



Adapting Custodial Practices to Reduce Trauma for Incarcerated Women

Executive Summary

Evelyn F. McCoy
URBAN INSTITUTE

Melanie Langness
URBAN INSTITUTE

Jahnavi Jagannath
URBAN INSTITUTE

Janeen Buck Willison
URBAN INSTITUTE

Janine Zweig
URBAN INSTITUTE

with

Becki Ney
CENTER FOR EFFECTIVE
PUBLIC POLICY

Wayne Choinski
CORRECTIONAL LEADERS
ASSOCIATION

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Women have emerged as the fastest-growing incarcerated population in the United States. Between 1980 and 2017, the number of incarcerated women increased by more than 750 percent, twice the rate of growth for men (The Sentencing Project 2019). Furthermore, Black women and women of color are disproportionately incarcerated, constituting more than half the population of women held in correctional facilities (Bronson and Carson 2019); in 2017, Black women were incarcerated at twice the rate of white women, and Latinx women at 1.3 times the rate of white women (The Sentencing Project 2019). Women experience pathways to justice involvement that are often tied to past victimization, trauma, and co-occurring mental health and substance use issues (Salisbury and Van Voorhis 2009), and these pathways have important implications for women's unique needs during incarceration. Most women who are incarcerated experienced significant amounts of trauma exposure, interpersonal trauma, victimization, post-traumatic stress disorder, and exposure to violence before their incarceration.¹ For example, research indicates that more than 75 percent of incarcerated women have experienced trauma, including interpersonal, physical, and/or sexual violence (NRCJIW 2016). Importantly, incarcerated women are more likely than incarcerated men to enter incarceration having experienced trauma and to experience victimization while incarcerated (Beck, Rantala, and Rexroat 2014). Overall, prison is an inherently traumatizing environment that is "neither normal nor natural, and constitutes one of the most degrading experiences a person may endure" (DeVeaux 2013, 259).

The Urban Institute and its partners, the Center for Effective Public Policy, the Correctional Leaders Association, and the National Center for Victims of Crime, were funded by the National Institute of Justice to conduct a two-tiered, 33-month, exploratory mixed methods study of policies, programs, and practices that state departments of corrections (DOCs) use for addressing incarcerated women's prior trauma and victimization and for preventing in-custody victimization. The study employed a combination of data collection strategies, including a web-based survey of 57 domestic violence and sexual assault coalitions, phone interviews with 108 correctional leaders representing 41 state DOCs, phone interviews with 31 staff at 15 standout states taking innovative or comprehensive approaches to addressing trauma and victimization, and case-study visits to three standout facilities where we conducted 40 semistructured interviews with 81 stakeholders (including correctional leadership, security staff, program providers, peer navigators, and community partners) and 28 incarcerated women.

In this executive summary, we summarize findings from these activities on the types of custodial practices DOCs and facilities have implemented to reduce trauma and victimization in US women's prisons. We discuss operating philosophies and the extent to which state DOCs recognize women's unique needs, and we discuss various custodial and operational practices (e.g., body searches, restraints, housing, disciplinary processes, sanctions and incentives, use of force, and engagement with transgender people). We conclude by recommending ways corrections professionals can take more gender-responsive and trauma-informed approaches to working with women. We also supplement these recommendations with a list of resources that practitioners can use for guidance and expertise.

Major Findings

The following represent key findings about how DOC policies, programs, and practices address incarcerated women's prior trauma and victimization, and about how they prevent in-custody victimization through operating philosophies and custodial and operational practices:

- Most DOCs recognize that women have histories of trauma and victimization and incorporate this into their operating philosophies. However, the extent to which DOCs *actually* incorporate a trauma-informed lens in their approaches is unclear. State DOCs showed familiarity with the term "trauma-informed lens," but we do not know whether they have fully embraced it in practice. Correctional leadership also noted the importance of acknowledging and understanding that women's specific needs differ from those of men, as do the pathways that lead them to incarceration. Furthermore, DOCs overwhelmingly reported incorporating gender-responsive training in their core staff curricula in addition to training on other key topics, such as de-escalation, crisis intervention, and critical communication.
- Most state DOCs use same-gender body searches and some allow transgender people to choose their preferred gender identification of the officer conducting the search. They also adapt body searches in several ways, including by having officers verbally walk people through searches step by step, implementing half strip searches, and purchasing body scanner

technology to eliminate contact searches. However, incarcerated women say search procedures are still highly dependent on officer discretion; officers do not always follow the established protocol and break from trauma-informed practice by inconsistently following policy.

- Even though restraints can significantly retraumatize women, most DOCs are not adapting policies and practices around the use of restraints on incarcerated women with known histories of trauma and victimization, beyond limiting how frequently they are used. Moreover, although DOCs adapt restraints for pregnant women, most facilities still use restraints on pregnant women at some point during pregnancy.
- A few DOCs we interviewed are reviewing their disciplinary processes, sanctions, and incentives to identify opportunities to make them gender responsive. Others have adapted their policies, including by eliminating lower-level sanctions, implementing verbal redirects, using “time-outs” or brief stays in cells, incorporating motivational sanctions, using restorative approaches, implementing incentives and rewards, and forming multidisciplinary teams to review incidents and consider people’s histories and past behavior when determining appropriate sanctions.
- State DOCs have made few adaptations to restrictive housing to reduce trauma and respond to women’s needs. Some are working on making their policies more trauma informed, such as by allowing people to take personal belongings, access programming, and spend extended periods outside of isolated cells. A few have eliminated the use of restrictive housing for women altogether. Importantly, correctional leadership and staff emphasized that specialized treatment and restrictive housing units can be safer and better environments for people with certain needs.
- State DOCs reported that they only use force when necessary and use other de-escalation and communication techniques before resorting to force. However, no DOCs indicated that they have any gender-responsive use-of-force policies beyond those limiting force against pregnant women. Some women’s prisons did report that they consider people’s histories when conducting planned uses of force (e.g., cell extractions), that they consider the needs of people in surrounding areas when planning extractions, and that they involve mental health staff in use-of-force processes. Lastly, incarcerated women expressed having had frequent negative experiences with staff using unplanned physical and nonphysical force, including objects being kicked, violent language, and chairs being pulled out from under women.
- Though limited, some of the facilities we spoke with are working to develop approaches to working with transgender people; to better describe, understand, and correctly use gender pronouns; and to demonstrate a willingness to provide strong and forward-looking care for transgender people.

Overall Recommendations

Based on our findings and our thinking about how state DOCs and correctional settings can reduce trauma for incarcerated women, we offer the following recommendations:

- **Develop a gender-responsive and trauma-informed approach for incarcerated women.** This approach should address women's specific needs, their pathways to incarceration, and their histories of trauma and victimization. Adapted mission and vision statements at the DOC and facility levels should reflect this approach, setting clear expectations for all staff and incarcerated women. State DOCs should allow women's facilities to have unique policies that are gender responsive and trauma informed, rather than mandating uniform evidence-based programming and assessment tools across all men's and women's prisons. Definitions of gender responsiveness should also include transgender people. Gender-responsive policies should not reinforce the gender binary; rather, they should allow for gender diversity and meet specific needs associated with experiences common among people of a given gender identity.
- **Develop comprehensive policies and procedures pertaining to the treatment of pregnant women, and adapt custodial practices accordingly to protect their physical and emotional well-being.** Pregnancy is a particularly vulnerable experience that is difficult to navigate during incarceration. In addition to following PREA protections, correctional facilities should minimize procedures and take trauma-informed approaches during procedures that may make pregnancy more difficult or traumatizing.
- **Develop comprehensive trauma-informed policies and procedures pertaining to the care, treatment, and management of transgender and gender nonconforming people.** For example, create policy that aligns with PREA standards and encourages individualized reviews to ensure people are housed according to their gender identification and in a way that makes them feel safe. Take additional measures to ensure transgender people are protected, and provide physical and mental health care as needed. Correctional facilities should be mindful and supportive of the disproportionate trauma that transgender people face before and during incarceration.
- **Adopt the assumption that *all* women entering the correctional system have experienced trauma.** Most incarcerated women have repeatedly experienced multiple forms of trauma and victimization over long periods. Staff, leadership, community partners, and volunteers should all assume that the women they serve have experienced some level of trauma and have that assumption inform their interactions and the administration of custodial practices and operations.
- **Develop facility-specific training programs for all staff working with women.** Training frameworks should be grounded in trauma-informed and gender-specific principles—which recognize that to be gender responsive is to be trauma informed—and detail specific adaptations to custodial practices as well as general approaches for working with women in a more trauma-informed way. Training should be ongoing, involve regularly mandated review

sessions, and be supplemented with presentations on emergent topics and other relevant workshops. Facilities should partner with community-based organizations to deliver training to correctional staff and solicit input from incarcerated people about staff training.

- **Establish a strong trauma-informed and gender-responsive approach for all custodial practices and operations.** A key component of this process is a review of all institutional policies, leadership structures, and custodial practices and operations with a trauma-informed and gender-responsive lens. Facilities should identify emerging best practices in corrections that adapt these practices and operations for women to implement.
- **Minimize the use of punitive measures, including discipline and sanctions, restrictive housing, use of force, and restraints.** Research demonstrates that the use of punitive measures does not lead to positive and prosocial growth in correctional environments for women.
- **Make disciplinary and sanctions policies gender responsive, trauma informed, and motivational rather than punitive.** Individualize approaches to discipline and sanctions to consider people's past experiences and behavior and use multidisciplinary teams to determine the best way forward in particular cases. This may involve evaluating sanctions policies to include more incentives and rewards for positive, compliant behavior to motivate women to change and reinforce behaviors that may serve them well in the facility and once released.
- **Apply the least invasive body search possible to reduce retraumatization and psychological triggering, and consider adaptations that increase personal safety and decisionmaking.** For instance, consider strip searching half a person's body at a time so that they are never entirely unclothed, and explain each step of the search and its purpose.
- **Develop processes that allow women to provide feedback on custodial practices and operations, and adopt policies and practices based on that feedback.** Some examples include an annual climate survey, routine meetings between a resident council representative of incarcerated women and facility leadership, and improved grievance processes that are safe and confidential. Elevate the voices of women in custody, because they are the population most affected by policies and procedures and should have the opportunity to provide input on their living conditions.
- **Conduct routine oversight of standard custodial practices and operations to ensure consistent application and increase accountability.** Although policies and procedures may exist, practices may not necessarily follow established protocols. Routine oversight of custodial practices and operations will help ensure consistency across adaptations to policy and practice; increase transparency, accountability, and effectiveness; and provide more opportunities to correct staff misconduct.
- **Collect and use data on key metrics to inform decisionmaking.** Data can be an important source of knowledge when evaluating ongoing processes, changing policy and practice, and making decisions.

TABLE 1

Recommendations for Custodial Practice

Custodial practice area	Recommendations
Approaches to working with women	<ul style="list-style-type: none"> Develop gender-responsive and trauma-informed mission and vision statements at the DOC and facility levels that guide and set expectations for the overall approach to working with women. Adapt an approach to working with women that responds to their unique needs and differs from the approach to working with men. Train all correctional staff on women's specific needs, their pathways to incarceration, and how to work with women with histories of trauma and victimization.
Body searches	<ul style="list-style-type: none"> Reduce the use of searches as much as possible. Consider using random searches (e.g., searching every 10th person) rather than searching everyone in situations when large groups are returning to a facility (such as from work release). Always conduct the least invasive search possible. Consider investing in body scanner technology to minimize physical body searches. Implement universal same-gender searches. Allow transgender people to self-identify their preferred gender presentation of the officer conducting the search. Adapt strip searches to be one half at a time, allowing people to choose whether to have the top or bottom half of their body searched first without having to be fully unclothed at any point. Explain each step of the search and its purpose using professional language and a respectful tone of voice. Consider eliminating body cavity searches, or only conduct them in extreme circumstances and with medical personnel present. Monitor implementation to ensure adaptations to search policies are consistently applied.
Restraints	<ul style="list-style-type: none"> Reduce the use of restraints as much as possible. Restraints should be used only as a last resort. When they are deemed necessary, take precautions to prevent injury. Do not use restraints at any point during pregnancy, including during transportation to medical appointments and delivery. In extreme situations where restraints are deemed necessary for safety and security, only use handcuffs at the front of a person's body. Do not threaten to use unneeded restraints as a disciplinary tactic.
Disciplinary processes, sanctions, and incentives	<ul style="list-style-type: none"> Take an individualized approach to sanctions that recognizes and considers each person's progress relative to the nature of particular incidents. Implement sanctions that reinforce motivation and prosocial change, including journaling assignments, apology letters, practicing skills for positive interactions, and dialoguing about the harm people have caused. Establish multidisciplinary teams to review incidents and determine the least punitive disciplinary action, and solicit incarcerated people's perspectives for additional context. Implement incentives to recognize and reward positive behavior. Monitor data on disciplinary actions and sanctions to identify opportunities to use them less and to better understand what types of incidents they are used for and where those incidents typically occur.

Custodial practice area	Recommendations
Restrictive housing	<ul style="list-style-type: none"> Consider eliminating the use of restrictive housing, or limit its use to extreme circumstances. For acute-special-needs units and other kinds of restrictive housing use for treatment needs, ensure incarcerated people have constant access to mental health staff, regular access to programming and rehabilitative activities, opportunities for social interaction, and other supports as much as possible. Ensure people placed in restrictive housing have equal access to programming, rehabilitative activities, and visits and calls with family. Do not place pregnant women in restrictive housing. Establish multidisciplinary teams to regularly review the progress of people in restrictive housing and identify opportunities to move them out of it.
Use of force	<ul style="list-style-type: none"> Reduce the use of force, especially unplanned force. Force should only be used as a last resort. Apply and exhaust all de-escalation and crisis intervention techniques first. Maintain a record of uses of force. Regularly review these records and debrief with correctional officers to improve their conduct and ensure they do not abuse the use of force. Do not use force with pregnant women. Incorporate mental health personnel in planned uses of force (e.g., cell extractions) and consider building multidisciplinary emergency response teams.
Engagement with transgender adults	<ul style="list-style-type: none"> House transgender people according to their gender identification. Allow transgender people to select the gender identity of any officer who conducts a body search. Ask for and use preferred pronouns (they/them, she/her, he/him) for all incoming people, and remain intentional about respecting everyone's pronouns. Provide services specific to the needs of transgender people, including supportive therapy for gender dysphoria, hormone maintenance and other needed medical treatment, trauma-informed therapy (to address transgender people's unique experiences, including victimization), and support groups. Develop safety measures to prevent victimization for transgender people during incarceration. Develop comprehensive policies surrounding the care, treatment, and management of transgender people.

Selected Resources for Practitioners

In this section, we provide resources that practitioners can use to make their approaches to working with people in women's correctional facilities more gender responsive and trauma informed:

- In an editorial titled "[Restrictive Housing: Taking the Lead](#)," Gary C. Mohr (director of the Ohio Department of Rehabilitation and Correction) and Rick Raemisch (executive director of the Colorado Department of Corrections) advocate for reducing the use of restrictive housing and outline how the American Correctional Association will adjust its standards.
- In [this brief](#), the American Psychological Association presents research and evidence on the harms associated with restraints for justice-involved pregnant women—including a map of state-level policies protecting against the use of restraints on pregnant women—to advocate

for the enactment of the “Protecting the Health and Wellness of Babies and Pregnant Women in Custody Act.”

- In *Gender Responsive Discipline and Sanctions Policy Guide for Women’s Facilities*, Alyssa Benedict, Becki Ney, and Rachelle Ramirez outline how correctional professionals can review and revise their discipline and sanctions policies and practices to better serve incarcerated women and create safer environments.
- In *Using Trauma-Informed Practices to Enhance Safety and Security in Women’s Correctional Facilities*, Alyssa Benedict provides an overview of trauma and its effects on incarcerated women. The report also details trauma-informed practices for women’s correctional facilities and offers actions that facility administrators, managers, and staff can take to better align their operational practices with research on trauma and to make facility cultures more trauma informed.
- In *Translating Research Into Practice: Improving Safety in Women’s Facilities*, Marianne McNabb details factors contributing to violence in women’s jails and prisons and outlines prevention and intervention strategies.
- The National Task Force on the Use of Restraints with Pregnant Women under Correctional Custody produced *Best Practices in the Use of Restraints with Pregnant Women and Girls Under Correctional Custody*, which details best practices for various settings, including criminal justice, juvenile justice, psychiatric and forensic hospitals, law enforcement transport, and others for women and girls who are pregnant, laboring and delivering, or in the postpartum period.
- In “*The Prison Rape Elimination Act: Implications for Women and Girls*,” Andie Moss reviews the basics of the Prison Rape Elimination Act, its influence on women’s prisons, its historical and theoretical context, and its implementation. The brief concludes with a note on the importance of gender-responsive practice and additional resources on the subject.
- In *Policies to Increase Safety and Respect for Transgender Prisoners: A Guide for Agencies and Advocates*, the National Center for Transgender Equality outlines specific, actionable policy changes correctional facilities may take to meet the specific intake, classification, safety and privacy, communication, medical, education, victimization, and reentry needs of transgender adults in custody.
- The *National PREA Resource Center* provides assistance to stakeholders responsible for state and local prisons, juvenile facilities, community corrections, lockups, tribal organizations, and incarcerated people and their families in their efforts to eliminate sexual violence in correctional settings. It serves as the central repository for updated research in the field on trends, prevention, and response strategies, and best practices in corrections.
- *Reforming Restrictive Housing: The 2018 ASCA-Liman Nationwide Survey of Time-in-Cell* tracks the impact of the American Correctional Association’s 2016 restrictive housing performance-based standards.

- In *Policy Review and Development Guide: Lesbian, Gay, Bisexual, Transgender, and Intersex Persons in Custodial Settings*, Brenda V. Smith and Jaime M. Yarussi provide information on how adult correctional facilities and juvenile justice agencies can assess, develop, and/or improve policies and practices regarding LGBTI people in their custody.
- In a Congressional statement titled “[Women in Detention: The Need for National Reform](#),” Johanna Kalb and Judith Resnik present a discussion of issues related to placement and visitation that impact the experiences of women incarcerated in the United States.
- In “[Women in Detention: The Need for a National Agenda](#),” Johanna Kalb, Judith Resnik, and Megan Quattlebaum discuss women in the criminal justice system by providing a demographic overview of women in prison, relaying specific concerns about classification and well-being within prisons, and outlining some specific gender-responsive and evidence-based programs.

Note

- ¹ See Belknap and Holsinger (2006), Browne, Miller, and Maguin (1999), Carlson and Shafer (2010), Dehart and Altshuler (2009), Green and coauthors (2005), and Lynch and coauthors (2012).

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About the Authors

Evelyn F. McCoy is a training and technical assistance manager in the Urban Institute's Justice Policy Center, where she leads research and technical assistance projects related to justice-involved women, correctional programming and practice, gender-responsive and trauma-informed approaches, and human trafficking.

Melanie Langness is a policy assistant in the Justice Policy Center, where she works on research and capacity-building projects related to victimization and violence interventions with a focus in qualitative and community-engaged methods.

Jahnavi Jagannath is a policy assistant in the Justice Policy Center, where she conducts research and partnership building regarding care for justice-involved women, strengthening community and family for incarcerated people, and community-oriented alternatives to traditional policing.

Janeen Buck Willison is a senior research fellow in the Justice Policy Center, where she conducts research, evaluation, and technical assistance on prison and jail reentry, specialized courts, corrections and community supervision, and juvenile justice, and leads numerous multisite mixed methods studies.

Janine Zweig is associate vice president of justice policy and a senior research fellow in the Justice Policy Center, where she conducts research, evaluation, and technical assistance work on understanding interpersonal violence (e.g., sexual violence, intimate partner and dating violence) and program and policy responses to those experiences.

Becki Ney is a principal with the Center for Effective Public Policy and director of the National Resource Center on Justice Involved Women. She has led training and technical assistance projects focused on justice-involved women, domestic violence, criminal justice system assessment, correctional sentencing options, parole and probation supervision and violations, and jail overcrowding.

Wayne Choinski is a project manager with the Correctional Leaders Association. His correctional experience includes serving the Connecticut Department of Corrections for over 27 years as a senior administrator at several large correctional institutions, the senior administrator for community corrections, and a regional administrator responsible for the oversight of nine correctional facilities, including jails.

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500 L'Enfant Plaza SW
Washington, DC 20024

www.urban.org

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