

Addressing trauma in women's prisons

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The population of women behind bars is surging, and with it the need and opportunity for services addressing the traumatic past experiences that in many instances contributed to women's criminal convictions and incarceration.

The number of incarcerated women increased by more than 750% from 1980 through 2017, with women of color being disproportionately

incarcerated at 1.3 (for Hispanic women) to 2 (for Black women) times the rate of white women in 2017.¹ Incarcerated women are more likely to experience a range of violence and other victimizations, as well as other traumatic experiences, prior to being incarcerated. All play a major role in their pathways to involvement with the criminal justice system.² Furthermore, incarcerated women are more likely to experience victimization while incarcerated.³

Correctional facilities provide unique opportunities and context to support women in trauma-informed ways. The Substance Abuse and

Mental Health Services Administration identifies six key principles that are fundamental to a trauma-informed approach for service systems and stakeholder groups:⁴

1. Physical and psychological safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, historical and gender issues.

Given the sharp increase in the population of incarcerated women, as well as the range of trauma and victimization that incarcerated women experience both prior to and during incarceration, development of policies, practices and programs that address these women's needs and experiences in trauma-informed ways is crucial.

In 2017, the National Institute of Justice funded a study of in-prison programming to address incarcerated women's needs related to prior- and current-trauma and victimization.⁵ The study was carried out by scholars at the Urban Institute and their



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partners, including the Correctional Leaders Association, the National Center on Victims of Crime and the Center for Effective Public Policy. Researchers conducted interviews with state departments of corrections (DOC) leaders; interviewed facility-level and community-based stakeholders, including incarcerated women; and administered a national survey to state-level domestic violence and sexual assault coalitions to understand how women's needs are addressed in prison, as well as potential strategies for improvement.

State DOCs' approaches to addressing victimization and trauma for incarcerated women

Researchers conducted phone interviews with 108 leaders (for example, directors and chiefs of programs) from 41 state DOCs across the country to understand policies, programs and practices that address victimization and trauma experienced by incarcerated women. Most state DOCs (59%) reported adapting their practices for incarcerated women, which generally required more time and resources. Many states (37%) reported that they use a gender-responsive, validated risk assessment tool that considers women's trauma histories to measure their unique circumstances and mental health needs. Common assessment tools include 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.

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State DOCs reported providing evidence-based programs to address trauma. Specifically, many DOCs (44%) offer more than one evidence-based program to address trauma. Commonly used programs are Moving On, by Marilyn Van Dielen; Seeking Safety, by Lisa Najavits; Forever Free, by David Conn; and Dialectical Behavioral Therapy, by Marsha Linehan as well as three programs by Stephanie Covington: Beyond Trauma, Helping Women Recover and Beyond Violence. In addition, state DOCs noted the existence of systems to respond to in-custody victimization. Most DOCs (63%) reported that a toll-free number or hotline, which is managed by a local victim service provider or an independent entity tasked with investigating incidents under the Prison Rape Elimination Act (PREA), was available for women to report in-custody victimization incidents. In cases of

in-custody victimization, provided services included mental health treatment and connection with victim advocates at local victim services agencies.

State DOCs also reported adapting custodial and operational practices (for example, body searches, restraints, disciplinary processes and housing) in trauma-informed ways to provide women with choices and enhance their sense of safety and trust. Specific examples included having a policy of not restraining pregnant women during specific stages of their pregnancy, providing an option to have a fully unclothed or half unclothed search, having an officer verbally walk women through searches step by step and conducting strip searches with correctional staff who are of the same gender as the individual being searched.⁶ In addition, state DOC representatives indicated that staff are trained on de-escalation techniques and methods to work and communicate effectively with women.

Innovative approaches from standout DOC facilities

From the DOC leadership interviews, researchers identified 16 women's prisons as standout women's facilities in terms of provision of innovative policies, practices and programs to address the unique needs of incarcerated women. For a deeper dive into those innovative approaches, researchers interviewed 31 respondents, including mostly wardens or facility administrators and program directors, from 15 of those facilities. (One facility did not respond to invitations to participate.)

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Subsequently, researchers identified five of the facilities for more extensive case studies to interview various facility-level and community-based stakeholders. Due to COVID-19, however, researchers were only able to conduct the studies in three facilities: in Iowa, Alabama and Oregon. The studies consisted of 40 interviews with 28 incarcerated women and 81 stakeholders (including included correctional leadership, security and custodial staff, training staff, program providers, peer navigators and community partners).

Facility staff noted their desire and need to provide evidence-based, gender-responsive and trauma-informed approaches in light of incarcerated women's prior experiences and unique circumstances and needs that may change over time. Many of the interviewed incarcerated women shared, or alluded to, experiences regarding their history of victimization, trauma and violence that contributed to pathways to incarceration, particularly in the absence of community-based supports.⁷ In some facilities, staff proactively assumed that all incarcerated women have experienced past trauma, which aligns with a range of procedures and practices, such as using specific types of language in communications (for example, using terms such as "residents" or "adults in custody" instead of "prisoners," and using preferred gender pronouns) and using behavioral interventions and de-escalation strategies before resorting to use of restraints, force, or restrictive housing. In addition, staff reported involving women

in various decision-making processes; for example, in their case planning.

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In addition to evidence-based programs, facilities noted other types of activities offered to address trauma and victimization, such as trauma yoga, art and pet therapies and Zumba. Staff from all three case study facilities also mentioned a range of programming to support family relationships and parenting. Although programs such as those to support family relationships and parenting may not directly address trauma and victimization, they promote social connection and the resilience and well-being that is crucial for mitigating the negative impacts of trauma.⁸ Facilities also reported that, by partnering with local community-based organizations,

they were providing victim services to support women, including legal services and advocacy, counseling and therapy, medical assessments and follow-up services and acute crisis interventions.⁹ In addition, the three case study facilities reported providing specialized training for staff, including gender-responsive and trauma-informed trainings, as well as trainings on crisis intervention and de-escalation.

Although there are a number of noteworthy efforts to address issues related to gender or trauma for incarcerated women, researchers noted only a few state DOCs appeared to incorporate those issues into established, standard policies, procedures and trainings. Relatedly, several incarcerated women reported that they appreciate when facility staff treat them respectfully, but many women also noted staff misconduct with minimal or no accountability; for example, making women feel "totally uncomfortable" during searches and not following search safety standards.⁷ They also noted inconsistent enforcement of rules.⁷ Incarcerated women further reported that procedures are not always followed consistently and that women frequently have negative experiences with staff, which may be retraumatizing for women.⁷ Accordingly, the researchers concluded that developing consistent and comprehensive policies and procedures that are trauma-informed and gender-responsive, with clear expectations and relevant necessary trainings for staff, could help to reduce the impacts of trauma for incarcerated women.

Partnerships between victim service providers and state DOCs

Researchers also administered an online national survey to 57 state-level domestic violence and sexual assault coalitions. The survey aimed to understand collaborations between victim service providers and state DOCs. Almost all coalitions reported that they provide training (96%) and technical assistance (98%) to their local victim services agencies, or member agencies. Nearly all coalitions broadly disseminate information about domestic violence and sexual assault to the public (98%) and advocate for public policy goals (96%). Most coalitions (78%) reported collaborating with their state DOC and most (73%) also reported that member agencies collaborate with correctional agencies throughout the state, often providing in-facility services. Most coalitions (76%) reported that their collaboration with DOCs was critical for

preventing victimization in facilities. Just over half of the coalitions (54%) reported that they receive funding to collaborate with state DOCs. The two primary funding sources are the Violence Against Women Act, with 57% of coalitions receiving funding and the Victims of Crime Act, with 33% of coalitions receiving funding.

Despite the importance of collaborations between DOCs and victim service providers, coalitions noted some challenges in working with incarcerated women. In particular, coalitions reported that staff shortages were a major barrier to working with incarcerated women, as was insufficient funding. Of the responding coalitions, 68% reported coalition staff shortages and 77% reported staff shortages for their member agencies. And 61% reported insufficient funding for coalitions, while 74% reported insufficient funding for their member agencies. Meanwhile, many coalitions (43%) indicated that understanding the unique needs of women, as well as positive relationships with state DOCs (38%), facilitated their work with incarcerated women.

Partnerships between correctional facilities and community-based providers allow incarcerated women to receive the range of services and support that they need to heal from past and current trauma and victimization, the researchers found. As correctional staff often do not have the necessary training and expertise to address the range of incarcerated women's needs, it is important that women receive help from professionals who specialize in those areas. For example, researchers found that local organizations provide a variety

of services for incarcerated women, such as educational programming, victim advocacy and medical services. Educational programming may include sexual health education and classes for survivors of domestic violence. Medical services may include birth support such as a doula program for pregnant individuals.⁹

In particular, incarcerated women reported that they need better release- and reentry-services and planning to successfully reenter their communities and decrease the likelihood of being incarcerated again.⁷ Reentry programs that offer a continuum of care and services, especially those related to post-release housing, transportation and employment, during incarceration and after release, can greatly benefit from partnerships with local community organizations.¹⁰ Indeed, state coalitions reported that 43% of member agencies continue services with women once they leave prison, which helps them to continue relationships with service providers and transition more easily back into the community.¹¹

Conclusion

The study conducted by researchers from Urban Institute and their partners supports the conclusion that establishing and expanding partnerships between correctional facilities and local, community-based organizations can help incarcerated women with healing, recovery and reentry by providing necessary comprehensive and continued trauma-informed services and support. In addition, effective implementation of these approaches requires established, standard policies, procedures and trainings for corrections staff.

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This article is based on the final report, “Evaluation of in-prison programming for incarcerated women: Addressing trauma and prior victimization,” (2021) by Janeen B. Willison, Janine Zweig, Storm Ervin, Evelyn McCoy, Jahnavi Jagannath and Melanie Langness: NIJ.gov, <https://www.ojp.gov/pdffiles1/nij/grants/256003.pdf>.

ENDNOTES

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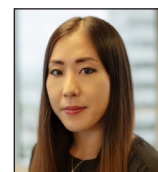
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