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Abstinence Social Support: The Impact of Children in Oxford House

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Abstract

The present study compared the characteristics of individuals living with (42 men, 52 women) and without children (561 men, 241 women) residing in an communal-iving recovery program called Oxford Houses.. Results indicated that men living *with children* and women living *without children* had more general social support, compared to men living without children and women living with children. Additionally, women and residents of adult-only houses reported having more drug users in their social networks. However, men and women living with and without children reported similar levels of social support for abstinence. It is suggested that that men in recovery who take care of their children are in situations more advantageous to sustained recovery and have more resources compared to recovering women with children. Women in substance abuse recovery and taking care of children may require additional resources and assistance compared to men.

Keywords

abstinence; social support; Oxford House; substance abuse; children; mutual help

Substance-related disorders are most prevalent during young adulthood, and approximately half of substance-abusing individuals who seek treatment are parents (McMahon, Winkel, Luthar, & Rounsaville, 2005; Meier, Donmall, & McElduff, 2004; Stewart, Gossop, & Trakada, 2007). However, researchers generally neglected the experiences of substance-using parents and their children (Suchman & Luthar, 2002). Research on parenting among men who abuse substances has been particularly rare (McMahon et al.).

The presence of children is often thought to add an extra burden to individuals in recovery, and recovering women in particular. Substance related disorders are more prevalent among men; thus, more men than women in recovery report being parents (McMahon et al., 2005). However, a greater proportion of women seeking substance abuse services are parents, and women in recovery are more likely to have custody of their children (McMahon et al.; Meier et al., 2004; Stewart et al., 2007). Nonetheless, these women are less likely than men to be supported throughout treatment (Reed, 1985). In many cases, alternative child care is too expensive or simply not available to women, especially those with lower socio-economic status, and few substance abuse treatment programs provide child care options or allow children into the program (Nelson-Zlupko, Kauffman, & More, 1995). Furthermore, addicted women are frequently discouraged by family members from seeking treatment due to the concern that treatment could interfere with caring for their family (Nelson-Zlupko et al.).

Studies indicated that children may provide added motivation to stop using and may serve as sources of support for abstinence (Luthar, D'Avanzo, & Hites, 2003; McMahon, Winkel, Suchman, & Luthar, 2001). Christensen (1999) found that children of alcoholic parents frequently provide specific social support for abstinence through attempting, generally unsuccessfully, to convince their parents to quit drinking. Koski-Jännes (1991) suggested that the relationship between having children and reduced drinking results from the social support provided by the children. A child's response to his or her parent's sobriety may provide more meaningful social support than that of the spouse or other adults (Koski-Jännes). Finally, children were cited by parents in recovery as the number one relationship that helped them decide to enter treatment (Mays, Beckman, Oranchak, & Harper, 1994).

In addition, parents often receive outside social pressures discouraging substance use. For example, only 3% of Ontarian adults in 1992 felt that it was acceptable for parents to drink enough to be slightly intoxicated in front of their children, and 53% felt that consuming alcohol in front of children is never appropriate (Ferris, Templeton, & Wong, 1994). Gullestad (1984) found that blue-collar mothers in Bergen who were young and generally divorced received great pressure from their neighbors to abstain. Additionally, the recent push to avoid drinking during pregnancy may provide additional pressure for abstinence among parents, especially mothers (Room, 1996).

In recent years, substance abuse treatment programs addressed the needs of recovering mothers by including children in both residential and outpatient interventions (Dawe, Harnett, Rendalls, & Staiger, 2003; Knight, Hood, Logan, & Chatham, 1999; Wexler, Cuadrado, & Stevens, 1998; Wobie, Eyler, Conlon, & Clarke, 1997; Worley, Conners, Crone, Williams, & Bokony, 2005). These programs provided a variety of services including parenting education and child-focused interventions. A number of studies indicate that including children in their mothers' treatment leads to better retention and outcome among women in recovery (Conners, Grant, Crone, & Whiteside-Mansell, 2006; Hughes, Coletti, Neri, Urmann, Stahl, Sicilian, & Anthony, 1995; Stevens & Patton, 1998; Szuster, Rich, Chung, & Bisconer, 1996).

In addition, having children may relate to greater success in substance abuse treatment. A Finnish study (Koski-Jännes, 1991) found that compared to women without children, those who had children tended to have more days abstinent before treatment, stay in treatment longer, and have greater treatment compliance. In fact, living with children was the strongest predictor of recovery in their study, even stronger than the number of children, or having a partner (Koski-Jännes).

An example of a supportive community-based recovery home for individuals dealing with substance abuse problems is *Oxford House* (OH; see Jason, Ferrari, Davis, & Olson, 2006). A low cost, self-run, democratic recovery home model, Oxford House has grown since 1975 to over 1,200 homes across the USA, 30 in Canada, and eight in Australia. Regarding the operation and maintenance of Oxford Houses, no professional staff is involved, enabling residents to create their own rules for communal governance. Residents live together in a democratic, single-sex home and provide each other with a supportive abstinent mutual-support network. The residents are allowed to stay indefinitely, provided that they pay rent, abstain from alcohol and drug use, and avoid disruptive behavior. Failure to comply with these guidelines is grounds for expulsion from the House.

Regarding parenting practices, Oxford Houses are single-sex dwellings, and a number of Houses allow mothers and fathers to live with their minor children (Oxford House, 2003). Fathers or more typically, mothers live in an Oxford House with one or more of their children along with other residents who have no children in the House. For example, in Northern Illinois, eight women on average live in a House, and up to four of those women may have children

with them. This arrangement allows for greater financial stability and prevents overcrowding (Paul Molloy, personal communication, December, 2006). The other House residents are expected to take an active role in helping take care of the children in the House. Oxford House also generally requires mothers to take some form of parenting class outside of the Houses.

Several research studies have focused specifically on parents and children within Oxford Houses. Multiple studies demonstrated that the children in Oxford House have a positive effect on the recovery of the adult women residents (d'Arlach, Olson, Jason, & Ferrari, 2006; Kim, Davis, Jason, & Ferrari, 2006). This positive effect was identical for both mothers and non-mothers, possibly because having children present leads to increased responsibility among all house residents, aiding in recovery (d'Arlach et al.). These women also reported experiencing a high sense of satisfaction with the Houses and stated that residents provided one another with support for abstinence and parenting. Finally, while there are several Oxford Houses for fathers with children, the experience of these male residents has not been studied.

Social support plays a significant role in the effectiveness of Oxford House (Groh, Jason, Davis, Olson, & Ferrari, 2007; Jason, Davis, Ferrari, & Anderson, 2007). Regarding general social support, Oxford House residents rated "fellowship with similar peers" the most important aspect of living in an Oxford House (Jason, Ferrari, Dvorchak, Groessler, & Molloy, 1997). Oxford House also provides residents with abstinence-specific social support networks consisting of other residents in recovery (Flynn, Alvarez, Jason, Olson, Ferrari, & Davis, 2006). Longer lengths of stay in Oxford House related to less support for substance use (Davis & Jason, 2005) and increased support for abstinence (Majer, Jason, Ferrari, Venable, & Olson, 2002). Furthermore, Oxford House residents whose social networks provided less support for substance use were more likely to remain abstinent (Jason et al., 2007). Other studies report that women who have supportive relationships are more likely to complete substance abuse treatment and have better outcomes (Coughey, Feighan, Cheney, & Klein, 1998; Knight, Hood, Logan, & Chatham, 1999). Finally, abstinence-specific social support has been found to be a particularly strong predictor of long-term abstinence following treatment (Longabaugh, Wirtz, Beattie, Noel, & Stout, 1995; Longabaugh, Wirtz, Zweben, & Stout, 1999).

The current study explored the experiences of different types of general and substance use-specific support among men and women living with and without children in Oxford House. Based on research indicating that mothers have better outcomes when living with their children during substance abuse treatment, we hypothesized that both men and women living in Oxford Houses with children would experience more general social support and more support for remaining abstinent than men and women living without children in Oxford House.

Methods

Procedure

Analysis of data provided by Oxford House, Inc. using a geographic information systems (GIS) program indicated that Houses clustered in the states of Washington, Oregon, Pennsylvania, New Jersey, North Carolina, Illinois, and Texas. Participants were recruited either by research staff who visited 170 Oxford Houses in these states or at the 2001 Oxford House World Convention. After explaining the study to participants and securing informed consent, research assistants administered the study's measures in a group format. Research assistants were available to answer questions while participants completed the paper and pencil measures (see Jason et al., 2007). The current investigation reports baseline data for the longitudinal study which collected data every four months for a period of approximately one year (Jason et al.).

Participants

Participants included 42 men and 52 women living in Oxford Houses with children and 561 men and 241 women living in Houses without children. Participant demographic characteristics are presented in Table 1. Among participants residing in Houses with children, 52 (55%) were from Washington or Oregon, 24 (26%) resided in Houses in Pennsylvania or New Jersey, 12 (13%) lived in the Midwest or Texas, and 6 (6%) resided in North Carolina. Among participants living in Houses with no children, 280 (34%) lived in North Carolina, 190 (24%) resided in Washington or Oregon, 168 (21%) lived in the Northeast, and 165 (21%) lived in the Midwest or Texas.

In terms of ethnicity, 62 (66%) participants living in Houses with children were European Americans, whereas 18 (19%) were African Americans, 3 (3%) were Hispanics/Latinos, and 11 (12%) represented other ethnicities including Asian Americans, American Indians, and biracial or multiracial individuals. Among participants living in Houses without children, 462 (58%) were European Americans, 287 (36%) were African Americans, 28 (3%) were Hispanics/Latinos, and 26 (3%) represented other ethnicities. Approximately 50% of participants in both types of houses were never married, 45% divorced, separated or widowed, and 5% married.

ANOVAS were run to test differences in age, years of education, monthly income, and time in Oxford House at baseline. A significant main effect for gender, $F(1,890) = 18.35, p < .001$, and a significant interaction between gender and house type, $F(1,890) = 3.87, p < .05$, was found for participants' age. A significant main effect for gender, $F(1,868) = 3.91, p < .05$, was found for years of education. ANCOVAS, controlling for years of education, indicated a significant main effect for gender, $F(1,842) = 25.13, p < .001$, and a significant interaction between gender and house type, $F(1,842) = 4.31, p < .05$, for monthly income. A significant main effect for gender, $F(1,884) = 24.02, p < .001$, and house type, $F(1,884) = 11.48, p < .001$, was found for time in Oxford House. The interaction between gender and house type also was significant, $F(1,884) = 11.20, p < .001$, for time in Oxford House at baseline.

Measures

Participants completed the *Addiction Severity Index-Lite (ASI)*; McLellan, Kushner, Metzger, Peters, Smith, Grissom, Pettinati et al., 1992), a valid and reliable measure of lifetime and recent of substance use and related medical, psychological, family, employment, and legal problems. The *ASI* collected demographic and treatment history data and provided seven valid and reliable composite scores (i.e., drug, alcohol, medical, psychological, family, legal, and employment) based on reports of problems during the 30 days prior to scale administration. In the current study, the *ASI* was used to collect demographic data.

Finally, a modified version of the *Important People and Activities Inventory (IPA)*; Clifford & Longabaugh, 1991) with the activities items omitted (i.e., the *IP*) was administered to assess social support variables. Additionally, the modified version of this measure administered for the current study included question regarding alcohol as well as illicit drug use. The *IP* requires respondents to identify important members in their networks with whom they have had frequent contact within the past 6 months. For each person the participant lists in his/her network, the scale examines the type of relationship (e.g., spouse, parent, or friend), the duration of relationship in years, and the frequency of contact. In addition, the participant reports how often the network member drinks, how much the network member drinks on a maximum drinking day, and the network member's overall drinking status (i.e., heavy, moderate, light, abstainer, or recovering). The *IP* was used in several studies including Project MATCH, and demonstrated good test-retest reliability and construct validity (Beattie, Longabaugh, Elliott, Stout, Fava, & Noel, 1993; Longabaugh et al., 1995; Longabaugh, Wirtz, Zweben, & Stout,

1998). The current study scored the *IP* according to the three factors derived by Groh and his colleagues: general social support, drinking behaviors of network members, and support for drinking from network members (Groh, Olson, Jason, Ferrari, & Davis, in press). Higher scores on the *IP* indicate greater support for substance use.

Results

Differences in general social support between men and women living in Oxford Houses with and without children were examined using an *ANOVA*. Distributions for drinking behaviors of network members and support for substance use among network members were skewed. Therefore, these scores were dichotomized into “high” and “low” based on a median split and analyzed using *chi-square analyses*.

In terms of general social support, a significant interaction was found between house type and gender, $F(1, 896) = 9.89, p < .001$, such that men living in Houses with children and women living in Houses without children had higher levels of general social support compared to men living without children and women living with children. *Chi-squares* found no significant association between gender or house type and drinking behaviors of network members. However, a significant association was found between the illicit drug use behaviors of network members and both gender, $X^2(1, 871) = 12.25, p < .001$, and house type, $X^2(1, 871) = 3.87, p < .05$, such that women and residents of Houses without children had more individuals who used illicit drugs in their social networks. No significant association was found between gender or house type and support for drinking or illicit drug use.

Discussion

This study explored demographic and social support differences among men and women living in Oxford Houses with and without children at the baseline of a longitudinal, national study of Oxford House residents. Results indicated a number of important between group differences that may have implications for recovery. For instance, men were significantly older than women. Although women with children comprised the youngest group of participants, men with children were the oldest group. Men had significantly more years of education than women along with higher incomes, even after controlling for years of education. Furthermore, women with children had the lowest whereas men with children had the highest incomes of all groups. These differences are important because age, education, and employment status have been found to predict recovery outcomes (Brewer, Catalano, Haggerty, Gainey, & Fleming, 1998; Scott-Lennox, Rose, Bohlig, & Lennox, 2000). Significant gender and house type differences were also found in terms of time in Oxford House: men living in Oxford Houses with children had stays that were over twice as long as those of the other groups. All of the findings indicate a number of advantages for men compared to women living in Oxford Houses with children.

Analysis of baseline social support data indicated that men living in Oxford Houses *with children* and women living in Houses *without children* had more general social support than men living without children and women living with children. This is consistent with past research suggesting that women are less likely than men to be supported throughout treatment (Reed, 1985), and that women are often discouraged by from seeking treatment because it might interfere with child care (Nelson-Zlupko et al., 1995). However, no significant group differences were found in terms of abstinence-specific social support for either alcohol or illicit drug use. In terms of the composition of social support networks, no group differences were found regarding the alcohol use habits of friends and family members. However, results indicated that women and residents of Oxford Houses without children had more illicit drug users in their social networks. Thus, having children may help protect against maintaining relationships with negative drug-using friends and family members. However, these findings

are partially in contrast to research suggesting that compared to men, recovering women with children might have more abstinence support in their social networks (Room, 1996), which can include avoiding friends and family who use drugs.

In summary, the results of this investigation suggests that men in recovery who take care of their children are in situations more conducive to sustained recovery and have more resources (i.e., they are older, more educated, have higher incomes, and have longer lengths of stay in OH), including positive social supports (i.e., they receive more general support and have fewer drug users in their social networks), whereas women in recovery who take care of their children have the least of these types of resources. It is possible that recovering women who have children are frequently forced to take care of their children because no one else is available to take on these child care duties; on the other hand, recovering men may be more likely to take care of their children when they are doing well in recovery and elect to take on this responsibility. Therefore, it is suggested that recovering women taking care of children may require additional resources compared to recovering men taking care of children. It may be important for the Oxford House organization to provide more assistance when opening homes for women with children. In addition, clinicians and treatment providers working with women in recovery with children may want to address these additional struggles and help these individuals develop supportive social networks.

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References

- Beattie MC, Longabaugh R, Elliott G, Stout RL, Fava J, Noel NE. Effect of the social environment on alcohol involvement and subjective well-being prior to alcoholism treatment. *Journal of Studies on Alcohol* 1993;54:283–296. [PubMed: 8387616]
- Brewer DD, Catalano RF, Haggerty KH, Gaine RR, Fleming CB. A meta-analysis of predictors of continued drug use during and after treatment for opiate addiction. *Addiction* 1998;93:73–92. [PubMed: 9624713]
- Christensen E. Aspects of a preventive approach to support children of alcoholics. *Child Abuse Review* 1999;6:24–34.
- Clifford, PR.; Longabaugh, R. Manual for the administration of the Important People and Activities instrument: Project MATCH. Providence, RI: Center for Alcohol and Addiction Studies, Brown University; 1991.
- Conners NA, Grant A, Crone CC, Whiteside-Mansell L. Substance abuse treatment for mothers: Treatment outcomes and the impact of length of stay. *Journal of Substance Abuse Treatment* 2006;31:447–456. [PubMed: 17084800]
- Coughey K, Feighan K, Cheney R, Klein G. Retention in an aftercare program for recovering women. *Substance Use & Misuse* 1998;33:917–933. [PubMed: 9548630]
- D'Arlach L, Olson BD, Jason LA, Ferrari JR. Children, women, and substance abuse: A look at recovery in a communal setting. *Journal of Prevention & Intervention in the Community* 2006;31:121–132. [PubMed: 16595392]
- Davis MI, Jason LA. Sex differences in social support and self-efficacy within a recovery community. *American Journal of Community Psychology* 2005;36:259–274.
- Dawe S, Harnett PH, Rendalls V, Staiger P. Improving family functioning and child outcome in methadone maintained families: The Parents under Pressure programme. *Drug and Alcohol Review* 2003;22:299–307. [PubMed: 15385224]
- Ferris, J.; Templeton, L.; Wong, S. Alcohol, tobacco and marijuana use, norms, problems and policy attitudes among Ontario adults. Toronto: Addiction Research Foundation; 1994. Internal Document No. 118

- Flynn AM, Alvarez J, Jason LA, Olson BD, Ferrari JR, Davis MI. African American Oxford Houses residents: Sources of abstinent social networks. *Journal of Prevention and Intervention in the Community* 2006;31:111–119. [PubMed: 16595391]
- Groh DR, Jason LA, Davis MI, Olson BD, Ferrari JR. Friends, family, and alcohol abuse: An examination of general and alcohol-specific social support. *The American Journal on Addictions* 2007;16:49–55. [PubMed: 17364422]
- Groh DR, Olson BD, Jason LA, Ferrari JR, Davis MI. A factor analysis of the Important People Inventory. *Alcohol & Alcoholism*. (in press) doi:10.1093/alcac/agm012.
- Gullestad, M. *Kitchen-Table society*. Oslo: Universitetsforlaget; 1984.
- Hughes PH, Coletti SD, Neri RL, Urmann CF, Stahl S, Sicilian DM, Anthony JC. Retaining cocaine-abusing women in a therapeutic community: The effect of a child live-in program. *American Journal of Public Health* 1995;85:1149–1152. [PubMed: 7625517]
- Jason LA, Davis MI, Ferrari JR, Anderson E. The need for substance abuse aftercare: A longitudinal analysis of Oxford House. *Addictive Behaviors* 2007;32:808–813.
- Jason, LA.; Ferrari, JR.; Davis, MI.; Olson, BD. *Creating communities for addiction recovery: The Oxford House model*. Binghamton, NY: Haworth Press; 2006.
- Jason LA, Ferrari JR, Dvorchak PA, Groessl EJ, Molloy JP. The characteristics of alcoholics in self-help residential treatment settings: A multi-site study of Oxford House. *Alcoholism Treatment Quarterly* 1997;15:53–63.
- Kim KL, Davis MI, Jason LA, Ferrari JR. Structural social support: Impact on adult substance use and recovery attempts. *Journal of Prevention & Intervention in the Community* 2006;31:85–94. [PubMed: 16595389]
- Knight DK, Hood PE, Logan SM, Chatham LR. Residential treatment for women with dependent children: One agency's approach. *Journal of Psychoactive Drugs* 1999;31:339–351. [PubMed: 10681101]
- Koski-Jannes A. The role of children in the recovery of alcoholic clients. *Contemporary Drug Problems* 1991;18:629–644.
- Longabaugh R, Wirtz P, Beattie M, Noel N, Stout R. Matching treatment focus to patient social investment and support: 18 month follow-up results. *Journal of Consulting and Clinical Psychology* 1995;63:296–307. [PubMed: 7751491]
- Longabaugh R, Wirtz PW, Zweben A, Stout RL. Network support for drinking, Alcoholics Anonymous and long-term matching effects. *Addiction* 1998;93:1313–1333. [PubMed: 9926538]
- Luthar, SS.; D'Avanzo, K.; Hites, S. Maternal drug abuse versus other psychological disturbances. In: Luthar, SS., editor. *Resilience and vulnerability: Adaptation in the context of childhood adversities*. New York: Cambridge University Press; 2003. p. 104-129.
- Majer JM, Jason LA, Ferrari JR, Venable LB, Olson BD. Social support and self-efficacy for abstinence: Is peer identification an issue? *Journal of Substance Abuse Treatment* 2002;23:209–215. [PubMed: 12392807]
- Mays VM, Beckman LJ, Oranchak E, Harper B. Perceived social support for help-seeking behaviors of Black heterosexual and homosexually active women alcoholics. *Psychology of Addictive Behaviors* 1994;8:235–242.
- McLellan AT, Kusher H, Metzger D, Peters R, Smith I, Grissom G, et al. The fifth edition of the Addiction Severity Index. *Journal of Substance Abuse Treatment* 1992;9:199–213. [PubMed: 1334156]
- McMahon TJ, Winkel J, Suchman N, Luthar SS. Drug dependence, parenting responsibility, and treatment history: Why doesn't mom go for help? *Drug and Alcohol Dependence* 2001;65:105–114. [PubMed: 11772472]
- McMahon TJ, Winkel J, Luthar SS, Rounsaville BJ. Looking for Poppa: Parenting status of men versus women seeking drug abuse treatment. *The American Journal of Drug and Alcohol Abuse* 2005;1:79–91. [PubMed: 15768572]
- Meier PS, Donmall MC, McElduff P. Characteristics of drug users who do or do not have care of their children. *Addiction* 2004;99:955–961. [PubMed: 15265092]
- Nelson-Zlupko L, Kauffman E, More MM. Gender differences in drug addiction and treatment: Implications for social work intervention with substance-abusing women. *Social Work* 1995;40:45–54. [PubMed: 7863372]

- Oxford House. Oxford House Manual. 2003 [Retrieved on December 2, 2006]. from www.oxfordhouse.org
- Reed BG. Drug misuse and dependency in women: The meaning and implications of being considered a special population or minority group. *International Journal of the Addictions* 1985;20:13–62. [PubMed: 3888859]
- Room R. Gender roles and interactions in drinking and drug use. *Journal of Substance Abuse* 1996;8:227–239. [PubMed: 8880662]
- Scott-Lennox J, Rose R, Bohlig A, Lennox RJ. The impact of women's family status on completion of substance abuse treatment. *Behavioral Health Services Research* 2000;27:366–379.
- Stewart D, Gossop M, Trakada K. Drug dependent parents: childcare responsibilities, involvement with treatment services, and treatment outcomes. *Addictive Behaviors* 2007;32:1657–1668. [PubMed: 17196752]
- Stevens SJ, Patton T. Residential treatment for drug addicted women and their children: Effective treatment strategies. *Drugs & Society* 1998;13:235–249.
- Suchman NE, Luthar SS. Maternal addiction, child maladjustment, and socio-demographic risks: Implication for parenting behaviors. *Addiction* 2000;95:1417–1428. [PubMed: 11048359]
- Szuster RR, Rich LL, Chung A, Bisconer SW. Treatment retention in women's residential chemical dependency treatment: The effect of admission with children. *Substance Use & Misuse* 1996;31:1001–1013. [PubMed: 8806165]
- Wexler HK, Cuadrado M, Stevens SJ. Residential treatment for women: Behavioral and psychological outcomes. *Drugs & Society* 1998;13:213–233.
- Wobie K, Eyler FD, Conlon M, Clarke L. Women and children in residential treatment: Outcomes for mothers and their infants. *Journal of Drug Issues* 1997;27:585–606.
- Worley LM, Connors NA, Crone CC, Williams VL, Bokony PA. Building a residential treatment program for dually diagnosed women with their children. *Archives of Women's Mental Health* 2005;8:105–111.

Table 1

Mean Demographics for Men and Women Living With and Without Children

Descriptor Variables	Children	No Children
Age:		
Males	40.85	39.23
Females	34.50	36.89
Monthly Income:		
Males	1267.62	1078.61
Females	538.79	792.22
Education (years):		
Males	12.78	12.75
Females	12.26	12.39
Length of Stay in OH (years):		
Males	1.86	.925
Females	.723	.718