

National Resource Center

on Justice Involved Women

Reentry Considerations for Justice Involved Women

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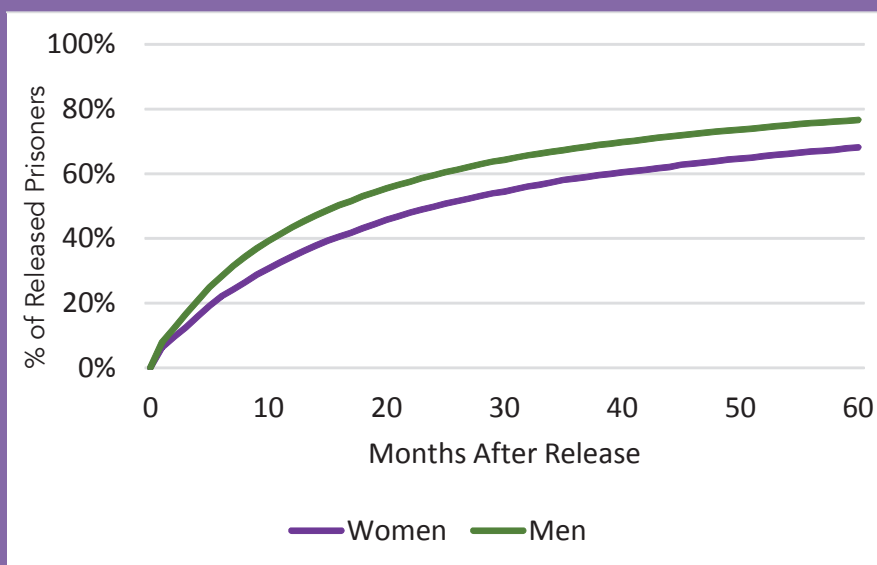
There is now a substantial body of research on how women's experiences within and outside of the criminal justice system are different from their male counterparts and as a result, how women's needs are quite different than those of men. Through an understanding of these critical differences—and by adopting gender informed strategies shown by research to meet women's unique needs—institutional corrections and community supervision agencies can maximize the success of women reentering the community and improve the safety of both communities and correctional settings.

Incarcerated Women Coming Home

Women are a fast-growing criminal justice population. Since 1980 the number of women in U.S. prisons has increased by more than 700%.¹ Between 2000 and 2013, the number of women in local jails has increased 44%.² The increase of the female population in criminal justice can be traced to changes in state and national drug policies that mandated prison terms for even relatively low-level drug offenses, changes in law enforcement practices (particularly those targeting minority neighborhoods) and post-conviction barriers to reentry that uniquely affect women.³

Just as it is for men, focusing on reentry is critically important for women as the majority will return home after their sentence. Furthermore, their recidivism rates are similarly troubling. About one-quarter of women released from prison fail within six months (i.e., have an arrest for a new crime), one-third fail within a year, and 2/3 fail (68.1%) within five years of release.⁴

Recidivism Rates of Prisoners Released from Prison in 30 States, 2005-2010



Source: Snyder, Durose, Cooper & Mulako-Wangota, 2016

Understanding Women's Paths to Crime

There is not one single, dominant pathway for women to enter the criminal justice system, but rather multiple ways in which their experiences contribute to their illegal behavior. Key factors that have emerged again and again in various women's pathways to crime include experiences of abuse or trauma, poverty and marginalization, mental health disorders, substance abuse and dysfunctional relationships.⁵ Consider the following:⁶

- Women under correctional supervision are more likely to report having experienced physical and sexual abuse as children and adults than their male counterparts.⁷
- Women in jails and prisons report high rates of mental health problems such as depression, post-traumatic stress disorder (PTSD), and substance abuse⁸. Substance abuse among justice-involved women is at least as prevalent, if not more so, than men, with 65-80% of women in prisons or jails reporting at least some drug involvement⁹. A particular concern for women is that they are twice as likely as men to have co-occurring substance abuse disorders and mental illness (40.5 percent for women vs. 22.9 percent for men)¹⁰.
- Women's identity and self-worth are defined by their relationships and so the impact of dysfunctional or unhealthy relationships on women's lives – and their behavior – is critical. For women involved in the justice system who have experienced trauma and abuse by family members and significant others, their ability to achieve healthy, empathic and mutually empowering relationships is often limited.¹¹
- Women are more likely to have served as the primary caretakers of children prior to entering prison¹² and have plans to return to that role upon release¹³. For many incarcerated women, they are concerned in an ongoing way with their children's welfare and the potential loss of legal custody¹⁴ and their children are often the motivating factor for their desistance from crime.¹⁵
- Poverty is also of particular concern for women who are often employed in low-wage entry level positions¹⁶, rely on public assistance¹⁷, or who may turn to illegal means to support themselves and their families¹⁸.
- Finally, women's patterns of crime look different than men and women are considered less dangerous. When women do commit crime, they are more likely than men to commit property crimes and drug offenses and less likely to commit violent crime²⁰.

For many justice involved women, who suffer from drug addiction or mental illness, or for whom community supervision obligations become obstacles in themselves (e.g., parole conditions, fees, and restitution), involvement in the criminal justice system is a revolving door from which they have difficulty escaping.

Operating Principles for the Management of Justice Involved Women

In 2003, the National Institute of Corrections published a report on gender responsive strategies based on inter-disciplinary research²¹. This foundational report defines six core elements of gender responsiveness, which continue to be confirmed by the growing research literature on women more than a decade later²²:

1. Acknowledge that gender does make a difference for correctional practice

It is critical to acknowledge that women exhibit characteristics and have different risk and needs than men and require unique custody and supervision considerations. For instance, it is well understood that women have different communication styles than men, and this fact has implications for all supervision settings. Women in correctional settings may require more time to process and discuss the challenges they face daily. This requires more "listening skills," patience, and time on the part of corrections professionals in order to avoid unnecessary conflict (e.g., write-ups for minor infractions) and to effectively engage women as partners in their supervision and program plans.

2. Create an environment based on safety, respect, and dignity

Given the high rates of trauma and victimization experienced by justice involved women, it is important that the physical environment, and standard protocols and staff behaviors do not unintentionally exacerbate the impact of those experiences.²³ Research with women indicates that the working relationship that correctional staff have with women matters: those who have more constructive (and less controlling) interactions with

women achieve better outcomes (i.e., women report lower anxiety and have higher self-efficacy to avoid future criminal behavior).²⁴ Further, staff should be trained to recognize and respond appropriately to the behavioral impacts of trauma²⁵ and ensure that standard procedures (e.g., segregation, use of restraints, medical examinations) do not retraumatize women.

3. Develop policies, practices, and programs that are relational and promote healthy connections to children, family, significant others, and the community

This principle is based on the importance of relationships in women's psychosocial development (i.e., relational theory) and the fact that so many women have experienced unhealthy relationships involving domestic violence, substance abuse, and crime-involved partners. To increase women's success, practitioners must assist them in forming healthy relationships with their families, children, partners, and pro-social others in the community. Research has found that women who have prosocial intimate partner relationships or close ties to their parents are less likely to reoffend.²⁶ Programs that provide domestic violence education and advocacy are also extremely important.²⁷

4. Address the complex problems of substance abuse, trauma and mental illness in an integrated and comprehensive way

Recent research on women confirms a critical link for women: experiencing childhood and adult victimization increases the risk of mental health problems such as serious mental illness, PTSD and substance use disorders, which in turn increases the likelihood that women commit crime.²⁸ Additional research indicates that stress, depression, fearfulness, and suicidal tendencies are all predictors of recidivism for women and should be addressed in mental health treatment.²⁹

In order to respond more effectively to the interconnectedness of substance abuse, trauma, and mental health issues in women's lives, services for women in these areas should be managed in a comprehensive and integrated way. Ideally substance abuse and psychological treatment for women would be integrated, but where this is not possible (due to lack of resources, training, etc.), ensuring that women have access to all of the needed services is essential.³⁰ Cultural issues also need to be appropriately integrated into the program design in order to increase retention and impact on women.

5. Provide women with opportunities to improve their socioeconomic conditions

Most women who enter the criminal justice system are economically disadvantaged, with little education, few job skills, and sporadic employment histories. Many have relied on public assistance that, in many states, will no longer be available following a felony drug conviction.³¹ At the same time, many incarcerated women are single mothers who must find ways to support themselves and their children when they reenter the community. There is some evidence that women who are denied government food benefits upon release from prison may be likely to engage in risky sexual behavior to obtain money or food for them and their children.³² Furthermore, women returning to the community may face greater challenges than men since they are likely to be looking for work in retail or caregiving fields where criminal records are a great concern.³³ For these reasons, assisting incarcerated women with education and training to improve their financial situations is critical.

6. Establish a system of reentry and community supervision with comprehensive and collaborative services

Women leaving prison must stay clean and sober, return to a primary caretaker role for their children, earn a livable wage, obtain reliable child care and transportation, and find safe and sober housing for themselves and for their children. This must occur while meeting the requirements of community supervision and

Elements of Gender Responsive Practice

RELATIONAL: Work with women in a relational way to promote mutual respect and empathy.

STRENGTHS-BASED: Recognize that all women have strengths that can be mobilized.

TRAUMA-INFORMED: Recognize that the history and context of personal abuse plays an important role in how women respond to services.

HOLISTIC: Provide a comprehensive case management model that addresses the complex and multiple needs of women in conflict with the law.

CULTURALLY COMPETENT: Provide services that value and acknowledge the diverse cultural backgrounds of women.

Source: Benedict, 2008.

additional demands of other public agencies (e.g., child welfare). Furthermore, many women must find care for chronic health conditions such as HIV. To minimize the likelihood that women returning home will be overwhelmed by the requirements of multiple service agencies, essential services must be readily available and well-coordinated. Corrections professionals concerned about reentry will need to successfully partner with the organizations providing substance abuse, public health, employment, child welfare, and housing services to provide “wraparound services” or a “holistic” approach to the challenges facing women as they transitioning from incarceration to their communities.³⁴

The remainder of this brief focuses on key issues related to the sixth principle, women’s transition and reentry, while they are in prison, during transition, and upon release to the community.

Critical Issues for Managing Women’s Reentry and Transition

A successful reentry strategy for women must take into consideration the unique lives of justice involved women and integrate the latest research and best practices on women. This section provides an overview of the current literature on gender responsive classification, risk and needs assessments, case management, and programming.

Address Women’s Specific Criminogenic Needs Before, During and After Reentry

In the prison setting, classification tools are often used at intake to assess the risk of major and minor misconducts, in order to determine custody level, and to identify programming needs of inmates related to the reduction of future offending. However, many custody classification tools used in prisons were not validated for incarcerated women and are likely to ignore important aspects of women’s lives relevant to their institutional behavior.³⁵ As a result there is great concern that when gender-neutral classification tools are used on women, they are improperly assigned to custody levels, or even over-classified into higher or more restrictive custody levels than women’s behaviors warrant. Inappropriately high custody levels may limit access to reentry and community release programs typically reserved for lower custody women.

Corrections professionals understand the importance of an empirically valid risk and needs assessment to determining an individual’s likelihood of reoffending and identifying need areas to mitigate this risk. However, the use of the same assessment tools used with males (i.e., gender-neutral factors) may not provide an accurate picture of women’s risk to reoffend or their specific treatment needs. To address this concern, a number of gender responsive tools for women have been developed including the Women’s Risk/Need Assessment (WRNA)³⁶, the WRNA Supplement³⁷, Service Planning Instrument for Women (SPIn-W)³⁸, and COMPAS Women.³⁹

Research conducted to validate gender responsive instruments for women in the justice system has confirmed that women have some similar factors as men, but also have some specific factors that are missed when using gender-neutral instruments.⁴⁰ While women share with men some risk factors such as employment, financial issues, substance abuse problems, and antisocial peers/relationships, women’s unique risk factors for recidivism while they are in the community include mental health, self-esteem, and parental stress.⁴¹ All of these factors are critical for women and should be considered in a comprehensive strategy to help women be successful upon release.⁴² Furthermore, since some gender responsive needs are indeed linked to institutional behavior, attending to these needs by offering appropriate programming is not just important for reentry, but also will improve women’s behavior while they are in the institution.⁴³

“Top 4” Criminogenic Needs

FOR MEN (Andrews, 2007).

- Antisocial behavior
- Antisocial personality
- Antisocial attitudes
- Antisocial peers

FOR WOMEN (Van Voorhis, 2013)

- Employment/financial
- Substance abuse
- Parenting
- Anger

Another important finding from the research on women shows the importance of focusing on women’s strengths to help them desist from criminal behavior. A woman’s strengths, as well as aspects of her social environment, act as protective factors that help her resist pressure to return to offending behavior. For instance, family support significantly reduces the risk of both misconduct and reoffense, while educational assets and self-efficacy reduces the likelihood of reoffense.⁴⁴ A list of risk factors and strengths for women is provided in Exhibit 1.

Exhibit 1: Risk Factors and Strengths of Women in Correctional Settings⁴⁵		
	Risk Factors Similar for Men and Women	Gender Responsive Risk Factors Predictive for Women
Institutional Risk Factors <i>Increases risk of serious misconduct</i>	<ul style="list-style-type: none"> • Criminal history • Antisocial associates • Substance Abuse 	<ul style="list-style-type: none"> • Anger • Depression • Psychotic symptoms • Abuse • Relationship dysfunction
Institutional Strengths <i>Reduces risk of serious misconduct</i>		<ul style="list-style-type: none"> • Self-efficacy
Community Risk Factors <i>Increases risk of recidivism (arrests or failure on parole) in the community</i>	<ul style="list-style-type: none"> • Criminal history • Employment/financial • Antisocial associates • Substance abuse 	<ul style="list-style-type: none"> • Housing safety • Anger • Depression • Psychotic symptoms • Abuse • Relationship dysfunction • Parental stress
Community Strengths <i>Reduces risk of recidivism (arrests or failure on parole)</i>		<ul style="list-style-type: none"> • Family support • Self-efficacy

It is noteworthy that **consideration of gender responsive factors in addition to the gender-neutral predictors of criminal behavior will increase corrections professionals’ accuracy in predicting women’s prison misconduct and reoffense.**⁴⁶ Together the research on women indicates the importance of using a gender responsive assessment developed for women in order to provide appropriate case management approaches and prioritize interventions to address women’s needs and reduce reoffending.

Case Management

The Women Offender Case Management Model (WOCMM) – also known as Collaborative Case Work (CCW-W)⁴⁷– is one approach that has demonstrated success within institutional settings, during the transition phase, and after release to the community. An outcome evaluation of the model as it was applied by Connecticut Court Support Services Division indicates a consistent trend of lower recidivism rates, absconding rates, and technical violations for a sample of WOCMM participants as compared to non-participants.⁴⁸ The WOCMM results were also consistent with the risk principle: participating in WOCMM produced a larger impact on higher risk women than medium risk women.

The WOCMM approach utilizes a gender responsive risk and need tool to determine the appropriate intensity of interventions (according to risk level) and offers a consistent framework for use during all phases of reentry. That is, during each of these phases of reentry, the case management team should 1) engage and assess, 2) enhance women’s motivation, 3) implement the case plan, and 4) review progress/update case plan. More detail on the responsibilities of the team and anticipated outcomes are illustrated in Exhibit 2.

Exhibit 2: Collaborative Case Work with Justice Involved Women Stages

Core Stages	Case Management Team Responsibilities	Anticipated Outcomes
Engage and Assess	<ul style="list-style-type: none"> • Create a safe environment. • Focus on building rapport and establishing a respectful relationship. • Use a gender responsive assessment. • Identify major needs and strengths that influence behavior. • Listen to the woman’s perspective on her strengths, needs and life experiences. 	<ul style="list-style-type: none"> • Increased awareness of the personal, situational, and contextual factors that contribute to criminal justice involvement and that impact life satisfaction. • Increased awareness of strengths that can be mobilized to mediate the impact of risk.
Enhance Motivation	<ul style="list-style-type: none"> • Use a gender responsive approach to enhancing motivation. • Provide feedback by summarizing the assessment results. • Explore the priority targets (the strength and need areas resulting from the assessment) with women. • Ask women to identify their personal goals. • Review incentives and disincentives for change. 	<ul style="list-style-type: none"> • Identification (by women) of one or more priority targets. • Expression of commitment (by women) to work on one or more of the priority targets.
Implement the Case Plan	<ul style="list-style-type: none"> • Work collaboratively to develop the case plan (goals, actions steps). • Identify personal and social resources that will augment the case plan. • Provide the opportunity to build formal supports. • Explore service and treatment options across four dimensions: personal, vocational, family, and community. • Promote healthy informal relationships that will support change efforts. 	<ul style="list-style-type: none"> • Action steps are formalized. • Ability (of women) to identify personal and social supports necessary to achieve goals.
Review Progress	<ul style="list-style-type: none"> • Review and update progress. • Reinforce successes. • Introduce problem-solving strategies when obstacles arise. • Make deliberate plans to maintain women in success areas (e.g., sustain employment, keep safe housing, comply with supervision conditions, maintain sobriety, sustain positive social connections). 	<ul style="list-style-type: none"> • Ability (by women) to rate personal successes. • Ability (by women) to mobilize strengths and supports when faced with challenges. • Development (by women) of maintenance strategies to ensure proactive responses to high-risk situations.

CCW-W Definition of Case Management

Case Management is a dynamic, seamless process that starts at sentencing and continues beyond discharge from prison and/or community supervision until women are stabilized in their communities.

In order to be successful, the case management team must work collaboratively with women to define individual needs and strengths, and find mutually agreed upon goals. The team must also utilize a common framework to monitor progress and update outcomes as women transition through the criminal justice system.

The goals of this case management model are not only to reduce future criminal behavior but also to increase the health and well-being of women, their families, and communities. Implementation should be guided by the following “core practices:”⁴⁹

1. Provide a comprehensive set of mutually supportive services that address the complex needs of women.
2. Recognize that all women have strengths and resources that can be utilized to address their challenges (i.e., do not solely focus on risk factors).
3. Work intentionally to ensure that women are involved in case planning and the supervision process (i.e., enhance their intrinsic motivation) and respect women’s rights to choose which needs to be addressed and in what order.
4. Promote services that are “limitless” and are available to women and their families long after the termination of criminal justice supervision.
5. Match services to the risk level and criminogenic needs of women.
6. Build essential partnerships with the community and enhance its capacity to serve women (i.e., ensure that critical resources are available and readily accessible).
7. Establish a multi-disciplinary case management team (including women as part of this team).
8. Monitor progress and evaluate outcomes (i.e., assure that case plans address the unique needs of women).
9. Establish quality assurance methods to ensure program integrity.

Gender Responsive Programming

A number of gender responsive programs have been developed specifically for justice-involved women over the past two decades. Furthermore, positive results from evaluations of these programs support the ongoing use of gender specific approaches and treatment with justice involved women. Consider that:

- Cognitive behavioral treatment that is gender-neutral and not adapted to meet women’s specific needs, has been found to have no impact on women’s likelihood of recidivism.⁵⁰
- Women in gender responsive treatment settings saw reductions in PTSD. Further, women that received ‘gender-neutral’ programming (including participating in mixed gender treatment groups) reported an increase in impaired functioning such as problems with work, family, and relationships.⁵¹
- Women participating in a gender responsive drug court had better performance while in treatment (i.e., fewer disciplinary sanctions) and experienced greater reductions in PTSD symptomology as compared to women in a standard mixed gender drug court setting.⁵²
- Moreover, a recent meta-analysis (of 37 studies and almost 22,000 women in correctional settings) found that: (1) women who participated in gender responsive correctional interventions had 22% to 35% greater odds of community success than non-participants and (2) that high fidelity women’s programs are not only effective but they are more effective for women than high fidelity, evidence based, gender neutral programs.⁵³

Exhibit 3 describes programs for women that have been shown through research evaluations to effectively address gender responsive need factors.

Exhibit 3: Evidence based and Gender Responsive Programs for Justice-Involved Women⁵⁴

Program Name	Description	Resources
Moving On	Goals are to provide women with opportunities to mobilize and enhance existing strengths, and access personal and community resources; incorporates cognitive-behavioral techniques with Motivational Interviewing and relational theory.	Van Dieten, 1998 http://orbispartners.com/programs/for-females/moving-on/
Beyond Trauma: A Healing Journey for Women	Uses psycho-educational and cognitive skills approaches to help women develop coping skills and emotional wellness to counter the effects of physical, emotional, and sexual abuse.	Covington, 2003 http://www.stephaniecovington.com/beyond-trauma-a-healing-journey-for-women1.php
Helping Women Recover: A Program for Treating Addiction	Addresses substance abuse by integrating the four theories of women’s offending and treatment: pathways, addiction, trauma, and relational theories.	Covington, 2008 http://www.stephaniecovington.com/helping-women-recover-a-program-for-treating-substance-abuse.php
Beyond Violence: A Prevention Program for Criminal Justice-Involved Women	Utilizes a multi-level approach and a variety of evidence based therapeutic strategies (i.e., psycho-education, role playing, mindfulness activities, cognitive-behavioral restructuring, and grounding skills for trauma triggers). It is designed to assist women in understanding trauma, the multiple aspects of anger, and emotional regulation.	Covington, 2014 http://www.stephaniecovington.com/beyond-violence-a-prevention-program-for-criminal-justice-involved-women1.php
Seeking Safety	Treats the co-existing disorders of trauma, PTSD, and substance abuse; draws from the research on cognitive-behavioral treatment of substance abuse disorders, post-traumatic stress treatment, and education.	Najavits, 2002 http://www.seekingsafety.org/
Forever Free⁵⁵	Goals are to reduce substance use and recidivism. It runs as a modified therapeutic community and provides substance abuse treatment and relapse prevention services.	Kassebaum, 1999 http://legacy.nreppadmin.net/ViewIntervention.aspx?id=118
Dialectical Behavioral Therapy (DBT)⁵⁶	A cognitive-behavioral approach involving skills training, motivational enhancement, and coping skills.	Linehan, 1993 http://behavioraltech.org/resources/whatisdbt.cfm

Critical Information to Collect on Women to Identify Appropriate Programming

- History of abuse
- Relationship status/issues
- Self-esteem/self-efficacy
- Mental health (including depression and PTSD)
- Parental stress (e.g., number of children, current arrangements for children)
- Level of family support or conflicts
- Financial status/poverty
- Safety concerns
- Strengths/protective factors

Adapted from: Berman & Gibel, 2007; Van Voorhis et al., 2009.

Some Gender Responsive Strategies for Successful Reentry

Despite the growing literature on the management of women in correctional settings, the challenge remains in determining how best to implement policies and practices that assist women in making a successful transition to the community. An evaluation of the national Serious and Violent Offender Reentry (SVORI) initiative found that women reentering the community from prison have extremely high levels of need and many of these needs remained unmet upon release and beyond a year after release.⁵⁷ Timing is also a factor to consider: since women often serve shorter sentences than men, planning for reentry early on during incarceration is perhaps more critical.⁵⁸ This section provides some policy and practice considerations for correctional agencies, community supervision agencies, and their partners as they work with women during the three phases of reentry.⁵⁹

When surveyed about what would help them successfully transition to the community, women said the following⁶⁰:

- Relationships with family, friends, and other women who were positive role models.
- Positive support from social networks, particularly once in the community (e.g., housing, job connections, transportation).
- Positive support from/relationships with corrections staff, especially female staff.
- Safe environments in which to live (e.g., efforts to reduce trauma in their lives, like not using restraints).
- Substance abuse and mental health treatment within the institution and in the community.
- Programming focused on their role as parents.
- Education, employment and job training.
- "Transition services" including connecting them with a mentor, financial assistance, and helping them attain public health insurance and a driver's license.

Incarceration Phase

During the first phase of reentry, there are a number of considerations specific to incarcerated women:

- Ensure that institutional classification tools, and risk and need assessments used with women have been validated on an appropriate female population.
- In the short-term, supplement tools with additional instruments to ensure that information is collected on what we know to be the critical factors for women.
- Collect information on strengths and protective factors that can be built upon while women prepare for release to the community.
- Create trauma-informed institutional environments that feel safe for women (i.e., where the physical environment and staff behavior do not further traumatize women physically, sexually, or emotionally).

- Ensure that women in institutions are provided with needed medical, mental health, substance abuse, and support services.
- Consider including mentors on the case management teams who can work closely with women, encouraging them to work towards their case management goals.
- Encourage women to develop healthy and supportive relationships while incarcerated; encourage staff to build rapport with women, treat them with respect, and show genuine interest in their success.
- Once stabilized, assist women in working towards the goals outlined in their case plans in order to begin preparing for life in the community.
- Provide gender responsive programming to address women's unique criminogenic needs.
- Provide education and vocational training to women that match the job opportunities available in the community to assist women in achieving financial independence.
- Institute policies that help women to sustain healthy prosocial relationships with their families and communities (e.g., family-friendly visiting rooms, encouraging correspondence through mail and phone calls).
- Collaborate with a child welfare liaison to ensure that women are meeting obligations that will prevent termination of their parental rights.

Transition Phase

As incarcerated women prepare for their release from prison, there are a number of considerations for assisting women as they transition to the community:

- Modify membership of the case management team as needed to ensure planning for supervision and services that are essential to stabilizing women in the community (e.g., parole supervision, physical and mental health, employment, family reintegration services).
- Work with women to maintain the progress they have made in achieving the goals identified in their case plans.
- Utilize community-based programs and services which might continue to provide services to women upon their release to the community (i.e., to build trust and increase retention in the community); at a minimum, invite representatives to meet with women prior to release for introductory purposes.
- Consider the use of community-based residential facilities as early as possible in the sentence to assist women in their adjustment to community life.
- When developing a plan for housing post-release, consider the safety of the women (e.g., whether they will be free from domestic violence by a romantic partner, whether the housing option jeopardizes their sobriety), as well as accommodating their children.
- Assist women in working towards job opportunities that provide a living wage for their families (and which provides independence from relationships that may jeopardize their success and safety).
- Pay attention to the survival needs of women (i.e., where they will acquire food, clothing, housing, transportation, identification) to ensure that they are prepared for the first few weeks of living in the community.
- Assist in family reunification by providing opportunities for families to prepare together for women's release to the community (e.g., offer family counseling, informational sessions).

Community Phase

When women are released to the community, there are a number of strategies that might assist them in finding success:

- Ensure survival needs are met for the immediate future (e.g., connect women with services that offer clothing and food, provide bus passes for transportation).
- Link women with substance abuse issues to treatment immediately upon release to ensure continuity of care and prevent relapse (i.e., set up appointments ahead of time, share information from institutionally-based programs with community treatment providers).

- Ensure that women are connected to physical and mental health services in the community that will provide needed medications and ongoing care.
- Be clear with women about community supervision expectations and consequences (to ensure that women see sanctions as fair and predictable).
- Offer legal assistance and transportation for women who must meet obligations to the child welfare system in order to gain or keep custody of their children.
- Acknowledge the challenges women face in reintegrating with their families and remain flexible in assisting women in dealing with these challenges (i.e., additional effort by parole officers and others on the team beyond simply referring women to community-based services).
- Assist women in applying their knowledge and skills (i.e., parole officers and others on the case management team should expect that women may need continual support and advice to make changes in their lives).
- Support the successful employment of women under community supervision (e.g., create plans for childcare, determine transportation, educate women about on the job sexual harassment).
- Include family and friends involved in women's lives (whether providing housing, transportation, etc.) in their supervision and management.
- Continue to assist in building resources for women to support their vocational, personal, and social needs.
- Prepare women for discharge from community supervision (i.e., explain what will change once formal supervision by the criminal justice system ends, ensure that women are integrated into a network of community resources that will continue in the after-care phase).

Some Indicators of a Gender Responsive and Evidence Based Correctional Facility

- A gender informed mission statement is clearly articulated and prominently displayed throughout the facility.
- Attention is paid to the adequacy and appropriateness of basic living conditions (cleanliness, heating, cooling, comfortable furnishings, and visual environment).
- The facility design and operation match the demonstrated security requirements of the women (i.e., no higher security than warranted).
- There are written policies and procedures for the implementation of gender informed practice in critical areas (i.e., property list, hygiene products, transportation of pregnant women, cross-gender supervision, privacy, pat and strip searches, and sexual harassment/PREA).
- The staffing pattern supports the operational requirements of working with women and pays particular attention to the number of female staff overall, including same sex supervision at important times.
- Inmates and staff feel physically and emotionally safe (i.e., basic management and security procedures ensure the safety of both).
- Staff members receive initial and ongoing training that provides them with the skills and competencies for working effectively with women (e.g., behavioral impacts of trauma, communication style).
- Staff interact professionally and respectfully with women inmates, and maintain appropriate staff-to-inmate and staff-to-staff boundaries. Staff encourage respectful language, model effective problem solving and conflict resolution, and exhibit consistent practice across shifts.
- Staff members set a positive tone in interactions with inmates, use affirmations and reinforcers instead of inappropriate confrontation, acknowledge strengths and assets, and use problem solving techniques to de-escalate problems.
- The facility uses an objective tool for custody classification that has been validated on a sample of women in the facility.
- The facility uses an objective and valid assessment of risk of reoffending, needs, and strengths that includes items relevant for women.
- The assessment of risk, needs, and strengths guides the development of individual case plans, and recommends access and referral to critical services.
- Women receive the medical, mental health, transportation, legal and victim services as indicated in their case plans.

Note: These indicators are drawn from a comprehensive instrument, developed under funds from the National Institute of Corrections, called the Gender Informed Practice Assessment (GIPA).

Some Indicators of a Gender Responsive and Evidence Based Correctional Supervision Approach

- A gender informed mission statement is clearly articulated to supervision staff and prominently displayed in field offices and in official correspondence.
- There are written policies and procedures for the implementation of gender informed practice.
- Staff members receive initial and ongoing training that provides them with the skills and competencies for working effectively with women (e.g., behavioral impacts of trauma, communication style).
- Supervision staff interact professionally and respectfully with women under supervision, and maintain appropriate boundaries. Staff encourage respectful language, and model effective problem solving and conflict resolution.
- Supervision staff understand that their role goes beyond surveillance and enforcement; instead, they also have an obligation to promote client success.
- Supervision staff set a positive tone in interactions with women, use affirmations and reinforcers instead of inappropriate confrontation, acknowledge strengths and assets, and use problem solving techniques to de-escalate problems.
- Appropriate information is received from the correctional facility and incorporated into women's community supervision plans.
- An objective and valid assessment of risk of reoffending, needs, and strengths is used and includes items relevant for women.
- The assessment of risk, needs, and strengths guides the development of individual case plans.
- Supervision levels are dictated by the risk instrument; interventions are dictated by the assessment of needs.
- Conditions of supervision are realistic, relevant, and research based. The number and type of conditions do not exceed the level of risk women pose to the community.
- Women understand the conditions of supervision, the expectations of the supervision officer, and the potential consequences.
- Supervision staff effectively partner with community-based services to ensure that women receive the necessary mental health, substance abuse, trauma and employment and educational services.
- Responses to violations are graduated, gender responsive, and appropriate to the seriousness of the behavior.

Endnotes

- ¹ The Sentencing Project, 2015.
- ² Glaze & Kaeble, 2014, Table 5.
- ³ Mauer, 2013.
- ⁴ Snyder, Durose, Cooper & Mulako-Wangota, 2016.
- ⁵ For more information on women's pathways see Bloom, Owen, & Covington, 2003; Brennan, 2015; Brennan et al., 2012; Chesney-Lind, 1997; Daly, 1992; Dehart, 2005; Green et al., 2005; Lapidus et al., 2004; Salisbury, 2007.
- ⁶ See NRCJW's *Justice Involved Women: A Fact Sheet* available at <http://cjinvolvedwomen.org/>.
- ⁷ James & Glaze, 2006. For more information on how trauma impacts justice-involved women, see Benedict, 2014.
- ⁸ Lynch, Fritch & Heath, 2012; Lynch, DeHart, Belknap & Green, 2012.
- ⁹ Garcia & Ritter, 2012; Lynch, DeHart, Belknap & Green, 2012; Mumola & Karberg, 2006.
- ¹⁰ CASA, 2010.
- ¹¹ See Berman, 2005; Bloom, Owen, & Covington, 2003; Covington, 2001.
- ¹² Mumola, 2000.
- ¹³ Hairston, 2002.
- ¹⁴ Raeder, 2013.
- ¹⁵ Cobbina, 2009; Wright, Van Voorhis, Salisbury & Bauman, 2012.
- ¹⁶ Greenfeld & Snell, 1999.
- ¹⁷ Owen & Bloom, 1995.
- ¹⁸ Ibid.
- ¹⁹ Carson, 2015; FBI, 2015.
- ²⁰ Carson, 2015; FBI, 2015; Hardyman & Van Voorhis, 2004; Van Voorhis, Wright, Salisbury & Bauman, 2010.
- ²¹ Bloom, Owen, & Covington, 2003.
- ²² This section contains text adapted from Berman, 2005.
- ²³ See Benedict, 2014 for an extensive discussion on using trauma-informed practices in women's facilities.
- ²⁴ Morash, Kashy, Smith & Cobbina, 2015.
- ²⁵ Benedict, 2015.
- ²⁶ Cobbina, Huebner & Berg, 2012.
- ²⁷ Wright et al., 2012.
- ²⁸ Lynch, Dehart, Belknap & Green, 2013.
- ²⁹ Van Voorhis, 2013.
- ³⁰ Messina, Calhoun, & Braithewaite, 2014.
- ³¹ The Sentencing Project, 2013.
- ³² Ibid.
- ³³ Community Legal Services, 2014.
- ³⁴ Bloom, Owen, & Covington, 2003, p. 82.
- ³⁵ Hardyman & Van Voorhis, 2004; Van Voorhis et al., 2010.
- ³⁶ The Women's Risk/Need Assessment, a "stand-alone" gender responsive tool, developed by the University of Cincinnati (UC) in collaboration with the National Institute of Corrections. See <http://www.uc.edu/womenoffenders/> and <http://www.nicic.org/WomenOffenders>.

- ³⁷ Also known as the WRNA-trailer, this tool was designed to supplement current dynamic risk/needs tools such as the Level of Service Inventory-Revised (LSI-R).
- ³⁸ The SPIn-W is a gender responsive assessment and case planning tool developed by Orbis Partners. See <http://orbispartners.com/assessment/gender-responsive-spin-w/>. For validation information, see Millson, Robinson & Van Dieten, 2010.
- ³⁹ Gender-sensitive scales that are integrated into the COMPAS assessment. See <http://www.northpointeinc.com/risk-needs-assessment>.
- ⁴⁰ Van Voorhis et al., 2010; Van Voorhis, Bauman, Wright & Salisbury, 2009. The WRNA has been shown to predict recidivism among justice-involved women, and has been shown to significantly enhance prediction above and beyond the administration of a gender-neutral tool (Van Voorhis et al., 2010). These findings have been validated by other authors (Blanchette & Brown, 2006; Jones, 2011).
- ⁴¹ Van Voorhis, 2013.
- ⁴² Wright et al., 2012.
- ⁴³ Wright et al., 2012.
- ⁴⁴ Van Voorhis et al., 2010; Van Voorhis et al., 2009.
- ⁴⁵ Adapted from Van Voorhis, 2013.
- ⁴⁶ Van Voorhis et al., 2010; Van Voorhis et al., 2009.
- ⁴⁷ Orbis Partners Inc., in partnership with the National Institute of Corrections, and with an advisory group of practitioners and researchers, developed the *Women Offender Case Management Model* (WOCMM) now called *Collaborative Case Work* (CCW-W). The CCW-W model is currently being implemented in Alameda County, California, Connecticut, Iowa, and Maine. For more information on the model see Orbis Partners, 2006.
- ⁴⁸ Orbis Partners, 2009.
- ⁴⁹ Orbis Partners, 2006.
- ⁵⁰ Palmer, Thatcher, McGuire & Hollin, 2015.
- ⁵¹ Messina, Calhoun, & Braithwaite, 2014.
- ⁵² The gender responsive drug court included the use of *Helping Women Recover and Beyond Trauma* curricula. Messina, Calhoun & Warda, 2012.
- ⁵³ Gobeil, Blanchette, & Stewart, 2016.
- ⁵⁴ For more information on evaluation research for each program, see *Evidence based and Gender Responsive Programs for Justice Involved Women: Evaluation Findings and Resources*, available at <http://cjinvolvedwomen.org/>. Some content was adapted from: Gehring & Bauman, 2008; Van Voorhis et al., 2009.
- ⁵⁵ Forever Free is no longer in operation at the California Institution for Women, but is in operation at Casa Aurora, a community corrections center for women in Bakersfield, CA (Personal communication with David Conn, January, 5, 2016). This program implements the Center for Substance Abuse Treatment (CSAT) guide for treating women (Kassebaum, 1999).
- ⁵⁶ Not developed specifically for female offender populations, but addresses abuse and trauma.
- ⁵⁷ Garcia & Ritter, 2012.
- ⁵⁸ Wright et al., 2012.
- ⁵⁹ Many strategies listed were adapted from Berman, 2005; Berman & Gibel, 2007.
- ⁶⁰ Adapted from Cobbina, 2009; Covington, 2001; Garcia & Ritter, 2012.

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Additional Resources

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Gender Responsive Policy & Practice Assessment (GRPPA). National Institute of Corrections: <http://nicic.gov/grppa/>

National Directory of Programs for Women with Criminal Justice Involvement: <http://nicic.gov/wodp/>

National Institute of Corrections, Women Offenders Project: <http://nicic.gov/womenoffenders>

University of Cincinnati, Women's Risk Needs Assessment: <http://www.uc.edu/womenoffenders.html>

Women's Prison Association: <http://www.wpaonline.org/>

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