

# National Resource Center on Justice Involved Women



## Jail Tip #1: Being Gender Responsive and Trauma Informed Is Just Good Correctional Practice

Anadora (Andie) Moss, The Moss Group

In recent years, a great number of resources have been developed about justice involved women. These resources offer valuable insight into evidence-based and best practices for the benefit of jail staff working with women. However, some jail administrators committed to improving their approach to working with women may still wonder how they can encourage “buy in” from all staff to follow research-based and best practice guidelines—how they can change their facility’s culture or “norms,” which narrowly emphasize safety/security and are based almost exclusively on gender neutral operational practice. This tip sheet is intended to provide guidance to jail leaders who wish to convey to their staff that it is just good correctional practice to work with women in a way that recognizes their specific risks and needs.

“Facility culture might be described as how safe, productive, professional, and respectful the facility environment is perceived to be by both staff and inmates.”

—Benedict, 2015, p. 4<sup>1</sup>

Creating an enthusiasm for gender responsive and research-based approaches is indeed possible among jail staff. The following are three strategies that jail leadership can utilize to assist their staff in understanding the importance of responding differently to women in jail in order to meet their needs.

### **Expressing their commitment to research-based practices specific to justice involved women**

Changing cultural norms in correctional environments does not come easy. Creating a path for culture change that supports a gender responsive environment starts with leadership stating its commitment to implementing evidence-based and best practices for women. Part of this includes a willingness to provide staff with the “why” of implementing a gender responsive approach.

As staff knowledge of the research specific to women increases, staff will better understand the underlying reasons for women’s behavior and be able to capitalize on the importance of relationships to facilitate women’s engagement in programs and positive community networks both within the facility and upon release.

### **Emphasizing the importance of a trauma informed approach to create greater “readiness” for a gender responsive culture**

An understanding of a trauma informed approach can help shift the culture towards greater readiness for success in working with women.<sup>2</sup> Jails committed to a trauma informed approach can build a culture that accepts best practices by: training staff on trauma, providing education and programming to the population consistent with the research, and implementing operational practice consistent with creating emotional and physical safety.

This tip sheet is one in a series.

For more tip sheets, visit <http://cjinvolvedwomen.org/jail-tip-sheets/>.

It is this focus on addressing trauma that both staff and inmates may have experienced that often helps staff make sense of a gender responsive approach.

**Trauma is created when an individual is exposed directly or indirectly to an overwhelming event/experience that involves a threat to one's physical, emotional, and/or psychological safety.**

Emerson & Hopper, 2011<sup>3</sup>

The following are examples of important benefits that can be achieved by implementing trauma informed practice:

- Less escalation of behavior; fewer lockdowns and incidents in women's units
- Reduced physical symptoms of post-traumatic stress disorder
- Reduced use of seclusion
- Higher levels of trust among staff
- Higher levels of trust and healthier behavior among inmates
- Improved language throughout the facility; more respectful interactions
- Increased awareness of the role that various staff, contractors, and volunteers can play in achieving positive outcomes for the population
- Greater understanding of the "why" of gender responsive policy and practice, creating greater staff commitment.

### **Embracing and implementing gender responsive policy and operational practice**

To support a positive facility culture, policy should support professional and respectful interactions throughout the facility, including between staff and inmates, among staff, and among inmates.<sup>4</sup> Reviewing and changing how rules and expectations are communicated to staff and inmates (i.e., policy around discipline and sanctions) can also make a difference in the degree to which staff and women inmates feel safe and respected within the facility. Jail leaders are encouraged to consider how policy language can be revised to be more consistent with the research on gender responsive and evidence-based practice. Following any revision to policy, it is critical to provide training and coaching support for staff, and to review on an ongoing basis how well policy changes are being implemented, in order to maintain momentum.

"The evolution of thinking regarding managing various populations dictates that we recognize that criminally involved women think, behave and respond in very different ways than men. It is all of our goals to rehabilitate those in our charge and the most effective way to address women's risks and needs is through a system that is gender responsive and recognizes the pathways in which women enter the criminal justice system. We must provide the programs that help them recover from addiction, abuse, untreated health care needs and unhealthy relationships, all the while focusing on giving women the skills to be self-sufficient when returning to the community. The good news is there are many systems and experts for us to call upon to help us develop and implement more gender responsive approaches to working with women."

—Terri McDonald, Assistant Sheriff, Los Angeles County Sheriff's Department

To reiterate, the following are important elements to supporting a more gender responsive and trauma informed culture with women in jails:

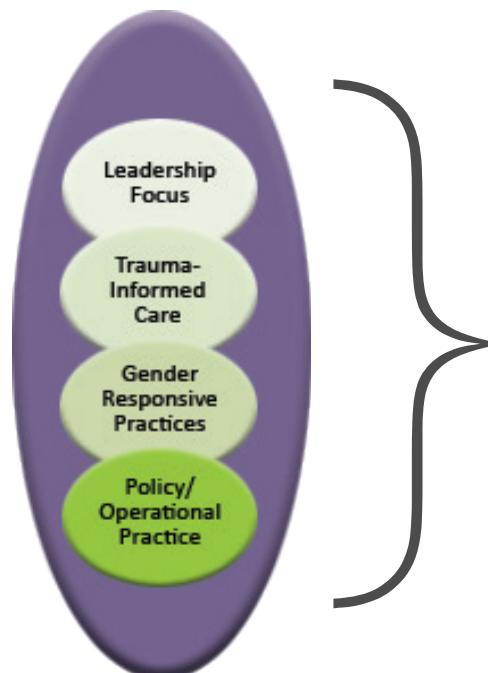
- Leadership engaging in written and verbal communication that sets the direction for best practice in working with women
- Staff training on gender responsive practices and trauma informed approaches
- Policy language that is consistent with gender responsive and trauma informed practices
- Operational practice that is trauma informed and consistent with gender responsive practice
- An organizational culture where self-examination of practices is ongoing
- Use of respectful language by leadership and all staff
- Provision of opportunities for women to change through gender specific, trauma informed programming
- Commitment to positive outcomes for women, including tools for reentry.

"The culture of a facility is multi-faceted, far-reaching, and often said to be 'in the walls.'"

—Benedict, 2015, p. 4<sup>5</sup>

Exhibit 1 suggests the importance of the building blocks that create a gender responsive culture, which results in positive outcomes not just for women inmates but also for the staff as they find success in working with the women.

### Exhibit 1. Building Blocks of Gender Responsive Culture



### Key Results

1. Effective staff
2. Sexual, physical, and emotional safety
3. Best practice
4. Positive outcomes for women

### Action Steps Jail Leadership Can Take to Become More Gender and Trauma Informed

#### 1. Access best practices through available resources such as the ones listed at the end of this fact sheet.

- Encourage all staff to read [Ten Truths that Matter When Working with Justice Involved Women](#)<sup>6</sup> and the other tip sheets in this series.
- Create opportunities to discuss the practices presented in these materials at shift changes, staff meetings, or "brown bag" lunches.
- Select a few practices to work on. Use the [Jail Tip Sheets](#) to select strategies to improve current practices to be more gender and trauma informed.

#### 2. Provide strong leadership direction in order to guide staff in embracing best practices specific to working with women.

- Revisit the facility's mission to make it more gender responsive, and communicate this to staff and women inmates.
- Engage facility leadership, management, and supervisors in the process of change; solicit their input and provide them training so that they can coach and model gender and trauma informed approaches with staff.

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- Reinforce the facility's direction through regular communications with staff.
- Review and enhance policies and procedures specific to working with women.

### **3. Train staff on gender responsive principles and trauma informed approaches.**

- Become familiar with the onsite and e-learning training resources that are available through the [National Institute of Corrections](#), the [National Center for Trauma-Informed Care & Alternatives to Seclusion and Restraint](#), and the [NRCJIW](#).
- Provide training for staff; encourage them to take advantage of e-learning opportunities.
- Make gender responsive principles and trauma informed approaches a regular component of staff orientation and booster session training.

### **4. Create a culture of success by supporting staff in understanding the "why" of a gender responsive approach.**

- Share with staff research that shows that implementing gender and trauma informed approaches results in increased safety and security.
- Develop performance measures to demonstrate the impact on the facility of implementing new practices.
- Encourage and support staff to "try out" new gender responsive practices.

**This document is one in a series of tip sheets developed by the NRCJIW to facilitate the implementation of gender informed approaches in jail settings. These tip sheets were developed based on recommendations from the Women in Jails Summit held in October 2014.**

**For additional resources on this topic or to access additional tip sheets, visit <http://cjinvolvedwomen.org/jail-tip-sheets/>.**

#### **Notes**

1. Benedict, A. (2015). Overview: The rationale for revising discipline and sanctions for women inmates. In Gender responsive discipline and sanctions policy guide for women's facilities [Section 1]. Retrieved from National Resource Center on Justice Involved Women website: <http://cjinvolvedwomen.org/wp-content/uploads/2015/09/DisciplineGuideSection1Overview.pdf>
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# National Resource Center on Justice Involved Women



## Jail Tip #2: Take Steps to Be More Trauma Informed

Alyssa Benedict, CORE Associates

Adapted from [Using Trauma-Informed Practices to Enhance Safety and Security in Women's Correctional Facilities](#)

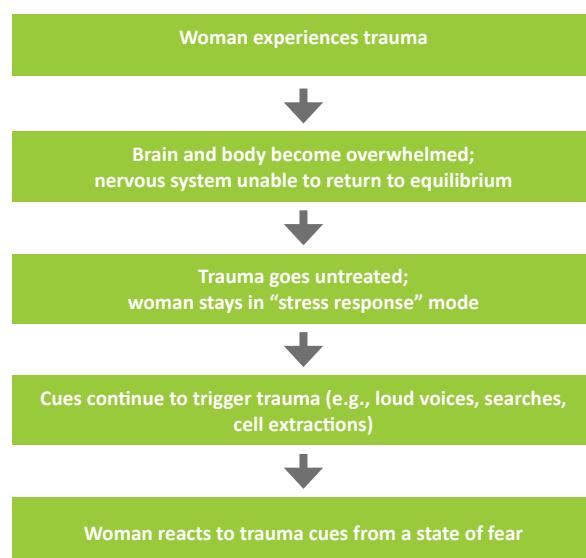
### What is trauma and what does it mean to be trauma informed?

Trauma is, by definition, neurobiological<sup>1</sup>, and trauma survivors experience psychological and physiological repercussions that are rooted in the brain's response to trauma. Typically, when we experience a threat, the brain cues the sympathetic nervous system, which stimulates a host of physiological and hormonal events that are designed to keep us safe. Once the stressor or threat is no longer present, the body's parasympathetic nervous system is activated, allowing us to "rest and digest." While the human body is designed to handle many stressful events, traumatic events like childhood neglect and sexual assault can overwhelm the human stress response. Trauma research, including brain scan data, shows that many survivors are easily triggered into, or chronically "stuck" in, the body's stress response (they don't rest and digest).

Various events and routines that occur day to day in women's correctional facilities can easily be perceived as threatening (e.g., banging of doors, loud voices, unfamiliar persons, having to talk with someone who is unfamiliar, strip searches, cell extractions, segregation). These events and routines are often experienced as "triggers" and make it very difficult for a woman's nervous system to reset itself. Having a large number of trauma survivors in one facility—each with her own set of triggers and survival strategies—can be extremely challenging. But staff can alleviate women inmates' distress, increase their ability to meaningfully engage in services, and set the stage for recovery from traumatic events just by changing their interactions and operational practices with women. Actively creating a trauma informed correctional environment can reduce unsafe inmate behaviors. When women inmates feel safe and secure in their environment, their behavior becomes more stable and their engagement in services improves.

This tip sheet provides a few key action steps that jail leadership and staff can take to become trauma informed.

### Trauma's Impact on Brain & Body



**This tip sheet is one in a series.**

**For more tip sheets, visit <http://cjinvolvedwomen.org/jail-tip-sheets/>.**

## Why is trauma an important issue for jails?

Trauma often plays a role in the onset of women's criminal behavior, is often linked to substance abuse and mental health challenges, and may explain some of the behaviors women display while incarcerated (e.g., rule violations, violent episodes, "failure" in treatment, "manipulation"). Trauma—including childhood sexual abuse, sexual assault, and intimate partner violence—is more prevalent among women inmates than among women in the general population; some studies note that rates of trauma histories among women inmates are as high as 90%.<sup>2,3,4</sup> In one recent study on a large sample of women in the Cook County Jail, researchers found that the women experienced an average of 6.1 types of trauma in their lifetimes, including being physically attacked by intimates or strangers, or witnessing various traumatic events.<sup>5</sup>

A trigger is an internal or external experience that is a reminder of one or more traumatic events. When a trigger is present, an individual's mind and body respond as if the threat is actually present.

Interviews with jail professionals across the country reflect that they are very much aware that trauma is a significant risk factor for women<sup>6</sup> and that, as a result, women in jail settings present complex treatment needs and challenging behaviors that must be addressed.<sup>7</sup> Facilities that have begun to take steps toward creating a more trauma informed culture report:

- Improvements in inmates' ability to fall and stay asleep at night
- Improved attendance and participation in programs and services
- Decreases in disciplinary infractions<sup>8</sup>
- Decreases in conflicts between inmates.<sup>9</sup>

## Action Steps Jail Leadership and Staff Can Take to Be More Trauma Informed

Becoming trauma informed means changing operational practices that can cause further trauma to women.

### 1. Support and train staff to be more trauma informed.<sup>10</sup>

- Present basic information on trauma: what trauma is and how it affects the brain and body, trauma related symptoms and behaviors, gender and culturally specific coping mechanisms, and practices to facilitate staff and inmate safety and stability.
- Demonstrate how routine operational practices, such as pat downs, searches, and cell inspections, can be conducted in a trauma informed manner.
- Respond to inmates' disclosures of trauma respectfully and effectively.
- Practice de-escalation techniques during volatile situations.
- Identify and maintain professional boundaries.

### 2. Adopt trauma informed language, communication, and terms.

One of the simplest changes corrections professionals can make to create a more trauma informed culture is to adjust how they communicate with one another and with inmates, including the words and phrases they use, particularly those used to describe and carry out operational practices.

- Communicate with each other and inmates in a respectful manner.
- Be aware of noise levels: talk softly if possible, and command attention when necessary without shouting or yelling.
- Practice patience and good listening skills.
- Use words and phrases that are more trauma informed (see examples in Exhibit 1).

### 3. Make existing operational practices more trauma informed.

- Analyze the procedures that are most likely to be significant trauma triggers for women in your facility (e.g., body searches and pat downs, cell searches and extractions, segregation, use of restraints, cross-gender supervision).
- Consider how each procedure can be completed in a more trauma informed manner (see examples in Exhibit 2).
- Wherever possible, replace old procedures with new ones that can achieve the same goal for safety/security without causing further trauma to women inmates.

**Exhibit 1. Trauma Informed Language for Women's Correctional Facilities**

<b>Instead of:</b>	<b>Consider:</b>
Referring to inmates by their last names, such as "Smith"	Referring to them with respect, such as "Ms. Smith"
Referring to staff by their last names	Referring to them with respect, such as "Sergeant Smith"
Saying "cells"	Saying "rooms"
Saying "blocks" or "walks"	Saying "pods" or "wings"
Saying "shake down"	Saying "safety check"
Saying "lug her"	Saying "take her to a secure area" or "document an infraction"

**4. Create trauma informed spaces.**

- Create physical spaces within the facility that protect privacy, especially where intake occurs.
- Create visual spaces within the facility that offer positive messages and images, and that cue inmates to rules, expectations, and skills using positive prompts and language.
- Consider posting positive, gender inclusive and culturally/ethnically diverse images; hopeful and encouraging words, phrases, and images; and brief descriptions of self-regulation/relaxation skills.
- Solicit ideas from inmates and staff about how to create spaces that encourage calm (i.e., physiological regulation) versus unrest (i.e., physiological dysregulation).

**Exhibit 2. Tips for Making Operational Practices More Trauma Informed**

1. Tell the inmate what procedure/activity needs to take place and why (e.g., where to sit during assessment).
2. Briefly describe what the procedure entails. If there are different ways to do the procedure safely, allow the inmate to inform you of her preference.
3. Reassure the inmate that you will conduct the procedure in a way that maximizes her safety and comfort.
4. Invite the inmate to ask any questions and answer them (before you begin).
5. Let her know that you would like to begin.
6. Conduct the procedure with trauma in mind and using verbal cues along the way (e.g., "Now I am going to place the items from your purse onto the table").
7. Let the inmate know that the procedure has been completed.
8. Ask her how she is doing.
9. Thank her for her cooperation.
10. Inform her of the next activity.

Implementing trauma informed practices in a facility setting can be challenging, but it has great rewards. Taking incremental steps toward building an integrated, multi-modal, trauma informed culture can increase inmate stability; promote engagement, recovery, and rehabilitation; and enhance facility safety and security for staff and inmates alike.

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## Notes

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9. Ibid.
10. Adapted from Miller, N. A., & Najavits, L. M. (2012). Creating trauma-informed correctional care: A balance of goals and environment. *European Journal of Psychotraumatology*, 3. <http://dx.doi.org/10.3402/ejpt.v3i0.17246>

# National Resource Center on Justice Involved Women



## Jail Tip #3: Review Discipline Policies and Practices

Alyssa Benedict, CORE Associates

Adapted from [Gender Responsive Discipline and Sanctions Policy Guide for Women's Facilities](#)

Why should local jail facilities be interested in improving their approaches to discipline and sanctions with women? First, in a 2014 national survey of local jail facilities, administrators and staff identified discipline as one of their top three challenges when working with women.<sup>1</sup> Survey respondents cited a number of issues related to the management of women's facilities (e.g., "manipulation," self-harm, relationships). Second, despite recognition that women's behaviors are different from men's, most facilities still have policies and practices that were developed and implemented through a gender neutral lens and have not yet considered key gender differences. For example, responses to misconduct behaviors for both men and women typically include sanctions such as loss of privileges, segregation, and limited freedom of movement. These punishment responses may be used unnecessarily and can "trigger" unintended and unwanted side effects in women, such as fear and tension, learned helplessness, and aggression (see Exhibit 1). These reactions are often linked to women's previous traumatic experiences.

### Exhibit 1. Side Effects of Punishment Responses

Women's Reactions	Indicators
Fear and tension/anxiety	Sleep disturbances, depression
Learned helplessness	Apathy, loss of will to change, resentment, escape and avoidance behaviors, viewing staff as antagonists
Aggression	Anger, jealousy, friction

Third, while these side effects begin with the women, they ultimately impact the facility culture as well.<sup>2</sup> Women may cope with these adverse psychological and physical experiences by interacting with other inmates and staff in ineffective ways and exhibiting additional misconduct behaviors. Ultimately, discipline and sanctions systems that are not gender responsive or trauma informed tend to trigger traumatic reactions that can lead to problems at the individual and facility levels. Women's behaviors are often misunderstood, and staff may employ ineffective responses. However, when empowered with important information on women, staff can design and implement effective approaches to discipline.

A gender and trauma informed disciplinary system can create and reinforce a safe facility culture by motivating (rather than reacting to) women's behavior and encouraging their self-management. Staff should still hold women accountable for their behaviors but through gender responsive and trauma informed

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methods. For instance, state women's facilities in Rhode Island and Massachusetts report reduced assaults and fights, discipline reports, and segregation placements as a result of implementing trauma informed, gender responsive approaches.<sup>3, 4</sup>

This tip sheet highlights some key discipline and sanctions strategies that jail leadership and staff can take to enhance facility safety, security, and productivity.

### Potential Benefits of Discipline and Sanctions Policies that Address Women's Unique Needs

- Reduced inmate violations, discipline and sanctions, and assaults
- More positive interactions among staff, between staff and women inmates, and among women inmates
- Enhanced staff knowledge, attitudes, skills, and job satisfaction
- Reduced staff injuries and absenteeism
- Increased inmate engagement in treatment and services
- Improved effectiveness of programs, services, and interventions

### Understanding Women's Rule Violations

Studies conducted in state women's facilities suggest that, overall, women have lower rates of major, violent misconducts than men, yet higher rates of major sanctions for rule violations and other misconduct behaviors.<sup>5</sup> A significant number of these rule violations are related to women's peer dynamics and relationships.

Women's attempts to create connections with others can become complex as a function of incarceration and lead to disciplinary actions. For example, attempts to connect with or show support to other inmates through common gestures used outside of the facility (e.g., holding hands, hugging) may be seen as rule violations within the facility.

In addition, research and experience reveal the key role of trauma (i.e., physical, sexual, and emotional abuse) in women's criminal behavior, facility conduct, and responses to different types of treatment.<sup>6</sup> Many rule violating behaviors have their roots in traumatic experiences. This includes "survival behaviors," such as self-harm, threatening peers, and relational aggression, that can challenge staff in their day-to-day work. Ultimately, women who have a history of trauma can adopt behaviors that create safety concerns for both staff and inmates.<sup>7</sup>

### Action Steps that Jail Leadership and Staff Can Take to Respond to Women's Negative and Challenging Behaviors

The following strategies can be implemented by jail leadership and staff to enhance their approach to discipline and sanctions.<sup>8</sup>

1. **Ensure that approaches to discipline are prevention oriented.** A prevention oriented disciplinary system focuses on creating safety (physical and psychological), motivating women's behavior, and encouraging women's self-management before problems occur. Management and staff can:
  - Provide information at intake about the facility schedule, rules, and other important logistical information about what women can expect, and offer daily and weekly reminders about facility routines and rules.
  - Communicate with women in a respectful manner, especially when describing rules and expectations for behavior.
  - Reinforce women's displays of safe, healthy, and effective behaviors. For example, if a woman shares her frustration about a phone call, thank her for sharing her frustration and discuss ways she might cope with her feelings.
  - Create physical and psychological safety for women, especially during times that can be particularly difficult (e.g., nighttime hygiene routine).

- Maintain a positive attitude and display a sense of hope about women's lives and futures.

## **2. Review and revise policies and procedures to account for gender and trauma; create new policies and procedures that create safety.**

Written discipline and sanctions policies and procedures can detail how discipline and sanctions can be applied successfully with women, many of whom are trauma survivors.

- Revisit the facility mission statement. Does it acknowledge gender differences and the importance of gender responsive and trauma informed approaches with women?
- Add language to gender neutral policies that specifies the application of these policies to women. For example, specify how a person or cell search should be conducted with women.
- Add a sub-section to a gender neutral discipline policy that outlines specific approaches with women.
- Develop procedures, such as regular "community" meetings with women, to encourage a more positive culture within a facility or unit.

## **3. Develop consensus regarding which behaviors constitute rule violations, and the associated sanctions and supports that are necessary.**

Approaches to discipline can include unnecessarily harsh penalties for certain women inmate behaviors, while others may fail to address certain behaviors that do pose serious safety risks.

- Develop a list of common negative behaviors, including those that complicate operations (e.g., refusing a staff directive, yelling at a peer).
- Of these behaviors, determine which ones require a staff response, but not necessarily a sanction, and which ones should be sanctioned through a more formal discipline process. Rank them in order of seriousness.
- Next, develop a list of sanctions for the behaviors. These should include both informal staff responses (e.g., verbal reprimand, redirection) and formal sanctions (e.g., homework assignment, time-out, housing reassignment). Again, rank them in order of seriousness.
- Lastly, consider developing a list of supports (either to be used in addition to or in place of sanctions) that can teach women to harness their strengths, use effective coping skills, and change their behaviors.

## **4. Adopt a consistent approach to discipline and sanctions across shifts and disciplines (e.g., custody, mental health).**

Staff members often have very different views about women's behaviors and how to respond. One staff member may verbally redirect a woman inmate for hugging a peer, while another may take away some privileges.

Creating a basic level of consistency is both practical and preventive.

- Engage all jail staff in identifying common women inmate behaviors and coming to an agreement on how to respond to these behaviors.
- Discuss strengths and challenges regarding women's behaviors at each shift change and ensure that staff are clear about what their response should be.
- Collaborate with mental health and other staff/departments to develop consistent approaches.
- Specify instances where a mental health staff person should be called to assist custody staff (e.g., responding to self-harm, gaining compliance with a safety measure or rule).

Some of the sanctions commonly used in corrections can actually function as barriers to women inmates' motivation and growth. For example, a common sanction for women's discipline behaviors is the loss of visits with loved ones, including children. However, given that contact with children can be stabilizing and motivating for women inmates, removing visits may actually result in the unintended consequence of destabilizing women.

## **5. Utilize extremely punitive sanctions, such as segregation, sparingly.**

Despite the research on the effects of long periods of isolation on inmates (e.g., negative psychological effects, behavioral problems, increased mental health and trauma symptoms), as well as the newer research on trauma, segregation is still a common sanction in facilities.

- View segregation (including solitary confinement) as a short, temporary response to behavior that may be required to ensure the immediate safety of one or more persons versus as a tool for behavior change.
- Use segregation sparingly and only on occasions when women inmates display behaviors that present a

severe danger to staff or other inmates.

- Train staff in segregation prevention techniques to ensure that it is used as a last resort and only after other responses have failed to create safety.
- Ensure regular monitoring and mental health support when segregation is deemed necessary.

There is a growing awareness that traditional approaches do not achieve the desired results with women, and that gender responsive and trauma informed practices can be used to improve facility safety, security, and effectiveness. Revising discipline and sanctions policies and practices to better address women's unique needs, strengths, and risk factors can lead to a safer and more productive correctional environment for staff and inmates. It can also create fertile ground for inmate behavior change and growth and successful reentry, both of which contribute to safer communities.

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## Notes

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8. For a full discussion of these and other action steps, see the Gender Responsive Discipline and Sanctions Policy Guide for Women's Facilities: <http://cjinvolvedwomen.org/gender-responsive-discipline-and-sanctions-policy-guide-for-womens-facilities-2/>

This project was supported by Grant No. 2010-DJ-BX-K080 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

# National Resource Center on Justice Involved Women



## Jail Tip #4: Manage Women's Complex Behaviors

Marilyn Van Dieten, Orbis Partners

The number of women entering jails has increased dramatically, as has the severity of problematic symptoms, behaviors, and issues with which they present. Advances in research strongly suggest that early victimization and trauma play a significant role in the development of, and women's reliance on, complex behaviors and reactions. For instance, women who have experienced adverse childhood events<sup>1</sup> are significantly more likely to experience medical, economic, social, and behavioral problems in adulthood.<sup>2,3</sup> In addition, there is a strong link between trauma, mental health, and substance abuse indicators, and these frequently co-occur.<sup>4</sup> Factors that can elevate risk for the emergence of challenging behaviors and reactions include:<sup>5,6,7</sup>

- *Multiple experiences of trauma.* Researchers have discovered that multiple or prolonged experiences of trauma have a cumulative impact and often contribute to more profound and long-lasting impacts than single incidents.
- *Perpetrator and type of trauma.* Typically, trauma that is intentionally inflicted by a caregiver or someone in a position of trust is more disturbing than events caused by a natural disaster. Similarly, traumatic events that include sexual and physical abuse and that are perceived as life-threatening have a more prolonged and devastating impact on the individual.
- *Lack of healthy coping strategies.* Generally, the younger the victim, the fewer the personal resources available. The presence of previous psychological problems and a family history of mental health issues may also impact a woman's ability to cope with traumatic events.
- *Lack of support.* The individual is at increased risk if she does not feel supported after the event or when a disclosure is made.

This tip sheet introduces a series of intervention strategies that can be used to work safely and effectively with justice involved women who present with complex and challenging behaviors.

Drawing on the emerging neuroscience and trauma research, Benedict, King, and Van Dieten have developed a two-phase communication model called Creating Regulation and Resiliency (CR/2) to augment staff training initiatives in trauma informed care. The CR/2 model contains practical skills that can be used by staff to work effectively with justice involved women who engage in complex behaviors and reactions.

### Complex Behaviors Displayed by Justice Involved Women

Symptoms, behaviors, and issues commonly expressed by justice involved women with a history of adverse childhood events are presented below. Any one of these behaviors and reactions can have a negative impact on the women who engage in them. They can also jeopardize the safety and well-being of others in

This tip sheet is one in a series.

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the facility—both women inmates and staff. Most experts agree that a trauma history is not the cause of all problems nor should it be viewed as an excuse by women to engage in dangerous and disruptive behaviors. However, awareness of the impact of trauma and our response can have a dramatic effect on a woman’s ability to react to stress in the moment and to resolve or recover from these experiences over time.<sup>8</sup>

### **Common Symptoms, Behaviors, and Reactions Displayed by Women with a History of Adverse Childhood Events**

- Stuck on “high”: hyper-aroused and hyper-vigilant (always looking over their shoulder)
- Struggle with self-regulation (e.g., cannot calm themselves or self-soothe; have racing and repetitive thoughts; describe feeling out of control and “revved up” or anxious, etc.)
- Unable to sleep
- Frequent reports of somatic symptoms, including stomach aches, body pains, etc.
- Easily startled or “set off”
- Have difficulty with impulse control or the ability to think through consequences before acting
- Behavior is chaotic and can be unpredictable, oppositional, volatile, and extreme
- React defensively and aggressively in response to perceived blame or attack; alternately, may at times be over-controlled, rigid, and unusually compliant
- Hypo-mobilized or withdrawing and shutting down
- When faced with extreme stress, may “dissociate”; at these times, may seem “spacey,” detached, distant, or out of touch with reality
- More likely to engage in high risk behaviors, such as self-harm, and aggression
- May turn to alcohol and substance use
- Difficulty forming healthy relationships; may engage in unsafe sexual practices
- Set boundaries; express wants and needs
- Argumentative, demanding, work to influence staff behavior
- Difficulty reading social cues and understanding another person’s perspective
- Difficulty trusting others and reaching out for help
- Constantly seeking help and attention
- Suspicious, cautious, exhibit signs of paranoia
- Movement between hyper- and hypo-mobilized

### **Action Steps Jail Leadership and Staff Can Take to Address Complex Behaviors and Reactions**

One of the greatest challenges faced by staff in a facility setting is to implement the principles of trauma informed care in the moment. A brief description of strategies and essential skills excerpted from the Creating Regulation and Resiliency (CR/2) model<sup>9</sup> is presented below.

#### **1. Create regulation.**

Many women who engage in complex behaviors and reactions are in “survival mode.” This means that until they are regulated, they will have difficulty following direction and engaging in problem solving. Use HEAR strategies to create regulation (see Exhibit 1).

#### **2. Build resilience.**

During this phase, women transform problems and concerns into opportunities for growth and change. Use REPA(I)R strategies to build resilience (see Exhibit 2).

#### **3. Respond to disclosure.**

An important outcome of using trauma informed approaches is an environment that is safer for both staff and women. Once women feel safe, they are also more likely to self-disclose past and current experiences of trauma. When this occurs, respond using the following guidelines:

**Exhibit 1. HEAR Strategies to Create Regulation**

<b>Strategies</b>	<b>Essential Skills</b>
<b>H</b> old On	<ul style="list-style-type: none"> <li>PAUSE: Consider how to best secure the area to ensure the personal safety of self and others. When possible, remove the woman from the setting and take her to a quiet place. Be mindful of your own reactions to her behavior. Notice your thoughts, feelings, and bodily sensations, and learn to regulate your emotions.</li> <li>ANTICIPATE: Before responding, consider individual circumstances that might be contributing to her behavior.</li> </ul>
<b>E</b> licit	<ul style="list-style-type: none"> <li>SHARE: Share with her your observations about her behavior.</li> <li>CLARIFY: Use open-ended questions to clarify the context of her behavior (e.g., uncover the chain of events leading to the behavior—who, what, where, and when).</li> </ul>
<b>A</b> cknowledge	<ul style="list-style-type: none"> <li>REFLECT: Use reflections to acknowledge your understanding of her thoughts and feelings.</li> </ul>
<b>R</b> eview	<ul style="list-style-type: none"> <li>SUMMARIZE: Demonstrate your understanding of the situation by summarizing her major concerns and interests.</li> <li>INVITE: When time permits, support autonomy by giving her the opportunity to proceed to the next step: building resilience.</li> </ul>

**Exhibit 2. REPA(I)R Strategies to Build Resilience**

<b>Strategies</b>	<b>Essential Skills</b>
<b>R</b> eflect	<ul style="list-style-type: none"> <li>ACKNOWLEDGE INTERESTS: Briefly review the woman's concerns and/or interests expressed earlier.</li> <li>CLARIFY PARAMETERS: Clarify agency or facility policy, rules, and realities to set the parameters for problem solving.</li> </ul>
<b>E</b> xplore	<ul style="list-style-type: none"> <li>OPTIONS: Begin the problem solving process by working with her to generate options. Invite her to pick the best one.</li> </ul>
<b>P</b> lan	<ul style="list-style-type: none"> <li>SET A PERSONAL GOAL: Work with her to transform options into goals and to identify action steps.</li> </ul>
<b>A</b> ffirm Individual Strengths	<ul style="list-style-type: none"> <li>REINFORCE: Comment on her individual strengths (that you noted during the interaction) and on any efforts made to self-regulate and build resilience.</li> </ul>
<b>R</b> eview	<ul style="list-style-type: none"> <li>SUMMARIZE: Briefly review the highlights of the interaction.</li> <li>STRENGTHEN HER COMMITMENT to practice the new behavior.</li> </ul>

- Many staff worry that if a woman discloses a traumatic experience, they will say the wrong thing and make the situation worse. You will not make the situation worse if your response is nonjudgmental and if it acknowledges the woman's feelings. For example, if a woman says, "Every time I go to bed, I think about my boyfriend and what he did to me," you might say, "It sounds like you are going through a hard time; that makes sense, given what you've gone through."
- If it is not your role or responsibility and/or you have not been trained to deal with trauma, honor the woman's courage for disclosing to you and then offer her the option to speak with someone who has the necessary expertise. For example, you might say, "What you shared is important, and I thank you for sharing this with me. That took a lot of courage. I am happy to listen; however, I am wondering if you would be interested in seeing a staff member who has training in this area."
- It can be difficult at times not to respond with shock, pity, or sympathy—particularly when the woman has related a story demonstrating tremendous human cruelty. Try not to minimize the impact of a traumatic event, and convey an attitude of hope and optimism. You might say, "You have been through a lot, but you are also showing great strength when you [insert healthy behavior or strategy] to cope with this."

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- If your agency asks women about traumatic experiences as a routine part of a screening or intake assessment, be mindful that this can elicit painful memories. Try asking women about their past without encouraging them to describe the events in detail.
- If a woman is displaying complex behaviors and reactions, refrain from asking her about past trauma. Rather, invite her to explore what she is currently experiencing. For example, you might ask, "Can you talk a bit about what you are thinking and feeling right now so that I can understand how to be helpful? How long have you felt this way?" Just asking about the feeling and impacts of trauma can encourage positive change. For example, you might say, "It sounds like what you experienced in the past has really stayed with you. What support would be helpful to you right now?"

### 4. Provide counseling/support/treatment options.

Whenever possible, survivors should be given treatment options with respect to the type and format of intervention. Work with colleagues to:

- Build relationships with local service providers to learn what they offer, and facilitate referrals as appropriate
- Summarize available resources on mental health, medical support, victim advocacy, and legal services in an information package with a complete list of contacts, and ensure that this is updated regularly
- Be aware of evidence-based and promising therapeutic options to treat trauma (at the present time, phased treatment initially conceptualized by Herman (1992) is still considered the gold standard)<sup>10</sup>
- Learn more about gender responsive group intervention programs that have been developed specifically for justice involved women.<sup>11</sup>

**This document is one in a series of tip sheets developed by the NRCJIW to facilitate the implementation of gender informed approaches in jail settings. These tip sheets were developed based on recommendations from the Women in Jails Summit held in October 2014.**

**For additional resources on this topic or to access additional tip sheets,  
visit <http://cjinvolvedwomen.org/jail-tip-sheets/>.**

#### Notes

1. For additional information, see the Adverse Childhood Experiences (ACE) Study: [www.acestudy.org](http://www.acestudy.org).
2. Felitti, V. J. (2002). The relationship of adverse childhood experiences to adult health: Turning gold into lead. *The Permanente Journal*, 6(1), 44–47. Retrieved from <http://www.thepermanentejournal.org/files/Winter2002/goldtolead.pdf>
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4. Co-occurring disorders are typically identified when a person has one or more chronic mental health indicators, as well as one or more disorders relating to alcohol or substance abuse. See: Lynch, S. M., DeHart, D. D., Belknap, J., & Green, B. L. (2012, September). Women's pathways to jail: The roles & intersections of serious mental illness & trauma. Retrieved from Bureau of Justice Assistance website: [https://www.bja.gov/Publications/Women\\_Pathways\\_to\\_Jail.pdf](https://www.bja.gov/Publications/Women_Pathways_to_Jail.pdf)
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10. Herman, J. (1992). Trauma and recovery. New York, NY: Basic Books.
11. See NRCJIW's Programs for Justice Involved Women with Cognitive Behavioral Components, available at <http://cjinvolvedwomen.org/treatment-interventions-and-services/>.

This project was supported by Grant No. 2010-DJ-BX-K080 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

# National Resource Center on Justice Involved Women



## Jail Tip #5: Use Gender Responsive Assessment Tools

Patricia Van Voorhis, Ph.D., Professor Emerita, University of Cincinnati

Jail staff may know very little about the risk and needs of the women held in their facility. If an assessment is conducted, it typically includes the use of a static risk assessment tool that measures gender neutral risk factors for committing misconducts while incarcerated, new offenses if released and/or failing to appear in court. Although jurisdictions may conduct some additional assessments of specific needs, such as mental health and substance abuse screenings,<sup>1</sup> women in jails are not generally assessed for the specific (i.e., gender responsive) needs that are predictive of their success in the community if released.

There is growing awareness that jail overcrowding may be exacerbated by unnecessary admissions of low risk women or of troubled women who enter through failures to appear in court or minor offenses committed as a result of unaddressed needs.<sup>3</sup> While jail leadership and staff often have little control over the population for which they are responsible, there remains some value in using gender responsive risk/needs assessments to aid in their decision making. For example, such information can inform jail officials' decisions to partner with mental health, substance abuse, housing, child welfare, and other social service departments in order to better address women's serious needs. Further, research findings support the notion that identifying gender responsive needs can be useful in predicting institutional misconducts and the likelihood of success in the community (i.e., no more offenses).<sup>4, 5</sup>

In addition to pretrial and classification decisions, risk and needs assessments can be valuable tools in guiding decisions at other key decision points such as diversion, eligibility for specialty courts, or appropriateness for community interventions (see Exhibit 1).

This tip sheet explores the opportunities for using a gender responsive risk and needs assessment at early decision points.

### **Gender neutral risk factors or needs**

are those factors that are predictive of future behaviors, such as committing another crime, for both men and women.

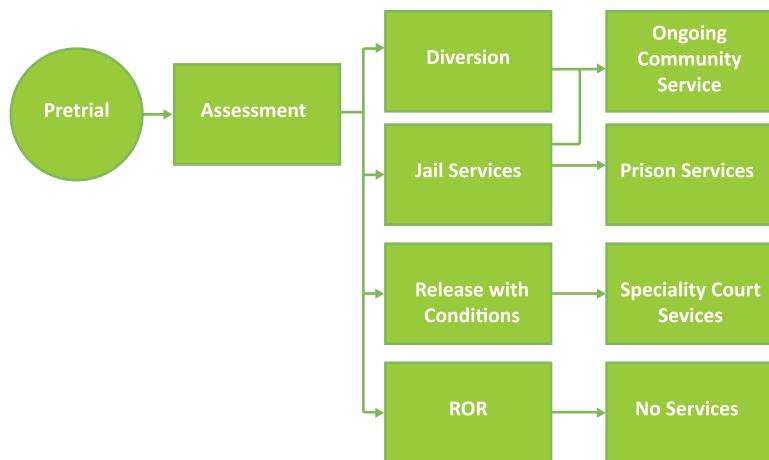
### **Gender responsive risk factors or needs**

are those that are important for women but not for men.

Research indicates that for women, **gender neutral** and **gender responsive factors** together are more predictive of outcomes than either on their own.<sup>2</sup>

**This tip sheet is one in a series.**

For more tip sheets, visit <http://cjinvolvedwomen.org/jail-tip-sheets/>.

**Exhibit 1. Assessment-Based Pre-entry Model****Development of Gender Responsive Assessment Tools**

While the majority of research on risk and needs has been conducted on post-conviction populations of both men and women together (e.g., probation, prisons, parole),<sup>6</sup> there has been a push in recent years to validate need assessments on pretrial populations<sup>7</sup> as well as on women as a distinct group.<sup>8</sup> One assessment developed in response to the lack of gender responsive tools is the Women's Risk/Needs Assessment (WRNA) that is now in use in over 30 jurisdictions throughout the United States.<sup>9</sup> The needs assessed by the WRNA reflect the prevailing research on justice involved women which finds that women's pathways to offending are likely to involve abuse and trauma, substance abuse, poverty, mental health, and relationship issues. The most recent research on gender responsive assessments focuses on female pretrial populations. While still in its preliminary stages, this has involved the development of a pretrial version of the WRNA, called the Women's Pretrial Inventory of Need (ION). Exhibit 2 provides examples of assessment tools and scales.

**Exhibit 2. Examples of Assessment Tools and Scales**

Pretrial <sup>10</sup>	Jail <sup>11</sup>	Dynamic Risk/Needs <sup>12</sup>	WRNA <sup>13</sup>	ION <sup>14</sup>
<ul style="list-style-type: none"> <li>Pending charge</li> <li>Outstanding warrants</li> <li>Criminal history</li> <li>Prior FTAs</li> <li>History of violence</li> <li>Residential stability</li> <li>Employment</li> <li>Drug history</li> </ul>	<ul style="list-style-type: none"> <li>Severity of current charge</li> <li>Serious offense history</li> <li>Escape history</li> <li>Disciplinary history</li> <li>Prior felonies</li> <li>Substance use</li> <li>Stability factors</li> </ul>	<ul style="list-style-type: none"> <li>Criminal history</li> <li>Antisocial associates</li> <li>Antisocial attitudes</li> <li>Family/marital</li> <li>Use of leisure time</li> <li>Substance abuse</li> <li>Residential</li> <li>Emotional/personal</li> <li>Education/employment</li> </ul>	<ul style="list-style-type: none"> <li>Criminal history</li> <li>Antisocial associates</li> <li>Education</li> <li>Family conflict</li> <li>Substance abuse</li> <li>Housing safety</li> <li>Mental health history</li> <li>Current depression or psychosis</li> <li>Abuse/trauma</li> <li>Relationship dysfunction</li> <li>Parental issues</li> <li>Anger</li> <li>Self-efficacy</li> <li>Family support</li> <li>Educational assets</li> </ul>	<ul style="list-style-type: none"> <li>Criminal history</li> <li>Employment</li> <li>Education</li> <li>Substance abuse</li> <li>Abuse/trauma</li> <li>Mental health</li> <li>Homelessness</li> <li>Family support</li> <li>Parenting</li> <li>Personal safety</li> </ul>

**Supporting Research**

Although the WRNA has been validated in probation, parole, and prison settings,<sup>15</sup> research on pretrial and jail populations is only beginning to emerge. One recent study,<sup>16</sup> however, showed important differences between male and female defendants:

- Compared to men, women are far less likely to incur any pretrial failures (10% vs. 27%, respectively) and are less likely to incur new arrests (6% vs. 18%) by 6 months following arrest.
- Women are also significantly more likely to be assessed as low risk (51%) than men (33%).

This study also gave further insight into the types of needs that predispose women to adverse outcomes while on pretrial supervision:

- Women who are cited for failures to appear are significantly more likely than their successful counterparts to score high on measures of criminal history, abuse, trauma, mental health, substance abuse, unemployment, limited family support, and homelessness. Thus, troubled women incur a greater risk of further justice system processing.
- Although new arrests are few in number, criminal history, unemployment, substance abuse, mental health, abuse, and homelessness are significant risk factors.

Adding needs, particularly gender responsive needs, to the prediction of adverse outcomes results in a much more valid assessment instrument for women than one containing only static criminal history items.

### **Pretrial Case Study**

A study currently underway on the use of the ION in Dutchess County, New York, illustrates its utility. Following staff training on interviewing and case management strategies associated with the ION, the county implemented the tool. Because of high case volumes, the county does not administer the ION to women who score low risk on a static pretrial risk assessment. Anecdotal accounts are instructive. First, it is important to note that officials report that implementing the assessment tool was only part of the change process. More difficult was the formation of constructive working relationships with community partners willing to provide gender responsive services. Second, the assessment received favorable reactions from most of the women. Given their legal status, pretrial clients must be given the opportunity to volunteer to take the ION, and most did. Moreover, because gender responsive assessments obtain a richer picture of women's lives than static criminal history assessments, they often led to better, more trusting working relationships between clients and case managers. Finally, there are accounts of clients whose important serious needs would not have been known without the use of the tool.

### **Action Steps Jail Leadership Can Take to Implement Gender Responsive Assessments**

#### **1. Conduct a review of current assessment and classification tools and summarize the state of current data/information on women in the jail.**

- What tools are currently used (pretrial, classification, risk and needs assessment)?
- How long does it take to complete each assessment?
- What data is collected and analyzed regarding assessments? For example, overall, what is the risk level of the pretrial and jail populations? Is data retrievable for the female population only?
- Are existing tools "normed" on the female population? That is, have studies been conducted on the female population alone to determine if their risk scores or needs are different than those of men?
- Who uses the assessment information? For what kinds of decisions is the information used?

#### **2. Determine what would be required to integrate a gender responsive assessment into the current assessment process (or to replace existing tool(s) for use with women).**

- Become familiar with the literature on gender responsive assessments.
- Map the flow of women into and through the jail facility to determine likely decision points for conducting assessments (e.g., pretrial, intake and classification, pre-sentence).
- Seek out training and technical assistance to plan for and implement a gender responsive assessment.
- Determine what quality assurance measures will be required to implement the assessment with fidelity (e.g., periodic case audits to ensure assessments are being completed in a timely manner, reviews of recorded interviews, question and answer sessions for staff, the development of an internal capability to train and retrain staff).

#### **3. Engage partners in the process of change.**

- Identify and invite community partners (substance abuse, mental health, housing, child care, social services, and other community providers) to participate in planning and training activities.
- Invite community partners and representatives from the judiciary and other justice system agencies to participate in strategic planning activities.

This document is one in a series of tip sheets developed by the NRCJIW to facilitate the implementation of gender informed approaches in jail settings. These tip sheets were developed based on recommendations from the Women in Jails Summit held in October 2014.

For additional resources on this topic or to access additional tip sheets, visit <http://cjinvolvedwomen.org/jail-tip-sheets/>.

## Notes

1. Pretrial Justice Institute. (2009, August 11). 2009 survey of pretrial services programs. Retrieved from <http://www.pretrial.org/download/pji-reports/new-PJI%202009%20Survey%20of%20Pretrial%20Services%20Programs.pdf>
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3. Ney, B., & Martin, T. K. (2005, December). Using jail exit surveys to improve community responses to women offenders. Retrieved from National Institute of Corrections website: <https://s3.amazonaws.com/static.nicic.gov/Library/020853.pdf>
4. It should be noted that gender responsive tools such as the Women's Pretrial Inventory of Need (ION) and the Women's Risk/Needs Assessment (WRNA) have not been tested on jail populations. However, several studies of incarcerated women have found that women with gender neutral and gender responsive needs were more likely to incur serious misconducts. See: Van Voorhis et al., 2010.
5. A recent study of 500 women released from a jail treatment setting in Cook County, Illinois, found the following risk/need factors associated with new offenses over a 12-month period: criminal history, education, unemployment, antisocial friends, substance abuse, family conflict, housing safety, mental health history, abuse, parental stress, and dysfunctional relationships. See: Van Voorhis, P., Bauman, A., & Gehring, K. S. (2015). Validation of the Women's Risk/Needs Assessment in the Cook County Department of Women's Justice Services. Cincinnati, OH: University of Cincinnati Corrections Institute.
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7. See, for example, Risk-Based Pretrial Release Recommendation and Supervision Guidelines: Exploring the Effect on Officer Recommendations, Judicial Decision-Making, and Pretrial Outcome. Retrieved from <http://luminosity-solutions.com/site/wp-content/uploads/2014/02/Risk-Based-Pretrial-Guidelines-August-2015.pdf>
8. A cooperative agreement between the National Institute of Corrections and the University of Cincinnati found that the gender neutral predictive needs identified in the literature were incomplete for women offenders. This finding resulted in the development of the Women's Risk/Needs Assessment (WRNA).
9. See <http://www.uc.edu/womenoffenders>.
10. An example is the Virginia Pretrial Risk Assessment: Van Nostrand, M. (2003). Assessing risk among pretrial defendants in Virginia: The Virginia Pretrial Risk Assessment Instrument. Retrieved from Virginia Department of Criminal Justice Services website: <https://www.dcjs.virginia.gov/corrections/riskAssessment/assessingRisk2003.pdf>
11. Austin, J. (1998, February). Objective jail classification systems: A guide for jail administrators. Retrieved from National Institute of Corrections website: <https://s3.amazonaws.com/static.nicic.gov/Library/014373.pdf>
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13. An example is the Women's Risk/Needs Assessment: Van Voorhis, P., Salisbury, E., Wright, E., & Bauman, A. (2008, January). Achieving accurate pictures of risk and identifying gender responsive needs: Two new assessments for women offenders. Retrieved from National Institute of Corrections website: <https://s3.amazonaws.com/static.nicic.gov/Library/022844.pdf>
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15. Van Voorhis et al., 2010.
16. Gehring & Van Voorhis, 2014.

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# National Resource Center on Justice Involved Women



## Jail Tip #6: Assess Women's Healthcare Needs

Maureen Buell, National Institute of Corrections

Accompanying the increase in numbers of women in local jail facilities over the past several years are significant healthcare issues that are unique to women (i.e., reproductive and gynecological issues) or that occur with significant frequency for women during their lives. Although many health-related issues are common to both genders, incarcerated women report histories of alcohol and drug abuse, sexually transmitted infections and other chronic medical disorders, sexual and physical abuse, and mental illness, including posttraumatic stress disorder (PTSD) and depression, at rates higher than those of incarcerated men.<sup>1</sup>

Assessing, prioritizing, and addressing the myriad healthcare issues presented by justice involved women can be a significant challenge for jail leadership and staff. Yet, meeting the medical needs of inmates is necessary from an ethical standpoint.<sup>2</sup>

This tip sheet highlights important healthcare considerations for women in jails and offers some tips for improving the provision of women's healthcare services in jail settings.

### What Are the Issues?

**Gynecological and Reproductive Health.** The majority of incarcerated women are less than 50 years old<sup>3</sup> and therefore have specific reproductive health issues, including pregnancy, that must be addressed in jail policy and practice. For instance, consider the following:

- It is estimated that 5 to 10% of women who enter correctional facilities are pregnant, with the rates believed to be higher in jail settings.<sup>4, 5</sup> The majority of pregnancies are considered high risk because of women's substance abuse, exposure to violence, unsafe living environments, poor nutrition, and lack of prior medical care.
- A woman experiencing a healthy pregnancy goes through significant physiological changes and requires additional nutritional needs.<sup>6</sup> Symptoms such as vaginal bleeding, abdominal pain, or headaches can be signs of serious pregnancy complications and need to be evaluated expeditiously.<sup>7</sup>
- Detoxification from opioid use complicates pregnancies, as it endangers the fetus and the woman. Opiate substitution therapy is necessary; however, it is not uniformly available in custodial settings.<sup>8</sup>
- Women who have recently given birth are at higher risk for postpartum depression and psychosis because of their high prevalence of underlying mental health disorders and the emotional trauma of being separated from their newborns.<sup>9</sup> This depression can contribute to women's negative behavior and emotional affect during booking and the period of incarceration.

**This tip sheet is one in a series.**

For more tip sheets, visit <http://cjinvolvedwomen.org/jail-tip-sheets/>.

**Sexually Transmitted Infections (STIs).** Women entering correctional facilities—especially younger women—have higher rates of STIs than men. In 2010, 1.9% of women in prison were known to have HIV versus 1.4% of men.<sup>10</sup> A Rhode Island study found that 33% of women tested positive for an STI at admission.<sup>11</sup> High rates of HIV/AIDS and STIs among women in the justice system result from limited access to preventive health services; risky behaviors with substances, including the use of dirty needles; unprotected sex; commercial sex work; and sexual assault.

**Sexual, Physical, and Emotional Abuse.** It is estimated that 67 to 79% of women in jail have experienced physical or sexual abuse.<sup>12,13</sup> Research continues to emerge regarding the contribution of abuse histories to psychological problems such as depression, stress and anxiety disorders, learning problems, substance abuse (with its attendant physical health problems), behavioral disorders of violence, and impulsivity with women in the justice system.<sup>14</sup> Histories of sexual abuse or assault may also contribute to women's lack of trust and inhibit the ability of professionals to elicit the information necessary to effectively treat health conditions.

**Alcohol and Drug Use.** Women report higher rates of substance dependence than men.<sup>15</sup> A 2002 Bureau of Justice Statistics study on a national sample of jails revealed that 69% of women entering jails met the criteria for substance dependence or abuse.<sup>16</sup> In a more recent study of a large sample of women from jails in five states, substance use disorders (SUDs) were the most commonly occurring disorders, with 82% of the sample meeting criteria for lifetime drug or alcohol abuse or dependence.<sup>17</sup>

**Mental Health.** Related to SUDs is the fact that justice involved women report greater incidences of mental health problems and serious mental illness (SMI) than do justice involved men.<sup>18,19</sup> Major depression and bipolar disorder are among the most common SMIs for women.<sup>20</sup> In fact, in a recent study of women in jails across five states, SMI, PTSD, and SUDs were found at elevated rates and were directly associated with the onset of criminal behavior among women in jail. These mental health problems were often associated with experiences of childhood and adult victimization.<sup>21</sup>

**Nutrition, Diet, and Eating Disorders.** Ensuring that women eat balanced diets and are receiving the proper nutrition is critical to maintaining their health and preventing disease. However, correctional diets are generally designed with male inmates in mind—often with a focus on cost containment over nutrition. In a recent study, female prisoners were less likely than male prisoners to be overweight (35% vs. 47%, respectively), but female prisoners were more likely than male prisoners to be either obese or morbidly obese (43% vs. 27%, respectively).<sup>23</sup> This may be due in part to inadequate work and recreational activities for women, as well as the high rates of medications prescribed for women. Another significant concern among justice involved women is the high prevalence of eating disorders, such as anorexia and bulimia, which are estimated to be two to three times higher in women than in men,<sup>24</sup> and can be fatal if unaddressed.<sup>25</sup>

**Chronic Health Conditions.** Among prisoners and jail inmates, females are more likely than males to report ever having had a chronic health condition. About two-thirds of the females in jails (67%) report having a chronic condition, compared to about half of the males (48%). In addition, 20% of females in jail report ever having had an infectious disease, compared to 13% of males.<sup>26</sup> While women may present with

#### Gender Responsive Approaches to Women with Substance Use Disorders

The Substance Abuse and Mental Health Services Administration (SAMHSA) has identified issues that are considered gender responsive and critical to the assessment and treatment of women with substance use disorders, including the following:

- Women exhibit different physical responses than men as a result of substance use.
- Women have greater susceptibility to, as well as earlier onset of, serious medical problems and disorders related to substance abuse.
- Women present with specific health and medical needs, including gynecological and reproductive health issues.
- Women exhibit higher rates of co-occurring disorders than men.
- Women are more likely to have experienced trauma and violence and use substances to cope with the abuse.<sup>22</sup>

conditions similar to those of men (i.e., cancer, hypertension, arthritis, asthma, cirrhosis of the liver<sup>27</sup>), chronic conditions that are more prevalent for women include heart disease, certain cancers (such as breast, lung, and gynecological), chronic lower respiratory diseases, stroke, Alzheimer's disease, and diabetes.<sup>28</sup>

### Action Steps Jail Leadership and Staff Can Take to Address Women's Healthcare Needs<sup>29</sup>

#### **1. Use intake and booking as an opportunity to identify the healthcare needs of women.**

- Conduct a brief mental health screening, such as the Brief Jail Mental Health Screen, in addition to a medical screening to surface the need for additional assessments.
- Provide routine opt-out testing for HIV for all women, especially women who are confirmed pregnant.
- Offer pregnancy testing, within 48 hours of admission, for all women at risk for pregnancy.
- Institute a quick screening for eating disorders, such as the SCOFF Eating Disorder Questionnaire, as part of intake.

#### **2. Institute gender appropriate clinical and operational practices.**

- Follow clinical practice guidelines for withdrawal from intoxication, acknowledging the special management of pregnant inmates with opioid use disorders.
- Conduct regular pelvic examinations and Pap smears for women of child-bearing age.
- Ensure that women who are confirmed pregnant receive prenatal care throughout their stay.
- Modify standard custodial routines in order to supply pregnant women with additional food, assign them to a lower bunk, and ensure they receive only light-duty work assignments.
- Do not use restraints on pregnant women unless absolutely necessary.<sup>30</sup>
- Screen women who deliver while in custody or who enter a facility within one year of childbirth for, and educate them about, their high risk for postpartum depression and psychosis.
- Considering the known benefits of early mother–infant attachment, facilitate contact visits for mothers with their infants.

#### **3. Provide family planning counseling.**

- Provide women who are confirmed pregnant with prenatal counseling that includes planning for their unborn children—whether they desire abortion, adoptive service, or to keep the child.
- Provide nondirective contraception counseling, access to emergency contraception, and continuation of current contraceptive method while incarcerated.
- Build partnerships with public health organizations and women's healthcare providers to provide or supplement healthcare services and family planning counseling.

This document is one in a series of tip sheets developed by the NRCJIW to facilitate the implementation of gender informed approaches in jail settings. These tip sheets were developed based on recommendations from the Women in Jails Summit held in October 2014.

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visit <http://cjinvolvedwomen.org/jail-tip-sheets/>.

# NATIONAL RESOURCE CENTER ON JUSTICE INVOLVED WOMEN

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# National Resource Center on Justice Involved Women



## Jail Tip #7: Develop Community Partnerships

Dr. Kurt Bumby, Center for Effective Public Policy, and Georgia Lerner, Women's Prison Association

Jail administrators expect that justice involved women, like justice involved men, maintain appropriate behavior while in custody and that, once released, they remain stable and successful in the community. These expectations can be achieved when appropriate programs, services, and supports are in place during incarceration, while transitioning to the community, and in the community post-release. Because jails are neither designed nor equipped to provide all these necessary services and supports independently, collaborating with others in the community is essential for meeting these needs.

Building and maintaining such community partnerships is no easy task for jail leadership and staff; it requires a considerable investment of time and commitment. Without question, however, such investments can result in significant dividends for the jail system and its staff, the community, and the women themselves.

This tip sheet is designed to offer jail leadership and staff several steps they can take to begin establishing community partnerships.

### Action Steps Jail Leadership and Staff Can Take to Build Effective Community Partnerships

The steps below are not intended to be an exhaustive list or a "how to" guidebook for jail leadership and staff; rather, they are offered as some practical tips and suggestions for jail officials to consider as they begin to explore the pivotal development of community partnerships.

**Community partners can bring valuable resources to women in jails, such as trauma informed strategies, risk reducing treatment programs, healthcare, substance abuse services, and relationship and parenting supports.**

**Others can provide women with linkages to their children and families, clothing, food, suitable housing, employment, ongoing medical and mental health services, community supports, and help accessing financial assistance and other benefits to facilitate successful reentry and stability in the community.**

**This tip sheet is one in a series.  
For more tip sheets, visit <http://cjinvolvedwomen.org/jail-tip-sheets/>.**

### **1. Communicate to officers and other jail staff that “what staff do on the inside matters, what staff do on the outside matters, and what staff from the outside can do on the inside matters.”**

In most jails and correctional systems, it is not uncommon for there to be a divide between institutional and community-based professionals. For example, custody staff may perceive their roles as limited solely to what happens on the “inside”: maintaining safety, security, and order. Furthermore, they may believe that the activities, programs, services, and supervision strategies that promote risk reduction, stability, and success in the community are what “the outside people” do, and therefore they may perceive these as not having relevance to their jobs. However, jail officials and their community partners share a goal in ensuring justice involved women remain stable and successful in the community and not return to custody. Jail leadership should emphasize with staff the importance of this common goal and that the work going on both inside and outside the jail are complementary and essential to achieving successful outcomes with women.

**Engaging community partners inside jails requires a genuine commitment, leadership, and modeling from the administrators and a “can do” attitude from all staff.**

**It is important to engage and empower all staff in the process, with leadership seeking officers’ and other staff’s assistance and charging them with identifying “how we can make this happen,” rather than “here are the reasons why this can’t be done.”**

### **2. Take stock of existing strengths and gaps in programs, services, and supports for women in the facility.**

While all jail staff—including administrators, custody, and non-custody staff—should play a role in identifying the facility’s strengths and gaps in meeting women’s needs, it is important to empower officers to take an active role in this endeavor. As the eyes and ears of the facility 24/7, officers or custody staff are well positioned to recognize common challenges and issues that emerge routinely for women while they are in custody. These may include:

- emotional difficulties
- problem solving or communication challenges
- behaviors or emotions (related to previous experiences of trauma) that may be triggered
- concerns pertaining to their children and families
- concerns that may interfere with their ability to be successful once released (e.g., stability factors).

Asking officers to identify these common themes can be an important way of identifying areas of need for programs, services, and supports, which can in turn have implications for outreach to community agencies or organizations.

### **3. Engage women in the facility to identify gaps on the “inside” and anticipate needs or concerns on the “outside.”**

Convene a “community meeting” within the female unit(s) to explore women’s concerns and needs. This is one way of engaging women in their own recovery and healing. Discuss factors that affect personal and institutional safety and security; that are trauma related triggers; that impact physical and mental health, overall wellness, and stability; and that might impact women’s return to the community and their ability to succeed. It is important to clarify that the purpose of the community meeting is to collectively identify various issues or areas for which specific programs, services, or other supports are needed both within the facility and out in the community.

Consider selecting one or two issues (e.g., family visiting and program schedules) as the focus for the discussion and follow-up action. This focus will allow jail officials to pursue a more thorough, meaningful response than would be possible after a meeting in which a greater number of issues are discussed. The response might include outreach to community partners who can help address the identified issue.

Once a plan for responding to the issue(s) is put in place, select a new issue to discuss. Seeking input regularly, with the intention of creating manageable discussions, sets the stage for real change to occur.

#### **4. Identify individuals, agencies, or organizations with whom the jail could partner.**

Develop a list of potential individuals, agencies, and organizations that may be able to support the jail's efforts in delivering programs and services to address women's needs. Examples may include civic or volunteer organizations, faith-based groups, community mental health centers, women's health/wellness centers, rape crisis centers, substance abuse programs or AA/NA support groups, halfway houses, social/human services, child welfare organizations, job skills/job placement centers, pretrial services, and probation and parole offices.

A common challenge in building community partnerships is being unsure about or unaware of who the providers are. To help identify agencies or organizations that can potentially partner with the jail to bring services inside—and to assist with ensuring continuity of care and identifying appropriate referrals for post-release services in the community—community resource inventories can be extremely helpful. Reach out to other county- and state-level agencies to see if inventories exist, or establish a collaborative committee to develop one.

**Developing meaningful community partnerships does not happen overnight or in a single meeting. Rather, it is important for jail officials and community providers to continue to engage one another, foster relationships, increase familiarity with one another's roles and responsibilities, facilitate open dialogue, and explore potential opportunities to work together.**

#### **5. Conduct outreach to potential new partners.**

Outreach can begin with informal contact such as phone calls or emails seeking more information about the programs and services an agency or organization provides. Before reaching out, take steps to learn about the potential partner: become familiar with their mission, values, and philosophies, their beliefs about what they do best, the clients they serve, and their interests.

Relationship building is critical for community partnerships, so it is important that outreach is not limited solely to what the jail needs but that, instead, it is focused on common goals and ways in which a partnership could benefit both parties.

#### **Tips for Fostering Jail–Community Partnerships Over Time**

Establishing relationships is a gradual and ongoing process. It is essential to continue to foster professional working relationships, credibility, trust, and respect for one another's complementary roles. To accomplish this:

Jail staff should:

- Ensure that inmates are placed on call out lists
- Ensure that inmates are present for the group or service at the established time
- Demonstrate for the inmates (verbally and non-verbally) respect for the community partner
- Offer feedback to the community partner about how the service/activity went and if there are any implications for the officers on this shift or upcoming shifts (taking into account any confidentiality limits).

Community partners should:

- Show up on time consistently
- Respect the constraints and sometimes necessary changes that may occur because of a safety/security incident
- Dress appropriately
- Maintain appropriate boundaries with the inmates
- Converse with the officers during each visit.

### **6. Invite potential community partners to visit the facility in order to promote engagement.**

Inviting community providers and volunteers from key organizations to the facility (e.g., for tours or informal introductory meetings) can be particularly beneficial. It provides potential service providers with opportunities to speak with the officers and the women in custody so that they can see and hear firsthand about the needs of the women. In turn, this can motivate providers to consider ways in which they can offer critical services and supports.

### **7. Provide cross-training opportunities for community partners and jail staff.**

Once community partners have been selected to provide a specific service or program, and any MOUs or contracts have been developed, create a dedicated time for officers and other jail staff to participate in a brief cross-training session with the community partners. The goals of such a cross-training are to:

- Provide officers and other jail staff with a brief overview of specific programs or services the community partner will be providing and of the ways in which they expect it can enhance institutional conduct, support safety and security, and/or improve post-release outcomes
- Provide community partners with the opportunity to learn more from the officers and staff about routine operations in the facility, officers' roles and responsibilities, and the ways in which the officers and staff perceive the service to have potential value
- Provide jail staff and community partners with opportunities to discuss any questions or concerns, anticipate any barriers, and collectively explore potential solutions.

### **8. Identify blocks of times in daily schedules to allow for in-reach programs and services.**

Managing the various safety and security procedures, meal and recreation times, medical appointments, and visitation schedules in jail settings requires a significant amount of coordination and planning.

Often, the idea of incorporating additional programs and services from community partners poses a very legitimate concern among jail leadership and staff. Given this, leadership should engage officers and staff in this process. Jail leadership must model flexibility and encourage their staff to be creative as they consider blocks of time and locations (or scheduling changes) to accommodate any new programs or services. When identifying potential schedule times for programs, jail staff should also seek input from the community partners providing the services, recognizing, however, that some activities and responsibilities in the jail are not flexible.

### **9. Follow up, follow up, and follow up.**

Routinely monitoring the implementation of any new program or service and assessing its potential impact and effectiveness are a must. Regularly check in with the officers and other jail staff, the partners providing the program or service in the jail, the partners providing post-release services in the community, and the women themselves to explore their experiences and perspectives about what is working (and how) and what isn't working (and why), and to identify any potential needs for adjustment, refinement, or new directions.

This document is one in a series of tip sheets developed by the NRCJIW to facilitate the implementation of gender informed approaches in jail settings. These tip sheets were developed based on recommendations from the Women in Jails Summit held in October 2014.

For additional resources on this topic or to access additional tip sheets,  
visit <http://cjinvolvedwomen.org/jail-tip-sheets/>.

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# National Resource Center on Justice Involved Women



## Jail Tip #8: Support Women's Successful Transition and Reentry from Jails

Dr. Kurt Bumby and Rachelle Ramirez, Center for Effective Public Policy

Women in jails, whether sentenced or being held pretrial, are a growing population. That, in turn, translates into large numbers of women being released from jails to live in the community. These women have unique risk factors and needs that differ from those of men, including healthcare-related matters, increased mental health symptoms such as depression and anxiety, more prevalent histories of trauma such as sexual abuse and intimate partner violence, greater needs for family support and childcare assistance, and different "survival needs."<sup>1</sup> Yet these needs often go unaddressed, as jails are generally not designed, equipped, or staffed to deliver the range of gender responsive programs and services necessary to assist women with their successful transition to the community.

**"Although many inmates do not stay in jail long enough for a concentrated effort to address all of the problems that brought them there, jails can, at the very least, begin the process for some of them."**

Campbell, 2005, p. 11<sup>3</sup>

This tip sheet is designed to provide jail leadership and staff with some strategies for supporting the successful transition and reentry of justice involved women.<sup>2</sup>

**Action Steps Jail Leadership and Staff Can Take to Improve Women's Successful Transition and Reentry**  
Jail leadership and staff can take significant steps to better support women during the transition and reentry processes, which will not only promote success post-release but will also set the stage for safer and more efficient jail operations. These steps are discussed in greater detail below and include using assessment and screening tools to identify intervention needs, advocating for needed services and supports, making appropriate referrals and linkages, and engaging and empowering women in their own transition and release planning while in custody.

**This tip sheet is one in a series.**  
**For more tip sheets, visit <http://cjinvolvedwomen.org/jail-tip-sheets/>.**

## 1. Adopt and apply gender responsive classification, screening, and risk/needs assessment tools for women in jails.

With the growing body of research on justice involved women, practitioners now have access to screening and assessment tools designed and validated specifically for women. These tools can help jail personnel and other professionals involved at intake make more informed decisions about women's strengths, risk and intervention needs, and anticipated reentry challenges.

- Conduct an internal review of the assessment and classification tools currently being used on women in the jail. Consider what kind of assessment data is collected on women and determine if, and what kind of, additional information is desired.
- Determine what would be required to integrate a gender responsive assessment into the current assessment process. This involves learning more about gender responsive assessments.<sup>4</sup>
- Consider integrating assessment results (i.e., identified intervention needs) into women's individualized case plans so that case plans focus on meeting women's top need(s) prior to release to the community.
- Ensure that relevant information from assessment tools is available to all staff who may need it to inform their decisions, including mental health staff, case managers, and officers.
- Analyze assessment data for the population of women in the jail to determine if there are gaps in gender responsive programs or services that are needed to address the women's identified intervention needs prior to and after reentry.
- Identify ways to establish the needed programs or services in the jail, which may require partnering with community-based providers.

**As part of a comprehensive approach to providing gender responsive programming and services, the Cook County Sheriff's Department of Women's Justice Services (DWJS), in Illinois, begins reentry discharge planning at jail intake with a comprehensive screening process that employs a gender responsive risk/needs assessment tool. A team of case managers, counselors, and mental health staff work with each woman to identify her immediate needs and begin to develop a service and discharge plan.<sup>5</sup>**

For more information, see Tip Sheet #5 in this series.

## 2. Engage and empower women in custody through transition and reentry planning processes.

In jail, women have very little control over their day-to-day activities, as strict regimens, rules, and structure are necessary to maintain safety, security, and order. Once women return to the community, however, they are often left to themselves to navigate the range of responsibilities, complexities, and challenges of routine living, which, in many instances, includes child rearing. To ease this transition, jail staff can consider strategies for supporting the healthy empowerment of women in jails in order to increase internal motivation and self-efficacy.

- Engage women at the point of intake by asking them to share any concerns, needs, or barriers that exist or that they anticipate having as they transition back to the community.
- Ensure that case plans are developed with women, not for women, and that the activities in the case plans are to be done by them, not to them.
- Explore with women their goals, strengths, and assets, and encourage them to build upon these to support their success once they leave the jail.
- Ask women what types of programs, services, and support will benefit them prior to and following release.

### Women as Mothers

- More than 66,000 women incarcerated in jails and prisons nationwide are mothers of minor children.<sup>6</sup>
- Women in jails are more likely than men to have primary child-rearing responsibilities and are often single parents.<sup>7</sup>
- Women report greater levels of poverty than men and are more likely to be unemployed or underemployed prior to incarceration.<sup>8</sup>
- Finding affordable and "safe" housing where women can live and support their children is a significant challenge for this population.

For more information, see Tip Sheet #5 in this series.

### **3. Consider how changes in policies, operating procedures, and practices can better support women's successful reentry.**

Because of the structure, nature, and populations of jail facilities (i.e., facility design, multi-purpose, fast inmate turnover, mixed populations), policies and standard operating procedures tend to focus primarily on custody-related issues and the routine management of persons housed in jails. As such, programs, services, and other activities specifically geared toward supporting successful reentry may be limited for jail inmates in general and, especially, for women, who typically represent a smaller proportion of jail inmates. In addition, policies related to facility operations, such as staffing patterns, staff training requirements (i.e., beyond safety and security matters), and visitation practices (e.g., days and times, duration, location and physical space), are not necessarily conducive to creating a climate and opportunities for women in jail to establish or maintain healthy relationships, strengthen ties with their families, and develop connections and supports with the community, all of which have been demonstrated to be crucial for women's success.

With this in mind, jail leadership and staff should critically review current policies, operating procedures, and practices within the jail and assess whether any changes can be made to reduce barriers to women's successful reentry.

- Establish pre-service and in-service training requirements to increase staff's awareness of factors that contribute to successful reentry for women in jails, including the nature of staff–inmate interactions.
- Assess programs, services, and activities currently provided in the jail to identify the extent to which they are gender responsive and address risk factors and intervention needs that affect reentry.
- Review current operations in the jail to identify and establish opportunities and times for women in custody to engage in outreach activities that help foster and maintain community connections, healthy relationships, and/or family engagement and support, such as telephone calls and visiting hours.
- Establish family visiting areas and visiting times that are "child friendly" for women with children.

### **4. Build a network of community partners to facilitate a seamless transition and reentry process.**

Jail leadership and staff can support women's reentry to the community by forging partnerships with public sector agencies, private providers, civic organizations, and others who can bring important programs and services inside the jail, and serve as liaisons, advocates, or points of access to programs and services available in the community. Such a network can be pivotal for facilitating continuity of care, creating wraparound services, and ensuring a seamless "handoff" during the reentry process.

- Develop a community resource inventory of women-specific programs and services, and current contact information, for use by all staff. Include child care networks, women's health and family planning centers, rape crisis and domestic violence centers, housing assistance entities, homeless shelters, social and human services agencies, pretrial and probation or parole agencies, and economic development departments. Developing the inventory may involve reaching out to staff (e.g., case managers, chaplains), volunteers, and even current community partners to find out about additional resources, services, or programs.
- Reach out to county- or state-level government agencies, public sector agencies, public assistance, volunteer or civic organizations, or private agencies to identify whether community resource inventories already exist that would be of benefit to jails.
- Invite community members, faith-based entities, formerly incarcerated women, and others to serve as advocates for the women and to help them navigate community programs and services upon their release.
- Invite pretrial or probation/parole officers to come to the jail or to have some contact with the women in custody prior to their release. This time can be spent building positive working relationships, identifying necessary referrals to ensure survival needs are met, clarifying conditions of pretrial or post-release supervision, and scheduling the first office visit post-release.

**Recent research on female pretrial populations indicates that some gender responsive needs are more predictive for women than for men. The areas of substance abuse, abuse/victimization, mental health, and homelessness are particularly significant predictors of pretrial failure, including new arrests and FTAs, for women.<sup>9</sup>**

For more information, see Tip Sheet #7 in this series.

## Example of Jail Programming for Mothers

Alameda County's (California) Santa Rita Jail offers a program called Maximizing Opportunities for Mothers to Succeed (MOMS). The MOMS program serves women both in custody and post-release who are pregnant or mothers of young children. The program is designed to reunite incarcerated mothers with their children, improve the mother's self-sufficiency and parenting skills, increase parent-child bonding, and reduce recidivism. While in the program, women work with a case manager to develop an individualized action plan and have access to services such as intensive individual and group case management, educational training, and community-based post-release services.<sup>10</sup>

This document is one in a series of tip sheets developed by the NRCJIW to facilitate the implementation of gender informed approaches in jail settings. These tip sheets were developed based on recommendations from the Women in Jails Summit held in October 2014. For additional resources on this topic or to access additional tip sheets, visit <http://cjinvolvedwomen.org/jail-tip-sheets/>.

### Notes

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10. The MOMS gender specific curriculum was developed by Dr. Denise Johnston from the Center for Children of Incarcerated Parents (CCIP) and Dr. Stephanie Covington. For more information, visit <http://centerforce1.org/programs/moms-maximizing-opportunities-for-mothers-to-succeed> and [http://www.acbhcs.org/Docs/RFP/RFP-MOMS\\_FINAL.pdf](http://www.acbhcs.org/Docs/RFP/RFP-MOMS_FINAL.pdf).

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