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Sex, drug courts, and recidivism

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SEX, DRUG COURTS, AND RECIDIVISM

by

Doria Nour Dandan

Bachelor of Arts
California State University, Fullerton
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A thesis submitted in partial fulfillment of
the requirements for the

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ABSTRACT

Sex, Drug Courts, and Recidivism

by

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Research studies have identified gender differences in the drug abusing patterns and treatment needs of men and women. Even so, studies on the drug court model have not assessed drug court effectiveness across sex. Using secondary data collected from the Ada County Drug Court, the recidivism rates of drug court participants (n=259) and probationers (n=235) were analyzed. Drug court participants were found to be less likely to recidivate compared to probationers, which supports previous research on drug court effectiveness. Regression analyses failed to find an interaction between group membership and sex, thereby indicating that the effect of the drug court did not differ across sex. These findings suggest that, despite differences in drug abuse patterns, the treatment needs of both men and women were being addressed in the drug court.

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CHAPTER 1

INTRODUCTION

The number of drug-offending women being processed through the criminal justice system has increased at a substantial rate, in comparison to their male counterparts (Merolla, 2008). Some researchers have attributed this influx to drug laws implemented during the “War on Drugs,” and have, in turn, dubbed it the “War on Women” (Belknap, 2007; Bush-Baskette, 2000; Covington, 2001). Bush-Baskette (2000) speculated that the gendered effects of these drug laws might be a result of mandatory minimum sentencing and increased consequences for minor possession.

The effect of the “War on Drugs,” in part, prompted a need for a more effective approach than incarceration. In response, correctional treatment programs were implemented to help reduce the strain on an overwhelmed criminal justice system. These programs included drug and alcohol treatment, as well as educational and vocational training. Research on correctional treatment has reported successful outcomes in regards to recidivism rates after participation in such programs (Seiter & Kadela, 2003).

Drug Courts

One type of correctional treatment program is drug courts. Drug courts are programs that evaluate drug offenders and provide an alternative to incarceration through treatment programs and the use of graduated rewards and sanctions. Drug courts seek to treat the drug offender as a whole, rather than solely focusing on the drug offense and its respective sentence (Goldkamp, White, & Robinson, 2001). Harrison (2001) articulated

that drug abuse is a problem of the whole person. Even though drug abuse may result in legal consequences, several factors within the individual contribute to its continued use (i.e. chemical and psychological dependence). Along with intensive drug treatment and supervision, drug courts offer services such as housing, vocational training, and job placement (Harrison, 2001; Kalich & Jones, 2006). Research indicates that such services are more conducive to a drug offender's rehabilitation compared to traditional supervision (Wenzel, Longshore, Turner, & Ridgely, 2001).

The effectiveness of the drug court approach has been assessed through outcome studies that have examined the recidivism rate of drug court participants compared to offenders who received traditional probation services (Galloway & Drapela, 2006; Gottfredson, Kearley, Najaka, & Rocha, 2005; Peters & Murrin, 2000). While some research has noted adverse effects (Miethe, Lu, & Reese, 2000), overall, studies have found drug courts to be effective at reducing recidivism (Belenko, 2001; Lowenkamp, Holsinger, & Latessa, 2005). The effectiveness of this model has been assessed in several studies (Coyler, 2007; Galloway & Drapela, 2006; Gottfredson et al., 2005), but there remains a need to examine its effectiveness with regards to specific types of participants (Goldkamp et al., 2001).

Recognizing differences across offenders is important to provide the most effective treatment approach. The means by which an individual and a treatment program are matched is referred to as responsivity. Andrews et al. (1990) identified two types of responsivity: general and specific. In general responsivity, treatment focuses on the commonalities among offenders using a cognitive-behavioral approach, which includes enforcing anticriminal behavior and developing problem solving skills. Specific

responsivity, on the other hand, recognizes an offender's specific, personal characteristics in order to create the best treatment approach for the offender. Research has assessed the role of the responsivity principle with various types of offenders (Hubbard, 2007; Hubbard & Pealer, 2009; Moster, Wnuk, & Jeglic, 2008; Vieira, Skilling, & Peterson-Badali, 2009). Hubbard's (2007) study on responsivity and gender differences found gender to be a significant factor in regards to recidivism. Hubbard noted that perhaps the female offenders were "more receptive to the cognitive-behavioral treatment" than their male counterparts (p. 6).

Prior to the late 1980s, the majority of research studies had focused on male criminality and treatment programs were designed for the male offender (Chesney-Lind, 1989). Criminologists identified differences among male and female offenders and found a need to address these differences. Similarly, research on drug abuse has noted differences in the drug abusing patterns of men and women, both in their initial and continued use (Pelissier & Jones, 2005). Such findings indicate that treatment needs may vary across gender.

Most drug treatment programs tend to follow a single outline, rather than taking into consideration the separate needs of men and women (Kalich & Evans, 2006; Pelissier & Jones, 2005). However, Covington (2001) noted that gender differences in offender characteristics, such as the role of parenthood and the nature of the crimes committed, affect treatment needs. According to Pelissier and Jones (2005), "[w]omen's programs are seen as more effective if the focus is on empowerment, support, skill building, and strength identifying rather than confrontation, as is the case with many programs for men" (p. 345).

While studies have evaluated program needs and drug court effectiveness for women, there is still a relative lack of research on drug court effectiveness and gender. Research has found that drug courts are effective when comparing female drug court participants to female probationers (Shaffer, Hartman, & Listwan, 2009). However, with studies indicating the different needs of female offenders compared to their male counterparts, there is still a gap in the literature in regards to the effectiveness of a drug court across gender. The current study will assess whether the effectiveness of a drug court is equivalent across gender.

CHAPTER 2

LITERATURE REVIEW

The implementation of correctional treatment programs has prompted research studies that have assessed their effectiveness. The overall response has been positive, with correctional treatment programs found to be an effective approach to reducing recidivism rates. Even so, there is a need to continue to examine how to improve the effectiveness of these programs. Given the research on gender differences and criminality, it is important to consider the role of gender in understanding program effectiveness. The following takes an in depth look at previous research regarding gender differences, treatment programs, and drug courts.

Drug Courts

Drug courts are a type of community-based treatment programming. Drug courts consist of two components: supervision and treatment (Banks & Gottfredson, 2003; Kalich & Evans, 2006). Supervision refers to intensive monitoring, such as frequent court appearances and drug testing, of participants throughout their time in drug court. Treatment consists of various programs available to drug court participants. Banks and Gottfredson (2003) noted that the treatment aspect of drug courts was more effective in comparison to supervision; however, they also indicated that both components were necessary for an offender's successful completion of a drug court program.

Drug court goals center around reducing recidivism. The drug court approach seeks to build relationships, while meeting offender needs through treatment, therapy,

vocational training, and other services (Banks & Gottfredson, 2003). In 1997, the National Association of Drug Court Professionals (NADCP) identified ten key components of the drug court model. These components included the application of treatment programs and consistent communication with the drug court judge or other appointed officials (Drug Courts Program Office, 2004). These points aid in providing a holistic approach to community corrections by focusing on the establishment of relationships not only between the offender and the drug court, but also between the drug court and community agencies.

One of the key points of contact between the offender and the drug court is the drug court judge (Hora, Schma, & Rosenthal, 1999; NIJ, 2006). Unlike traditional courts where an offender may interact with multiple judges, drug court participants maintain contact with one judge throughout their drug court experience (Hora et al., 1999). This allows for the establishment of a stable relationship that may be crucial to the drug offender's rehabilitation, as studies have noted the instability of a drug offenders' environment (Frisher & Beckett, 2006; Harrison, 2001; Pelissier & Jones, 2005). The drug court judge uses his/her discretion to withdraw an individual from a drug court program if they do not adhere to drug court regulations.

Along with contact with the court, drug courts utilize a system of rewards and sanctions as incentives for participants to continue through and complete their respective programs. Lindquist, Krebs, and Lattimore (2006) found that both drug court participants and staff find rewards and sanctions to be motivating factors; however, participants indicated that an individual's motivation and attitude also play a role in the effectiveness of rewards and sanctions. Drug court participants identified more rewards and sanctions

than offenders going through traditional court systems. Rewards for drug court participants included praise from the judge and staff, “phasing up” or progressing through a treatment program, and early termination. As for sanctions, the most commonly cited drug court sanctions included jail time, increased treatment, and community service. The revocation of treatment options and the possibility of an offender facing incarceration demonstrate the “overlapping responsibility between traditional court and [drug courts]” (Hora et al., 1999, 470). However, in a study of two drug courts, Hepburn and Harvey (2007) found that, regardless of the threat of jail time, there was no difference in program completion for participants. Despite their rehabilitative approach, drug courts maintain relationships with their more punitive-focused counterpart.

Drug courts also form relationships with community agencies that may provide additional services, aside from drug treatment. These services include education, vocational training, and parenting classes. By establishing these relationships, the success of an offender becomes a collaborative effort between the community, offender, and criminal justice system (Hora et al., 1999).

Research on drug court participants found that they are less likely to recidivate after successful completion of their respective treatment program when compared to probationers (Banks & Gottfredson, 2003; Belenko, 2001; Bouffard & Richardson, 2007; Galloway & Drapela, 2006; Kalich & Evans, 2006). The longer participants were exposed to a drug court program, the lower the rate of recidivism (Frischer & Beckett, 2006; Kalich & Jones, 2006; Peters & Murrin, 2000; Wolfe, Guydish, & Tremondt, 2002). In their study on a Louisiana drug court program, Kalich and Evans (2006) found that a drug court participant’s extent of involvement in the program decreased the

likelihood of rearrest. While the majority of research has simply focused on whether drug courts reduce recidivism, there is a growing need to examine when and how drug courts work best (Goldkamp et al., 2001).

Examining the impact of drug courts on different types of offenders is one way to explore how and when drug courts work. Some studies have assessed the role of the risk of recidivism to further understand drug court effectiveness. Using Level of Service Inventory-Revised (LSI-R) scores to identify low- and high-risk offenders, Lowenkamp and Latessa (2005) found that low risk offenders in correctional treatment programs were more likely to recidivate compared to high-risk offenders. In a meta-analysis on drug court effectiveness, Lowenkamp et al. (2005) noted that there was a 10% reduction in the recidivism rates for high-risk offenders and only a 5% reduction for low-risk offenders.

Apart from risk levels, studies have explored demographic differences, such as age, race, and gender, to identify possible differences in drug court outcomes. Drug court participants who are older were found to be less likely to be rearrested (Spohn, Piper, Martin, & Frenzel, 2001; Wolfe et al., 2002). White participants were significantly more likely to graduate from drug court programs (Dannerbeck, Harris, Sundaet, & Lloyd, 2006; Hartley & Phillips, 2001; Taxman & Bouffard, 2005). Studies have also assessed the impact of education and marital status in regards to recidivism and program completion, respectively (Hartley & Phillips, 2001; Mateyoke-Scriver, Webster, Stanton, & Leukefeld, 2004). Offenders who had completed high school were less likely to recidivate than those who had not; married offenders were more likely to complete a drug court program in comparison to unmarried offenders. Hartley and Phillips (2001) noted a strong positive correlation between employment and education, in regards to

offenders who graduate from a drug court program. Research examining drug courts and gender has found that drug courts are an effective form of treatment for women (Hartman, Shaffer, & Listwan, 2007; Shaffer et al., 2009).

Gender Differences

Gender differences in criminality came to the forefront of research with Chesney-Lind's *The Forgotten Offender* (1998). She discussed the need to identify differences in male and female criminality, and, in turn, create programs that take into account these differences. For example, Chesney-Lind noted the significant increase of the female incarceration rate after the implementation of new drug laws. Understanding the differences in female and male drug use were deemed important in addressing the criminal justice system's approach to female offenders.

Studies have identified differences in the drug abusing patterns of men and women in regards to initiation and maintenance (Holtsfreter & Morash, 2003; Pelissier & Jones, 2005). Initiation refers to the offender's introduction to drugs and their initial drug use. Men are more likely to be introduced to drugs by their friends, while women are introduced to drugs by their significant other or a family member (Belknap, 2007; Holtsfreter & Morash, 2003; Pelissier & Jones, 2005). In their sample of women in long term treatment, Gregoire and Snively (2001) found that 79% of the women had reported a family history of drug abuse.

Societal pressures may also have an influence on initiation of drug use. Belknap (2007) hypothesized that, for men, drug use is associated with being masculine and "doing masculinity." Drug use for females, on the other hand, is a means of rebelling

against “their gender roles to society” (p. 118). Robbins (1989) attributed that differences in gendered societal perceptions of drug abuse may be due to the fact that women are more likely to use at home, where their children may be present, rather than in public. While most drug use does occur at home or at a friend’s house, men are more likely to use drugs at work (Sussman, Ames, Dent, & Stacy, 2000).

In regards to continued drug use, men tend to have experimented with more drugs than women prior to weekly onset of drug abuse (Joshi, Grella, & Hser, 2001). Men may continue to use for recreational purposes and due to pressure from antisocial associates (Belknap, 2007; Holtfreter & Morash, 2003; Pelissier & Jones, 2005). Men tend to have more extensive criminal histories than their female counterparts (Pelissier & Jones, 2005; Staton-Tindall et al., 2007). Unlike men, women may continue to use drugs as a form of self-medication, rather than for recreational purposes (Bush-Baskette, 2000; Holtfreter & Morash, 2003). This has often been attributed as a coping mechanism for female drug users because of past histories of violence and abuse (Bush-Baskette, 2000; Chesney-Lind, 1998; Pelissier & Jones, 2005; Staton-Tindall et al., 2007). While some men have also experienced some form of abuse in their childhood, abuse has been found to continue into adulthood for many women (Chesney-Lind, 1998).

Research conducted on specific drug use has suggested that men tend to have more problems with alcohol and marijuana, while women may have more problems with methamphetamine and cocaine (Pelissier & Jones, 2005; Staton-Tindall et al., 2007). Women were more likely to be poly-drug users and use drugs intravenously (Kerr, 1998; Lewis, 2006; Staton-Tindall, Havens, Oser, Prendergast, & Leukefeld, 2009). Even so,

Pelissier and Jones (2005) found that there were no gender differences in drug use severity.

In regards to psychological matters, female drug users are more likely than male drug users to report such problems (i.e. depression and anxiety), and drug use becomes a solution to these issues (Bush-Baskette, 2000; Gray & Saum, 2005; Hartman et al., 2007; Kerr, 1998; Lewis, 2006; Staton-Tindall et al., 2007). Gray and Saum (2005) noted that an offender's psychosocial state had an impact on drug court completion. Studies, however, have found that many male drug users have been diagnosed with antisocial personality disorder (Grella & Joshi, 1999; Staton-Tindall et al., 2007). Some research has stated that these psychosocial problems may be universal among drug users, rather than gender-specific (Pelissier & Jones, 2005). Even so, Covington (2001) noted that men and women deal with anxiety differently, in a physical versus emotional manner, respectively. Additionally, while drug abuse may have an impact on the psychological functioning of women, men may experience more of an impact in regards to social functioning (Robbins, 1989).

Further research has found that additional factors may affect a woman's drug abuse and treatment progression. Women tend to be the primary caretakers of their children (Bush-Baskette, 2000; Chesney-Lind, 1998; Pelissier & Jones, 2005). Women may have more issues with employment in comparison to their male counterparts, despite having higher levels of education (Pelissier & Jones, 2005). Biological factors, such as differences in metabolic rates, may also have an impact on drug abuse, as women may be more receptive to the rewards of drug use (Frezza, Di Padova, & Pozzato, 1990).

Drug abuse among women may progress more quickly than that of their male counterparts from the time of initiation (Gregoire & Snively, 2001; Lewis, 2006). Staton-Tindall et al. (2009) found that a significant correlate of drug abuse among women was that they were not living in their own home (i.e. living with a partner). These factors, in addition to psychological problems and past histories of violence, play a major role in female drug abuse. The differences in initiation and maintenance of drug abuse among men and women suggest that there may be different treatment needs and a failure to recognize these differences may undermine the effectiveness of a treatment program.

Desistance and Treatment Programs

Gender differences in initiation and maintenance may also affect desistance of drug abuse. Uggen and Kruttschnitt (1998) identified two types of desistance: behavioral and official. Behavioral refers to “the transition from criminal to noncriminal conduct” (p. 339), while official desistance refers to the deterrence of criminal activities through legal measures (i.e. incarceration). For women, education, the presence of children, and a noncriminal best friend were all predictors of desistance; however, education affected male desistance negatively. Frisher and Beckett (2006) discussed that desistance from drug abuse is accomplished through a combination of medical and psychological interventions, lifestyle change, treatment via the criminal justice system, and some coercion.

In looking at “treatment careers,” Grella and Joshi (1999) identified several differences between men and women. First, women who entered treatment were younger than their male counterparts upon entering treatment. Second, women were more likely

to be referred to their current treatment program from a social services agency, while men were more likely to be referred by the criminal justice system. The authors also found that women had a “shorter interval of time between [their] first regular drug use and first treatment entry” than their male counterparts (p. 398). Lewis (2006) noted that “women are more likely to seek treatment when having problems with addiction, but are less likely to receive addiction-specific services” (p. 778). If not addressed, these differences may affect an offender’s success in a drug treatment program.

Competing Perspectives

Differences between men and women’s drug abusing patterns may indicate a need to provide treatment programs that are conducive to the offender’s success. Hubbard and Matthews (2008) identified two competing perspectives in regards to treatment approaches for female offenders: “gender-responsive” and “what works.” The following takes a closer examination of these approaches.

Gender-Responsive Approach

The “gender-responsive” approach is based on the feminist perspective, which emphasizes the role of society and its impact on women. This approach emerged from research that identified differences among male and female offenders, especially with regards to how female offenders were handled by the criminal justice system. Rather than identifying women as high “risk” offenders, this approach defines them as high “need” as it is believed that they are more of a danger to themselves than to others. For the “gender-responsive” approach, program goals are set in empowering women and building relationships in order to help offenders reintegrate smoothly back into society.

What Works Approach

The “what works” approach, on the other hand, addresses the issues within an individual that research has found to be a correlate of recidivism. This approach identifies criminogenic needs and aims to first address the critical ones associated with recidivism. Criminogenic needs are considered dynamic risk factors and include factors that are empirically related to recidivism, but able to be changed. Examples include substance abuse, antisocial attitudes, antisocial peers, education, and employment. While the “what works” approach recognizes the importance of relationships, it largely views these as non-criminogenic. From this perspective, building relationships will not change female offenders’ risk of recidivism unless criminogenic needs are also targeted (Hubbard & Matthews, 2008).

Despite their differences, Hubbard and Matthews (2008) noted the beneficial aspects of both approaches. They explained that an approach that incorporated “both the relational model advocated by the gender-responsive group and the cognitive–behavioral model supported by the what works group” would address essential elements in regards to female criminality (p. 247). In order to address the factors that are related to drug use desistance, drug court programs utilize both perspectives.

Drug Courts and the Perspectives

Drug courts incorporate the “gender-responsive” perspective by emphasizing the importance of building relationships. This is hypothesized to be a key factor in regards to the effectiveness of treatment programs for female drug abusers (Covington, 2001; Gregoire & Snively, 2001). For example, the drug court judge plays an important role in the program as the main point of contact between the offender and the court and,

essentially, as the leader of the treatment process. Additionally, drug courts benefit women with children by providing treatment within the community, thereby minimizing the emotional and psychological strain of incarceration on both parties (Bush-Baskette, 2000).

In regards to the “what works” perspective, drug court goals are set in reducing recidivism. While acknowledging basic needs (i.e. shelter, food), drug courts also look at criminogenic needs, such as risk levels, to provide the necessary treatment for an offender. Drug courts hold the offender accountable for their actions; in the “gender-responsive” approach, society is the main aspect behind female criminality. Despite the presence of both perspectives in drug court programs, research has not assessed whether drug courts are equally effective across sex.

Current Study

In sum, there has been a lack of research in regards to drug court effectiveness across gender. Although studies have evaluated drug court effectiveness in general (Coyler, 2007; Galloway & Drapela, 2006; Gottfredson et al., 2005) and for women, (Hartman et al., 2007; Shaffer et al., 2009), research has failed to examine whether drug courts have the same effect for male and female participants. With research indicating differences in drug abuse patterns and treatment needs, a study on the effectiveness of a drug court program would be able to identify if the drug court approach is equally effective for both men and women.

The current study examines whether the impact of drug court services varies across gender. Two separate hypotheses will be tested. First, it is hypothesized that drug court

participants will have lower rates of recidivism compared to probationers. Second, it is hypothesized that the effect of drug court participation will vary across gender. The methods to test these hypotheses are discussed in the next chapter.

CHAPTER 3

METHODOLOGY

The current study utilized a quasi-experimental design through the use of secondary data. Data were collected for a statewide evaluation of drug courts in Idaho in 2006. For the purposes of this study, data from the Ada County Drug Court were analyzed. The program setting, sample, measures, and analytic procedures are discussed below.

Setting

The Ada County Drug Court, which includes the city of Boise, was implemented in 1999 and is “a court-supervised, comprehensive outpatient treatment program” (Listwan & Latessa, 2003, p. 4). Participants accepted into the program have a non-violent felony drug offense, with no prior felony offenses. The drug court is supported by Ada County Treatment Services, where counselors help participants with job placement and housing, education and skill building (Listwan & Latessa, 2003). Participation in the drug court program is voluntary; however, voluntary or involuntary termination may result in a revocation of the agreed upon sanctions.

The drug court program is comprised of four-phases which participants progress through. The phases consist of attending group and individual drug treatment sessions, random drug testing, and frequent appearances before the drug court judge (Ada County Drug Court, 2004). These phases were designed as a means to educate the offender on their drug abuse and help create a treatment plan for both the duration of their time in the program and for after they graduate.

In order to graduate, participants need to meet several requirements, including completion of their treatment curriculum, six-months of sobriety, obtaining or having obtained a GED, having a full-time job or being a full-time student, and having paid full restitution. Most participants who successfully completed the drug court requirements spent an average of 16 months in the program.

Sample

The sample for the current study consisted of two groups: Ada County drug court participants (n=259) and a matched sample of Ada County probationers (n=235). The matched sample was selected by “filter[ing] those adults who were on probation in the same counties in which the drug courts were operating and who were drug involved, defined by charge” (Listwan, Borowiak, & Latessa, 2008, p. 43). In addition, the groups were matched on LSI-R scores and substance abuse assessment results (Listwan et al., 2008).

Measures

Dependent Variable

The dependent variable for this study was recidivism and was measured in two ways. The first measure included any court filing after intake with 0 = “no” and 1 = “yes.” Court filing was defined as “any new charge submitted to the court by the prosecutor” (Listwan et al., 2008, p. 46). The second measure consisted of a court filing based on a new drug charge with 0 = “no drug charge” and 1 = “drug charge.”

Independent Variables

The independent variables in this study were group membership and sex. Group membership was operationalized by 0 = “comparison” and 1 = “treatment.” The treatment group referred to the drug court participants and the comparison group referred to the probationers. Sex was operationalized with the options 0 = “female” and 1 = “male.”

Control Variables

The study included the following control variables: age, race, marital status, high school completion, substance abuse severity, risk, and time at risk. These variables have been found to be related to drug abuse and recidivism (Dannerbeck et al., 2006; Folsom & Atkinson, 2007; Lowenkamp et al., 2005). Age was measured as a continuous variable, using the individual’s age at the time of intake. Race was defined as 0 = “non-white” and 1 = “white.” Marital status was defined as 0 = “married” and 1 = “not married.” High school completion was defined as 0 = “no” and 1 = “yes.” Drug of choice¹ was self-reported and measured as 1 = “alcohol,” 2 = “cocaine/crack,” 3 = “ecstasy,” 4 = “hallucinogens,” 5 = “heroin,” 6 = “marijuana,” 7 = “methamphetamines,” 8 = “non-prescription methadone,” 9 = “none,” 10 = “other,” and 11 = “pain pills.”

Substance abuse severity was assessed using the scores from the Texas Christian University Drug Screen (TCUDS). The TCUDS is a 15-item questionnaire that measures drug use and frequency of drug use with scores ranging from 0 to 9 (Simpson, Knight, & Broome, 1997). Peters et al. (2000) compared the accuracy of four drug screening tests

¹ Drug of choice data were only available for the treatment group. As a result, this variable is only used in the descriptive analysis.

among prisoners. The TCUDS had the second highest overall accuracy rate, falling below the Alcohol Dependence Scale (ADS). The study found that the ADS and TCUDS provided the best measures for the correct placement of offenders. Scores from the TCUDS were measured as a continuous variable.

Risk of recidivism was controlled using Level of Service Inventory- Revised (LSI-R) scores. The LSI-R measures an offender's risk of recidivism. It is an inventory of 54 items divided into 10 different sections. LSI-R scores range from 0 to 54 and are used to assess the level of risk (Andrews & Bonta, 1995). The LSI-R has been found to be a valid measure of risk (Simourd, 2004). The scores were also analyzed as a continuous variable. Finally, the time at risk was measured as the number of days between intake and the date recidivism data were collected. It was measured as a continuous variable.

Analytic Procedure

The current study employed a series of analyses on three models: the entire sample, a subsample of men, and a subsample of women. Each sample consisted of two groups: drug court participants (treatment group) and probationers (comparison group). Chi-square tests were utilized to test for significant differences between the drug court participants and probationers. These were calculated three times. First, it was used to assess differences in recidivism between all drug court participants and probationers. Next, the analysis focused on the subsample of male participants and probationers. Finally, it was computed for sub-sample of female offenders.

Logistic regression was used to test for the presence of an interaction effect between sex and group membership. Two models were estimated for each dependent variable.

The first logistic regression analysis was conducted using group membership, sex, and the interaction term (group membership*sex). The second regression model explored the impact of sex and group membership on recidivism while controlling for age, race, marital status, high school completion, substance abuse severity, risk and time at risk. The results of these analyses are discussed next.

CHAPTER 4

RESULTS

Descriptive Characteristics

As seen in Table 1, the sample consisted of 259 drug court participants (treatment group) and 235 probationers (comparison group). Among female offenders, there were 125 drug court participants and 75 probationers. The male subsample was comprised of 134 drug court participants and 160 probationers. The mean age of the drug court participants and probationers were 29 and 31.4 years, respectively. Although the vast majority of the sample was white, the comparison group was significantly more likely to identify themselves as white. In fact, every member of the comparison group was white. The majority of both drug court participants and probationers were not married and had graduated from high school. Drug court participants were significantly more likely to be married and to have graduated from high school than probationers. Drug court participants had significantly higher scores on both the TCUDS, which measured substance abuse severity, and the LSI-R, which measured risk of recidivism compared to probationers. The mean number of days at risk for drug court participants and probationers was 898.1 and 858.5, respectively.

In Table 2, the descriptive statistics of drug court participants show that both male and female participants were approximately 29 years of age at the time of intake. The vast majority of drug court participants were high school graduates, not married, and white. Female drug court participants were significantly more likely to identify themselves as white than their male counterparts. Risk of recidivism, based on LSI-R

scores, and substance abuse severity, based on TCUDS scores, were similar across sex. Methamphetamines were the drug of choice for both men (67.2%) and women (73.4%). Time at risk differed significantly with men having longer follow-up periods (934 days) than female drug court participants (859 days).

Table 1

Descriptive Statistics of Overall Sample

	Treatment Group		Comparison Group	
	N	(%)	N	(%)
Sex*				
Female	125	(48.3)	75	(31.9)
Male	134	(51.7)	160	(68.1)
$\chi^2 = 13.666$				
Age*	29.0		31.4	
Race (%)*				
White	221	(96.5)	195	(100.0)
Non-White	8	(3.5)	0	(0.0)
$\chi^2 = 6.943$				
Married*				
Yes	59	(24.4)	21	(8.9)
No	183	(75.6)	214	(91.1)
$\chi^2 = 20.372$				
High School Completion*				
Yes	190	(73.4)	146	(62.1)
No	69	(26.6)	89	(37.9)
$\chi^2 = 7.144$				
Mean TCUDS score*	6.2		5.6	
Mean LSI-R score*	29.0		27.0	
Mean Time at Risk (days)	898.1		858.5	

*p<.05

Table 2

Descriptive Statistic of Drug Court Participants

	Women		Men	
	N	(%)	N	(%)
Age*	28.5		29.5	
Race (%)*				
White	111	(100.0)	110	(93.2)
Non-White	0	(.0)	8	(6.8)
	$\chi^2 = 7.798$			
Married				
Yes	33	(28.7)	26	(20.5)
No	82	(71.3)	101	(79.5)
High School Completion				
Yes	89	(71.2)	101	(75.4)
No	36	(28.8)	33	(24.6)
Drug of Choice				
Alcohol	5	(4.0)	7	(5.3)
Cocaine/Crack	2	(1.6)	8	(6.1)
Heroin	4	(3.2)	1	(.8)
Marijuana	15	(12.1)	24	(18.3)
Methamphetamines	91	(73.4)	88	(67.2)
Pain Pills	5	(4.0)	2	(1.5)
Other	2	(1.6)	1	(.8)
Mean TCUDS score	6.5		5.8	
Mean LSI-R score	30.3		27.8	
Mean Time at Risk (days)*	859.0		934.2	

*p<.05

Recidivism

The first measure of recidivism was a new court filing. As noted in Table 3, all the findings were statistically significant with p-values less than .05. In the entire sample,

59.6% of probationers had a new court filing compared to 34.7% of the drug court participants. More than half of the drug court participants (65.3%) did not have a new court filing. The chi-square value was 30.518 ($p = 0.00$). In the female subsample, 71.2% of the drug court participants did not have a new court filing, while 62.7% of the probationers did. The chi-square value was 22.145 ($p = 0.00$). In the male subsample, 40.3% of the drug court participants had a new court filing, as did 58.1% of the probationers. The chi-square value was 9.27 ($p = 0.00$).

Table 3

Measures of Recidivism: New Court Filing

	Treatment		Comparison	
	N	(%)	N	(%)
Overall*				
Yes	90	(34.7)	140	(59.6)
No	169	(65.3)	95	(40.4)
$\chi^2 = 30.518$				
Female*				
Yes	36	(28.8)	47	(62.7)
No	89	(71.2)	28	(37.3)
$\chi^2 = 22.145$				
Male*				
Yes	54	(40.3)	93	(58.1)
No	89	(59.7)	67	(41.9)
$\chi^2 = 9.27$				

* $p < .05$

The second measure of recidivism was a new drug charge. As shown in Table 4, there were not any significant differences in the group. Less than a quarter of both groups had new drug charges filed indicated that drug court participation was not related to committing a new drug offense. Although there were not any significant differences, female drug court participants were less likely to have a new drug charge in comparison to their male counterparts.

Table 4

Measures of Recidivism: New Drug Charge

	Treatment		Group	
	N	(%)	N	(%)
Overall				
Yes	60	(23.2)	58	(24.7)
No	199	(76.8)	177	(75.3)
Female				
Yes	20	(16.0)	18	(24.0)
No	105	(84.0)	57	(76.0)
Male				
Yes	40	(29.9)	40	(25.0)
No	94	(70.1)	120	(75.0)

Multivariate Regression Analysis

New Court Filing

The first logistic regression model predicting new court filings failed to find a significant interaction effect between group membership and sex (Table 5). However, consistent with the bivariate analyses, group membership was statistically significant ($p =$

.00). This suggests drug court participants were less likely to recidivate regardless of sex. Specifically, drug court participation reduced the odds of recidivism 76%.

Table 5

Regression Analysis with Interaction Variable: New Court Filing

	B	S.E.	Wald	df	Sig	Exp(B)
Group*	-1.423	.310	21.094	1	.000	.241
Sex	-.190	.288	.437	1	.509	.827
Group x Sex	.702	.391	3.228	1	.072	2.018
Constant*	.518	.239	4.707	1	.030	1.679

*p<.05

Note: Model $\chi^2 = 35.044^*$, Log Likelihood = 647.444

The second regression analysis included the control variables age, race, marital status, high school completion, substance abuse severity, risk, and time at risk. As shown in Table 6, group membership, risk and time at risk were the only variables that were statistically significant ($p < .05$) as predictors of recidivism based on a new court filing. Consistent with the previous model, drug court participation decreased the odds of recidivating by 81%. Risk of recidivism increased by approximately .09% with each score increase in the LSI-R score. The odds of recidivating for time at risk increased by .002% per day spent either in a drug court program or on probation.

New Drug Charge

The first regression analysis predicting new drug offense also failed to find a significant interaction between group membership and sex, though it is approaching

significance ($p=.095$). As seen in Table 7, none of the other independent variables were significant in this particular analysis.

Table 6

Regression Analysis with Control Variables: New Court Filings

	B	S.E.	Wald	DF	Sig	Exp(B)
Group*	-1.662	.430	14.935	1	.000	.190
Sex	-.157	.356	.195	1	.659	.855
Group x Sex	.289	.537	.291	1	.590	1.336
Age	-.019	.014	1.917	1	.166	.981
Race	-.276	.967	.081	1	.775	.759
Marital Status	.321	.367	.764	1	.382	1.379
High School	.129	.292	.194	1	.660	1.137
Severity	-.052	.068	.578	1	.447	.950
Risk*	.082	.019	18.112	1	.000	1.085
Time at Risk*	.002	.001	21.466	1	.000	1.002
Constant*	-2.663	1.311	4.130	1	.042	.070

* $p<.05$

Note: Model $\chi^2 = 78.701^*$; Log Likelihood = 382.296

In regards to the second regression analysis using the control variables, the only statistically significant variable was time at risk, as noted in Table 8. Time at risk increased the odds of recidivating with a new drug charge by .002% per day.

Table 7

Regression Analysis with Interaction Variable: New Drug Charge

	B	S.E.	Wald	df	Sig	Exp(B)
Group	-.506	.364	1.927	1	.165	.603
Sex	.054	.326	.027	1	.868	1.056
Group x Sex	.750	.449	2.788	1	.095	2.116
Constant*	-1.153	.270	18.176	1	.000	.316

*p<.05

Note: Model $\chi^2 = 7.274$, Log Likelihood: 535.898

Table 8

Regression Analysis with Control Variables: New Drug Charge

	B	S.E.	Wald	df	Sig	Exp(B)
Group	-.928	.483	3.690	1	.055	.395
Sex	-.013	.372	.001	1	.927	.987
Group x Sex	.780	.600	1.687	1	.194	2.181
Age	-.012	.015	.632	1	.427	.988
Race	-.760	.985	.594	1	.441	.468
Marital Status	.143	.394	.131	1	.717	1.153
High School	.404	.329	1.513	1	.219	1.498
Severity	.095	.082	1.371	1	.242	1.036
Risk	.0036	.020	3.083	1	.079	1.100
Time at Risk*	.002	.001	9.667	1	.002	1.002
Constant*	-3.194	1.421	2.052	1	.005	.041

*p<.05

Note: Model $\chi^2 = 25.118^*$, Log Likelihood = 330.664

In these analyses, chi-square tests and logistic regressions were used to test the hypotheses. The chi-square tests showed that recidivism rates based on new court filings were significant across all three models (overall, female, male), while those based on a new drug offense had no statistical significance. Similar to previous findings, the regression analyses noted the positive effect of drug court participation on recidivism rates, but failed to find a gendered effect. The findings are discussed further in the following chapter.

CHAPTER 5

DISCUSSION

Past research has noted the positive effects of drug courts in regards to recidivism. Some studies have assessed these effects in regards to specific offender characteristics (i.e. race). While drug courts were found to be an effective treatment approach for women, there has yet to be a study that looks at the effectiveness of a drug court across sex. The purpose of this study was to fill the gap in the literature and answer whether the effectiveness of a drug court varies across sex.

The analyses tested the effectiveness of the Ada County Drug Court using the recidivism rates of both drug court participants and probationers. The hypotheses tested stated that there would be a difference in recidivism rates between drug court participants and probationers and a difference in the effect size of the drug court across sex. The following includes a summary of the findings, limitations of the study, and implications.

Summary of Findings and Limitations

Overall, the chi-square tests showed that drug court participants were less likely to recidivate than probationers. Risk of recidivism and time at risk were significant control variables in regards to a new court filing, while time at risk was the only significant control variable in regards to a new drug charge. The significance of group membership across all three models supports the first hypothesis.

The second hypothesis, which stated that the effectiveness of the drug court would differ between men and women, was rejected. The regression analysis predicting general

recidivism failed to find an interaction between group membership and sex, thereby indicating that the drug court's effectiveness was the same across sex. However, the findings regarding drug charges are less clear. Though not significant, the bivariate analyses suggest female participants may be less likely to receive a new drug charge than male participants. Consistent with this finding, the interaction effect in the multivariate analysis approached significance ($p = .095$). This suggests that the odds of recidivism are greater for male drug court participants relative to the other groups. While these findings provide more information regarding the effectiveness of drug courts, there are some limitations.

First, the study utilized secondary data. The data were not collected for the purposes of this study. As a result, some variables, such as drug of choice, were not able to be included in the analyses.

Second, the study used a quasi-experimental design. While the comparison group was matched on the basis of risk, substance abuse severity, and demographics, there may be other differences that were not able to be controlled. For example, members of the drug court may have been more motivated to change their behavior than probationers.

A third limitation is the location of the drug court used in this study. The Ada County Drug Court is located in a rural area with a primarily white population. This may limit the successful application of the findings in more diverse areas.

Lastly, there continues to be a lack of research that looks inside the drug court process. For example, differences in treatment programs, such as program intensity in regards to addressing drug use, may affect recidivism rates. The availability and accessibility of services for drug court participants were not assessed.

Conclusion and Implications

This study was able to provide information regarding recidivism rates across sex for the Ada County Drug Court. The findings indicated that drug court participants were less likely to recidivate than probationers and that the effectiveness is the same across sex. While research continues to acknowledge the differences between male and female offenders and their treatment needs, these findings suggest that drug courts are addressing both groups effectively. While there is some evidence of an interaction effect for drug charges, the findings regarding general recidivism suggest that the drug court model may be responsive to both male and female needs. Despite favorable outcomes, the predominantly white sample and rural location limit the generalizability of this study.

Taking into account these limitations, a similar study assessing a drug court's effectiveness across sex in a metropolitan area would be able to provide more information regarding the drug court model and treatment process. While the drug court model and key concepts create an outline for drug court implementation, drug courts across the nation operate and implement their respective programs differently.

For the most part, research has noted that drug courts work. Drug courts employ a process that utilizes a combination of both the "gender-responsive" and "what works" perspectives. The drug court process is goal oriented with program completion (or graduation) and reducing recidivism as the main objectives. Additionally, the drug court process emphasizes the importance of relationships and a therapeutic alliance in addition to targeting criminogenic needs. By incorporating elements of both the "what works" and "gender-responsive" perspectives, drug courts appear situated to effectively treat both male and female offenders.

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