



Addressing Trauma and Victimization in Women's Prisons

Executive Summary

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Women are the fastest-growing incarcerated population in the United States. Between 1980 and 2017, the number of incarcerated women increased 750 percent (The Sentencing Project 2019). Despite this drastic increase, correctional institutions still often lack awareness and understanding of the victimization that many—if not most—incarcerated women experience before incarceration (Bloom 2015). Many women bring past trauma into prison settings, where they often experience similar violence, abuse, and trauma as they experienced on the outside. As the population of women incarcerated in the US grows, so does the dire need for services that address trauma and victimization. Given that incarceration can be inherently retraumatizing and many justice-involved women have experienced trauma, correctional facilities are uniquely positioned to serve as de facto victim service providers.

In 2017, the National Institute of Justice funded the Urban Institute—and its partners the Center for Effective Public Policy, the Correctional Leaders Association, and the National Center for Victims of Crime—to conduct a national scan of practice to examine the extent to which correctional facilities provide services and programming that address incarcerated women's prior and current trauma and victimization experiences. Drawing from semistructured interviews with leaders in 41 state departments of corrections (DOCs); leadership at 15 women's prisons (standout sites) that seemed to

implement innovative and/or comprehensive approaches to address trauma; and staff, community partners, and incarcerated women at three case study correctional facilities, as well as from surveys of 57 state domestic violence (DV) and sexual assault (SA) coalitions, this executive summary describes findings regarding the unique needs of incarcerated women, the ways correctional agencies identify and address trauma and victimization, the provision of victim services in prison settings, and partnerships that promote healing (the appendix includes graphics showing sites and agencies that participated in the study). This summary also examines challenges to addressing trauma and victimization and provides recommendations for practitioners working to make correctional facilities trauma-responsive (these recommendations are also listed in table 1).

Major Findings

Major findings regarding services and programming for people incarcerated in women's correctional facilities include the following:

- The DOCs that participated in this study rely primarily on standardized assessments and less-formal staff interactions with incarcerated women to detect past victimization. Of the 41 state DOCs we interviewed, 15 reported using a gender-responsive risk assessment tool at intake. When asked about victimization incidents that relate to the Prison Rape Elimination Act, facility staff reported that they learn of them through internal and external hotline calls, written reports, verbal reports, and reports from peers.
- Of the victim services available for incarcerated women, most fall into one of four types: (1) safety and security, (2) medical advocacy, (3) emotional support and therapy, and (4) legal advocacy.
- Safety and security measures largely involve separating the victim from the person who caused harm.
- State DOCs and correctional facilities reported using medical assessments and follow-up services to respond to in-custody victimization. These assessments may include a sexual assault forensic exam (SAFE), testing for sexually transmitted disease, and pregnancy testing. Either a local hospital, a local rape crisis center, or facility medical staff will administer the assessments.
- Emotional support in the form of mental health treatment is the most common service provided—both for past trauma and in-custody victimization—in the DOCs and facilities we studied. Incarcerated women, correctional staff and DOC stakeholders, and community partners expressed that mental health services in prisons are limited by a lack of internal staff expertise around sexual assault, and by infrequent opportunities for women to meet with mental health staff.
- Some DOCs and facilities provide legal services in the form of sexual assault response teams (SARTS) and assistance from victim advocates to support victims. Incarcerated women expressed a desire for more crisis intervention services and legal services, such as meetings with victim advocates.
- Interview participants infrequently mentioned religious services as a way to respond to victimization incidents.

- Programming, rather than victim services, is how most women’s facilities aim to be trauma-responsive. For example, all standout sites implemented at least one evidence-based program, such as Seeking Safety, Moving On, Helping Women Recover, Beyond Trauma, and Beyond Violence. In addition, some facilities offered innovative programs, such as trauma yoga, Go Ahead, and Roadway to Freedom, to address trauma related to DV and human trafficking. Others provided trauma-informed substance abuse treatment (Helping Women Recover) to address addiction rooted in past trauma. Many, however, could not meet the demand for such treatment programming due to limited resources. Facilities also engaged in innovative programming. For instance, some midwestern states’ DOCs mentioned they partnered with organizations that serve women who are veterans (through the Family Peace Initiative) or Native American (through the organization White Bison). These constitute marginalized groups who are at increased risk of past victimization. Furthermore, some DOCs use innovative ways of celebrating women on their path to sobriety by hosting a Rally for Recovery, as a part of SAMHSA’s National Recovery Month. One facility offers a unique residential unit specifically for women who have experienced sexual assault and/or domestic violence.
- Some states used technology in unique ways to deliver programs to women, especially during the advent of the COVID-19 pandemic. Some facilities begun using virtual tools such as tablets.
- Many facilities rely on peer support programs and peer mentors. These may also be called survival coaches or peer navigators. Such programs allow incarcerated women to assist other women. Some of their roles include helping incoming women orient to the facility, consulting women who have experienced victimization, speaking with facility leadership, and taking recommendations from other women to leadership. We spoke to women in the role who spoke highly of the program and appreciated being able to help their peers and witness their growth.
- Challenges with programming involved operational and budget challenges; strict eligibility criteria for program participation; and programs that are punitive and dismissive toward participants. Interview participants also cited gaps in programming that included a lack of programs for post-traumatic stress disorder, for positive sexuality, and for people who identify as LGBTQIA+.
- State DOCs partner with state DV/SA coalitions in various capacities, including training correctional staff and working toward compliance with Prison Rape Elimination Act standards. Most often, DV/SA coalitions work with facilities’ victim assistance units or Prison Rape Elimination Act coordinators.
- Member agencies of state DV/SA coalitions play a crucial role in aiding survivors in women’s prisons. Though we learned most information about member agencies from DV/SA coalitions, we also spoke to representatives from member agencies at our case study sites and learned that they provide advocacy after in-custody victimization and work with prison-based sexual assault response teams.
- The collaborations between state DV/SA coalitions and member agencies were most often supported by STOP Violence Against Women Formula Grant Program, Violence Against Women Act, and Victims of Crime Act funding. However, DV/SA coalitions reported that insufficient funding and difficulties accessing and maintaining contact with incarcerated women were among some of the key challenges in advancing their victim services work with DOCs and corrections facilities.
- In addition to partnerships with DV/SA coalitions, DOCs and facilities partnered with community-based providers (some of which are also member agencies) and other state

agencies to provide services and train incarcerated women to serve as peer coaches. Some notable partnerships between facilities and organizations that help foster healing include the YWCA, Just Detention International, Alabama Prison Birth Project, Planned Parenthood, and Family Justice Centers.

- Two significant challenges impeding facilities' attempts to be trauma-responsive involve (1) undermining of the validity of incarcerated women's personhood and victimization experiences, and (2) staff violence against women.

Topical Recommendations

TABLE 1
Recommendations for Addressing Trauma and Victimization

Area	Recommendations
Identifying trauma and victimization in women's prisons	<ul style="list-style-type: none"> Use gender-responsive risk assessments that ask about past trauma. Increase efforts to identify past trauma and victimization during a person's sentence. Increase efforts to proactively identify all types of victimization experiences. Identify more opportunities to teach staff about identifying flags for in-facility victimization rather than over-relying on self-reporting.
Victim services	<ul style="list-style-type: none"> Develop more or strengthen existing in-facility sexual assault response teams, which are a major avenue for connecting victims to services (not just means of investigating incidents). Ensure that mental health staff responding to past victimization or victimization occurring in custody have training and expertise in dealing with trauma.
Programming	<ul style="list-style-type: none"> Continue to provide evidence-based programs focused on trauma and victimization. Work with researchers to evaluate the efficacy of non-evidence-based programs. Consider virtual programs and services from outside partners. Train and provide support to people incarcerated in women's facilities to serve as peer mentors to others. Implement programming around positive sexuality outside the context of domestic violence and sexual assault. Develop more trauma-focused and/or victimization-focused housing units as a wraparound approach for addressing these issues for incarcerated women. Implement programs or incorporate a lens in existing programs to better serve the needs of women convicted of sex offenses. Expand programs for women with life and long sentences as well as women at low risk of recidivating.
Partnerships	<ul style="list-style-type: none"> Work to forge collaborative partnerships with state DV/SA coalitions. Increase community-based providers' contact with and services for incarcerated women. Partner with other state-based organizations

Overall Recommendations

Based on the findings detailed above, we make the following recommendations for stakeholders and practitioners seeking to make their correctional facilities and environments more trauma-responsive:

- **Revamp correctional facilities' cultures, operational practices, and programming to be trauma informed, trauma responsive, and trauma specific (Covington, forthcoming).** In the companion report, *Adapting Custodial Practices to Reduce Trauma for Incarcerated Women* (McCoy et al. 2020), we describe approaches to correctional culture, operations, and practices that may reduce harm, address trauma, and increase women's well-being.
- **Increase efforts to identify victims' responses to trauma.** Given victimization often produces symptoms and triggers over time, victims may exhibit behaviors that appear misguided but are actually responses to trauma. If prison staff are trained to recognize these behaviors, they can tailor their responses in ways that are trauma specific. This approach may include connecting victims with mental health services, community partners, and/or programming.
- **Respond to the unique needs of people in women's prisons who are not heterosexual cisgender women.** One major challenge in correctional institutions is their polarized approach to gender and sexuality. Women's prisons often have people who do not identify as cisgender women, such as trans men, trans women, nonbinary people, people who are gender nonconforming, and others who identify as LGBTQIA+. People in these communities have unique victimization needs and are more likely to have experienced childhood sexual assault and in-custody sexual assault (Meyer et al. 2017). Given their heightened risks, correctional practices should work to prevent their continued victimization.
- **Partner with community victim service providers to provide services that facilities may not be able to.** Facilities use innovative approaches to provide services to incarcerated women, many of which involve external partnerships. These partnerships can allow facilities to provide specialized services to women of different identities and with different needs. Partnerships with external agencies also allow women to continue relationships with service providers after incarceration, thus promoting sustainability of positive outcomes.
- **Partner with research organizations to evaluate programs and services.** This national scan of practice highlights several practices related to addressing trauma and victimization. However, the extent to which women benefit from these efforts is largely unknown. By partnering with research organizations to evaluate programs and services, DOCs can learn what works best to improve their practices and address women's needs.

Appendix. Participating Sites and Agencies

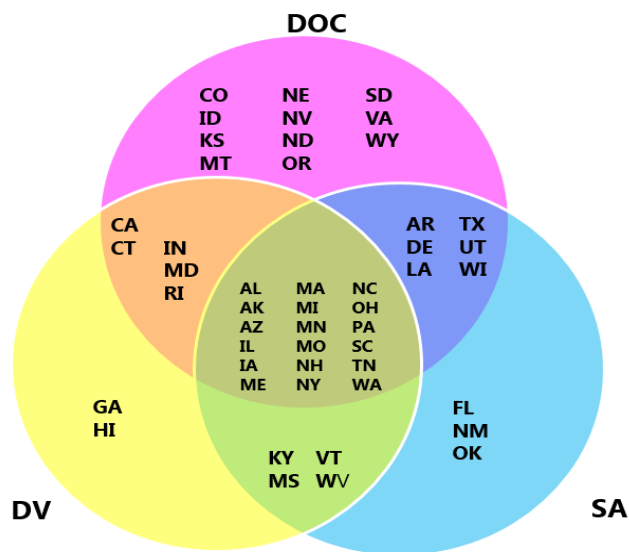
FIGURE A.1

State DOCs That Participated in This Study



FIGURE A.2

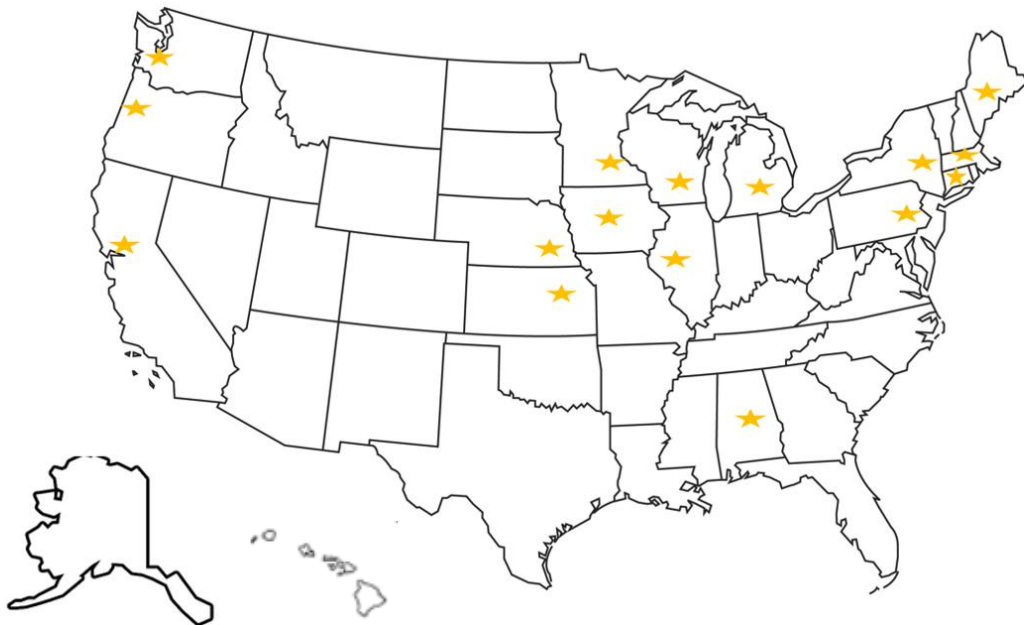
States Whose State DOCs and/or DV/SA Coalitions Participated in Surveys and Interviews



Notes: DOC = department of corrections; DV = domestic violence coalition; SA = sexual assault coalition.

FIGURE A.3

Location of Standout Sites (Correctional Facilities) That Participated in This Study



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