

Women's experiences of mother and child residential treatment

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Longitudinal study: Gender differences

Women reporting lower ratings of perceived psychological & physical health than men

Women in the women& child residential centre had a lower rate of graduation and higher rate of self-discharge than men

Women struggled more with the group aspect of residential treatment than men

Women residing with their children noted particular challenges

(Babineau & Harris 2015)



PATHWAYS THROUGH TREATMENT

A MIXED-METHODS LONGITUDINAL
OUTCOMES STUDY OF COOLMINE
THERAPEUTIC COMMUNITY

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COOLMINE THERAPEUTIC COMMUNITY
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The literature on gender & substance use

Women have different patterns of substance use; have a higher incidence of physical, emotional & sexual trauma and abuse than men; more likely to be involved in sex work than men; report more mental health problems than men.

Women are less likely to access treatment; more likely to experience barriers when seeking help.

Women often primary caregiver for children – both a barrier and an incentive for accessing treatment.

This has led to a call for more gender-sensitive responses to address women's drug use, including the provision of childcare in drug treatment services.

(Campbell & Ettore 2011; Martin & Aston 2014; Neale et al. 2014; Grella 2018; Neale et al 2018)

Critique & Knowledge gaps

Dominant normative assumption: women are a special homogenous population with unique and complex needs (Campbell 2000; Martin & Aston 2014), who want single-sex treatment services (Neale et al. 2018)

Limited & inconclusive evidence base on the effectiveness of single-sex treatment services (Neale et al. 2018).

Scarcity of qualitative studies on TC programmes – perspective of women

Lack of longitudinal qualitative studies

Gap in the literature on experiences of mother & child residential drug treatment settings

Research aim: To explore women's experiences of a residential treatment setting

- Mothers who have children in residence
- Mothers who do not have children in residence
- Women who are not mothers
- Phase 2: To explore the factors that impact on women's progression pathways

Research setting

A mother and child residential treatment programme underpinned by Therapeutic Community principles

Women-only residential programme introduced in 1989

Mother and child residential programme established in 2008 – the only dedicated service in Ireland

Located in Dublin with a national remit

Caters for women with complex needs

Capacity: 20 women and 10 children

Approx. 70 women/year

On-site daytime crèche

o), Step-down (2-6 mo) and After care (6 mo)



Methods: Secondary analysis of qualitative interview data collected for a mixed-method longitudinal outcome evaluation study (Babineau & Harris 2015)



Sample

Sub sample (N=8) of original study sample (N=28 - 12F & 16M)

All female participants who resided in the mother and child residential centre.

Age range: 21-57 (average age 32)

3 had children in residence, 4 did not have children in residence, 1 had no children

Total 23 interviews

Retention after baseline interviews (8): 75% (6); 63% (5); 50% (4)

Pseudonyms are used

Retention

Name	Age	Children	Int 1	Int 2	Int 3	Int 4
Claire	31	In res	x	x	x	x
Ciara	23	No children	x	x	x	x
Karen	57	Adult children	x	x	x	x
Sally	38	In res	x	x	x	x
Amy	21	In res	x	x	x	
Jeanette	29	Not in res	x	x		
Edite	21	Not in res	x			
Leanne	34	Not in res	x			
Retention			100%	75%	63%	50%

Analytic frameworks

Thematic analysis method (Braun & Clarke 2006): identifies and analyses patterns in the data relevant to the research questions.

Theoretical frameworks draw on:

A **sociological gender analysis** (Campbell & Herzberg 2017): examining gendered assumptions & the practices that produce gendered patterns in the data.

The concept of **intersectionality** (Crenshaw 1991): looks at how gender interacts with other individual, social and cultural factors (e.g. age, ethnicity and class) and how these shape everyday experiences and choices. Presumes that women in different social positions experience gender differently.

The concept of **recovery capital** (Cloud and Granfield 2009; Best & Laudet 2010)

Challenges: isolation

For women who reside with their children, the experience can feel isolating and a bit unfair

Isolated a lot in the evenings because they're all in bed with their kids...you are kind of on your own in the room with them, and kind of, you know, having that responsibility when other people don't have that responsibility, I and yeah it would kill me to lose my kids, or for my kids to go into care but sometimes you're like, 'God, a break would be lovely', you know. But erm that's the biggest challenge I think, yeah

We can't do things that the other girls can do [on the weekends], and it just...it's a bit unfair...they can't get used to living outside, they can't go to meetings outside...but then I suppose, I don't know, when you are living life that's the time that you would be with your kids anyway, evenings and weekends, so I don't know really

(Claire, 31, 2 children: age 13 resides with her mother & age 5 resides in facility, interview 1)

Challenges: being separated from children

Mothers who did not reside with their children, or whose children were too old to reside, found being separated from them was a challenge, and they missed and worried about their children during the week.

I find it great [that she stays on weekends] but I do miss her during the week because I had her with me all the time. I just miss her, you know? ... Like when she was crying on the phone last night I just felt like getting up and leaving but I couldn't because I have to be here ... I was trying to explain to her on the phone that I am doing this for her own good and she will understand when she is a little bit older why I did it.

(Sally, 38, 1 child 7 y.o., residing with her on weekends, interview 1)

The setting is a key enabler for women to engage with drug treatment & supporting recovery

The main reason, the support I suppose, erm, yea the support around [daughter with special needs] and myself...I knew that I wouldn't be able to do it at home with the lack of support that I had...so my other option would be to put the child into care for two months, and I just wouldn't do it, you know.

(Claire, 31, 2 children: age 13 resides with her mother & age 5 resides in treatment, interview 1)

If I hadn't have been able to bring [name] in there I wouldn't have gone there

(Claire, Interview 2)

Supports family reunification

Q:What about seeing your daughter?

Yeah I found that hard, yeah, she is settled where she is now, so...she's settled in my ma's...when I come to the end of my time here I'll bring her in here so she can get used to having me around more

(Jeanette, 28, 1 child, age 18 months not in residence, interview 1)

Now I have my daughter back, I came in here without her and now she is in here permanently with me...my daughter became my inspiration because until I had her I didn't want to live, I was in such a dark horrible place...I only became a mother when I came in here...

(Jeanette, Interview 2, now resides with child in the Community House)

Childcare/fear of losing custody key motivating factor – the setting facilitates keeping high-risk families together in a supportive environment

Me mum said she was going to take me daughter off me if I didn't stop doing what I was doing, so I decided then that I needed help

(Sally, 38, 1 child 7 y.o. residing with her on weekends, interview 1)

There was social workers involved with me child as well, so eh that helped me to, that was a good reason to, eh, go and do it...

(Amy, 21, 1 child 2 y.o. hoping to eventually reside with her, interview 1)

Preliminary Conclusions

Childcare can act as an enabling factor for women to access, engage with and complete drug residential treatment. The mother and children service facilitates the support of high-risk families.

Perception that women who reside with their children are more isolated and have less opportunities for activities in evenings & on weekends - question of fairness?

What about the dads?

The setting perpetuates gendered stereotypical normative assumptions about roles & responsibilities.

Mothers under increased scrutiny & surveillance.

While the setting is clearly beneficial in terms of access for women to drug treatment, other TC settings could be explored where appropriate, such as a 'whole family' residential settings and/or mixed gender day care programmes providing crèche facilities.

Future work

Governing practices - how is the conduct of women/mothers governed in this setting and what are the effects in terms of construction of women's subjectivities?

Dads

How does the experience of having children in residence (or not) impact on women's progression pathways?

Thank you!
Go raibh maith agat

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