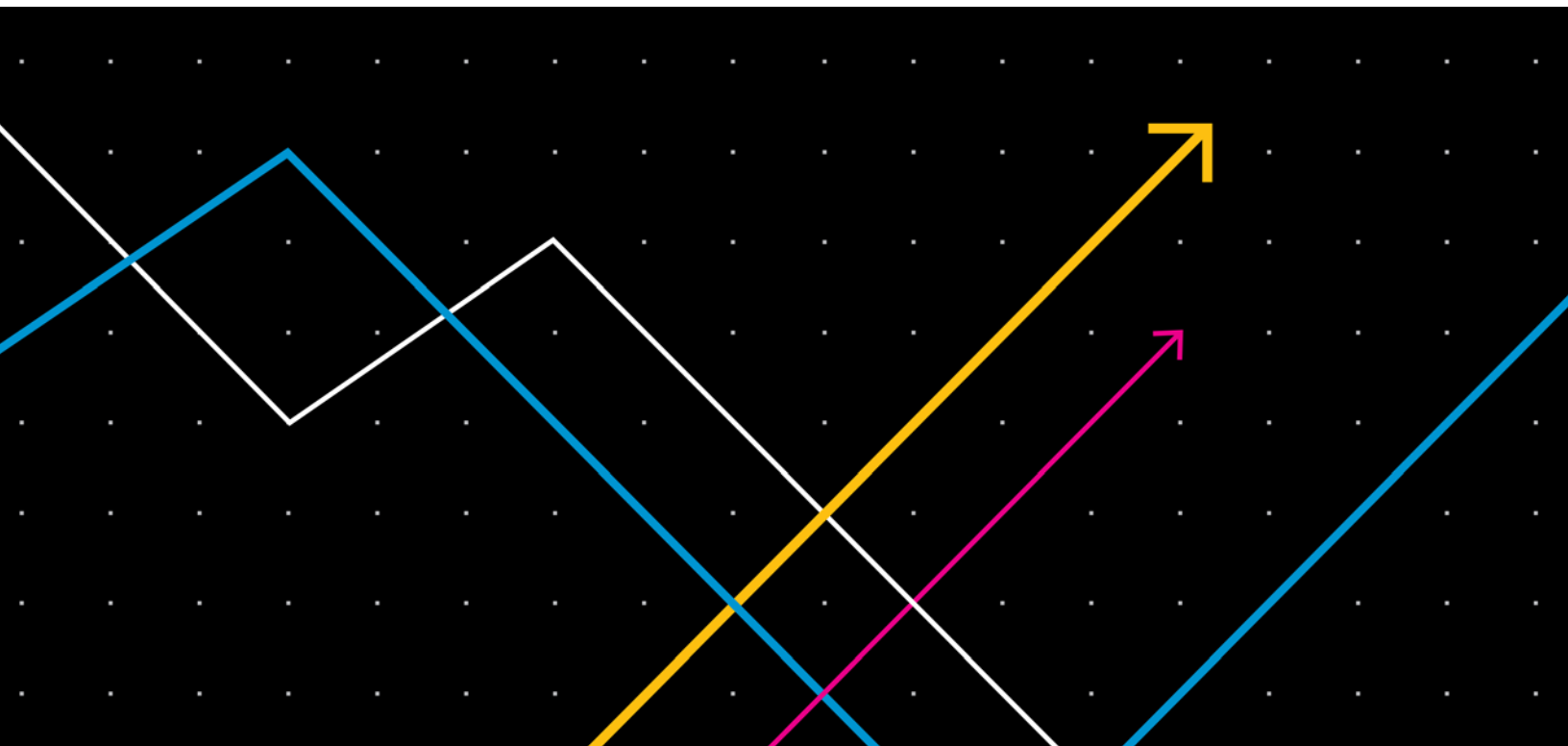




RESEARCH REPORT

Adapting Custodial Practices to Reduce Trauma for Incarcerated Women

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Executive Summary

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” (De Veaux 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 report, 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 responsivity 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	- 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	- 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	- 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	- 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	- 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	- 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	- 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.

Adapting Custodial Practices to Reduce Trauma for Incarcerated Women

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 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.² 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).

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). People who are incarcerated may experience constant surveillance, a lack of privacy, and even physical, sexual, and emotional violence. Research indicates that incarceration may increase a person's sense of helplessness and social isolation and decrease their sense of autonomy and decisionmaking ability (DeVeaux 2013). Incarceration and its accompanying psychological effects are especially acute for people with histories of victimization and trauma. People with such histories can perceive daily occurrences in a prison, including loud noises, body searches, banging of doors, yelling, cell extractions, segregation, and restraints, as threatening. This is because trauma can cause physiological changes in how our brains respond to situations, particularly dangerous ones. For example, hearing an officer slam a door or yell may trigger traumatic memories for someone who has been in a physically abusive

relationship. That person may respond with increased hostility toward the officer who slammed the door or be nonresponsive when that officer asks them to participate in count. The officer may interpret such responses as aggressive or noncompliant, even though that person is responding to the traumatic memory of an abusive relationship (Benedict 2014; SAMHSA 2013).

Adapting custodial practices is one way to make a facility's correctional culture more gender responsive and trauma informed. Correctional culture is the system of values, beliefs, and norms that are operationalized daily by staff who work in a correctional facility and by people who are incarcerated there. Culture can be *formal* (i.e., policies, procedures, mission statements) and *informal* (i.e., what actually occurs). Custodial practices, or operational practices, are the core tasks conducted by correctional staff to operate a correctional facility in accordance with agency policy and institutional mission. These practices include recurrent daily tasks such as counts and body searches, as well as sporadic unplanned tasks such as the use of restraints or force. Custodial practices are generally enumerated and codified in written policy and constitute part of a facility's formal culture, which governs staff behavior, supervision, and training, sets clear expectations for facility operations, and fulfills a facility's mission and goals. Importantly, custodial practices are one way that correctional culture is operationalized. Without intentionally changing custodial practices to consider women's histories of victimization and trauma and seeking to reduce further trauma, correctional facilities will continue to trigger, retraumatize, and harm the women in their custody and care. Though these strategies do not erase the harm of incarceration or of justice involvement more broadly, they could reduce further harm for women held in custody.

In this report, we explore custodial practices that facilities can implement to minimize trauma and victimization in US women's prisons. First, we explore existing correctional approaches to working with women, including operating philosophies and the extent to which state departments of corrections (DOCs) recognize women's unique needs. Then, we examine various custodial and operational practices, including 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.

BOX 1

Evaluation of In-Prison Programming for Incarcerated Women: Addressing Trauma and Prior Victimization

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 departments of corrections' policies, programs, and practices for addressing incarcerated women's prior trauma and victimization and for preventing in-custody victimization. We used the following activities and methods to collect data for this study:

- **Web-based survey of state domestic violence and sexual assault coalitions.** We sent an electronic survey to 81 such coalitions; 57 completed them, yielding a 70 percent response rate.
- **Phone interviews with leadership from DOCs.** We interviewed 108 correctional leaders—a mix of state DOC commissioners, directors of programming, specialized gender-focused professionals, and some facility leaders—in 41 states, with a response rate of 82 percent.
- **Phone interviews with standout states.** After analyzing 41 interviews with DOC leaders, we identified 16 states taking innovative or comprehensive approaches to addressing trauma and victimization. With the data analysis and input from DOC leaders, we selected facilities in those states and interviewed a combination of wardens (or superintendents) and programming directors, or wardens (or superintendents) and clinical directors. We spoke with 31 staff at 15 facilities.
- **Case-study interviews with facility staff, community partners, and incarcerated women.** We conducted case-study site visits to three women's prisons, during which the team conducted 40 semistructured interviews with 81 stakeholders (including correctional leadership, security staff, program providers, peer navigators, and community partners) and 28 incarcerated women. All of the incarcerated women that we interviewed indicated that they use she/her pronouns.

Approaches to Working with Women

Mission and vision statements represent aspirational philosophies of correctional practice, or common theories held by correctional professionals about how best to maintain a treatment environment and a safe, secure correctional facility. Through a review of the mission statements of DOCs interviewed for this study, we found that a majority centered “safety” as their primary goal or value. Some states (like Wisconsin)³ explicitly commit in their mission statements to using gender-specific guiding principles to support growth for women in custody. Naming specific gender-responsive principles makes it clear to staff, legislators, and women in custody that DOCs will at least be working toward providing a gender-responsive and trauma-informed prison environment.

“The Wisconsin Women’s Correctional System (WWCS) provides female inmates a safe and secure confinement in an environment that is gender responsive. WWCS utilizes gender-specific guiding principles to assist in the positive growth of inmates through treatment, education, and appropriate supervision, thereby fostering successful reentry to their families and communities upon release.”

—Wisconsin Women’s Correctional System purpose statement

In contrast, we found that other DOCs highlight the need for men and women to have equitable access to services, programs, and activities. States whose DOCs do not specify gender-specific principles in their mission statements may find it harder to develop gender-responsive correctional cultures.

“Services, programs and activities shall be made available equally to male and female offenders, provided that necessary gender responsive differences are allowed and appropriate. Adjustments or modifications of facility or community provided programs, services or activities to reflect gender differences shall be evidence-based.”

—Supplemental materials provided by Kansas Department of Corrections

In addition to gender-responsive components of operational philosophies, 27 (66 percent) of the DOCs recognized an understanding of trauma and victimization experiences as part of their philosophy. This was further confirmed through interviews with women’s prison leadership in local facilities. For instance, the warden at the Iowa Correctional Institution for Women in Mitchellville, Iowa, discussed the importance of articulating a mission statement as a foundation for changes to policy and practice. Mission statements provide an aspirational framework for developing specific custodial practices and policies that better address women’s needs and trauma.

“Our mission statement is creating an environment that reflects an understanding of the realities of women’s lives and empowers them to make positive change and return to the community as healthier productive citizens. With that, we start weaving that in at the very beginning of looking at [staff] applicants and our interviewing process and how we set up interview questions.”

—Warden Sheryl Dahm, Iowa Correctional Institution for Women

Beyond codifying guiding values in mission statements, correctional leadership noted that acknowledging and understanding incarcerated women’s specific needs is key to improving correctional culture in women’s prisons. Leadership in 35 DOCs (85 percent) distinguished the needs of women from those of men, citing child care responsibilities, pregnancy, and medical needs. In interviews, some DOC leaders specifically referenced women’s differing pathways to incarceration. According to interviewees, women are more likely than men to engage in criminalized behavior in response to trauma, victimization, and interpersonal relationship difficulties. Though it is important that they did so, only 7 DOCs (17 percent) specifically referenced experiences of trauma prior to incarceration as a unique experience for women that affects their specific needs. Although many DOCs acknowledge that women’s needs differ from those of men, only some recognize trauma as particularly concerning for women.

There are a lot of victimized women who are just finding themselves in our system, and that victimization goes back through early, early childhood experiences. What we’re dealing with are people who have been intimately involved in violent experiences, trauma-focused experiences that have really, really put them in a position just mentally where they are struggling with everything else.

—DOC leader

Furthermore, most correctional leadership and staff recognized that women’s unique pathways to incarceration require different interactions, approaches, and strategies, elements that are essential to a gender-responsive correctional culture. Nearly two-thirds of DOCs (24 out of 41) indicated that in

addition to acknowledging gender differences, they adapt their practices for incarcerated women, a process they mentioned typically requires more resources and time: for instance, talking a woman through each step of a strip search lengthens the process and places more communication demands on women and staff.

Women just want to talk it out. They wanna know why you're doing it. They wanna know why they're expected to do that. They wanna know why the rule or the guideline is in place.
—DOC leader

Training of correctional staff must reflect the values of gender-responsive care reflected in the above statements. Eighty percent of participating DOCs reported that their correctional staff receive training on gender-responsive communication and working with women, and 63 percent reported that these same correctional staff receive training on trauma-informed approaches. Moreover, 32 percent (13 DOCs) said that all employees at women's facilities are required to take specific trainings on working with women that include some element of gender responsiveness.⁴ For the purpose of this study, we distinguish gender-responsive from trauma-informed approaches; however, given the evidence that most women who become incarcerated have histories of trauma, gender-responsive approaches and training must incorporate trauma.

Twenty-nine DOCs (71 percent) provide staff with additional de-escalation, crisis intervention, and/or critical communication training, which they considered important to addressing women's needs. By formally training them on trauma-informed and gender-responsive approaches, correctional leadership help staff reduce the harm of incarceration for women and contribute to creating and maintaining trauma-informed, gender-responsive correctional cultures conducive to healing and positive growth.

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. Departments of corrections 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.

Recommendations for Approaches to Working with Women

- 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

Body searches are invasive, intimidating, humiliating, and degrading for incarcerated people, partly because they require undressing in front of a staff member. Body searches can be particularly triggering and traumatizing for women with histories of physical and sexual violence, women who identify with a religious or cultural background that prohibits public nudity, and for LGBTQ+ people, who are at increased risk of sexual victimization during incarceration (Beck et al. 2013).

Strip, pat, cell searches—you get used to it. It's very uncomfortable to do a skin search which is completely naked and bending over and coughing isn't exactly something that you should be used to before. This is the first time having to be naked in front of people. You get used to it, you can get used to anything. It's not like the officers enjoy it.

—Incarcerated woman

Importantly, a significant and palpable power differential exists between women who are held in custody and staff who make decisions about incarcerated women's privileges and punishment. This imbalance is reinforced symbolically and viscerally when staff touch and probe an incarcerated

woman's naked body. Body searches present risk for abuse, mistreatment, harassment, and discrimination, especially because they involve minimal oversight and depend largely on correctional officers' discretion (Penal Reform International 2013).

BOX 2

Body Searches: Definition, Purpose, and Types

A body search is the methodical search of a person's body (clothed or unclothed) involving the use of electronic technology, visual observation, and/or physical contact. Correctional staff routinely use body searches to inspect people entering or residing in a correctional facility. The primary method for conducting body searches of staff and visitors entering facilities involves electronic scanning systems such as metal detectors and body scanners; body searches of incarcerated people involve more intrusive visual and physical methods. Broadly speaking, body searches of staff, visitors, and incarcerated people constitute one common method of preventing contraband from entering correctional facilities. Common kinds of body searches include the following:

- **Electronic scanning.** Metal detectors and millimeter wave scanners are the primary tools used for body searches of staff and visitors entering the secure perimeter of a correctional facility. Facilities also use these systems to some degree in body searches of incarcerated people.
- **Pat or frisk searches.** These searches involve systematically observing and physically inspecting (with a person's hands) an incarcerated person while they are clothed. Pat or frisk searches are the most common and least intrusive type of physical body search conducted in correctional facilities. They are typically conducted to detect contraband and prevent its movement.
- **Strip or unclothed searches.** These involve a visual search of an unclothed person's body and require a systematic inspection of the entire body. This type of search requires no physical contact; however, a physical inspection of all clothing and personal items is conducted. Strip searches are typically conducted when incarcerated people are entering or exiting a correctional facility, after a contact visit, when there is significant movement throughout a facility, and when an incarcerated person is suspected of concealing contraband.
- **Body cavity searches.** These involve the physical examination of an incarcerated person's bodily orifices. This type of search is the most intrusive and should only be performed by a medical professional in extreme circumstances.

Source: Information provided by project partners at Correctional Leaders Association (formerly known as the Association of Correctional State Administrators).

When asked how they minimize the trauma of body searches, 36 DOCs (87 percent) reported that searches in their facilities are conducted by officers of the same gender as the incarcerated woman being searched, in compliance with Prison Rape Elimination Act (PREA) guidance.⁵ In contrast, four

DOCs (Alaska, Kansas, Nevada, and Virginia), or approximately 10 percent, explicitly stated that cross-gender searches are allowed. Most DOCs cited PREA as the reason for implementing same-gender searches; notably, adherence to same-gender searches in two states actually resulted from lawsuits. In addition, three DOCs signaled that a cross-gender search may be conducted during emergencies or extenuating circumstances related to risk and safety, when staff of the same gender are unavailable, or during a dangerous situation. One mentioned that additional precautions are taken for cross-gender searches. Lastly, four DOCs (10 percent) discussed search policies specific to the transgender population, for instance, people can choose their preferred gender presentation of the officer to conduct the search.

Pat searches—the preference is that it's female but if a male does a pat search and the entire facility—you walk around and there's little arrows all over the floor and they point to a camera that is, obviously, recorded. If a male does—if there's a cross-gender pat search, offenders have to be on one of those arrows so that it is recorded in case there is any allegation or issue in the future. It's all very clearly recorded so we can monitor that.

—DOC leader

Many DOCs and women's correctional facilities indicated that they adapt body searches to mitigate further trauma for women. The most frequently cited adaptation was that staff walk an incarcerated person through the body search in a trauma-informed way by explaining each step of the search before it occurs. Correctional staff are trained to apply this method to different types of body searches, including strip and pat searches. One DOC leader we interviewed told us the following:

Mainly the difference is the fact that if you went to a male facility and did a strip search there wouldn't be anything posted on the wall, it wouldn't be told that, "This is the order we're going to do the search in and this is why we're going to do the search." It would just be, "This your strip search. Remove your clothing items." We try to do it in a trauma-informed way for the women who obviously most have been sexually assaulted or sexually abused so that it's in a way that it doesn't retrigger their trauma so that they know the order that we're going in, that they feel more comfortable about it. It's explained to them by the officer and the policy that this is for their safety, it's for the safety of their community that they live in within the facility, it's for the safety of the staff. That kind of puts them at ease. Again, it's the communication thing. The explanation has taken them two to five extra minutes, sometimes, to explain what the procedure is and why we're doing it to get there.

In addition, four women's prisons (in Alabama, Iowa, Maine, and Vermont) have implemented a half strip search, where incarcerated women can choose whether to have their top or bottom half searched first, meaning half of their bodies are clothed at any given point. In these prisons, prior trauma is assumed for all women entering the prison, an assumption that allows facilities to be more responsive and respectful of those prior experiences. Importantly, implementing half strip searches can involve challenges; for instance, women being transferred from another facility may be clothed in a jumpsuit that cannot be removed one half at a time, or women may prefer to receive a full strip search to cut down on time. One DOC leader noted the following:

We actually train this for, again, both male and female. When inmates do a strip search, they get undressed so fast because they just wanna get it over with. It doesn't actually make it go faster. We train that, especially with women, and we say the same thing with men that if they wanna take off their first layer, good. You stop them before they take their undergarments off, so you have a chance to search the clothing, set it aside. Then it's one undergarment at a time so that you can get it searched quickly, so they can put it back on. They're not waiting, standing there naked. No one should have to do that. It's really being in charge of that by saying, "Okay. I want you to stop so that you can"—usually, it's the pants that are last, search the pants 'cause they take the longest. They're not standing there naked. Then obviously, one of the big things we train for the women is making sure that you have feminine hygiene items ahead of time. When they remove them, you actually have something to give them.

A facility leader told us the following:

When it comes to the unclothed search process or the strip search process, is doing it in stages, two stages as opposed to requiring the woman to completely disrobe all at once. Almost similar, I think the comparison's made, like you would in doctor's office. You don't get completely disrobed. Do the upper half, where the person disrobes the upper half, and then prior to moving on to the lower half of the body, allowing the person to put their shirt and underwear, for example, back on and then doing the lower. At no time is the individual completely disrobed in front of them. We also give the woman the choice. You have someone, for example, that may have been here for a long time. Let's just say a life sentence. They just want to get it done and over with, and they're accustomed to a complete disrobing. The woman is offered the choice prior to the start of the strip search. Would you rather do a complete disrobing, or do you want to handle it in the partial steps? It gives them a little bit of control over the situation prior to implementing it.

To reduce the trauma experienced during a body search, the Minnesota and Washington DOCs are considering body scanner technology as an alternative to traditional searches at their women's prisons. Traumatizing practices like body searches can also impact access to programming and activities. For example, one DOC indicated that some women would not participate in certain events and activities requiring submission to a strip search because of the trauma experienced during those searches. The body scanner technology may remove this barrier by making the body search more comfortable. One DOC leader mentioned their department was preparing to implement a body scanner:

We have a body scanner coming. It's on its way. Well, in fact, it's here. We're just having the space prepared for it to reduce the number of strip searches that we do. Women get strip searched every time—and men—every time they're in contact with the public. When there's an event and the women attend the event and they're mixing and mingling with the public, their families and loved ones, then they have to be strip searched after. Many women will not come to those events because it retraumatizes them to have to go through that process. They refuse to come to the event. We also try to do some events where there won't be public so that they get opportunities. In order to reduce strip searches, in fact, almost, I think, completely get rid of 'em, we're gonna have that installed and walk women through the scanner instead of doin' strip searches. Ours will be the first in the state for prisons.

Other DOCs said they are considering using body searches less, using private areas for searches, and having mental-health staff participate in body searches of people known to have experienced significant prior trauma. For instance, Iowa has implemented random searches of women returning to a facility from work release programs rather than searching every woman who returns.

Women interviewed for this study indicated that body search procedures depend highly on officer discretion and that officers do not always follow established protocols and policies. Policy changes will not ensure that practices are consistently trauma informed. Although a DOC's policy may allow half strip searches, in practice, some officers may direct women to fully undress during the searches. We also found that some officers conduct searches in a trauma-informed way, walking women through searches step by step, whereas others simply tell them to "strip."

Staff do searches differently. Searches are always done by women, but it is not all the same. Some correctional officers have you take it all off at once. Most allow you to leave your bra on and panties on and take off one at a time. Take off bra, squat, cough. I have heard some women say they had to bend over and spread their cheeks, but I have never had to.

—Incarcerated woman

Some incarcerated women indicated that body searches are done well and make them feel safe, and although no one enjoys the searches, they can be conducted professionally and safely.

I work in the kitchen and every day instead of us being patted down we simply take pockets inside out. They're very careful with their searches. If there is any touching in any way, female officer comes in. If it's just inside of pockets, it's a male officer.

—Incarcerated woman

Overall, most state DOCs use same-gender body searches and some allow transgender people to choose the gender of the officer conducting the search. They also adapt body searches in several ways, including 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 sometimes break from trauma-informed practice by inconsistently following policy.

Recommendations for Body Searches

- 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 the 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

Restraints include any mechanical device made from metal, natural materials, plastic, or other materials to control movement. They are used to control or limit an incarcerated person's movement to mitigate or prevent disruptive behavior, self-injury, injury to others, and escape, or for medical or mental health reasons at the direction of a medical or mental health professional. In addition to unplanned incidents, restraints are used during planned events such as transports of people outside a facility and escorts within restrictive housing units. Types of restraints include the following:

- **Flex cuffs.** These are flexible single-use wrist restraints that require a cutting tool to be removed. They are used in situations where many incarcerated people need to be restrained and handcuffs are not available or too few in number.
- **Soft restraints.** These devices are made of natural or synthetic soft materials and are designed to secure the wrists and ankles of an incarcerated person being restrained for medical or mental health reasons. They control body movements and reduce or eliminate the chance for injury to limbs caused by excessive movement.
- **Metal handcuffs.** These are metal (typically stainless steel) restraints designed to fit around the wrists to limit a person's use of their arms and hands.
- **Leg irons.** These are metal (typically stainless steel) restraints designed to fit around the ankles and secure them closely to each other, thereby limiting a person's leg movement. They are designed similarly to handcuffs but are larger to accommodate the larger leg extremities.
- **Belly/waist chains.** These restraint chains are generally constructed of metal and are designed to be placed around a person's waist and secured with a padlock. They include cuffs on each side for securing a person's wrists to their waist. In some applications, a chain is used to connect the waist chain to leg irons, further limiting a person's movement of their arms, hands, and legs. Waist chains are typically used for transport, particularly of people classified at high custody levels.

When asked about restraint policies for women, most of the DOCs we spoke with cited restraint policies for pregnant women rather than policies adapted specifically for women with prior trauma and victimization.⁶ Sixteen DOCs (39 percent) indicated that they do not use restraints on pregnant women at any point during pregnancy; 10 (24 percent) stop using restraints during the first or third trimester or during labor. Some (12 percent) indicated that they use restraints on pregnant women, but these DOCs

may only use handcuffs in the front, not use leg restraints, and ensure that transportation is safe (e.g., transportation vehicles have seat belts).

With respect to physical restraints, we're only gonna use physical restraints when it's required to keep the inmate from hurting themselves or hurting somebody else. It's not just an option of convenience.

—DOC leader

Only four DOCs (Maine, Michigan, New York, and Wisconsin) indicated either that they use restraints less for women than for men or as a last resort for women. One women's prison leader stated the following:

We don't use a lot of restraints in the housing units unless they're on some immediate danger with somebody else, they've been violent recently, had a fight or something like that. That usually is pretty kept at a minimum, as minimum time as it possibly can be. It's called a two-on-one status. They're not out unless there's two officers near them. Then, again, they determine on the risk whether or not there needs to be restraints involved.

Moreover, another leader from a women's prison told us the following:

In terms of restraints within the facility, for the most part, unless someone is going to segregation, they're not in restraints here. If we had a disruptive situation, the only time we do—like a top-of-bed restraint, that would have to be referred up through our administration, and myself, another deputy warden, or the warden would have to approve that. That would only be in the most concerning cases. For example, someone ramming their head into a wall repeatedly. We don't want someone to have a head injury, that sort of thing. Other than that, we try and be as least—in terms of needing restraints—only if the disruptive type of situation or there's danger.

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.

Recommendations for Restraints

- 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

Discipline and sanctions policies are key to correctional approaches to maintaining safety, security, and order. Such policies include the rules that incarcerated people must follow and describe the penalties that can result from violations and infractions. Penalties for rule violations generally fall into three categories:

- loss of privileges, such as commissary privileges, visitation, and recreation
- loss of good time and earned credits for release
- segregation and restrictive housing

The severity of a sanction usually depends on the severity of the infraction. For example, disobeying a direct order to participate in a room search is usually considered a minor violation and may result in loss of privileges for a few days, whereas a more serious physical altercation may result in 30 to 90 days in segregation. Discipline and sanctions policies have largely been designed for men and applied to women and are rarely gender responsive or trauma informed. Moreover, changes to such policies may be inconsistently applied even when designed to improve gender responsiveness. For women, these policies can negatively impact their ability to participate in programming, connect with family, recover from past trauma, or receive a positive parole review.

Recently, some facilities have begun examining their approaches to discipline and sanctions to be more gender responsive and trauma informed. Three DOCs (Alabama, Iowa, and Rhode Island) indicated that they had recently reviewed or are currently reviewing all their incentives and sanctions to ensure they are appropriate and gender responsive. One DOC leader told us the following:

We did some analysis of the disciplines being meted out at our women's facilities, down to what officer was imposing what percentage of the disciplines. We found that we had a couple of issues

with a couple of officers who were heavy-handed in imposing discipline, when really there could have and should have been alternative things that were tried, like de-escalation, and redirection and that kind of thing. We got down to a very granular level of, why are our inmates getting disciplined? What are they getting disciplined for, and what kind of sanctions are we giving them? That was one thing we did.

During such reviews, some correctional facilities have eliminated lower-level sanctions to demonstrate that only behaviors that truly threaten safety and security will be formally sanctioned. For lower-level violations, some facilities adopted less onerous responses, such as verbal redirects, “time-outs,” or brief stays in cells. One correctional staff member shared the following:

The idea about behavior interventions was to allow officers to “informally” sanction minor violations rather than move to a full-blown disciplinary process. Officers typically use verbal redirects first, but can give inmates assignments after a verbal direct didn’t solve the issue (like journaling, essay, work) to address behavior instead of formal discipline form. They are tracking all of their behavior intervention responses on a large excel spreadsheet (manually). It is not clear when an infraction rises to the level of a formal discipline. Still working defining when it rises to a formal discipline.

Other facilities have added options to their lists of authorized sanctions that align more with gender-responsive and trauma-informed principles, options that include journaling, practicing skills learned in treatment, completing a homework assignment, and writing an apology letter. Two DOCs mentioned that they had added restorative approaches where the person who causes harm and the person who experiences harm have a dialogue and determine the best way forward. One DOC leader we spoke with described alternatives used in their facilities:

Through that, we have—at the beginning of that, if an offender does something, disobeys a lawful order, as opposed to giving them a COPD [Code of Penal Discipline violation] and impacting earn time, ability to earn time out date, we have what we call informal resolutions. A staff member and an offender can have a conversation. The offender was animated, someone in their family is sick, whatever. They have a discrepancy in reference to that COPD. Staff will meet with them, and then if the staff supervisor and the offender can agree on an informal attempt, or an informal resolution, then the offender may clean toilets for two days, or help in recreation. There’s a list of about 30 things they can do. Then that helps us build trust and rapport with the population as we move through.

Another DOC leader explained alternatives involving dialogue and reflection:

Some of those intervention strategies might be, if a woman’s caught violating, she has to participate in a roundtable discussion that’s facilitated by a social worker with other inmates who have committed similar infractions. They talk about it and take ownership for their behavior. They talk about actions that they can take in the future to not commit those violations. That’s just one example of strategies that we have found that work really well with women. If you get them past the emotional state of being upset and have them really start looking at themselves and what led them to that point, that’s the best way to change their behavior with most inmates. It doesn’t work with all inmates. There’s obviously gonna be situations where

nothing else is gonna work but a cool-off period in restricted housing for a few days, just so they can chill and cool down a little bit, but we have found that the behavior-intervention strategies work very well with most of the population, and that's just them taking ownership and responsibility for their actions.

Other DOCs shared that they have made their disciplinary review processes more equitable and responsive to women's needs. Four DOCs host multidisciplinary teams to review disciplinary incidents and determine the best path forward. Staff from medical and mental health service providers, facility security, and facility leadership may join such a team to review an incident and determine the most appropriate disciplinary response, such as by reviewing how an incarcerated woman's experiences (e.g., past trauma, victimization, mental health issues, medication) may explain their behavior. Furthermore, one women's prison takes an individualized approach to discipline, reviewing people's past behavior and noting improvements in their responses to certain situations. For instance, being able to verbalize frustration rather than using physical violence may be an improvement and may result in a less serious infraction.

I think an example that [we] do when we do appeals together, discipline appeals, is look at, is their behavior better? Did they not use their fist? Did they use their mouth? Not that we want them to verbally attack somebody either, but taking a look at, are they trying, and does their offense that they were written a report on mirror their criminal offense? Help point that out. We dive into whether it should have been a major, which gets a little hairy. I started sending out e-mails to staff just saying, "Hey, it's okay that you wrote a major. This is how come I dropped it to a minor or I dismissed it," so that staff understood.

—Facility leader

Incentives and rewards, which DOCs only started using relatively recently, are more positive responses that recognize, encourage, and reward prosocial behavior and adherence to facility rules. Some facilities we spoke with are exploring opportunities to incorporate incentives and rewards in their behavioral and disciplinary policies because they understand that positive reinforcement can be more effective and less traumatizing than sanctions and punishment. Departments of corrections reported a wide range of activities that they consider incentives and privileges; these were generally material

rewards, including the use of food and crafting materials, graduations and certificates, and events for families and friends.

We try to incentivize even the little things. Like if we notice that one peer is having a rough day and somebody goes and you know, “Why don’t we go outside and go for a walk and talk about things?” If we see something just these genuine acts of kindness, we try to reward that, a small reward, but it could be we have candy bars, coffee, extra points on their tablet to maybe watch a movie, things like that.

—DOC leader

One DOC takes an interesting approach to incentivizing positive behavior: staff write positive reports. A leader from that department described the approach:

We, basically, monitor and measure. We, basically, require our staff to write positive behavior reports; the women’s facility does the same thing. We tried a four-to-one ratio on positive behavior reports as opposed to negative behavior reports. For example, in the monthly report, they’ll require that. In case management, they’ll do positive conduct reports, so they had 513 and then 42 received a token or a prize for not receiving any incident reports. Seventy-two positive behavior reports were written by case management. The whole staff are expected to write those and reinforce people for doing the right thing, so that basically is—so we try to get four positive behavior reports to any negative. I think the women probably way outdo positive behavior reports just because they just don’t engage in as much, I don’t know, horseplay as some of the men do.

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.

Recommendations for Disciplinary Processes, Sanctions, and Incentives

- 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.

Restrictive Housing

Restrictive housing is the practice of housing incarcerated people in a separate housing area removed from the general prison population and restricting their movement and privileges to varying degrees. Restrictive housing is an umbrella term that generally includes the housing of an incarcerated person in a cell for 22 hours or more a day. Other common terms for this practice include solitary confinement, administrative confinement, administrative segregation, and intensive management.

Restrictive housing is inherently traumatizing, even when necessary for security or treatment. Being isolated, removed from peer support networks, and enclosed in a monotonous environment for most of the day can significantly impact people's psychosocial health and trigger negative reactions related to previous traumatic experiences. For example, research shows that people who have experienced solitary confinement are more likely to report symptoms of post-traumatic stress disorder than those who have not (Hagan et al. 2017). Stakeholders who want to advance a trauma-responsive correctional culture and reduce the harms of incarceration should consider adapting or altogether discontinuing the use of restrictive housing.

That said, it can be necessary to use restrictive housing to ensure the safety of women and staff. Stakeholders from eight of the DOCs we spoke with (20 percent) reported using some kind of adapted, trauma-informed policy on restrictive housing, such as allowing people to take personal belongings, to continue accessing programming, or to spend extended periods outside of their isolated cell. Three DOCs (Arizona, Colorado, and Delaware) reported that their systems do not permit restrictive housing for women. Some facilities use restrictive housing sparingly or only permit it as a last resort.

Same is true with restrictive housing. These are only gonna be for inmates that, when we have tried all the other things in our toolkit, the verbal de-escalation, the discussion, the other things that the staff can use, that restrictive housing is viewed as a last resort, and, again, not as just a manner of management convenience.

—DOC leader

Departments of corrections that insist on using restrictive housing can adapt it to minimize trauma and make it more of a treatment opportunity for women. Some DOCs framed restrictive housing as a positive experience for women, especially those with mental health issues. Some facilities have specific restrictive housing units and/or have different policies altogether for issuing disciplinary sanctions to people experiencing mental illness. Such units, when structured in a way that provides women space and time to feel less constricted by isolation, may be safer than the general population.

The DOCs we spoke with 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.

Recommendations for Restrictive Housing

- Consider eliminating restrictive housing or limiting its use to extreme circumstances.
- For acute-special-needs units and other kinds of restrictive housing used 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 people 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

Correctional facilities use various kinds of force against incarcerated people. Physical force is the use of physical contact to restrain an incarcerated person to gain control of a situation and is likely to result in injury. Physical force may also incorporate tools and other deterrents, such as chemical sprays, soft or hard restraints, batons, grabs, and tasers.

Cell extractions are one form of physical force and involve the forceful removal of a person from a cell area. A cell extraction is typically performed by officers, supervisors, and mental and medical health staff who are trained to conduct extractions and who have agreed that an extraction is necessary to ensure safety and that other de-escalation techniques have not worked. Cell extractions are generally planned.

Some forms of force used against women do not involve direct physical contact, including verbal abuse, kicking or pushing furniture, and other means of communicating aggression. These are not as regulated and codified as physical force but are important to acknowledge and discuss. Like restraints and restrictive housing, physical and other forms of force can trigger a traumatic response and escalate a situation if staff are not educated about the impact of use of force.

Departments of corrections' policies typically dictate what circumstances the use of force is appropriate for, including the incident's severity, whether an immediate physical threat exists, the incarcerated person's active resistance or combativeness, and histories of violence. Excessive force is sometimes used to de-escalate situations and may result in serious injury or death. Because many women experience physical abuse before incarceration, the use of force can be triggering and traumatizing.

The officers have aggressive behavior that includes shouting and yelling which traumatizes me and many of the women in this facility.

—Incarcerated woman

Because the use of force can be inherently traumatic for people who have experienced trauma, DOCs are increasingly using harm-reduction strategies that, though still causing trauma, can mitigate the amount and type of trauma incarcerated women experience.

Limited Use

Many facilities frame the use of force as a last resort, emphasizing the importance of de-escalation and mental health support. Staff in seven facilities and three of the DOCs we spoke with said force is only used when and to the extent necessary. Staff in women's prisons discussed a shift to clear and open communication as an alternative to force.

Our first option is always to encourage our staff to use the skills that they've been taught, as far as negotiation and de-escalation to just calm things down, and then try to work through whatever the issue is.

—DOC leader

Other facilities also emphasized communication, indicating that de-escalation and communication are among the steps taken before force is used. State DOCs acknowledged the validity of allowing women time to “cool off” and come to terms with an issue as a form of positive de-escalation. Three women's prisons (but no DOCs) said cell extractions rarely occur in their facilities.

Two women's prisons (one in Michigan, one in Wyoming) mentioned that they record use-of-force incidents to review them for needed adjustments. Reviews at these facilities can be done for self-improvement and legal processes. Some facilities noted that such reviews are built in to reporting on uses of force; at these facilities, any use of force goes through a rigorous review by the institution, administrators, and directors. This was done to ensure a continuous and ongoing process of improvement.

They have a videotape of the entire incident, from start to finish, so that it shows how the situation was handled. It gives us an opportunity to debrief later. Could we have done something different? Did we do it how we were trained? We're focused on making sure that our use of force was appropriate.

—Facility leader

However, when women were asked to identify measures that make them feel safe, they did not cite technology and videotaping. Incarcerated women we spoke with did not mention the impact of videotaping on reduction or monitoring of unauthorized or nonformalized force.

Gender-Responsive and Trauma-Informed Approaches to Force

Because the use of force has implications for women who have experienced trauma, some women's prisons expressed an interest in using force in more gender-responsive ways. One women's prison characterized its policy as being generally gender responsive, in that it explicitly permits force to be used when it is "justified and necessary." However, none of the DOCs mentioned having gender-responsive use-of-force policies, and all said that they have similar policies for men and women (exceptions include five state DOCs that have specific use-of-force policies for pregnant women, such as only using force against a pregnant woman when their life is in danger). Only one DOC reported that force is used less in its women's prisons than in men's prisons (it also noted that this does not owe to any formal policy).

Cell Extractions

Five women's prisons reported having full de-escalation processes and protocols that must be followed before force is used. Two women's prisons also mentioned that they videotape interactions either to review later or for legal purposes. Six women's prisons and one DOC use protocols and adhere to rigid chains of command that ensure use-of-force practices make staff and incarcerated women feel as safe as possible. Women's prisons that have clear use-of-force processes generally start those processes by conversing with the person about their situation and using verbal de-escalation tactics. Departments of corrections reported using a wide variety of de-escalation tactics, from isolating people in their cell in the event of a safety issue to using chemical agents, such as pepper spray. If these tactics do not work,

calls must be made through a facility's chain of command or through its security department to check the person's history and context.

It's a representation of a failure to achieve some other goal. A cell extraction really only happens when there was no other way, and they tried everything.

—Correctional staff

Some facilities reported that planned uses of force consider not only an incarcerated person's history and situation but also the people in the surrounding area. Ensuring that a use of force or cell extraction does not harm others in the vicinity is a practice that facilities said promotes safety and well-being.

We try very hard to make sure we're doing planned uses of force as opposed to reactive uses of force so we do have time to plan. We are cognizant of the tools we use. When we have time to plan, we do a review of all the inmates in the area to see if anybody has any respiratory issues. Then, if they do, we would not choose to use, for instance, the OC [oleoresin capsicum, or pepper] spray. We would use electronics.

—Facility leader

Unplanned Uses of Force

Interviewees characterized planned uses of force (including cell extractions) as being often better thought through and managed than unplanned uses of force, because officials can scan an area, gauge risk, and follow a process. Unplanned or reactive uses of force, on the other hand, vary widely in type and degree and are beholden to certain regulations. Facilities noted that unplanned force operates within the bounds of rules and regulations, and they generally attempt to use the least amount of force reasonable and appropriate. Prison staff are trained to determine the degree of force that should be used in unplanned instances.

Our policies provide the guidelines of how use of force should be utilized, and it also explains to staff how to determine what's a reasonable amount of force versus what's an excessive use of force.

—Facility leader

Though correctional staff discussed unplanned uses of force less than planned uses of force, incarcerated women said that they had frequently experienced physical and nonphysical unplanned uses of force at the hands of staff in frequent but nonreportable ways: for example, staff had pulled chairs out from under women, kicked objects, and used violent language. Though correctional facilities often do not define these kinds of force in use-of-force protocols, incarcerated women said they cause trauma and go largely unnoticed by correctional staff and leadership.

Staffing

Lastly, staff at two women's prisons discussed specific PREA-informed policies around gender-specific positions for staff who use force. One stakeholder said that at their women's facility, each incarcerated woman's history and situation is evaluated before a cell extraction, and that only female staff are involved in such extractions, unless a male staff member must be called in for women with histories of violence. If the woman being extracted is unclothed, male officers do not participate and recordings do not occur.

Some facilities also prioritize involving mental health staff during cell extractions and other use-of-force incidents. One women's prison calls in mental health staff and crisis response teams before cell extractions occur. Incorporating these practices in use-of-force protocols prioritizes women's mental health and can ensure that women experiencing mental health issues receive care after potentially traumatic incidents. Other women's prisons, such as the Coffee Creek Correctional Facility in Wilsonville, Oregon, also call in medical and mental health staff before cell extractions occur to evaluate a person's current state before force is used. Another women's prison reported that it strives to call mental health staff before cell extractions so that they can attempt to de-escalate situations and help avoid planned uses of force.

Departments of corrections 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 kicking objects, using violent language, and pulling chairs out from under women.

Recommendations for Use of Force

- 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.

Engaging with Transgender Adults

How correctional facilities create policy and regulate practice for housing, working with, and treating people who are transgender is increasingly discussed in the public sphere. Although correctional facilities in the United States have always housed transgender people, interviewees reported that the number of people in their custody who are openly transgender has increased in recent years. Because of the public's growing awareness of transgender people who are incarcerated, facilities are beginning to learn about and engage more with transgender people's experiences. Although we did not specifically solicit information about the experiences of transgender people who are incarcerated, their experiences are necessary to gain a comprehensive picture of trauma-informed care in correctional facilities and correctional cultures.

Transgender people are often the most marginalized and have the highest rates of preincarceration trauma as well as the highest rates of in-prison abuse compared with cisgender people. An intersectional lens is crucial to understanding transgender people's experiences. Importantly, Black and

Indigenous/Native American transgender people are incarcerated at higher rates and receive longer sentences than other transgender racial communities as well as any cisgender community, and are more likely to be denied health care and to be sexually assaulted while incarcerated (Grant, Mottet, and Tanis 2011). How facilities work with transgender people and the extent to which they apply an intersectional lens to understand their incarcerated populations reflects whether their cultures are trauma informed and gender responsive.

Six of the DOCs we interviewed explicitly discussed approaches to working with transgender people incarcerated in their facilities, and 10 facilities shared their specific policies. Because facilities are split by gender, transgender people may not be housed in the facility appropriate for their gender identity.⁷ Women's facilities in three DOCs we spoke with specifically mentioned placing transgender people in housing appropriate for their gender identification. However, most facilities house people according to the sex they were assigned at birth (National Center for Transgender Equality 2018).

Over the past two years, [the facility] has transitioned 3 or 4 transgender women from male facilities into the female facility. By all accounts, it has been a seamless process to move them into the female facility as they work through their transition.

—Facility leader

One DOC leader described the case-by-case approach that one women's prison uses in housing processes:

[The warden] has been very proactive in trying to recognize that, if they're on hormones, and they are safe to be living in a residential unit with women, that we allow people who are transgender to live with women. There's also been times where we've had females who identify as male who would not be physically safe on the male side, and so they continue to remain in the women's unit. I think the fact that we are able to do it case by case, we don't blanket anything, we don't say, "Well, this person, just because they're on hormones, has to go live with their identified gender." We really look at what their needs are.

Two women's prisons (one in Alabama, one in Massachusetts) discussed working with gender-nonconforming people more sensitively than the general population; one has its leadership team conduct more in-depth case reviews, and the other assigns clinicians to people who are gender nonconforming or who experience gender dysphoria. In addition, one women's prison in Alabama

indicated that it provides private showers to those people who are gender nonconforming to increase comfort.

Two women's prisons mentioned that the proportion of people in their facilities who are transgender and gender nonconforming has recently increased. This could owe to the systemic overpolicing and overincarceration of transgender people in the US. According to Grant, Mottet, and Tanis (2011), nearly one in six transgender people and more than 20 percent of transgender women have been incarcerated at some point in their lives. Nearly half (47 percent) of Black transgender people have been incarcerated at some point, which is alarming given Black people are already overrepresented in US prisons. According to a study of transgender people's experiences with the justice system, one-fifth of transgender respondents who had interacted with police reported being harassed by them, and more than one-third of respondents of color reported being harassed. The criminal justice system's disproportionate criminalization of people of color, especially Black people, is exacerbated in the system's treatment of transgender people (Grant, Mottet, and Tanis 2011). This overrepresentation in the justice system among transgender and gender nonconforming people necessitates stronger policies and a focus on positive reinforcement and care for transgender people.

The transgender increase is starting to cause a problem for us. We don't have as many places as the male facilities do where we can say, "Okay, we need to take this individual and get her out of this facility for her to remain safe." Sometimes, we don't have that option.

—Facility leader

Two women's prisons mentioned that they provide transition services and medications to people who need them, and that they start people on transition hormones while incarcerated. Two women's prisons (one in Iowa, one in Illinois) have support groups for transgender people who are incarcerated. Other women's prisons stated that they use individual counseling and management plans rather than providing targeted programming or group work. One women's prison partnered with an expert to develop policies around transgender treatment programs and to launch a specialized treatment program that partnered people experiencing gender dysphoria with psychologists and psychiatrists to help them through supportive therapy and consider surgery. For people considering surgery, this prison partners with an external consultant to provide them support.

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.

Recommendations for Engaging with Transgender People

- 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.

Conclusion

The Evaluation of In-Prison Programming for Incarcerated Women: Addressing Trauma and Prior Victimization was the first national, exploratory, mixed methods study to systematically identify the policies, programs, and practices used in the United States to address the needs of incarcerated women who have experienced trauma and victimization and to prevent in-custody victimization. Findings fill a critical knowledge gap for the field and for practitioners working with incarcerated women, and they provide a foundation for additional evaluation and research. Importantly, we learned that although facilities' philosophies, missions, visions, and staff training are key elements of gender-responsive and trauma-informed correctional cultures, correctional cultures are most visibly constituted through custodial practices.

Custodial practices and correctional cultures are mutually influencing and reinforcing. If incarcerated women feel custodial practices are disrespectful, punitive, and applied inconsistently and

unfairly, then facility culture will reflect this. Women may act out in resentful and unhelpful ways, be reluctant to report incidents, and be regularly retraumatized. Conversely, if standard custodial practices, such as discipline and sanctions, are only applied when necessary to ensure safety and security and are applied evenhandedly and respectfully, facility culture will likely mirror this as well. In this sense, how rules and expectations are communicated and enforced can significantly contribute to a facility's culture and can impact the harms inherent to incarceration. Adapted custodial practices are a key indicator of how DOCs and women's prisons are applying gender-responsive and trauma-informed approaches.

Most of the DOCs that participated in our study recognized that women have specific and unique needs, take unique pathways to incarceration, and often have histories of trauma and victimization that must be considered in policies and practices. Some DOCs and facilities had codified this in their operating philosophies through mission and vision statements demonstrating commitment to gender-responsive, trauma-informed, and evidence-based practices. Many DOCs also demonstrated this commitment by incorporating gender-responsive training into their core staff curricula, in addition to other key trainings pertaining to de-escalation, crisis intervention, and critical communication.

Furthermore, DOCs indicated that they had adapted custodial practices to reduce trauma for women in custody. Some facilities and DOCs had made thoughtful adaptations to processes for body searches and discipline, sanctions, and incentives; beyond some accommodations for pregnant women, they also noted they had struggled to adapt the use of restraints, force, and restrictive housing for women. Moreover, incarcerated women we spoke with indicated that custodial practices (e.g., search procedures) are highly dependent on officer discretion and that officers do not always follow established protocols. Although DOCs and women's prisons overwhelmingly demonstrated that they are trauma informed (that is, they are generally aware of trauma), they struggle to be trauma responsive (Covington, forthcoming), meaning they struggle to develop and implement policies and practices to consider trauma in all operational practices and in their correctional cultures more broadly. Importantly, facilities and DOCs that participated in this study did demonstrate a willingness to improve practices and a need for support and additional resources to do so.

Below, we outline recommendations for correctional systems and facilities that are interested in improving their custodial practices to reduce trauma and harm for women.

- **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 (women, for example).

- **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.

Notes

- 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).
- ² 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).
- ³ Wisconsin Women's Correctional System purpose statement available at:
<https://doc.wi.gov/Pages/OffenderInformation/AdultInstitutions/WisconsinWomensCorrectionalSystem.aspx>.
- ⁴ The research team did not review training content to determine the quality, accuracy, or comprehensiveness of gender-responsive and trauma-informed trainings.
- ⁵ National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA), 28 CFR 115.
- ⁶ By pregnant women, we mean pregnant people of all gender identities who are incarcerated in women's prisons.
- ⁷ "Gender" is social and refers to a person's self-identification, as opposed to sex, which is physical and assigned at birth.

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