

Highlights

Substance abuse treatment was effective for women in NTIES who had experienced physical and sexual abuse, particularly when they received ancillary services.



Physically and Sexually Abused Women in Substance Abuse Treatment



NEDS Analytic Summary Series

The Center for Substance Abuse Treatment (CSAT) works to improve the lives of those affected by alcohol and other substance abuse, and, through treatment, to reduce the ill effects of substance abuse on individuals, families, communities, and society at large. Thus, one important CSAT mission is to expand the knowledge about effective substance abuse treatment and recovery services. In support of these efforts, CSAT established the National Evaluation Data Services (NEDS) contract to provide a wide array of secondary data analysis products to the substance abuse treatment field.

Specifically, the NEDS project is focused upon providing CSAT with an analytic capability to use existing data to address policy- and practice-relevant topics as well as future research and evaluation activities. NEDS has developed several product lines designed to provide analytic findings to substance abuse treatment policy makers, service providers, services researchers and evaluators in a format that is most useful to the end user.

The Analytic Summary is one of the NEDS product lines. The purpose of the Analytic Summary is to provide a brief summary of each technical report produced by NEDS written in non-technical language. Readers who find the Analytic Summary results of interest can contact the original NEDS technical report authors for more detailed information. Through this process, the NEDS Analytic Summaries provide information to the substance abuse treatment field and promote linkages among different areas in the field.

This Analytic Summary

This NEDS Analytic Summary is based on the NEDS Technical Report titled *Physically and Sexually Abused Women in Substance Abuse Treatment: Treatment Services and Outcomes* (Karageorge, K., and Wisdom, G., February 2001). For a more thorough discussion of the analysis and findings, please obtain a copy of the complete Technical Report. Information for doing so is provided on the last page of this summary.

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Physically and Sexually Abused Women in Substance Abuse Treatment

This analysis examines:

- Characteristics of women in treatment who have been repeatedly physically and/or sexually abused, compared to women reporting a single instance of abuse
- Specific treatment services received by repeatedly abused women, compared to women reporting a single instance of abuse
- Treatment outcomes for repeatedly abused and single instance of abused women
- Predictors of outcomes for women with different histories of physical and/or sexual abuse.



Analytic Importance

One important function of CSAT is to expand the knowledge about, and the availability of, effective treatment and recovery services for those affected by alcohol and other substance abuse. In sponsoring these analyses of the data they have collected, CSAT is attempting to gain useful insight into the fundamental question: *What constitutes effective (and cost-effective) treatment, and for what populations?*

Among women with a substance abuse problem, the research literature indicates that up to 90 percent have been sexually abused at least once in their lifetime, and up to 50 percent have been physically abused at least once. Although studies have documented a high incidence of physical and sexual abuse among women in substance abuse treatment, the impact of these problems on treatment outcomes has not been fully explored.

This analytic summary describes the impact of prior abuse on the treatment outcomes for women who experienced repeated abuse compared to women who experienced a single instance of physical or sexual abuse.

Analytic Purpose

This analysis extends prior analyses of data from the National Treatment Improvement Evaluation Study (NTIES). The NTIES data set contains sufficient data to assess both physical and sexual abuse among women prior to entering substance abuse treatment. The present analysis examines the demographic characteristics, treatment services, and outcomes of women reporting single or repeated instances of abuse.

The specific analytic questions addressed were:

- What are the characteristics of women in treatment who have been repeatedly physically and/or sexually abused, compared to women reporting a single instance of abuse?
- What specific treatment services have repeatedly physically and/or sexually abused women received, compared to women reporting a single instance of abuse?
- Are the treatment outcomes different for women reporting repeated physical and/or sexual abuse and women reporting a single instance of abuse?
- What are the predictors of outcomes for women with different histories of physical and/or sexual abuse?

The association of substance abuse and violence is discussed in other analytic summaries. Analytic Summary 17, *The Effectiveness of Substance Abuse Treatment in Reducing Violent Behavior*, addresses the association between substance abuse and violence, both as perpetrator and as victim, among clients entering treatment, and the impact of treatment on reducing violent behaviors.

Analytic Summary 18, *Impact of Prior Physical and Sexual Victimization on Substance Abuse Treatment Outcomes*, addresses the prevalence of physical and sexual abuse experienced by clients before treatment and the association of prior victimization and substance abuse treatment outcomes.

Analytic Approach

This analysis compares the treatment outcomes of women who responded affirmatively to intake questions about prior physical and sexual abuse in NTIES.

Physically and Sexually Abused Women in Substance Abuse Treatment (cont.)

The definitions of physical and sexual abuse derived from the NTIES questionnaire are as follows:

- **Physical abuse:** Ever having been attacked with a weapon or hit so seriously they were badly bruised, had to see a doctor, or had to stay in bed for one day or more.
- **Sexual abuse:** Ever having been made to have vaginal, oral, or anal sex when they did not want to through the use of force or threats of harm to themselves or someone close to them

Clients reported experiencing one, both, or neither of these types of abuse.

This analysis is based on data collected on 4,411 clients in NTIES, of whom 1,374 were women. This sample of women was reduced by 149 women (those who received treatment while incarcerated), leaving a total of 1,225 women. Of these, a total of 892 women aged 18 or older who responded affirmatively to questions about prior physical and sexual abuse were included in the final analysis. Four subgroups of women were compared:

- Single instance (physically or sexually abused once; n=164; 18%)
- Physically abused (physically abused two or more times, but never or once sexually abused; n=325; 36%)
- Sexually abused (sexually abused two or more times, but never or once physically abused; n=97; 11%)
- Both abused (both physically and sexually abused two or more times; n=306; 34%).

Clients were interviewed at admission to treatment and approximately one year

after treatment completion. Six outcome measures were included in this analysis:

- Alcohol use (any alcohol use in past 30 days)
- Drug use (any use of marijuana, crack cocaine, cocaine powder, or heroin in past 30 days)
- Physical health (reporting poor or fair health, rather than good or excellent health during 12-month reference period)
- Mental health
- Employment
- Criminal behaviors.

The effects of treatment were assessed for each group of women (single instance, physical abuse, sexual abuse, and both abuse).

Findings

Client Characteristics at Admission

There were few demographic differences. More women in the physically abused and both abused groups reported they were married. There were no other significant demographic differences between women who had been repeatedly abused and those who had experienced a single instance of abuse on demographic characteristics.

- The majority of the women were black (69%)
- About half (48%) had a high school diploma or GED
- Most were not married (78%)
- About 37 percent were raising children.

Overall demographics of the women in this analysis indicated that:

- More than two-thirds were black
- Almost half had a high school diploma or GED
- Over three-fourths were not married
- Over one-third were raising children.



Physically and Sexually Abused Women in Substance Abuse Treatment (cont.)

Over one-third of the women in the both abused group had received prior drug and alcohol treatment, while the largest proportion of women in the other groups had received prior treatment for drugs only.

One-third to half of women sought treatment for use of:

- Crack cocaine
- Alcohol.



Exhibit 1 Percent of Clients Reporting Prior Substance Abuse Treatment by Group (N=892)				
Type of Prior Treatment	Single Instance (n=164)	Physical Abuse (n=325)	Sexual Abuse (n=97)	Both Abuse (n=306)
No Prior Treatment	42	29	37	32
Drug Only	37	35	30	24
Both Drug/Alcohol	18	28	25	35
Alcohol Only	4	8	8	9

Most of the women had received prior treatment. Exhibit 1 shows that most of the women in the four groups had received prior substance abuse treatment (for drugs only, both drugs and alcohol, or for alcohol only).

- More of the women in the single instance group than in the repeated abuse groups had not been in treatment before admission to NTIES.
- More women in the single instance group than the both abuse group received prior treatment for drugs only.
- More women in the repeated abuse groups had received prior treatment for both drugs and alcohol than women who had experienced a single instance of abuse.
- Among those who received prior treatment, the treatment type pattern was similar for all groups except the both abuse group.

The pattern of substances for which clients sought treatment at intake was similar across groups. The range of use across the four groups was:

- Crack cocaine – 44 to 50 percent
- Alcohol – 35 to 50 percent
- Cocaine powder – 28 to 34 percent
- Heroin – 12 to 27 percent.

A higher proportion of women who were physically abused or both physically and sexually abused sought treatment for alcohol than women who had experienced sexual abuse only.

Fewer women who were sexually abused or both physically and sexually abused sought treatment for heroin than women who experienced physical abuse only.

Services Received

Treatment Modalities. As shown in Exhibit 2, women in this analysis were treated in one of four modalities: methadone, non-methadone outpatient,

Exhibit 2 Percent of Clients in Each Modality by Group (N=892)				
Modality	Single Instance (n=164)	Physical Abuse (n=325)	Sexual Abuse (n=97)	Both Abuse (n=306)
Methadone (n=77)	13	12	5	4
Non-methadone Outpatient (n=300)	22	35	35	37
Short-term Residential (n=193)	27	21	21	20
Long-term Residential (n=322)	38	31	38	40

Physically and Sexually Abused Women in Substance Abuse Treatment (cont.)

During treatment, more of the repeatedly abused than single instance of abuse women received the following services:

- Abuse counseling
- Parent Training
- Child care counseling
- Transportation assistance.

short-term residential, and long-term residential.

- More women with a history of repeated abuse were in non-methadone outpatient settings.
- Fewer women received treatment in the methadone modality than in the other modalities.
- More than half of the women in each group received residential treatment, with more clients receiving long-term than short-term treatment.

The largest proportion of women in the physically abused group received treatment in the non-methadone outpatient modality, while the largest proportion of women in the other three groups received treatment in the long-term residential modality.

Importance of Treatment Services. At admission clients were asked to rate the importance of 10 services:

- Drug treatment
- Housing assistance
- Family counseling
- Child care counseling
- Alcohol treatment
- Social problems counseling
- Employment counseling
- Financial counseling
- Mental health treatment
- Medical treatment.

The rankings were essentially the same for all four groups. The top five services rated as very important were: drug treatment, housing assistance, family counseling, child care counseling, and alcohol treatment. Compared to women in the single instance group:

- *More* of the women in a repeated abuse group rated family counseling,

child care counseling, and alcohol treatment as very important.

- *Fewer* of the women in a repeated abuse group rated employment counseling, financial counseling, mental health services, and medical services as very important.

Treatment Services Received. At treatment exit, clients were asked what services they had received from a list of 16 services.

Compared to the single instance group, significantly *more* of the women in one or more of the repeated abuse groups received the following services:

- Abuse counseling
- Parent training
- Child care counseling
- Transportation assistance.

There were no significant differences among the four groups on 11 of the 16 services.

Treatment Services Desired and Received. Clients who indicated a desire for treatment services at intake were compared to clients who reported at treatment exit that they had actually received these treatment services.

A larger percentage of women in each of the four groups desired services at intake than reported having received them at treatment exit, including:

- Drug or alcohol treatment
- Housing assistance
- Family counseling
- Child care counseling
- Social problems/life skills counseling



Physically and Sexually Abused Women in Substance Abuse Treatment (cont.)

- Employment/job skills counseling.

More women in the repeated abuse groups, especially those who reported both physical and sexual abuse, received the desired treatment services than did women in the single instance of abuse group.

Clients' Primary Reason for Stopping Treatment was Treatment Completion. At treatment exit, clients were asked for their primary "reason for stopping treatment at this time." From 25 percent to 31 percent of the women reported they had stopped treatment because they had completed their treatment plan. Differences between the groups were not significant.

Treatment Outcomes

Alcohol and Drug Use. Clients were asked whether they had used any alcohol or drugs in the 30 days before treatment and in the 30 days prior to the follow-up interview, which occurred about one year after treatment.

- Post-treatment levels of alcohol and drug use declined, and were similar for all groups of women.
- Substance use declined after treatment in all four groups for all five substances (alcohol, marijuana, crack cocaine, cocaine powder, and heroin).

The best predictors of post-treatment substance use were baseline levels of alcohol and drug use, not abuse history.

Physical Health Outcomes. The physical health outcome measure was based on client reports of their health as fair or poor (rather than good or excellent) before treatment and after treatment. Among women in the repeated abuse group, there were fewer reports of fair to poor health after treatment.

Employment Outcomes. At admission and at follow-up, clients were asked whether or not they were currently employed. Employment rates increased significantly for all four groups after treatment (see Exhibit 3).

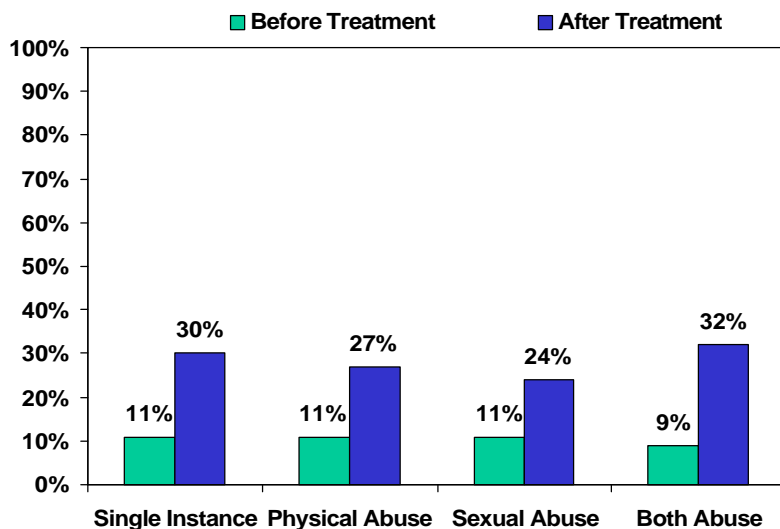
Substance use declined for all groups of women for all five substances.

After treatment, fewer clients in all groups reported:

- Suicide attempts
- Feeling very sad or depressed
- Overnight stays for mental health.



Exhibit 3
Percent Changes in Employment From Pre- to Post-Treatment by Group (N=892)



Physically and Sexually Abused Women in Substance Abuse Treatment (cont.)

After treatment, criminal behaviors decreased for all groups of women, including:

- Shoplifting
- Attacking/threatening someone with a weapon
- Beating up someone
- Severely hurting someone on purpose in any other way
- Exchanging sex for money or drugs
- Arrested and booked or taken into custody.



Mental Health Outcomes. Mental health outcomes were measured by five items from the client intake and follow-up interviews: troubled by mental health, suicide attempts, symptoms of anxiety, symptoms of depression, and overnight stays in a mental health facility.

Improvements were noted in all groups following treatment.

- Fewer women in all groups were "very much" troubled by their emotions or mental health after treatment.
- Self-reported suicide attempts declined for all groups, most sharply among women who reported both repeated physical and sexual abuse.
- Fewer women in all groups reported feeling very sad or depressed in the year following treatment.
- Overnight stays for mental health concerns decreased significantly for women in the both abuse group.

Criminal Behavior Outcomes. At intake, the women were asked about criminal behaviors in the year before treatment and at follow-up (about one year after treatment).

There were reductions in all six criminal behaviors in all groups (see Exhibit 4).

Compared to women reporting a single instance of abuse, the odds of reporting they had attacked/threatened someone with a weapon or that they had severely hurt someone at post-treatment were twice as high for women who experienced both repeated physical and sexual abuse.

Predictors of Treatment Outcomes. With few exceptions, the strongest predictors of post-treatment substance use, physical health, mental health, employment and criminal behavior outcomes were baseline levels of the measures, not the abuse group.

Exhibit 4 Percent Changes in Criminal Behaviors From Pre- to Post-treatment by Group (N=892)								
Criminal Behavior	Single Instance (n=164)		Physical Abuse (n=325)		Sexual Abuse (n=97)		Both Abuse (n=306)	
	Pre %	Post %	Pre %	Post %	Pre %	Post %	Pre %	Post %
Shoplifted	31	9	28	8	34	9	35	13
Attacked/threatened someone with a weapon	9	2	15	5	10	4	20	9
Beat up someone	17	3	21	6	22	7	26	9
Severely hurt someone on purpose in any other way	7	1	10	2	7	2	14	4
Sex exchange behavior	35	11	34	11	30	10	39	11
Arrested and booked or taken into custody	32	11	34	11	30	10	39	11

Physically and Sexually Abused Women in Substance Abuse Treatment (cont.)

Implications

The main implications have to do with identification and assessment of the severity of abuse and with designing and providing appropriate ancillary services to women who have been victims of physical and/or sexual abuse.

Implications for Research

Further research is needed to determine the impact of prior abuse on substance abuse treatment outcomes for women. Implications for research include:

- **Design prospective studies that use larger samples and greater depth of inquiry into abuse histories.** Future studies might benefit by using more field-standard measures of physical and sexual abuse than the more restrictive definitions of abuse used for this analysis.
- **Examine factors that affect treatment completion among women with abuse histories.** Such research could help explain their premature treatment exit and identify ways to improve retention.
- **Improve data collection about treatment services desired and received.** Clearer information is needed to understand the clients' motives for seeking treatment, their compliance with treatment, and reasons for premature departures. Also, it would help to know more about the services needed versus services actually available.
- **Examine impact of specific ancillary services on treatment outcomes for abused women.** Determining which services have the greatest short- and long-term impact

on positive outcomes could be a major contribution to the field.

Implications for Policy

The analysis suggests that it may be beneficial to expand our concept of best practices for treatment for abused women by including appropriately targeted services. Abused women may benefit from more intensive treatment services as well as additional services that are specific to their needs.

In the NTIES sample, significantly more of the both repeatedly abused women than the single instance of abuse women received abuse counseling, parent training, and child care counseling. The greater use of these services among repeatedly abused women may have led to treatment outcomes that were as positive for them as they were for women reporting a single instance of abuse.

Implications for Practice

Substance abuse treatment providers need to have a good understanding of the relationship between substance abuse and prior sexual and physical abuse in order to provide effective treatment to women with histories of abuse.

- **Examine the need to offer training in the assessment of physical and sexual abuse.** Improvements in the assessment of the physical/sexual abuse history of women entering substance abuse treatment may help to identify which clients need more intensive counseling and other services.
- **Incorporate treatment activities that address physical/sexual abuse issues.** Activities may

Implications for research, policy, and practice include:

- **Design studies that use larger sample sizes and greater depth of inquiry into abuse histories**
- **Expand ancillary services for the treatment of abused women**
- **Incorporate treatment services that specifically address abuse issues.**



Physically and Sexually Abused Women in Substance Abuse Treatment (cont.)

include abuse counseling, as well as other services that address both substance abuse and physical/sexual abuse.

- **Explore ways to increase retention of physically/sexually abused women in treatment.** The low retention rates among this group of clients may be improved by offering transportation, child care, or other ancillary services.

In addition to abuse counseling, some women may need shelters or inpatient programs that offer safe havens from abusive partners. Some women could benefit from treatment that provides them with the confidence, understanding, and skills necessary to leave abusive relationships.

Future Steps

Among women with a substance abuse problem, it has been estimated that up to 90 percent have been sexually abused at least once in their lifetime. In NTIES, the rate was 43 percent. The definitions of physical and sexual abuse

used in this analysis of NTIES data are more restrictive than terms used in other assessments of violence against women. This may mean that there was an under-reporting of abuse among women in NTIES compared to other assessments.

Providing more targeted services to abused women in substance abuse treatment may help to increase retention and completion rates.

Continued research is needed to improve our understanding of the interaction of abuse history and substance use and to minimize the impact of prior physical/sexual abuse on treatment outcomes.

Reference

Karageorge, K., & Wisdom, G. (2001). *Physically and sexually abused women in substance abuse treatment: Treatment services and outcomes*. Report to the Center for Substance Abuse Treatment. Fairfax, VA: Caliber Associates.

For more information, please contact the National Evaluation Data Services analysis team at (703) 385-3200, or visit the NEDS Web site.

Find more on the web
<http://neds.calib.com>

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National Treatment Improvement Evaluation Study (NTIES)

This analysis was performed on data derived from the National Treatment Improvement Evaluation Study (NTIES). The NTIES was a national treatment services evaluation of the effectiveness of substance abuse treatment services delivered in comprehensive treatment demonstration programs supported by the Center for Substance Abuse Treatment (CSAT).

The NTIES project collected longitudinal data between FY 1992 and FY 1995 on a purposive sample of clients in treatment programs receiving demonstration grant funding from CSAT. Data are derived from client interviews conducted at three points in time: at treatment intake, at treatment exit, and 12 months after treatment exit.

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