Residential rehabilitation treatment outcomes among women in women-only and mixed-gender services: A retrospective study

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Introduction
Evidence comparing outcomes for women attending women-only versus mixed-gender residential alcohol and other drug (AOD) rehabilitation services is limited. This study examined treatment completion and changes in psychological distress, dependence severity, and quality of life among women attending residential rehabilitation in New South Wales (NSW), Australia.

Methods
A retrospective analysis used routinely collected data from 33 non-government residential AOD rehabilitation services in NSW (July 2012-June 2024). Mixed-effects logistic and linear regression models examined associations between service type and treatment outcomes, with treatment episode as the unit of analysis and random intercepts accounting for repeated episodes within women. Outcomes included treatment completion and changes in Kessler Psychological Distress Scale (K10), Severity of Dependence Scale (SDS), and EUROHIS Quality of Life 8-item (EQoL) scores from baseline to 30 and 60 days.

Results
Among 11,632 treatment episodes from 7,862 women, 60% were completed. Women attending women-only services had higher odds of treatment completion than those attending mixed-gender services (adjusted odds ratio [aOR]=1.56;95%CI:1.42,1.71). Among 5,803 episodes with baseline outcome data, significant improvements in K10, SDS, and EQoL scores were observed at 30 days (n=2,504) and 60 days (n=1,003) across both service types (all $p<0.001$). Women-only services showed greater improvements in EQoL scores at 30 days (adjusted $\beta=0.57$;95%CI:0.16,0.98) and 60 days (adjusted $\beta=0.95$;95%CI:0.26,1.63).

Discussion and conclusions
Overall, women accessing both service types showed improvement in treatment outcomes. However, higher treatment completion rates and modest quality of life improvements suggest additional benefit of women-only services.

Implications on communities, practice, policy and/or First Nations communities
These findings support expanding access to gender-responsive residential rehabilitation services potentially to improve treatment outcomes for women accessing substance use treatment.

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