < 0.01$), and moderate drinking and binge drinking were associated with neonatal asphyxia at trend level ($p = 0.06$ and $p = 0.09$). Moderate drinking and binge drinking were not related to length of gestation. Conclusions: In contrast to recent reviews in the field, our results assume that moderate drinking and binge drinking are risk factors for neonatal health. Copyright 2011, Wiley-Blackwell.