



The author(s) shown below used Federal funding provided by the U.S. Department of Justice to prepare the following resource:

Document Title: Evaluation of In-Prison Programming for Incarcerated Women: Addressing Trauma and Prior Victimization, Executive Summary

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Document Number: 256004

Date Received: January 2021

Award Number: 2017-VF-GX-0014

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Evaluation of in-prison programming for incarcerated women: Addressing trauma and prior victimization

Grant #: 2017-VF-GX-0014

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This study was funded by the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice – Award No. 2017-VF-GX-0014. The opinions, findings, conclusions, and recommendations expressed in this document are those of the authors and do not necessarily reflect those of the U.S. Department of Justice, or of the Urban Institute, its trustees, or its funders. We would like to thank the following former and current Urban Institute staff for their assistance with this study: Georgia Bartels-Newton, Margaret Goff, Cathy Hu, Alexandra Kurland, Kierra Jones, Megan Russo, and Bethany Young. We would also like to thank the members of our advisory board, Stephanie Covington, Eric Grossman, and Kevin Warwick for their invaluable contributions to this study, without which this study would not have been possible. We would also like to express gratitude for our project partners, including Wayne Choinski at the Correctional Leaders Association, Becki Ney at the Center for Effective Public Policy, and Benjamin McCarty, Katy Maskolunas, and Chafica Agha at the National Center for Victims of Crime. Lastly, we thank all the incarcerated women, correctional staff, departments of corrections leadership, and community partners who took the time to speak with us and share about their experiences and efforts related to this study.

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Abstract

In 2017, Urban Institute and its partners the Correctional Leaders Association (CLA), the National Center on Victims of Crime (NCVC), and the Center for Effective Public Policy (CEPP) were funded by the National Institute of Justice to conduct a two-tiered, 33-month, exploratory mixed methods study of the policies, programs, and practices used nationwide to address the needs of incarcerated women with prior trauma and victimization experiences as well as prevent in-custody victimization with the aim of generating actionable information for policymakers, practitioners, and program developers. Data collection activities included phone interviews with state departments of corrections (DOC) leaders; a national survey of state-level domestic violence and sexual assault coalitions; phone interviews to learn from staff about the policies, programs, and practices of 15 women's prisons who appeared to stand out among their peers in offering victim services and trauma-informed approaches; and case study site visits to three facilities to conduct interviews with facility-level and community-based stakeholders, including incarcerated women.

Major findings from the study include:

- Nearly three-quarters of state coalitions collaborate with state DOCs, and about three-quarters of local victim service agencies (member agencies) collaborate with correctional facilities. The same portion of coalitions report this collaboration as critical to preventing victimization within facilities. Coalitions and member agencies face challenges in working with incarcerated women due to insufficient funding and staff shortages. However, their organizational capacity and positive relationships with the DOC facilitate this work.
- State DOCs are taking different approaches to address incarcerated women's prior trauma and victimization. Some states are more innovative and comprehensive than others, but collectively, DOCs can do more to address the unique needs of incarcerated women.
- The 15 standout state facilities reported several practices to address the unique needs of women in trauma-informed and gender-responsive ways, including addressing victimization and trauma experienced before and during incarceration. This work is largely seen across facility approaches and philosophies, custodial practices and policies, programming, victimization responses, and staff training.
- While gender-responsive and trauma-informed care have varying specificity, in order for care to be gender-responsive it must be trauma-informed.

Introduction

In 2017, Urban Institute and its partners the Correctional Leaders Association (CLA), the National Center on Victims of Crime (NCVC), and the Center for Effective Public Policy (CEPP) were funded by the National Institute of Justice to conduct a two-tiered, 33-month, exploratory mixed methods study of the policies, programs, and practices used nationwide to address the needs of incarcerated women with prior trauma and victimization experiences as well as prevent in-custody victimization with the aim of generating actionable information for policymakers, practitioners, and program developers. Each study tier had specific project goals.

The goal of Tier 1 was to capture a national snapshot of how state departments of corrections (DOCs) attempt to address the impacts of victimization on incarcerated women and how they use gender-responsive and trauma-informed approaches to address this, as well how traditional victim service providers connect with facilities to provide victim services. Data collection activities included phone interviews with state DOC leaders; a national survey of state-level domestic violence and sexual assault coalitions; and phone interviews to learn about policies, programs, and practices from staff in 15 women's prisons who appeared to stand out among their peers in offering victim services and trauma-informed approaches.

The goal of Tier 2 was to identify and document promising and innovative prison-based approaches to trauma and victim service provision, and develop an initial typology of these strategies, including policies, practices, and programs, used by state DOCs to address the violent victimization experiences of incarcerated women that can serve to inform both the conceptual design of future research studies and service delivery. Tier 2 involved case studies with three prisons¹ to conduct interviews with facility-level and community-based stakeholders, including incarcerated women, to fully understand how prisons address victimization and trauma so that innovative practices can be shared with other policymakers and prison administrators wanting to learn about services and trauma-informed care for incarcerated women. Data from DOC interviews were used to inform and create a typology of these approaches to guide future research and programming.

This project was the first single, comprehensive study to document the extent to which facilities implement trauma-informed and gender-responsive approaches to address women's victimization experiences, as well as whether they offer victim services, the range of services offered, and the prevalence of trauma-informed practices in state-level women's correctional facilities. It establishes foundational knowledge for the field regarding the scope, structure, and composition of these approaches, including their trauma-informed components and use in women's correctional facilities. This technical summary provides a short background summary of the literature on which we based our study. We then briefly document the Tier 1 and Tier 2 data collection activities and their

¹ Five case study sites were selected for study, but a combination of the COVID-19 public health crisis in spring 2020 and lengthy DOC-specific research review processes prohibited case study visits with those additional women's facilities.

associated findings, as well as identify study limitations. We conclude by documenting the dissemination and close-out activities conducted for this project.

Background to Our Study

The Growing Rate of Incarcerated Women and Their Victimization Histories

In recent years, women—and disproportionately women of color—have emerged as the fastest growing incarcerated population (Kaeble, et al. 2016). Between 1980 and 2017, the number of incarcerated women increased by more than 750 percent, outpacing men by more than 50 percent in their rate of expansion (The Sentencing Project 2019). In 2017, the imprisonment rate for African American women (92 per 100,000) was nearly twice the rate of imprisonment for white women (49 per 100,000) while Hispanic women were incarcerated at roughly 1.3 times the rate of white women (66 vs. 49 per 100,000). While there are still more men in prison than women, the American criminal justice system is faced with a profound shift in the population it serves, which in turn requires an adjustment of services, programming, approaches, and tools for a population that demonstrates specific needs, pathways to incarceration, and histories of victimization and violence.

A growing body of literature documents that women who are incarcerated have experienced high rates of trauma exposure, interpersonal trauma, victimization, posttraumatic stress disorder, and violence before their incarceration (Carlson & Shafer 2010; Lynch et al. 2012; Green et al. 2016). Incarcerated women have often been victims of serious crime and violence themselves. A large portion of incarcerated women are serving sentences for drug-related offenses that can be traced to these experiences of trauma and victimization (DeHart et al. 2014). Other women are incarcerated for crimes connected to intimate partner violence, such as defense against an abusive partner or for their inability to keep children from being harmed by an abusive partner (Renzetti, Miller, & Gover 2012).

Incarcerated women can further experience violent victimization within correctional facilities. This is critical to recognize given that women are more likely to have experienced trauma *before* incarceration, and they also are more likely to experience victimization *during* incarceration. Between 2009 and 2011, women accounted for 22 percent of victims in assaults in which other incarcerated adults caused the harm and 33 percent of victims from assaults in which staff caused the harm in all state and federal prisons in the US (Beck et al. 2014).

Victims of violence can also cause violence, both inside and outside of correctional facilities (Tracy et al. 2016; Zweig et al. 2014). While it is important to recognize personal responsibility in behavior, it is equally critical to recognize common behaviors associated with prior traumatic experiences. A recent meta-analysis (Tracy et al. 2016) shows how exposure to trauma in one's social network influences an individual's risk of victimization or perpetration. This research focuses on the spread of violence within a social network and highlights the critical link between individual victimization and perpetration across multiple populations. It also lends itself to understanding that women have unique pathways to incarceration.

Victim Service Approaches

Correctional institutions are uniquely positioned to provide victim services to women in their custody that address both prior trauma and victimization and in-custody experiences, and community-based service organizations provide a useful model of service that can be translated to incarceration settings. In community-based victim service organizations, services include safety and crisis intervention; individual advocacy; emotional support; legal advocacy, child advocacy, and financial compensation (Zweig & Yahner 2013). Some of these categories can directly translate to incarcerated populations; victims need both immediate and long-term assistance with safety and security, whether or not they are incarcerated. Safety intervention services might include information on avoiding revictimization; comprehensive safety planning to prevent future victimization; and protection from those that cause harm, perhaps both immediately after the crime and long-term afterwards (Zweig & Yahner 2013). Individual advocacy services in correctional settings could follow community-based services and provide referral and assistance for a multitude of victims' needs.

Traditional victim service programs provide emotional support through various activities like counseling and support groups, all of which could be implemented within correctional settings. Such services may be especially crucial for incarcerated women who are separated from their natural social and emotional supports such as friends and family. Legal advocacy in community-based services takes many forms, each focused on helping victims navigate their way through the legal system. In correctional facilities, legal advocacy may help victims with ongoing cases and assist with handling legal issues that arise as part of their victimization experiences before or during incarceration. In addition to working to provide services and support women with victimization experiences in their custody, correctional facilities can provide trauma-informed care through wider mechanisms such as through their operational practices (custodial policies and practices) and through trauma-focused programming.

According to Dr. Stephanie Covington (forthcoming), trauma-informed care in facilities would blend elements of: *trauma informed* work in having staff members be aware of trauma, *trauma responsive* work by ensuring policies are in place to minimize damaging experiences, and *trauma specific work* by providing services and programs designed specifically to address trauma and facilitate healing. For example, prison policies like strip searches for contraband or being supervised while changing clothes may retraumatize an incarcerated woman who has been physically or sexually abused. Other environmental factors such as loud noises, alarms, shackles, closed-in areas, and cells also can be triggering (Bloom 2015). A trauma-informed facility would investigate potential changes to these policies to minimize the chance of triggering negative reactions in the women in its care. While correctional facilities are not traditionally seen as victim service organizations, the setting creates an opportunity to address the victimization histories of incarcerated women within a trauma-informed culture and to increase women's safety and wellbeing.

Tier 1: National Survey of Domestic Violence and Sexual Assault Coalitions

The purpose of the national survey of domestic violence and sexual assault coalitions was to document the types of collaboration that exist between victim service providers and state DOCs, and to paint a nationwide picture of in-reach and victim services in women’s state correctional facilities.

Summary of Methods

The online survey was sent via email to the universe of domestic violence and sexual assault coalitions based on a list of contacts available through NCVC resources. We completed a quality assurance process to find emails and verify contact information through a web search on domestic violence and sexual assault state coalitions. The survey was administered both online and over the phone (if a respondent requested this) from September 2018 through February 2019 and yielded a 70 percent response rate (n=57 of 81 coalitions).² Respondents provided information about both state-level activities and the activities of their member agencies.

The survey included questions covering five major domains (see Appendix B for the survey instrument):

1. Coalition and member agency background
2. Collaboration with state DOCs and local facilities
3. Program and services provided
4. Factors that impede or facilitate work with incarcerated women
5. Noteworthy programs and active member agencies

Summary of Findings

Nearly all coalitions (88 percent) reported having between 1 and 20 staff members with only 4 percent having more than 40 staff. Forty-two percent of coalitions had fewer than 20 member agencies and nearly as many (40 percent) had over 40 member agencies. A median of 16,000 women are impacted by the collective member agencies that work with each coalition. Almost all coalitions provide training and technical assistance to member agencies (96 and 98 percent respectively), and 98 percent broadly disseminate information on domestic violence and sexual assault to the public. Nearly all (96 percent) advocate for public policy goals.

Just over three-quarters (78 percent) of coalitions reported collaborating with their state DOC, with nearly half of these (49 percent) collaborations starting because of the passage of the Prison Rape Elimination Act (PREA) and just over half being relatively new (53 percent of coalitions have been collaborating with their state DOC for just 1-5 years). Coalitions most frequently work with the PREA coordinator, the prison facility administrator at their state DOC, and the victim assistance unit. Over half of these collaborations (56 percent) consist of training for correctional staff, about half (49 percent) include work around PREA compliance, and about 42 percent address victimization directly. Just over half of coalitions (54 percent) receive funding to collaborate with the state DOCs,

² Note that some states have dual-focused (or combined) domestic violence and sexual assault coalitions, while others have a separate state coalition focused on either domestic violence or sexual assault.

with the two major funding sources being from the Violence Against Women Act (VAWA—for 57 percent of coalitions with funding) and the Victims of Crime Act (VOCA—for 33 percent of coalitions with funding). Seventy-six percent of coalitions report their collaboration with DOCs as being important to preventing in-custody victimization.

Nearly three-quarters of coalitions (73 percent) reported that their member agencies collaborate with correctional facilities throughout the state. On average, each coalition has seven member agencies that collaborate with correctional facilities. Two-thirds of member agencies (67 percent) have been collaborating with state correctional facilities for 1-5 years. Member agencies most frequently work with the PREA staff, victim services director, or facility administrator or assistant facility administrator at facilities, collaborating around PREA compliance, addressing prior victimization, and training facility staff. About one-third of coalitions (35 percent) reported that their member agencies receive funding to collaborate with correctional facilities, with the same two primary funding sources as coalitions (VOCA for 45 percent of those with funding and VAWA for 27 percent of those with funding).

We also asked state-level domestic violence and sexual assault coalitions about the factors that impeded and facilitated the work they and their member agencies do with state DOCs, correctional facilities, and women who are incarcerated. The majority of coalitions (61 percent) cited access to sufficient funding as a barrier to working with incarcerated women, as well as not having enough staff (68 percent). Fewer coalitions (20 percent) cited a lack of relationship with a DOC, and some (27 percent) cited difficulty in tracking or reaching incarcerated women. On the flipside, 43 percent of coalitions indicated the unique needs of women and 38 percent of coalitions cited their positive relationships with the state DOCs facilitated this work. Under one-third of coalitions (28 percent) reported having sufficient funding to do the work necessary to collaborate with DOCs and facilities and serve incarcerated women.

When it came to member agencies, about three-quarters (74 percent) of coalitions cited a lack of access to sufficient funding and 77 percent reported limited staff as factors impeding their member agencies' work with incarcerated women. Forty-four percent reported that access to trained staff was a barrier to these collaboration, and 38 percent cited the unique context of corrections impeded collaboration. Almost half (49 percent) cited staff capacity as a factor facilitating their collaboration, and few (11 percent) cited organizational capacity as well. Very few (8 percent) of respondents indicated a positive relationship with local facilities as facilitating their work in this area, and 8 percent also stated unique needs of women aided their work.

Summary Conclusion

In sum, nearly three-quarters of state coalitions collaborate with state DOCs, and about three-quarters of member agencies collaborate with correctional facilities. The same portion of coalitions report this collaboration as critical to preventing victimization within facilities. Coalitions and member agencies face challenges in working with incarcerated women due to insufficient funding and staff shortages. However, the unique needs of women and positive relationships with the DOC facilitate this work.

Tier 1: Interviews of State Departments of Corrections

The purpose of the interviews with state departments of corrections was to document state DOC victim services-specific policies, programs, and practices for incarcerated women, including those that are trauma-informed, and to identify standout women’s facilities (and contacts in those facilities) regarding those providing innovative/comprehensive victim services and/or trauma-informed practices and programs.

Summary of Methods

Between September 2018 and April 2019, team members from Urban Institute and CLA conducted phone interviews with 108 leaders from 41 state DOCs across the country (yielding an 82 percent response rate). Semi-structured interviews lasted about 1-1.5 hours and the protocol covered the following domains (see Appendix C for the interview protocol):

1. Operational philosophy
2. Intake and assessment
3. Programming
4. Services and responses
5. Policies and procedures
6. Training

These domains allowed us to understand DOC policies, programs, services, and practices focused on addressing victimization women experienced both before and while incarcerated and on trauma-informed-care principles, if any. The Urban team coded interview transcripts using NVivo 11 Qualitative Coding Software for themes derived from the interview protocol.

Summary of Findings

Figure 1 depicts the participating state DOCs. Leadership roles and titles varied across states, including DOC directors, assistant directors, chiefs of programs, PREA directors, superintendents of women’s facilities, commissioners, deputy commissioners for women’s services, and deputy directors of medical and forensic services.

FIGURE 1

Participating DOCs



Operational Philosophy

To contextualize how state DOCs approach their work with incarcerated women and how they incorporate trauma-informed approaches and past victimization experiences into working with incarcerated women, each interview opened with questions around the DOCs’ philosophy and approach toward working with women. We found that the majority of DOCs (56 percent, 23 of 41 states) have a different approach to working with women than they do with men, indicating that, to an extent, these DOCs recognize there are differences between women and men who are incarcerated. Examples of operationalizing this recognition include creating specific positions to oversee women’s programming and services or using gender-responsive classification tools. In addition, almost two thirds, or 24 out of 41, of DOCs indicated that in addition to acknowledging gender differences, they adapt their practices for incarcerated women, which DOCs mentioned typically required more resources and time: for instance, talking a woman through each step of a strip search lengthens the process and presents increased communication demands.

Intake and Assessment

To understand how women entering corrections are assessed upon intake and classified according to their assessments, interview respondents described intake processes, the different types of assessments used, and how assessments inform facilities’ housing and programming decisions. The interviews indicated that a majority of states have an intake or diagnostic center for women separate than men—that is, upon entering the correctional system, men and women do not go to the same facility. Furthermore, roughly 37 percent of states (15 of 41)

reported using a gender-responsive risk assessment tool. These validated tools are shown to measure the unique circumstances and needs of women, for example the Women’s Risk and Needs Assessment (WRNA), the Service Planning Instrument for Women (SPIN-W), and the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) for Women.

Programming

We asked DOC representatives to explain the programming they have in place to help women cope with trauma and, specifically, we asked about evidence-based programming. We found that at least 18 of 41 states (44 percent) reported offering more than one evidence-based program. These programs might include *Moving on* (by Marilyn Van Dieten), *Beyond Trauma* (by Stephanie Covington), *Helping Women Recover* (by Stephanie Covington), *Beyond Violence* (by Stephanie Covington), *Seeking Safety* (by Lisa Najavits), *Forever Free* (by David Conn), and *Dialectical Behavioral Therapy* (by Marsha Linehan).

Services and Responses

We asked DOCs what services are in place for women who enter their correctional facilities with a history of victimization and how they respond when a woman experiences victimization while in custody. In terms of reporting in-custody victimization, states shared that women can contact facility staff or use hotlines for women, as well as other avenues. In 26 of the state DOCs, leadership reported the use of a toll-free number or hotline so that incarcerated women could report in-custody victimization incidents. In some facilities, this toll-free number or hotline is staffed by a local victim service provider while others are managed by an independent entity tasked with investigating PREA incidents. Services for in-custody victimization include mental health treatment and working with victim advocates at local victim services agencies. While states have legal responses and services in place to address victimization, DOCs sometimes face challenges in approaching incarcerated women as victims.

Policies and Procedures

We began the study by defining trauma-informed as “working intentionally to avoid triggering traumatic reactions and helping survivors manage their trauma symptoms successfully by enhancing the knowledge and proficiency of correctional staff to recognize trauma symptoms and respond appropriately.”³ Through the interview transcript coding and analysis process, it became evident that not all approaches are trauma-informed even if an agency labels them as such.

Some ways states tried to address trauma in policies and procedures related to custodial practices. For example, analysis of policies around restraints indicated many states do not restrain women during certain stages of a woman’s pregnancy term: this ranged from some facilities ending restraints when a woman became visibly pregnant to others not restraining women during active delivery. States reported that strip searches typically followed PREA-guidelines, meaning that searches were conducted by correctional staff of the same gender as the

³ For our final analyses, we expanded our definition of trauma-informed to include definitions created by experts in evidence-based and gender-responsive programming.

person being searched. Finally, few states reported taking either gender or trauma into account in their use of force practices.

Training

Interviews revealed that many states train staff on techniques for working with and/or communicating with women in unique ways, and states frequently reported training staff in de-escalation techniques or crisis intervention practices. Most states reported staff receive PREA training. Few states rely on a gender-responsive or trauma-informed expert to administer or inform the training.

Summary Conclusion

In summary, state DOCs are taking different approaches to address incarcerated women's prior trauma and victimization. Some states are more innovative and comprehensive than others, but as a whole, DOCs can do more to address the unique issues of incarcerated women.

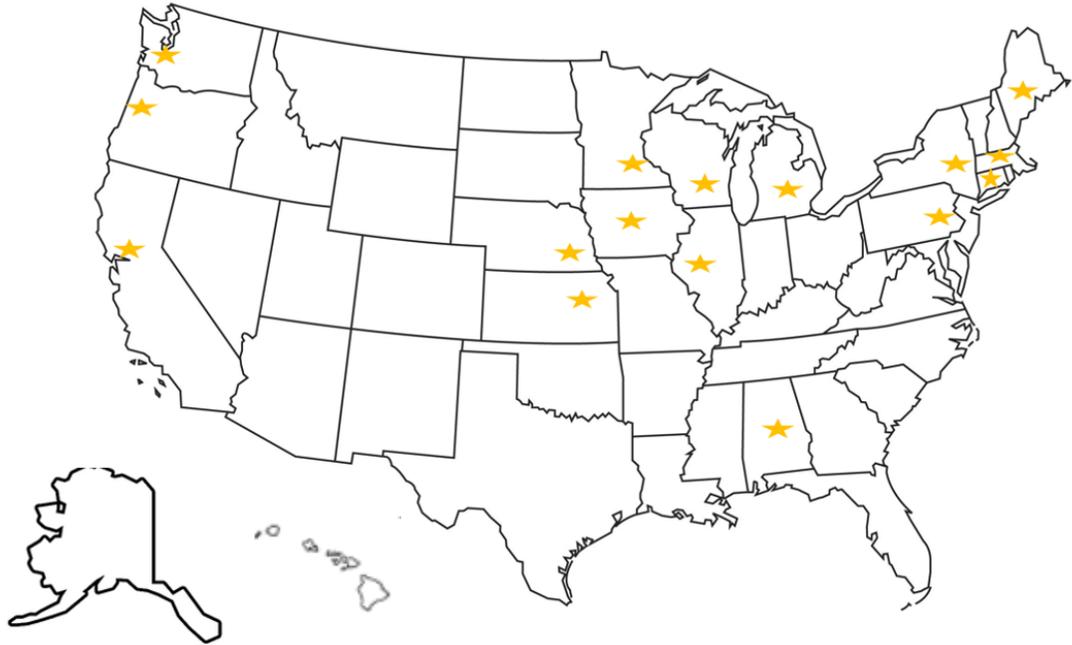
Tier 1: Standout State Facility-Level Interviews

The purpose of the standout state facility-level interviews was to gain a detailed understanding of facility-level programs, procedures, and practices including how the selected individual women's prison facilities provide victim services and/or use trauma-informed practices and programs to assist incarcerated women with victimization histories or in-prison victimization. These interviews also provided foundational information for the selection of our case study facilities for Tier 2 data collection.

As part of the qualitative analysis of DOC leadership interview transcripts, we scored each state as to their focus on victimization and trauma-informed principles across 19 indicators. However, this initial scoring framework did not sufficiently capture the nuances from interview data to accurately identify standout sites, according to our advisory board. In response, we developed a more expansive scoring matrix with 32 indicators. After rescored all state DOC leadership interviews, the research team selected 16 women's prisons for standout state facility-level interviews. Figure 2 identifies the 16 standout states.

FIGURE 2

Standout State DOCs selected from Interviews with State DOC's Leadership



Summary of Methods

Team members from the Urban Institute conducted 19 interviews with 31 respondents in 15 facilities (in the standout states; one facility did not respond to invitations to participate) between September 2019 and November 2019. Of the 31 respondents, 48 percent (n=15) were warden/facility administrators, 36 percent (n=11) were program directors, 13 percent (n=4) were clinical directors, and 3 percent (n=1) were other types of stakeholders.

Facility interviews were transcribed and analyzed for themes across major domains, including (see Appendix D for the interview protocol):

1. Facility approach and operations to working with incarcerated women
2. Custodial policies and practices
3. Programming and responses to victimization (PREA and non-PREA)
4. Staff training

Summary of Findings

Facility Approach and Operations to Working with Incarcerated Women

Facilities interviewed overwhelmingly reported wanting to provide evidence-based, gender-responsive, and trauma-informed approaches for incarcerated women to ensure opportunities for personal growth and betterment. Additionally, these 15 facilities recognized that women have pathways to crime that may differ from men in that they often include victimization experiences. These unique pathways to crime and prior experiences specific to incarcerated women signal the need for gender-responsive approaches and individualized programming

that can be adapted over time as needs evolve. In some facilities, trauma is treated as a universal precaution, meaning that facility staff assume that all incarcerated women have a history of trauma—including physical, sexual, mental, and emotional traumas. This approach is operationalized in differing ways, whether through adapting strip searches, using destigmatizing language (i.e. calling incarcerated women “residents” or “adults in custody” rather than “prisoners”) and preferred gender pronouns, and/or involving women in decision-making around their case planning.

Custodial Policies and Practices

Unlike our interviews with the 41 state DOCs, many facilities reported adapting their custodial policies and practices to be more mindful of incarcerated women’s prior trauma and victimization experiences. For instance, behavioral interventions and de-escalation strategies are used before resorting to restraints, use of force, or restrictive housing. Facilities reported taking precautions to help reduce the trauma experienced with day-to-day custodial procedures. For example, they ensure same-gender searches occur, with rare exceptions. In some facilities, transgender individuals are given the choice on whether they prefer a man or woman officer for their search. Additionally, facilities have female-only posts such as intake units, transport, bathrooms, etc. They also adapt strip searches to make them more trauma informed. Some facilities allow women the choice on their search procedure—they are provided the option of having a fully unclothed or half unclothed search and are provided the option of whether they would like to start the search of their top or bottom half. Some facilities have provided training for staff in how to walk through a search similar to how a doctor might explain parts of a medical procedure to make their approach more trauma informed.

In some facilities, custodial policies remain the same for men and women, with exception to pregnant women. Restraints cannot be used on pregnant women or women post-partum for several weeks until they receive medical clearance in most facilities. In some facilities, restrictive housing is not allowed for pregnant women. Whereas in others, pregnant women are allowed more time out of their rooms while in restrictive housing than their peers.

Programming

All facilities interviewed reported offering one or more types of evidence-based programming that are trauma-informed and/or gender-specific (see Table 1).

Table 1. Evidence-Based Programming for Incarcerated Women

Prior trauma and victimization	<ul style="list-style-type: none"> • Beyond Violence: A Prevention Program for Criminal Justice-Involved Women • Beyond Trauma: A Healing Journey for Women • Seeking Safety: A Treatment Manual for Trauma and Substance Abuse • Healing Trauma: A Brief Intervention for Women
Addiction	<ul style="list-style-type: none"> • Women in Recovery: Understanding Addiction • Helping Women Recover: A Program for Treating Addiction • Forever Free
General gender-responsive	<ul style="list-style-type: none"> • Moving On: A Program for At-Risk Women

	<ul style="list-style-type: none"> • Voices: A Program of Self-Discovery and Empowerment for Girls • Living Safely and Without Violence
Other	<ul style="list-style-type: none"> • Dialectical Behavioral Therapy

Some facilities reported using home-grown curricula that address women’s needs, however, these programs have not yet been evaluated for effectiveness. Additionally, facilities reported other types of activities that may help address trauma and victimization, including trauma yoga, art therapy, pet therapy, and Zumba. Lastly, these 15 facilities reported extensive programming specific to parenting and supporting family relationships. While these efforts do not directly address the issues of prior trauma and victimization that we originally set out to study, respondents reported and research indicates that parental incarceration, and the corresponding familial separation, is traumatic for families. Therefore, efforts to maintain family relationships can be considered trauma-informed approaches and one important direction for future research would be to examine whether such efforts are effective at mitigating harms. Examples of innovative ways to maintain family connections include specialized visits, doula programs, in-prison nurseries, breastfeeding programs, parenting classes and support groups, and facility staff dedicated to family coordination.

Victimization Responses

Facilities reported partnering with local victim service providers to provide legal services, counseling, advocacy, and acute intervention services for incarcerated women who have experienced prior trauma and/or in-custody victimization. Many of these organizations are also the prison’s partner for PREA responses. Most facilities partner with a local sexual assault nurse examiner (SANE) at a sexual assault service provider or at a local hospital. Additionally, all facilities make their medical and mental health staff available to women who have experienced in-custody victimization immediately after they report the incident. Some facilities have a multidisciplinary sexual assault response team (SART) within the prison that is tasked with emergency responses to in-custody victimization while others have peer navigators, coaches, and advocates who are trained in trauma-informed care and victim responses; some facilities have a combination of these resources. During interviews, some facilities reported taking an individualized approach to PREA, recognizing that women may have physical relationships and that not every physical touch is a PREA incident. Lastly, one facility has a voluntary, inpatient unit for women who have experienced sexual assault and domestic violence.

Staff Training

Most facilities interviewed offer specialized training beyond the DOC Academy training that is specific to their facility operations and population. Custodial staff receive gender-responsive and trauma-informed training for working with incarcerated women, including trainings on locally-developed (in-house) curricula such as Safety Matters; The Unique Needs of the Female Offender; Working Effectively with Female Offenders; and Creating Regulation and Resilience (CR2). Staff receive additional training on de-escalation, crisis intervention, mental health, effective communication strategies, and motivational interviewing

Summary Conclusion

In summary, the 15 standout state facilities reported several practices that might be considered innovative around addressing the unique needs of women in trauma-informed and gender-responsive ways, including addressing victimization and trauma experienced before and during incarceration. We scored facility-level interviews across metrics to capture the extent to which they implement these strategies and facilities from five standout states were prioritized for case studies: Alabama, Iowa, New York, Oregon, and Pennsylvania.⁴

Tier 2: Case Studies

The purpose of the case studies was to conduct in-person visits to facilities to develop a more robust understanding of the prison's approach to programs, procedures, and practices to address women's needs around trauma and/or the use of practices, programs, and services to assist incarcerated women with victimization histories or in-prison victimization. The intent was to engage with a variety of stakeholders implementing these approaches to document innovations to promulgate to the field more widely.

Summary of Methods

As a result of the COVID-19 pandemic, we were only able to conduct three of our five planned case studies. Team members from Urban Institute, CEPP, and NCVJ conducted case studies. The team conducted two case studies in person before federal and state guidelines restricted travel and in-facility visitation. We conducted one virtual case study after the onset of the pandemic hit. Two standout states prohibited in-facility visitation and halted all research efforts throughout the DOC, thereby preventing us from completing those visits. As such, the three case studies were conducted at the following sites:

- Iowa's Correctional Facility for Women (ICIW) during December 2019;
- Alabama's Julia Tutwiler Prison for Women (Tutwiler) during early March 2020; and
- Oregon's Coffee Creek Correctional Facility (Coffee Creek) during 2020.

During these case study site visits, our teams conducted 40 semi-structured interviews with 81 stakeholders (including correctional leadership, security/custodial staff, training staff, program providers, peer navigators, and community partners), and 28 incarcerated women (see Appendix E for the case study protocols).

Summary of Findings

Across the three case study sites, many innovative policies and practices were being implemented to make their work with incarcerated women more trauma informed, trauma responsive, and trauma specific. Though each case study facility had unique strengths as well as unique challenges to their approaches, some larger themes can be gleaned from these case studies:

⁴ Five case study sites were selected for study but a combination of the COVID-19 public health crisis in Spring 2020 and lengthy DOC-specific research review processes prohibited case study visits with all five women's facilities.

- When DOCs mandate that policies and procedures be similar for men and women, facilities might struggle to balance that mandate alongside their gender-responsive approaches.
- Physical features of the facility and its structure are elemental to being fully trauma responsive and specific. A facility may have gender-responsive and trauma-informed approaches, but their facility structure itself can inhibit a fully functioning trauma-informed culture if outdated and/or dangerous.
- Some facilities combine trauma focused custodial practices (e.g., discipline polices), with evidence-based programming and other trauma focused activities (e.g., yoga), all in an attempt to holistically address trauma and victimization for women.
- All case study locations had made great advancements in addressing victimization and trauma histories for women, but all still had room to grow to be fully trauma responsive and trauma specific in their work.
- Women had varied reactions to facility's efforts to be trauma responsive and specific. But a few things were made clear based on speaking with women across the three facilities: (1) access to programming is crucial to minimizing the trauma of an incarceration stay for a woman and expanding access to programming for all women—regardless of custody level, time left in sentence, conviction charge, etc.—is critical, so that all have the ability to participate in programs that can address their trauma and help restore their wellness; (2) even in facilities where concerted efforts to address these issues are underway, and new gender-responsive and trauma-informed philosophies are woven throughout the facility's work, there is still more work to be done—it takes a long time for all staff and for all women to buy in to these culture and practice changes; (3) some incarcerated women had different perceptions of the same custodial policies compared to other stakeholders; and (4) though facilities may discuss having partnerships with outside victim service agencies, it isn't clear how much women actually have direct access to their services and assistance as few were able to provide information about these opportunities.
- Many places were trauma informed but weren't necessarily trauma responsive. They still struggled with being fully responsive to the needs of women.

Limitations of the Study

This exploratory study was meant to provide information about how facilities are addressing trauma and victim services in women's prisons. We hope that the information provided can serve as a baseline for future research and evaluation. However, as with all studies, this study was subject to some limitations that bear consideration, including:

- While we achieved respectable response rates with state DOCs and with surveys of domestic violence and sexual assault coalitions, the findings herein reflect a sample of current correctional approaches, policies, and practices, not the totality.

- When surveying victim service providers, we only connected with state-level domestic violence and sexual assault coalition representatives. We did not connect directly with locally-based member agencies to assess how they collaborate with individual state prisons. Had we surveyed individual member agencies directly, we would have richer information about local-level partnerships between facilities and victim service providers.
- We were only able to successfully conduct three of the five intended case studies, limiting our chance to learn more about how facilities approach these issues in the in-depth manner case studies provided.
- We were only able to interview women in three facilities and spend about 20 minutes with each woman. These interviews, while critically informative, are not representative of all women within a given facility nor are they generalizable to incarcerated women more broadly.
- The qualitative and quantitative data collection and analyses were based on individuals' self-reports and may be subject to biases or subjective views held by those respondents.

Dissemination and Close-Out Activities

The project team has accomplished/will accomplish the following by the end of the project period (September 30, 2020):

- The team has presented findings from the survey of domestic violence and sexual assault coalitions, the state DOCs, and the standout state facility-level interviews at the Annual Meetings of the American Society of Criminology in November 2019 and the Annual Meetings for the Society for Social Work and Research in January 2020.
- The team will publish, on Urban Institute's website, two short reports entitled:
 - *Reducing Trauma for Incarcerated Women with Adapted Custodial Practices*
 - *In-Prison Programming and Services to Address Trauma and Victimization for Incarcerated Women: Addressing Trauma and Victimization in Women's Prisons*
- The team will submit one journal article for peer-reviewed publication before the end of the grant period. This article articulates a typology of trauma-informed and victim service approaches used in state departments of corrections across the country.
- The team will conduct a Center for Victim Research webinar on September 30, 2020 focusing on victim services in women's prisons.
- The team will write three to four short blogs to be published on *Urban Wire* on the Urban website.
- The team will upload de-identified data collected during the study along with codebooks and other documentation used to produce analyses to the National Archive of Criminal Justice Data, in accordance with NIJ requirements.

Appendix A: References Cited

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