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# Drug Court through the Lenses of African American Women: Improving Graduation Rates with Gender-Responsive Interventions\*

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Drug courts began in the United States in 1989, and nearly three decades of evidence has shown that drug courts are more effective than other criminal justice interventions at reducing criminal recidivism. There has, however, been a trend in some drug courts where African Americans are less likely to graduate than their White counterparts, which is concerning because evidence has also shown that graduating the program reduces the odds of recidivating. Little is known about African Americans' experiences in drug court, and this is the first known qualitative study to ask African American women ( $N=8$ ) about the most helpful aspects of drug court that support them in graduating and how the drug court could be more helpful in supporting them to graduate. The women felt that the drug court judge was their advocate and understood the unique challenges they faced with balancing the demands of drug court with motherhood. Conversely, the women felt that they were not receiving effective, gender-responsive treatment for their substance use disorders, which was a barrier to them graduating drug court. The findings are discussed in reference to drug court practice and future research.

**Keywords** African American; drug court; gender-responsive; substance use disorder; women

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\*The authors dedicate this article to their children, Carley Marie Gallagher, Morgan Renee Gallagher, Andrew Steven Deranek, Nathan Richard Deranek, the Twins, and Owen MacKenzie Bain Nordberg. Our children motivate us to continue our work in African American studies in the criminal justice system, and we know they will be the next generation to advocate for a culture of equality free from racism and other forms of injustice.

## INTRODUCTION

The partnership between the criminal justice system and professionals who treat substance use disorders can be uneasy at times, especially because some of the philosophies of each discipline differ. The criminal justice system, for instance, is designed to limit the freedom and other liberties of offenders, and the protection and safety of the community is paramount. Conversely, social workers, psychologists, counselors, and other professions that treat substance use disorders advocate for individuals rights to self-determination, and provide individualized treatments focused on rehabilitation, not punitive tactics. Although some of the philosophies between the criminal justice system and human service professions may differ, the collaboration between the two disciplines has played an integral part in applying the law, while simultaneously balancing public safety with meeting the individualized, rehabilitative needs of offenders. Continued research in this area is needed to identify the most promising interventions in treating substance use disorders in forensic settings, with a particular focus on the delivery of interventions through a gender-responsive lens.

Evaluating interventions through a gender-responsive lens is especially important considering that, since the start of the Reagan administration, the percentage of women in American prisons has increased 700-fold, a rate more than half-greater than their male counterparts (National Resource Center on Justice Involved Women, 2016). Studies have found that between 60% and 80% of women incarcerated met the criteria for a substance abuse diagnosis in the year prior to their incarceration (National Resource Center on Justice Involved Women, 2016). Furthermore, it is estimated that nearly 16 million adult women in the United States use illicit drugs annually (National Institute on Drug Abuse [NIDA], 2016) and more than 6% of women, age 12 and older, met the criteria for a substance use disorder (Substance Abuse and Mental Health Services Administration [SAMHSA], 2015). This evidence, coupled with the fact that many women in the criminal justice system also experience mental health symptoms, highlights the importance of facilitating gender-responsive evaluations related to how the criminal justice system treats substance use disorders (National Resource Center on Justice Involved Women, 2016; NIDA, 2016).

A one-size-fits-all approach to treating substance use disorders in the criminal justice system is simply not effective, particularly when considering the noticeable differences in treatment needs between women and men. It is essential, for example, that treatment providers assess for and treat trauma symptoms concurrently with addictions, and it is important to note that women are more likely than men to experience trauma (National Resource Center on Justice Involved Women, 2016; NIDA, 2016). Furthermore, women may be more hesitant than men to enter treatment due to their roles as primary caregivers or being pregnant; women may fear being reported to the child welfare system and the possibility of children being removed from their care (National Resource Center on Justice Involved Women, 2016; NIDA, 2016).

When examining race and ethnicity, these factors continue to coalesce and amplify when considering the experiences of African American women, who are at greater risk of imprisonment than White women (National Resource Center on Justice Involved Women, 2016). African American women are also at increased risk for being victims of violent trauma (NIDA, 2016; SAMHSA, 2015), being single mothers who live in poverty (SAMHSA, 2015), having their children removed from their care by the child welfare system (SAMHSA,

2015), and having higher rates of medical issues, leading to shorter life expectancies (National Institutes of Health [NIH], 2014). These socioeconomic factors, among others, are important to address because they put African American women at risk for substance use disorders and subsequent involvement in the criminal justice system (SAMHSA, 2015). In spite of these considerations, women frequently receive treatment through services that are coed in nature and fail to make modifications to meet their individualized needs (SAMHSA, 2016). Moreover, women are historically underrepresented in clinical research, both in the medical and social sciences (NIDA, 2016), and there has been a dearth of research regarding how treatment interventions are delivered to African American women (SAMHSA, 2015). It is important to expand the body of knowledge on African American women's experiences with treatment interventions to which they are commonly referred. African American women who have substance use disorders and are involved in the criminal justice system face unique challenges to sustaining their recovery, and one of the ways that the criminal justice system has addressed these challenges is through the development of drug courts.

## LITERATURE REVIEW

Since the first drug court began in 1989 in Florida (Nolan 2001), approximately 3,057 drug courts are now operating in the United States (Marlowe, Hardin, & Fox, 2016). Years of evidence that drug courts reduce criminal recidivism and drug use among participants may account for their rapid proliferation in the United States, as well as other countries, such as Canada, Ireland, and Belgium (Gottfredson, Najaka, & Kearley, 2003; Mitchell, Wilson, Eggers, & MacKenzie, 2012; Shaffer, 2011; Shannon, Jackson Jones, Newell, & Neal, 2018; Wilson, Mitchell, & Mackenzie, 2006). Furthermore, the Multi-Site Adult Drug Court Evaluation found that drug court participants experienced reductions in drug use and criminal behavior and improvements in their functioning, such as having less family conflict (Rossman, Roman, Zweig, Rempel, & Lindquist, 2011). Interestingly, some studies also indicate that effectiveness is not equally distributed. White participants and women, for example, tend to have better outcomes, as compared to their counterparts (Dannerbeck, Harris, Sundet, & Lloyd, 2006; Listwan, Sundt, Holsinger, & Latessa, 2003; Schiff & Terry, 1997). As such, concerns about race and gender continue to linger for drug court researchers, practitioners, and policy makers.

### Race and drug courts

Quantitative findings related to the impact of race on drug court outcomes are not entirely in agreement. Some drug courts found that White participants graduate at higher rates, as compared to African Americans and other minority participants (Brewster, 2001; Dannerbeck et al., 2006; Gallagher, 2013b; Gray & Saum, 2005; Shah et al., 2015; Shannon, Jackson Jones, Perkins, Newell, & Neal, 2016). For example, Dannerbeck et al. (2006), working in 10 Missouri drug courts found that 55% ( $n = 305$ ) of White participants graduated, compared to 28% ( $n = 30$ ) of African American participants. Gallagher (2013b) and Senjo and Leip (2001) both found that being White was one of the most predictive variables of graduating

drug courts in Texas and Florida, respectively. These results, however, are complicated by a handful of studies that have found the opposite (Goldkamp, White, & Robinson, 2001; Hepburn & Harvey, 2007; Rempel & Destefano, 2001). For example, African American participants in a Kentucky drug court were more likely than White participants to graduate (Vito & Tewksbury, 1998). Socioeconomic factors offer some insight into the phenomenon of racial disparities in drug court graduation rates. There is evidence that interactions with employment (Brown, Zuelsdorff, & Gassman, 2009; Dannerbeck et al., 2006; DeVall & Lanier, 2012), education (Butzin, Saum, & Scarpitti, 2002), and psychological distress (McKean & Warren-Gordon, 2011) may account for racial differences in outcomes. For example, failure to complete programing among African Americans was associated with unemployment ( $p = .011$ ), previous criminal history ( $p = .013$ ), and less convincingly, the presence of a cocaine use disorder ( $p = .064$ ) (Brown et al., 2009).

### Women and drug courts

Historically, men have been more likely than women to have substance use disorders; however, this gap is narrowing (SAMHSA, 2015). Women are more likely than men to be in treatment for a drug, as compared to alcohol, use disorder, most commonly opiates or cocaine (SAMHSA, 2015). However, most women who have substance use disorders never receive treatment (SAMHSA, 2015), which logically increases their risk of getting arrested and involved in the criminal justice system, emphasizing the need for drug courts to develop best practices for women. Women are frequently participants in drug court studies; however, gendered differences are either not reported (Cosden et al., 2010) or are not part of the analytic focus (Mendoza, Trinidad, Nochajski, & Farrell, 2013). Female drug court participants have been the sample focus in a few studies. Among 304 male and female drug court participants who identified methamphetamine as either their primary or secondary drug of choice, men had a significantly higher probability of failure compared to women (Hartman, Listwan, & Shaffer, 2007). In another study, women were significantly more likely than men to complete drug court, to report depression and anxiety, and to have received medication for psychological problems (Gray & Saum, 2005). Finally, there is evidence that providing gender-responsive treatment, as compared to mixed-gender treatment, results in better in-treatment performance, more positive perceptions of treatment, and improvements in posttraumatic stress disorder symptoms (that neared significance) (Messina, Calhoun, & Warda, 2012).

### Previous qualitative studies

Racialized and gendered qualitative research is limited and variable. Some studies centered on drug courts, but focused mainly on aspects of environment, psychological needs, and identity, rather than drug court processes and outcomes through racial and gendered lenses (Draus, Roddy, & Asabigi, 2015; Morse et al., 2014; Somervell, Saylor, & Mao, 2005; Vandermause, Severtsen, & Roll, 2013). Fulkerson, Keena, and O'Brien (2013), for example, compared and contrasted the experiences of drug court participants who completed the program and those who did not. Although their study did not focus on race or gender, they did

offer insight into the factors that may impact completion rates. Most notably, completers reported that they entered drug court to treat their addiction, whereas non-completers' main motivation to enter drug court was to avoid prison. Additionally, non-completers felt that they did not receive effective treatment for their drug addiction, but this concern was not commonly shared by those who graduated the program (Fulkerson, Keena, & O'Brien, 2013).

Only two qualitative studies were located that investigated racial disparities directly. Gallagher (2013a) found that among 14 African Americans in a Texas drug court, the majority of participants were dissatisfied with how sanctions were given; felt the format of recovery support groups, such as Alcoholics Anonymous (AA)/Narcotics Anonymous (NA), was inconsistent with their culture; believed they received inadequate resources to support employment; and thought African Americans were underrepresented in the drug court. Gallagher and Nordberg (2016) compared the lived experiences of White and African American drug court participants, and although both White and African American participants felt supported by drug court personnel, their challenges were different. White participants had a difficult time balancing the demands of drug court, such as providing drug tests randomly and frequently and attending treatment for their substance use disorders, with other obligations in their life. Whereas, African Americans critiqued the quality of treatment they received for their substance use disorders and described feeling forced to accept culturally incompetent labels (Gallagher & Nordberg, 2016).

Likewise, there are only a handful of qualitative studies that have explored gender and drug courts. For example, 11 female drug court participants identified the supportive network of staff, graduated supervision, respectful and accurate drug testing, peer therapists, accommodation for children during treatment, wraparound services, and referrals as the most helpful aspects of the program (Fischer, Geiger, & Hughes, 2007). In another study, female participants ascribed their success in drug court to the program's structure and fear of punishment (Roberts & Wolfer, 2011). Finally, a study among 25 female drug court participants found drug court personnel to be courteous and empathetic; conversely, the drug court might have been improved by providing more trauma-informed treatments and resources for child-care (Gallagher & Nordberg, 2017). These qualitative studies tend to include more White women than women with racialized identities. In this way, the findings of many studies are skewed toward White women's experiences. Qualitative studies that bring an analytic focus to *both* race and gender are, to our knowledge, lacking. Although some studies have explored the factors that may contribute to racial disparities in drug court graduation rates, this is the first known qualitative study to explore the phenomenon solely through the lived experiences of African American women.

## METHODOLOGY

This study is part of a larger evaluation that used the same methodology (Gallagher, Nordberg, & Dibley, 2017; Gallagher & Wahler, 2018). From the larger evaluation, the data collected from African American women were isolated and a new analysis, as

described below, was completed to answer the research question. The research question for this study is as follows: What are African American women's views on the most helpful aspects of drug court and how drug court could be more helpful in supporting them in graduating the program? This research commenced with approval from an Institutional Review Board as well as approval from the drug court where the research was facilitated.

Research participants were recruited from one drug court located in a Midwestern state. In 2016, the first author attended one drug court hearing where he introduced himself to the participants, described the research, mentioned that participation in the study was voluntary, and invited them to complete the *Drug Court Participant Satisfaction Survey*. The satisfaction survey was developed by the researchers and included brief demographic information and open-ended questions. Specifically, participants were asked their age, gender, race and ethnicity, and how long they had been in the drug court. Then participants answered the following two open-ended questions. First, could you please describe what aspects of drug court are most helpful to you in supporting you in graduating the program? Second, could you please describe how drug court could be more helpful to you in supporting you in graduating the program? It is important to mention that the reliability and validity of the satisfaction survey has not been tested; the two open-ended questions asked in the satisfaction survey were developed based on this study's research question. Participants were provided with a pen and the satisfaction survey and a private location for them to answer the questions. No incentive was provided by the researchers for participating in this study.

A narrative analysis of the answers provided on the satisfaction surveys was completed. Narrative analysis was an effective approach to answer the research question for this study as the goal was to provide participants with an anonymous environment to freely express their experiences in drug court (Padgett, 2008). Narrative analysis is also designed to capture the behind-the-scenes aspects of participants and their role in a particular program, such as drug court (Padgett, 2008). This data analysis was also guided by phenomenology. According to Padgett (2008), phenomenology is recommended when a research sample has similar characteristics, such as being African American, female, and a member of drug court, and when research questions can be answered best through participants sharing their lived experiences with a particular phenomenon.

The data were transcribed verbatim and uploaded to NVivo 10 for analysis. The data analysis followed a three-step process, as suggested by Miles and Huberman (1994) and Padgett (2008), and continued until saturation was met, specifically when the data no longer produced codes. First, consistent with narrative analysis, and to promote immersion in the data, the researchers read all the data on three occasions during a 1-week period. During this process, a phenomenological approach was utilized by paying particular attention to examples of women's lived experiences in the drug court. Second, data focused on women's lived experiences within the context of drug court were extracted and grouped together, creating codes. Third, codes were reviewed to assess for consistent responses from participants. Codes that did not demonstrate consistent responses were considered outliers and utilized for negative case analyses. Codes that did demonstrate consistent responses were identified as themes;

themes were summarized and conceptualized by extracting direct quotes from the women's satisfaction surveys.

Last, several strategies were used to increase the rigor and validity of the qualitative findings. First, observer triangulation and interdisciplinary triangulation were used (Padgett, 2008). Observer triangulation was used to offer more than one perspective on interpreting the data, with the goal of increasing the objectivity of the findings. Interdisciplinary triangulation was accomplished by having researchers who have been trained in multiple disciplines collaborate on the data analysis and findings, which again offers another method to increase the objectivity of the findings and reduce researcher bias. The first author has training in addiction studies, criminal justice, and social work. The second author has training in anthropology and social work. Second, peer debriefing and support was used to assist the researchers in bracketing preconceived thoughts about the phenomenon being evaluated, which is an essential part of phenomenological analysis (Padgett, 2008). This was accomplished through consultation with colleagues who have expertise in qualitative research and were not directly involved in this study. The consultations involved offering colleagues portions of the data analysis to assess the logic of the themes developed. Third, negative case analysis was used to explore personal biases that the researchers may have had and to present a balanced, fair interpretation of the data (Padgett, 2008). The negative cases are presented in the findings section following each theme.

## FINDINGS

Eight women were recruited and all completed a *Drug Court Participant Satisfaction Survey*. The ages of the women ranged from 22 to 36 years old and the average age was 27 years old. All women self-identified as African American. Their length in the drug court ranged from approximately 1 month to 14 months, and the average length in the program was approximately 7 months. Throughout the analysis, a number of major thoughts and experiences were shared consistently by the women. Two themes emerged from the data.

### Drug court judge as an advocate of motherhood

The first theme to emerge from the data was *Drug Court Judge as an Advocate of Motherhood*. The findings are based on the first question, where the African American women were asked to describe what aspects of drug court were most helpful to them in supporting them in graduating the program. Overall, the majority of women viewed the drug court judge as a person who was encouraging, supportive, understanding, and compassionate, and the women wanted to graduate the program to make the judge proud. Furthermore, some women shared examples on how the drug court program supported them in maintaining their recovery (e.g., abstinence from drugs and alcohol), and they consistently referenced the drug court judge as the main source of support. It is important to note that the majority of women broadly mentioned the drug court as a whole when describing how the program supported them. The only member of the drug court team, however, where examples of support were given was the judge. One woman, for instance, shared how her parenting has improved since



entering drug court and how the judge has supported her by providing affirmations. Specifically, she noted:

The judge is helpful because she knows that I am a mother of two kids, and my priority is being a mom. Drug court helps me be a better mom now because I am no longer getting high or doing some of the other things I did to get in trouble with the law. I have more energy to play with my kids and help them with their schoolwork. Drug court and the judge have helped me with that because she [drug court judge] tells me I am a good person, good mom, and my kids deserve to have me in their lives. My kids will be healthier and grow up with less issues and problems if I stay away from drugs and complete the program.

Another woman also commented on how the judge provides affirmations and that the drug court has become part of her support system. Additionally, it was promising to see that the woman was internally motivated to continue making changes that improve her quality of life and promote happiness. She shared:

It is helpful that the judge understands our responsibility as mothers. There are many moms in the [drug] court, like me, and we have a hard time doing all the requirements. It gets overwhelming at times and I stress out, but the judge always reminds me that she [drug court judge] thinks I am doing a good job and making progress. She [drug court judge] really cares about us and I know that because she tells us that we are good people and deserve a second chance to be drug-free. I feel that way, too. The other most helpful thing that will help me graduate is me. Now that I am in recovery, I am more motivated to keep my job, support my family, and try and be happy again. Having support from the judge and other women in the program is what I needed to do well. It has been a long time since I had a support system.

One woman was unsure if she would graduate drug court or not. It seemed that being a single mom was challenging for her, particularly with balancing the demands of drug court with the responsibilities of mothering, but she did feel that the drug court tried to support her with this challenge. She also felt the judge genuinely wanted her to do well in the program. She, for example, commented:

I'm not sure if I will graduate, but if I don't, it's not because the people didn't care or try to help me. The judge really wants to see all of us do well and change our lives for the better. My biggest challenge is being a single mom while also doing all the stuff for drug court. I have counseling, have to meet with my P.O. [probation officer], and other stuff, like pay fines and come to court all the time, and it's hard, but they [drug court] try to work with my schedule. I hope I do graduate because I know the judge will be proud. My son will be proud, too.

Other women shared that the judge "... works with my parenting schedule so I can see my kids. This helps me stay strong and away from people that bring me down." and "... she [drug court judge] understands how hard it is to be a mom and even if you mess up, she will work with you so you don't miss out on seeing your kids." Conversely, the negative case analysis revealed only one comment that conflicted with the theme, and this comment was not specific to the judge but the drug court as a whole. The woman stated, "... this program is too much. They do not work with your work schedules or my daughter's school schedule and I need to work and get my daughter after school."

## Gender-responsive interventions

The second theme to emerge from the data was *Gender-Responsive Interventions*. The findings are based on the second question, where the African American women were asked to describe how drug court could be more helpful in supporting them in graduating the program. Overall, the majority of women felt that they were not receiving effective, gender-responsive interventions to treat their substance use disorders, and this was a barrier to them graduating the program. Specifically, some women provided examples on how the treatment groups, both self-help meetings and addictions counseling, they were required to attend as part of the drug court program were primarily attended by men and they felt their individualized needs as women were not effectively addressed in the groups. Moreover, some women reported a history of trauma that they did not feel comfortable discussing in a group setting; therefore, their treatment needs related to the trauma went unmet. One woman, for example, shared that she felt her counseling needs were not being met, and she even offered suggestions to improve this limitation. Specifically, she noted:

The drug court could support me better by giving me more options for counseling. Ideally, I would like to go to A.A. [Alcoholics Anonymous] and N.A. [Narcotics Anonymous] meeting[s] that are just women and maybe see a female counselor one-on-one to discuss my past. I had some pretty horrible things happen to me when I was younger and I will never discuss them in front of men. I think the drug court does the best they can, but they need to understand that men and women are different when it comes to talking about our problems and the past.

Another woman shared her discomfort with attending counseling groups that were attended by primarily men. Additionally, she also suggested that she may benefit most from individual counseling, as compared to group counseling. She shared:

I am not sure if the [drug] court knows this, but it is me and only one other woman in our group therapy classes. I like the guys in group, but they dominate the group and I do not really get a chance to talk. There is not much I would say anyways because I am not telling a bunch of guys my personal business. Maybe the [drug] court could help us better by letting us choose group therapy, individual therapy, or support groups.

Another woman reported a history of trauma and, although she felt comfortable sharing it with others, she chose not to because, in her opinion, her treatment groups were specific to substance use disorders, not mental health or trauma. Interestingly, the woman also shared that she asked the drug court for a referral to a counselor that could help treat her trauma symptoms, but the request was denied. She commented:

Graduation numbers will get better if they [drug court] start sending us to places that can treat our addictions and mental health. I was in unhealthy relationships in the past and this caused me a lot of trauma and symptoms like depression, anxiety, and being fearful all the time. I asked if I could see a counselor by myself and they said no. They said I had to go to 12-step meetings and the counseling place that was ordered by the court. This stuff is focused on just addictions and being an addict or alcoholic, not helping my trauma.

Similarly, another woman shared, “It would be better if the women in the program got together and helped each other out. There aren’t too many of us, so it’d be good to have a women’s group.” Conversely, the negative case analysis revealed only one comment that conflicted with the theme. This woman did not, however, report a history of trauma or any type of mental health problems, but she was satisfied with the quality of treatment she was receiving in groups. She noted, “I don’t have any barriers to completing drug court. Everything is good, especially the support groups and counseling. I have been clean now for almost four months.”

## DISCUSSION

The drug court model is guided by a non-adversarial, strengths-based, and compassionate approach to treating substance use disorders in the criminal justice system, which is distinctly different from historical models of criminal justice that relied on punitive approaches. With that said, it is promising that the African American women in this study viewed that drug court judge as an advocate of motherhood. The women felt that the judge was proud of them and understood the importance of mothering, both qualities that motivated them to make progress in drug court with the goal of completing the program. It is important to note, however, that this finding could be due to the particular judge of the drug court, perhaps the judge’s personal experiences, interpersonal skills, or past training on how to communicate and interact with drug court participants contributed to this positive finding.

A key component of the drug court model is that participants must have frequent contact, or status hearings, with the judge (National Association of Drug Court Professionals [NADCP], 2004), and research has consistently suggested that the frequency, quality, and length of interaction with the judge can improve drug court outcomes and enhance participants’ internal motivation for change (Marlowe, Festinger, Lee, Dugosh, & Benasutti, 2006; NADCP, 2013). It is recommended that drug court participants initially see the judge for status hearings at least biweekly, sometimes even weekly if needed, and the judge should spend at least three minutes with each participant discussing her or his progress in the program (NADCP, 2013). These interactions between drug court participants and the judge, consistent with the findings from this study, are most helpful if the judge is optimistic and supportive (NADCP, 2013).

The theme of the *Drug Court Judge as an Advocate of Motherhood*, however, conflicts with the work of Gallagher and Nordberg (2017). In their recent qualitative study of White, African American, and Hispanic women’s experiences in drug court, the majority of women reported being single mothers and they felt the drug court could have better supported them in balancing the demands of drug court with the demands of mothering. Some of the African American women in this study also reported difficulty with balancing the demands of drug court with the responsibilities of mothering. In this study, however, the women did not feel that this challenge impacted their ability to make progress in the program. Perhaps the encouragement and affirmations provided by the judge motivated the women to overcome this challenge. Or, perhaps the drug court in this study worked better with the women’s schedules to assist them in meeting the needs of both drug court and mothering. Regardless,

the women in the Gallagher and Nordberg (2017) study did not share the same level of motivation to overcome this challenge. Gallagher and Nordberg (2017) highlighted that balancing the demands of drug court with the demands of mothering was a significant challenge for the women and, for some, it compromised their ability to do well in the program and may have decreased their likelihoods of graduating.

From a drug court practice standpoint, it is important to identify the unique needs of women and provide individualized approaches to overcoming barriers to being successful in the program. This need is even greater for African American women, as research has consistently shown that, in some drug courts, African Americans are less likely to graduate than their White counterparts (Dannerbeck, Harris, Sundet, & Lloyd, 2006; Gallagher, 2013b; Marlowe, 2013). This study adds to a growing trend in the literature where some African American drug court participants felt that they were not receiving individualized treatment (Gallagher, 2013a) and were dissatisfied with the quality of treatment they received for their substance use disorders (Gallagher & Nordberg, 2016). Specifically, in this study, African American women felt that they were not receiving gender-responsive interventions, which was a barrier to them graduating the program. The most notable concern was that the women attended groups, including recovery support groups (e.g., AA, NA) and addictions treatment groups, which were primarily attended by men, which negatively impacted their ability to meet their individualized needs, such as feeling comfortable discussing histories of trauma and receiving treatment for trauma symptoms. In regards to trauma, Gallagher and Nordberg (2017) also found that 68% (17 of 25) of the drug court women they interviewed had experienced trauma, most commonly physical, emotional, sexual, and financial abuse. Furthermore, they felt that their trauma symptoms were not being effectively treated in counseling (Gallagher & Nordberg, 2017). In a Texas drug court, African American women and men also shared dissatisfaction with being mandated to attend recovery support groups, not because the recovery support groups were primarily attended by one gender more than another, but because they viewed the format of AA and NA as inconsistent with their culture (Gallagher, 2013a).

Based on the findings from this study, to better support African American women, and most likely all women, drug courts should refer participants to recovery support groups (e.g., AA, NA) that are just for women. Perhaps this will increase their comfort and desire to discuss and receive peer support surrounding vulnerable topics, such as trauma. Recovery support groups are found in nearly all communities and gender-specific recovery support groups are also common. In the case that a community does not have a gender-specific recovery support group, the drug court can create one at little, and most commonly at no, cost (Alcoholics Anonymous, 2018; Narcotics Anonymous, 2018). Additionally, a key component of the drug court model is to refer participants to agencies who can provide treatment for substance use disorders, as well as other individualized needs, including treatment for mental illnesses (NADCP, 2004). The findings from this study suggest that graduation rates for African American women may improve if drug courts refer participants to agencies who are providing evidence-based, trauma-informed, and gender-responsive interventions. There are several gender-responsive interventions that already exist in treating women who have substance use disorders, and these interventions are evidence-based and designed to be delivered in a trauma-informed manner and setting, including the *Matrix* model (SAMHSA, 2012) and *Seeking Safety* (Treatment Innovations, 2016).

Last, there are three limitations that are important to mention, and suggestions for future research are provided to address each limitation. First, and perhaps most important, the findings are based on a single drug court and the judge of that drug court. Therefore, the findings are only generalizable to the African American women from the Midwestern drug court who participated in this study. It is only through individual drug court evaluations that programs will be able to assess their participants' views on the factors that impact graduation rates. The drug court literature consists primarily of quantitative studies predicting completion and recidivism outcomes, or comparing recidivism rates between drug court and probation participants. There has, however, been a trend recently where qualitative methods are being used more often. As qualitative studies increase, it is recommended that future research complete a qualitative meta-synthesis of drug court participants' lived experiences in the program. A qualitative meta-synthesis will offer more data and possibly additional themes, as well as increase the generalizability of the findings.

Second, it is unclear if the findings from this study are unique to African American women in drug courts. Other races and ethnicities, for instance, may share similar experiences, such as having a positive view toward the drug court judge and belief that drug courts were not providing gender-responsive interventions. Therefore, it is recommended that future qualitative research collect data from multiple races and ethnicities to compare and contrast the findings. This approach may offer additional insight into the specific factors that impact graduation rates for African American women. Third, only basic demographic data (e.g., age, length of time in drug court) were collected in this study. To provide a more comprehensive overview of the African American women that drug courts serve, it is recommended that future research collect additional data, such as the criminal offense(s) that lead to admission into drug court, substance use disorder and mental health histories, marital status, and number of children. Additionally, it would be helpful if future studies tracked participants' progress to see if they completed drug court or not. Collecting qualitative data at multiple points will offer insight into how participants' experiences and opinions of drug court may change throughout the program.

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