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# Evaluation of in-prison programming for incarcerated women: Addressing trauma and prior victimization

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## Abstract

In 2017, Urban Institute and its partners the Correctional Leaders Association (CLA), the National Center on Victims of Crime (NCVC), and the Center for Effective Public Policy (CEPP) were funded by the National Institute of Justice to conduct a two-tiered, 33-month, exploratory mixed methods study of the policies, programs, and practices used nationwide to address the needs of incarcerated women with prior trauma and victimization experiences as well as prevent in-custody victimization with the aim of generating actionable information for policymakers, practitioners, and program developers. Data collection activities included phone interviews with state departments of corrections (DOC) leaders; a national survey of state-level domestic violence and sexual assault coalitions; phone interviews to learn from staff about the policies, programs, and practices of 15 women's prisons who appeared to stand out among their peers in offering victim services and trauma-informed approaches; and case study site visits to three facilities to conduct interviews with facility-level and community-based stakeholders, including incarcerated women.

Major findings from the study include:

- Nearly three-quarters of state coalitions collaborate with state DOCs, and about three-quarters of local victim service agencies (member agencies) collaborate with correctional facilities. The same portion of coalitions report this collaboration as critical to preventing victimization within facilities. Coalitions and member agencies face challenges in working with incarcerated women due to insufficient funding and staff shortages. However, their organizational capacity and positive relationships with the DOC facilitate this work.
- State DOCs are taking different approaches to address incarcerated women's prior trauma and victimization. Some states are more innovative and comprehensive than others, but collectively, DOCs can do more to address the unique needs of incarcerated women.
- The 15 standout state facilities reported several practices to address the unique needs of women in trauma-informed and gender-responsive ways, including addressing victimization and trauma experienced before and during incarceration. This work is largely seen across facility approaches and philosophies, custodial practices and policies, programming, victimization responses, and staff training.
- While gender-responsive and trauma-informed care have varying specificity, in order for care to be gender-responsive it must be trauma-informed.

## Introduction

In 2017, Urban Institute and its partners the Correctional Leaders Association (CLA), the National Center on Victims of Crime (NCVC), and the Center for Effective Public Policy (CEPP) were funded by the National Institute of Justice to conduct a two-tiered, 33-month, exploratory mixed methods study of the policies, programs, and practices used nationwide to address the needs of incarcerated women with prior trauma and victimization experiences as well as prevent in-custody victimization with the aim of generating actionable information for policymakers, practitioners, and program developers. Each study tier had specific project goals.

The goal of Tier 1 was to capture a national snapshot of how state departments of corrections (DOCs) attempt to address the impacts of victimization on incarcerated women and how they use gender-responsive and trauma-informed approaches to address this, as well how traditional victim service providers connect with facilities to provide victim services. Data collection activities included phone interviews with state DOC leaders; a national survey of state-level domestic violence and sexual assault coalitions; and phone interviews to learn about policies, programs, and practices from staff in 15 women's prisons who appeared to stand out among their peers in offering victim services and trauma-informed approaches.

The goal of Tier 2 was to identify and document promising and innovative prison-based approaches to trauma and victim service provision, and develop an initial typology of these strategies, including policies, practices, and programs, used by state DOCs to address the violent victimization experiences of incarcerated women that can serve to inform both the conceptual design of future research studies and service delivery. Tier 2 involved case studies with three prisons<sup>1</sup> to conduct interviews with facility-level and community-based stakeholders, including incarcerated women, to fully understand how prisons address victimization and trauma so that innovative practices can be shared with other policymakers and prison administrators wanting to learn about services and trauma-informed care for incarcerated women. Data from DOC interviews were used to inform and create a typology of these approaches to guide future research and programming.

This project was the first single, comprehensive study to document the extent to which facilities implement trauma-informed and gender-responsive approaches to address women's victimization experiences, as well as whether they offer victim services, the range of services offered, and the prevalence of trauma-informed practices in state-level women's correctional facilities. It establishes foundational knowledge for the field regarding the scope, structure, and composition of these approaches, including their trauma-informed components and use in women's correctional facilities. This technical summary provides a

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<sup>1</sup> Five case study sites were selected for study, but a combination of the COVID-19 public health crisis in spring 2020 and lengthy DOC-specific research review processes prohibited case study visits with those additional women's facilities.

short background summary of the literature on which we based our study. We then briefly document the Tier 1 and Tier 2 data collection activities and their associated findings, as well as identify study limitations. We conclude by documenting the dissemination and close-out activities conducted for this project.

## Background to Our Study

### The Growing Rate of Incarcerated Women and Their Victimization Histories

In recent years, women—and disproportionately women of color—have emerged as the fastest growing incarcerated population (Kaeble, et al. 2016). Between 1980 and 2017, the number of incarcerated women increased by more than 750 percent, outpacing men by more than 50 percent in their rate of expansion (The Sentencing Project 2019). In 2017, the imprisonment rate for African American women (92 per 100,000) was nearly twice the rate of imprisonment for white women (49 per 100,000) while Hispanic women were incarcerated at roughly 1.3 times the rate of white women (66 vs. 49 per 100,000). While there are still more men in prison than women, the American criminal justice system is faced with a profound shift in the population it serves, which in turn requires an adjustment of services, programming, approaches, and tools for a population that demonstrates specific needs, pathways to incarceration, and histories of victimization and violence.

A growing body of literature documents that women who are incarcerated have experienced high rates of trauma exposure, interpersonal trauma, victimization, posttraumatic stress disorder, and violence before their incarceration (Carlson & Shafer 2010; Lynch et al. 2012; Green et al. 2016). Incarcerated women have often been victims of serious crime and violence themselves. A large portion of incarcerated women are serving sentences for drug-related offenses that can be traced to these experiences of trauma and victimization (DeHart et al. 2014). Other women are incarcerated for crimes connected to intimate partner violence, such as defense against an abusive partner or for their inability to keep children from being harmed by an abusive partner (Renzetti, Miller, & Gover 2012).

Incarcerated women can further experience violent victimization within correctional facilities. This is critical to recognize given that women are more likely to have experienced trauma *before* incarceration, and they also are more likely to experience victimization *during* incarceration. Between 2009 and 2011, women accounted for 22 percent of victims in assaults in which other incarcerated adults caused the harm and 33 percent of victims from assaults in which staff caused the harm in all state and federal prisons in the US (Beck et al. 2014).

Victims of violence can also cause violence, both inside and outside of correctional facilities (Tracy et al. 2016; Zweig et al. 2014). While it is important to recognize personal responsibility in behavior, it is equally critical to recognize common behaviors associated with prior traumatic experiences. A recent meta-analysis (Tracy et al. 2016) shows how exposure to trauma in one's social network influences an individual's risk of victimization or perpetration. This research focuses on the spread of violence within a social network

and highlights the critical link between individual victimization and perpetration across multiple populations. It also lends itself to understanding that women have unique pathways to incarceration.

### Victim Service Approaches

Correctional institutions are uniquely positioned to provide victim services to women in their custody that address both prior trauma and victimization and in-custody experiences, and community-based service organizations provide a useful model of service that can be translated to incarceration settings. In community-based victim service organizations, services include safety and crisis intervention; individual advocacy; emotional support; legal advocacy, child advocacy, and financial compensation (Zweig & Yahner 2013). Some of these categories can directly translate to incarcerated populations; victims need both immediate and long-term assistance with safety and security, whether or not they are incarcerated. Safety intervention services might include information on avoiding revictimization; comprehensive safety planning to prevent future victimization; and protection from those that cause harm, perhaps both immediately after the crime and long-term afterwards (Zweig & Yahner 2013). Individual advocacy services in correctional settings could follow community-based services and provide referral and assistance for a multitude of victims' needs.

Traditional victim service programs provide emotional support through various activities like counseling and support groups, all of which could be implemented within correctional settings. Such services may be especially crucial for incarcerated women who are separated from their natural social and emotional supports such as friends and family. Legal advocacy in community-based services takes many forms, each focused on helping victims navigate their way through the legal system. In correctional facilities, legal advocacy may help victims with ongoing cases and assist with handling legal issues that arise as part of their victimization experiences before or during incarceration. In addition to working to provide services and support women with victimization experiences in their custody, correctional facilities can provide trauma-informed care through wider mechanisms such as through their operational practices (custodial policies and practices) and through trauma-focused programming.

According to Dr. Stephanie Covington (forthcoming), trauma-informed care in facilities would blend elements of: *trauma informed work* in having staff members be aware of trauma, *trauma responsive work* by ensuring policies are in place to minimize damaging experiences, and *trauma specific work* by providing services and programs designed specifically to address trauma and facilitate healing. For example, prison policies like strip searches for contraband or being supervised while changing clothes may retraumatize an incarcerated woman who has been physically or sexually abused. Other environmental factors such as loud noises, alarms, shackles, closed-in areas, and cells also can be triggering (Bloom 2015). A trauma-informed facility would investigate potential changes to these policies to minimize the chance of triggering negative reactions in the women in its care. While correctional facilities are not traditionally seen as victim service

organizations, the setting creates an opportunity to address the victimization histories of incarcerated women within a trauma-informed culture and to increase women’s safety and wellbeing.

## Tier 1: National Survey of Domestic Violence and Sexual Assault

### Coalitions

The purpose of the national survey of domestic violence and sexual assault coalitions was to document the types of collaboration that exist between victim service providers and state DOCs, and to paint a nationwide picture of in-reach and victim services in women’s state correctional facilities.

### Summary of Methods

The online survey was sent via email to the universe of domestic violence and sexual assault coalitions based on a list of contacts available through NCVS resources. We completed a quality assurance process to find emails and verify contact information through a web search on domestic violence and sexual assault state coalitions. The survey was administered both online and over the phone (if a respondent requested this) from September 2018 through February 2019 and yielded a 70 percent response rate (n=57 of 81 coalitions).<sup>2</sup> Respondents provided information about both state-level activities and the activities of their member agencies.

The survey included questions covering five major domains (see Appendix B for the survey instrument):

1. Coalition and member agency background
2. Collaboration with state DOCs and local facilities
3. Program and services provided
4. Factors that impede or facilitate work with incarcerated women
5. Noteworthy programs and active member agencies

### Summary of Findings

Nearly all coalitions (88 percent) reported having between 1 and 20 staff members with only 4 percent having more than 40 staff. Forty-two percent of coalitions had fewer than 20 member agencies and nearly as many (40 percent) had over 40 member agencies. A median of 16,000 women are impacted by the collective member agencies that work with each coalition. Almost all coalitions provide training and technical assistance to member agencies (96 and 98 percent respectively), and 98 percent broadly disseminate information on domestic violence and sexual assault to the public. Nearly all (96 percent) advocate for public policy goals.

Just over three-quarters (78 percent) of coalitions reported collaborating with their state DOC, with nearly half of these (49 percent) collaborations starting because of the passage of the Prison Rape

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<sup>2</sup> Note that some states have dual-focused (or combined) domestic violence and sexual assault coalitions, while others have a separate state coalition focused on either domestic violence or sexual assault.

Elimination Act (PREA) and just over half being relatively new (53 percent of coalitions have been collaborating with their state DOC for just 1-5 years). Coalitions most frequently work with the PREA coordinator, the prison facility administrator at their state DOC, and the victim assistance unit. Over half of these collaborations (56 percent) consist of training for correctional staff, about half (49 percent) include work around PREA compliance, and about 42 percent address victimization directly. Just over half of coalitions (54 percent) receive funding to collaborate with the state DOCs, with the two major funding sources being from the Violence Against Women Act (VAWA—for 57 percent of coalitions with funding) and the Victims of Crime Act (VOCA—for 33 percent of coalitions with funding). Seventy-six percent of coalitions report their collaboration with DOCs as being important to preventing in-custody victimization.

Nearly three-quarters of coalitions (73 percent) reported that their member agencies collaborate with correctional facilities throughout the state. On average, each coalition has seven member agencies that collaborate with correctional facilities. Two-thirds of member agencies (67 percent) have been collaborating with state correctional facilities for 1-5 years. Member agencies most frequently work with the PREA staff, victim services director, or facility administrator or assistant facility administrator at facilities, collaborating around PREA compliance, addressing prior victimization, and training facility staff. About one-third of coalitions (35 percent) reported that their member agencies receive funding to collaborate with correctional facilities, with the same two primary funding sources as coalitions (VOCA for 45 percent of those with funding and VAWA for 27 percent of those with funding).

We also asked state-level domestic violence and sexual assault coalitions about the factors that impeded and facilitated the work they and their member agencies do with state DOCs, correctional facilities, and women who are incarcerated. The majority of coalitions (61 percent) cited access to sufficient funding as a barrier to working with incarcerated women, as well as not having enough staff (68 percent). Fewer coalitions (20 percent) cited a lack of relationship with a DOC, and some (27 percent) cited difficulty in tracking or reaching incarcerated women. On the flipside, 43 percent of coalitions indicated the unique needs of women and 38 percent of coalitions cited their positive relationships with the state DOCs facilitated this work. Under one-third of coalitions (28 percent) reported having sufficient funding to do the work necessary to collaborate with DOCs and facilities and serve incarcerated women.

When it came to member agencies, about three-quarters (74 percent) of coalitions cited a lack of access to sufficient funding and 77 percent reported limited staff as factors impeding their member agencies' work with incarcerated women. Forty-four percent reported that access to trained staff was a barrier to these collaboration, and 38 percent cited the unique context of corrections impeded collaboration. Almost half (49 percent) cited staff capacity as a factor facilitating their collaboration, and few (11 percent) cited organizational capacity as well. Very few (8 percent) of respondents indicated a positive relationship with local facilities as facilitating their work in this area, and 8 percent also stated unique needs of women aided their work.

## Summary Conclusion

In sum, nearly three-quarters of state coalitions collaborate with state DOCs, and about three-quarters of member agencies collaborate with correctional facilities. The same portion of coalitions report this collaboration as critical to preventing victimization within facilities. Coalitions and member agencies face challenges in working with incarcerated women due to insufficient funding and staff shortages. However, the unique needs of women and positive relationships with the DOC facilitate this work.

## Tier 1: Interviews of State Departments of Corrections

The purpose of the interviews with state departments of corrections was to document state DOC victim services-specific policies, programs, and practices for incarcerated women, including those that are trauma-informed, and to identify standout women's facilities (and contacts in those facilities) regarding those providing innovative/comprehensive victim services and/or trauma-informed practices and programs.

### Summary of Methods

Between September 2018 and April 2019, team members from Urban Institute and CLA conducted phone interviews with 108 leaders from 41 state DOCs across the country (yielding an 82 percent response rate). Semi-structured interviews lasted about 1-1.5 hours and the protocol covered the following domains (see Appendix C for the interview protocol):

1. Operational philosophy
2. Intake and assessment
3. Programming
4. Services and responses
5. Policies and procedures
6. Training

These domains allowed us to understand DOC policies, programs, services, and practices focused on addressing victimization women experienced both before and while incarcerated and on trauma-informed-care principles, if any. The Urban team coded interview transcripts using NVivo 11 Qualitative Coding Software for themes derived from the interview protocol.

### Summary of Findings

Figure 1 depicts the participating state DOCs. Leadership roles and titles varied across states, including DOC directors, assistant directors, chiefs of programs, PREA directors, superintendents of women's facilities, commissioners, deputy commissioners for women's services, and deputy directors of medical and forensic services.

FIGURE 1  
Participating DOCs



### Operational Philosophy

To contextualize how state DOCs approach their work with incarcerated women and how they incorporate trauma-informed approaches and past victimization experiences into working with incarcerated women, each interview opened with questions around the DOCs' philosophy and approach toward working with women. We found that the majority of DOCs (56 percent, 23 of 41 states) have a different approach to working with women than they do with men, indicating that, to an extent, these DOCs recognize there are differences between women and men who are incarcerated. Examples of operationalizing this recognition include creating specific positions to oversee women's programming and services or using gender-responsive classification tools. In addition, almost two thirds, or 24 out of 41, of DOCs indicated that in addition to acknowledging gender differences, they adapt their practices for incarcerated women, which DOCs mentioned typically required more resources and time: for instance, talking a woman through each step of a strip search lengthens the process and presents increased communication demands.

### Intake and Assessment

To understand how women entering corrections are assessed upon intake and classified according to their assessments, interview respondents described intake processes, the different types of assessments used, and how assessments inform facilities' housing and programming decisions. The interviews indicated that a majority of states have an intake or diagnostic center for women separate than men—that is, upon entering the correctional system, men and women do not go to the same facility. Furthermore, roughly 37

percent of states (15 of 41) reported using a gender-responsive risk assessment tool. These validated tools are shown to measure the unique circumstances and needs of women, for example the Women’s Risk and Needs Assessment (WRNA), the Service Planning Instrument for Women (SPIN-W), and the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) for Women.

### Programming

We asked DOC representatives to explain the programming they have in place to help women cope with trauma and, specifically, we asked about evidence-based programming. We found that at least 18 of 41 states (44 percent) reported offering more than one evidence-based program. These programs might include *Moving on* (by Marilyn Van Dieten), *Beyond Trauma* (by Stephanie Covington), *Helping Women Recover* (by Stephanie Covington), *Beyond Violence* (by Stephanie Covington), *Seeking Safety* (by Lisa Najavits), *Forever Free* (by David Conn), and *Dialectical Behavioral Therapy* (by Marsha Linehan).

### Services and Responses

We asked DOCs what services are in place for women who enter their correctional facilities with a history of victimization and how they respond when a woman experiences victimization while in custody. In terms of reporting in-custody victimization, states shared that women can contact facility staff or use hotlines for women, as well as other avenues. In 26 of the state DOCs, leadership reported the use of a toll-free number or hotline so that incarcerated women could report in-custody victimization incidents. In some facilities, this toll-free number or hotline is staffed by a local victim service provider while others are managed by an independent entity tasked with investigating PREA incidents. Services for in-custody victimization include mental health treatment and working with victim advocates at local victim services agencies. While states have legal responses and services in place to address victimization, DOCs sometimes face challenges in approaching incarcerated women as victims.

### Policies and Procedures

We began the study by defining trauma-informed as “working intentionally to avoid triggering traumatic reactions and helping survivors manage their trauma symptoms successfully by enhancing the knowledge and proficiency of correctional staff to recognize trauma symptoms and respond appropriately.”<sup>3</sup> Through the interview transcript coding and analysis process, it became evident that not all approaches are trauma-informed even if an agency labels them as such.

Some ways states tried to address trauma in policies and procedures related to custodial practices. For example, analysis of policies around restraints indicated many states do not restrain women during certain stages of a woman’s pregnancy term: this ranged from some facilities ending restraints when a woman became visibly pregnant to others not restraining women during active delivery. States reported that strip searches typically followed PREA-guidelines, meaning that searches were conducted by

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<sup>3</sup> For our final analyses, we expanded our definition of trauma-informed to include definitions created by experts in evidence-based and gender-responsive programming.

correctional staff of the same gender as the person being searched. Finally, few states reported taking either gender or trauma into account in their use of force practices.

### Training

Interviews revealed that many states train staff on techniques for working with and/or communicating with women in unique ways, and states frequently reported training staff in de-escalation techniques or crisis intervention practices. Most states reported staff receive PREA training. Few states rely on a gender-responsive or trauma-informed expert to administer or inform the training.

### Summary Conclusion

In summary, state DOCs are taking different approaches to address incarcerated women's prior trauma and victimization. Some states are more innovative and comprehensive than others, but as a whole, DOCs can do more to address the unique issues of incarcerated women.

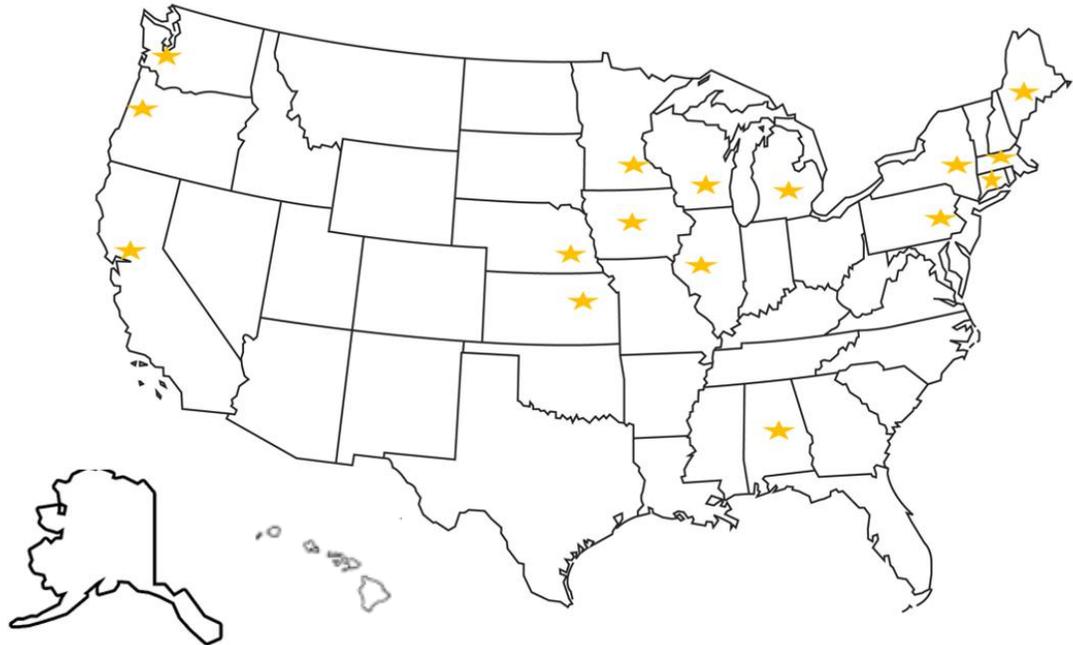
## Tier 1: Standout State Facility-Level Interviews

The purpose of the standout state facility-level interviews was to gain a detailed understanding of facility-level programs, procedures, and practices including how the selected individual women's prison facilities provide victim services and/or use trauma-informed practices and programs to assist incarcerated women with victimization histories or in-prison victimization. These interviews also provided foundational information for the selection of our case study facilities for Tier 2 data collection.

As part of the qualitative analysis of DOC leadership interview transcripts, we scored each state as to their focus on victimization and trauma-informed principles across 19 indicators. However, this initial scoring framework did not sufficiently capture the nuances from interview data to accurately identify standout sites, according to our advisory board. In response, we developed a more expansive scoring matrix with 32 indicators. After rescored all state DOC leadership interviews, the research team selected 16 women's prisons for standout state facility-level interviews. Figure 2 identifies the 16 standout states.

FIGURE 2

Standout State DOCs selected from Interviews with State DOC's Leadership



### Summary of Methods

Team members from the Urban Institute conducted 20 interviews with 31 respondents in 15 facilities (in the standout states; one facility did not respond to invitations to participate) between September 2019 and November 2019. Of the 31 respondents, 48 percent (n=15) were warden/facility administrators, 36 percent (n=11) were program directors, 13 percent (n=4) were clinical directors, and 3 percent (n=1) were other types of stakeholders.

Facility interviews were transcribed and analyzed for themes across major domains, including (see Appendix D for the interview protocol):

1. Facility approach and operations to working with incarcerated women
2. Custodial policies and practices
3. Programming and responses to victimization (PREA and non-PREA)
4. Staff training

### Summary of Findings

#### Facility Approach and Operations to Working with Incarcerated Women

Facilities interviewed overwhelmingly reported wanting to provide evidence-based, gender-responsive, and trauma-informed approaches for incarcerated women to ensure opportunities for personal growth and betterment. Additionally, these 15 facilities recognized that women have pathways to crime that may differ from men in that they often include victimization experiences. These unique pathways to crime and prior experiences specific to incarcerated women signal the need for gender-responsive approaches and individualized programming that can be adapted over time as needs evolve. In some

facilities, trauma is treated as a universal precaution, meaning that facility staff assume that all incarcerated women have a history of trauma—including physical, sexual, mental, and emotional traumas. This approach is operationalized in differing ways, whether through adapting strip searches, using destigmatizing language (i.e. calling incarcerated women “residents” or “adults in custody” rather than “prisoners”) and preferred gender pronouns, and/or involving women in decision-making around their case planning.

### Custodial Policies and Practices

Unlike our interviews with the 41 state DOCs, many facilities reported adapting their custodial policies and practices to be more mindful of incarcerated women’s prior trauma and victimization experiences. For instance, behavioral interventions and de-escalation strategies are used before resorting to restraints, use of force, or restrictive housing. Facilities reported taking precautions to help reduce the trauma experienced with day-to-day custodial procedures. For example, they ensure same-gender searches occur, with rare exceptions. In some facilities, transgender individuals are given the choice on whether they prefer a man or woman officer for their search. Additionally, facilities have female-only posts such as intake units, transport, bathrooms, etc. They also adapt strip searches to make them more trauma informed. Some facilities allow women the choice on their search procedure—they are provided the option of having a fully unclothed or half unclothed search and are provided the option of whether they would like to start the search of their top or bottom half. Some facilities have provided training for staff in how to walk through a search similar to how a doctor might explain parts of a medical procedure to make their approach more trauma informed.

In some facilities, custodial policies remain the same for men and women, with exception to pregnant women. Restraints cannot be used on pregnant women or women post-partum for several weeks until they receive medical clearance in most facilities. In some facilities, restrictive housing is not allowed for pregnant women. Whereas in others, pregnant women are allowed more time out of their rooms while in restrictive housing than their peers.

### Programming

All facilities interviewed reported offering one or more types of evidence-based programming that are trauma-informed and/or gender-specific (see Table 1).

**Table 1. Evidence-Based Programming for Incarcerated Women**

Prior trauma and victimization	<ul style="list-style-type: none"> <li>• Beyond Violence: A Prevention Program for Criminal Justice-Involved Women</li> <li>• Beyond Trauma: A Healing Journey for Women</li> <li>• Seeking Safety: A Treatment Manual for Trauma and Substance Abuse</li> <li>• Healing Trauma: A Brief Intervention for Women</li> </ul>
Addiction	<ul style="list-style-type: none"> <li>• Women in Recovery: Understanding Addiction</li> <li>• Helping Women Recover: A Program for Treating Addiction</li> <li>• Forever Free</li> </ul>
General gender-responsive	<ul style="list-style-type: none"> <li>• Moving On: A Program for At-Risk Women</li> <li>• Voices: A Program of Self-Discovery and Empowerment for Girls</li> <li>• Living Safely and Without Violence</li> </ul>

Other	<ul style="list-style-type: none"> <li>• Dialectical Behavioral Therapy</li> </ul>
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Some facilities reported using home-grown curricula that address women’s needs, however, these programs have not yet been evaluated for effectiveness. Additionally, facilities reported other types of activities that may help address trauma and victimization, including trauma yoga, art therapy, pet therapy, and Zumba. Lastly, these 15 facilities reported extensive programming specific to parenting and supporting family relationships. While these efforts do not directly address the issues of prior trauma and victimization that we originally set out to study, respondents reported and research indicates that parental incarceration, and the corresponding familial separation, is traumatic for families. Therefore, efforts to maintain family relationships can be considered trauma-informed approaches and one important direction for future research would be to examine whether such efforts are effective at mitigating harms. Examples of innovative ways to maintain family connections include specialized visits, doula programs, in-prison nurseries, breastfeeding programs, parenting classes and support groups, and facility staff dedicated to family coordination.

### Victimization Responses

Facilities reported partnering with local victim service providers to provide legal services, counseling, advocacy, and acute intervention services for incarcerated women who have experienced prior trauma and/or in-custody victimization. Many of these organizations are also the prison’s partner for PREA responses. Most facilities partner with a local sexual assault nurse examiner (SANE) at a sexual assault service provider or at a local hospital. Additionally, all facilities make their medical and mental health staff available to women who have experienced in-custody victimization immediately after they report the incident. Some facilities have a multidisciplinary sexual assault response team (SART) within the prison that is tasked with emergency responses to in-custody victimization while others have peer navigators, coaches, and advocates who are trained in trauma-informed care and victim responses; some facilities have a combination of these resources. During interviews, some facilities reported taking an individualized approach to PREA, recognizing that women may have physical relationships and that not every physical touch is a PREA incident. Lastly, one facility has a voluntary, inpatient unit for women who have experienced sexual assault and domestic violence.

### Staff Training

Most facilities interviewed offer specialized training beyond the DOC Academy training that is specific to their facility operations and population. Custodial staff receive gender-responsive and trauma-informed training for working with incarcerated women, including trainings on locally-developed (in-house) curricula such as Safety Matters; The Unique Needs of the Female Offender; Working Effectively with Female Offenders; and Creating Regulation and Resilience (CR2). Staff receive additional training on de-

escalation, crisis intervention, mental health, effective communication strategies, and motivational interviewing

## Summary Conclusion

In summary, the 15 standout state facilities reported several practices that might be considered innovative around addressing the unique needs of women in trauma-informed and gender-responsive ways, including addressing victimization and trauma experienced before and during incarceration. We scored facility-level interviews across metrics to capture the extent to which they implement these strategies and facilities from five standout states were prioritized for case studies: Alabama, Iowa, New York, Oregon, and Pennsylvania.<sup>4</sup>

## Tier 2: Case Studies

The purpose of the case studies was to conduct in-person visits to facilities to develop a more robust understanding of the prison's approach to programs, procedures, and practices to address women's needs around trauma and/or the use of practices, programs, and services to assist incarcerated women with victimization histories or in-prison victimization. The intent was to engage with a variety of stakeholders implementing these approaches to document innovations to promulgate to the field more widely.

## Summary of Methods

As a result of the COVID-19 pandemic, we were only able to conduct three of our five planned case studies. Team members from Urban Institute, CEPP, and NCVJ conducted case studies. The team conducted two case studies in person before federal and state guidelines restricted travel and in-facility visitation. We conducted one virtual case study after the onset of the pandemic hit. Two standout states prohibited in-facility visitation and halted all research efforts throughout the DOC, thereby preventing us from completing those visits. As such, the three case studies were conducted at the following sites:

- Iowa's Correctional Facility for Women (ICIW) during December 2019;
- Alabama's Julia Tutwiler Prison for Women (Tutwiler) during early March 2020; and
- Oregon's Coffee Creek Correctional Facility (Coffee Creek) during 2020.

During these case study site visits, our teams conducted 40 semi-structured interviews with 81 stakeholders (including correctional leadership, security/custodial staff, training staff, program providers, peer navigators, and community partners), and 28 incarcerated women (see Appendix E for the case study protocols).

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<sup>4</sup> Five case study sites were selected for study but a combination of the COVID-19 public health crisis in Spring 2020 and lengthy DOC-specific research review processes prohibited case study visits with all five women's facilities.

## Summary of Findings

Across the three case study sites, many innovative policies and practices were being implemented to make their work with incarcerated women more trauma informed, trauma responsive, and trauma specific. Though each case study facility had unique strengths as well as unique challenges to their approaches, some larger themes can be gleaned from these case studies:

- When DOCs mandate that policies and procedures be similar for men and women, facilities might struggle to balance that mandate alongside their gender-responsive approaches.
- Physical features of the facility and its structure are elemental to being fully trauma responsive and specific. A facility may have gender-responsive and trauma-informed approaches, but their facility structure itself can inhibit a fully functioning trauma-informed culture if outdated and/or dangerous.
- Some facilities combine trauma focused custodial practices (e.g., discipline policies), with evidence-based programming and other trauma focused activities (e.g., yoga), all in an attempt to holistically address trauma and victimization for women.
- All case study locations had made great advancements in addressing victimization and trauma histories for women, but all still had room to grow to be fully trauma responsive and trauma specific in their work.
- Women had varied reactions to facility's efforts to be trauma responsive and specific. But a few things were made clear based on speaking with women across the three facilities: (1) access to programming is crucial to minimizing the trauma of an incarceration stay for a woman and expanding access to programming for all women—regardless of custody level, time left in sentence, conviction charge, etc.—is critical, so that all have the ability to participate in programs that can address their trauma and help restore their wellness; (2) even in facilities where concerted efforts to address these issues are underway, and new gender-responsive and trauma-informed philosophies are woven throughout the facility's work, there is still more work to be done—it takes a long time for all staff and for all women to buy in to these culture and practice changes; (3) some incarcerated women had different perceptions of the same custodial policies compared to other stakeholders; and (4) though facilities may discuss having partnerships with outside victim service agencies, it isn't clear how much women actually have direct access to their services and assistance as few were able to provide information about these opportunities.
- Many places were trauma informed but weren't necessarily trauma responsive. They still struggled with being fully responsive to the needs of women.

## Limitations of the Study

This exploratory study was meant to provide information about how facilities are addressing trauma and victim services in women's prisons. We hope that the information provided can serve as a baseline for future research and evaluation. However, as with all studies, this study was subject to some limitations that bear consideration, including:

- While we achieved respectable response rates with state DOCs and with surveys of domestic violence and sexual assault coalitions, the findings herein reflect a sample of current correctional approaches, policies, and practices, not the totality.
- When surveying victim service providers, we only connected with state-level domestic violence and sexual assault coalition representatives. We did not connect directly with locally-based member agencies to assess how they collaborate with individual state prisons. Had we surveyed individual member agencies directly, we would have richer information about local-level partnerships between facilities and victim service providers.
- We were only able to successfully conduct three of the five intended case studies, limiting our chance to learn more about how facilities approach these issues in the in-depth manner case studies provided.
- We were only able to interview women in three facilities and spend about 20 minutes with each woman. These interviews, while critically informative, are not representative of all women within a given facility nor are they generalizable to incarcerated women more broadly.
- The qualitative and quantitative data collection and analyses were based on individuals' self-reports and may be subject to biases or subjective views held by those respondents.

## Dissemination and Close-Out Activities

The project team has accomplished/will accomplish the following by the end of the project period (September 30, 2020):

- The team has presented findings from the survey of domestic violence and sexual assault coalitions, the state DOCs, and the standout state facility-level interviews at the Annual Meetings of the American Society of Criminology in November 2019 and the Annual Meetings for the Society for Social Work and Research in January 2020.
- The team will publish, on Urban Institute's website, two short reports entitled:
  - *Reducing Trauma for Incarcerated Women with Adapted Custodial Practices*
  - *In-Prison Programming and Services to Address Trauma and Victimization for Incarcerated Women: Addressing Trauma and Victimization in Women's Prisons*

- The team will submit one journal article for peer-reviewed publication before the end of the grant period. This article articulates a typology of trauma-informed and victim service approaches used in state departments of corrections across the country.
- The team will conduct a Center for Victim Research webinar on September 30, 2020 focusing on victim services in women's prisons.
- The team will write three to four short blogs to be published on *Urban Wire* on the Urban website.
- The team will upload de-identified data collected during the study along with codebooks and other documentation used to produce analyses to the National Archive of Criminal Justice Data, in accordance with NIJ requirements.

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## Appendix B: Survey of Domestic Violence and Sexual Assault Coalitions

## Appendix B: Survey of Domestic Violence and Sexual Assault Coalitions

**To start, we provide definitions of terms used throughout this survey.**

**Prison:** State prison facilities house women who have been convicted of a crime, and are run by a state correctional agency (i.e. Department of Corrections).

**Jail:** Local jails are facilities that are run by counties or cities and house both individuals who have not been convicted of a crime and those who are awaiting trial, and individuals who are sentenced to less than a year.

**In-Reach:** The practice of community-based organizations providing services in correctional facilities for people who are incarcerated. Please note this survey focuses on women incarcerated in state prison facilities, not local jails.

**Trauma:** Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, or spiritual well-being.

**Trauma-informed correctional approaches:** Working intentionally to avoid triggering trauma reactions and help survivors manage their trauma symptoms successfully by enhancing the knowledge and proficiency of correctional staff to recognize trauma symptoms and respond appropriately.

**Gender-responsive:** Approaches that intentionally allow research and knowledge on female and male socialization and development, and women's, girls', men's, and boys' risks, strengths, and needs to affect and guide all aspects of program and system design, processes, and services.

## Section 1: Background

State-Level Coalitions		
Question		Response Options
1.	What is your formal title in your organization?	Open text
2.	How many years have you been in this position?	Less than 1 year 1-5 years 6-10 years More than 10 years
3.	How many staff members does your organization employ?	1-10 11-20 21-30 31-40 41-50 More than 50
4.	Of the activities below, what activities does your organization engage in? (Please select all that apply)	<input type="checkbox"/> Training to local domestic violence/sexual assault (DV/SA) agencies and other private/public entities <input type="checkbox"/> Technical assistance to local DV/SA agencies and other private/public entities <input type="checkbox"/> Setting and monitoring statewide standards for DV/SA operations <input type="checkbox"/> Monitoring DV/SA centers' compliance with federal standards <input type="checkbox"/> Providing up-to-date information about emergency services across the state to potential victims/survivors <input type="checkbox"/> Public awareness/educational campaigns on issues related to DV/SA <input type="checkbox"/> Public policy advocacy to pass legislation to improve services for DV/SA survivors <input type="checkbox"/> Research to build knowledge of how best to serve survivors of DV/SA <input type="checkbox"/> Resource and publication on DV/SA dissemination <input type="checkbox"/> Disseminating information on DV/SA to the public <input type="checkbox"/> Other, specify
5.	What type of training, if any, do your staff receive? (Please select all that apply)	<input type="checkbox"/> Training focused on working with incarcerated populations <input type="checkbox"/> Training focused on being responsive to trauma <input type="checkbox"/> Training focused on being responsive to gender <input type="checkbox"/> Training focused on being culturally-responsive <input type="checkbox"/> Training focused on working with individuals with mental health issues

		<input type="checkbox"/> Training focused on working with individuals with substance use disorders <input type="checkbox"/> Program specific training (such as classes to learn a specific program curriculum) <input type="checkbox"/> Training focused on working with vulnerable populations generally <input type="checkbox"/> Our staff do not receive additional training <input type="checkbox"/> Other, specify
<b>Member Agencies</b>		
6.	How many member agencies do you have?	Numerical
7.	Please provide an estimate of how many women are served by programs/services provided by your member agencies annually?	Numerical
8.	To your knowledge, do any of your member agencies receive training from your state correctional agency on working in prisons or working with incarcerated women?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

## Section 2: Collaboration with State Department of Corrections and/or Local Facilities

<b>State-Level Coalitions</b>		
<b>Question</b>	<b>Response Options</b>	
9.	Do you collaborate with your state's Department of Corrections (i.e. the agency that runs your state's prisons)?  <b>[If yes answer 10 – 19]</b>  <b>[If no, skip to 20]</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	What event or circumstance initiated your collaboration with the state Department of Corrections (check all that apply)?	<input type="checkbox"/> Passage of Prison Rape Elimination Act (PREA) <input type="checkbox"/> Some victims or member agencies reached out for help <input type="checkbox"/> Particularly publicized incident <input type="checkbox"/> Change in correctional leadership <input type="checkbox"/> Born out of a strategic planning process <input type="checkbox"/> Media coverage of conditions <input type="checkbox"/> Lawsuit <input type="checkbox"/> Other, specify
11.	Who initiated the relationship between the state-level coalitions and the DOCs? (Please select all that apply)	<input type="checkbox"/> Our organization <input type="checkbox"/> State Department of Corrections director/administrator/commissioner

		<input type="checkbox"/> State Department of Corrections staff <input type="checkbox"/> Correctional staff in the prison facilities <input type="checkbox"/> Judges <input type="checkbox"/> State Attorney General's Office <input type="checkbox"/> Other court officials <input type="checkbox"/> Other nonprofit organizations <input type="checkbox"/> Community based advocacy organizations <input type="checkbox"/> Other, specify
12.	In what ways do you collaborate with your state's Department of Corrections? (Please select all that apply)	<input type="checkbox"/> Prison Rape Elimination Act (PREA) compliance <input type="checkbox"/> State-level policies related to in-custody victimization <input type="checkbox"/> State-level procedures related to in-custody victimization <input type="checkbox"/> Trauma-informed operations and/or approaches ( <a href="#">Definition hyperlinked</a> ) <input type="checkbox"/> Gender-responsive operations and/or approaches ( <a href="#">Definition hyperlinked</a> ) <input type="checkbox"/> Training for state-level agency staff <input type="checkbox"/> Training for correctional staff <input type="checkbox"/> Addressing victimization among incarcerated women <input type="checkbox"/> Addressing the high rates of victimization among your state's population of incarcerated women <input type="checkbox"/> Program development for in-custody programs <input type="checkbox"/> Sitting on boards or councils related to the DOC's work <input type="checkbox"/> State-level reentry council <input type="checkbox"/> Assisting women who are incarcerated dealing with victimization prior to entering prison <input type="checkbox"/> Other, specify
13.	Do you receive funding for any of the collaborative work identified?  <b>[If no, skip to 16]</b>  <b>[If Yes, continue to 14]</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	What types of funding, do you receive for this collaborative work? (Please select all that apply)	<input type="checkbox"/> VAWA (Violence Against Women Act) funding <input type="checkbox"/> VOCA (Victims of Crime Act) funding <input type="checkbox"/> Health and Human Services funding <input type="checkbox"/> State corrections agency contract/service agreement <input type="checkbox"/> County government funding <input type="checkbox"/> Non-profit/philanthropic funding <input type="checkbox"/> Other, specify

15.	Which stakeholders do you collaborate with at your state corrections agency? (Please select all that apply)	<input type="checkbox"/> Commissioner <input type="checkbox"/> Women's Services director/administrator <input type="checkbox"/> Victim Assistance Unit <input type="checkbox"/> Director of Victim Services <input type="checkbox"/> Training director/administrator <input type="checkbox"/> Programming director/administrator <input type="checkbox"/> Clinical director/administrator <input type="checkbox"/> Health services director/administrator <input type="checkbox"/> Research director/administrator <input type="checkbox"/> Inspector General <input type="checkbox"/> Reentry director/administrator <input type="checkbox"/> Prison Rape Elimination Act (PREA) coordinator <input type="checkbox"/> Prison facility administrators (i.e. warden) <input type="checkbox"/> Other, specify
16.	How often do you hold formal meetings with the state Department of Corrections staff for this collaborative work? (Please select one)	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually
17.	How long have you collaborated with your state Department of Corrections?	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> More than 10 years
18.	How important is this collaboration in preventing in-custody victimization?	<input type="checkbox"/> Not important <input type="checkbox"/> Slightly important <input type="checkbox"/> Important <input type="checkbox"/> Fairly important <input type="checkbox"/> Very important
19.	How effective is this collaboration at increasing access to programs and/or services to women who experienced victimization prior to or during incarceration?	<input type="checkbox"/> Not effective <input type="checkbox"/> Slightly effective <input type="checkbox"/> Effective <input type="checkbox"/> Fairly effective <input type="checkbox"/> Very effective
20.	[If #10 is "no," skip to this question] Does your organization collaborate with any other state agencies? (Please select all that apply)?	<input type="checkbox"/> Attorney General's office <input type="checkbox"/> State-level public defender organizations <input type="checkbox"/> State police <input type="checkbox"/> State court system <input type="checkbox"/> State children's services agency <input type="checkbox"/> State community supervision agencies <input type="checkbox"/> State health and human services/public health agency <input type="checkbox"/> State education <input type="checkbox"/> State department of labor <input type="checkbox"/> Other, specify
21.	Do you have any information you would like to share on statewide coalitions' collaboration with the state Department of Corrections?	Open text

<b>Member Agencies</b>			
22.	Are you aware of any collaboration between your member agencies and correctional facilities throughout the state?  <b>[If yes, continue to 23]</b>  <b>[If no, skip to 33]</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23.	[If yes to 22] How many?	Numerical	
24.	[If yes to 22] What are the names of local member agencies working with the women's correctional facility/ies?	Open text	
25.	[If yes to 22] What are the names of the correctional facilities your member agencies work with?	Open text	
26.	[If yes to 22] Which corrections stakeholders do your member agencies collaborate with at your state women's facilities? (Please select all that apply)	<input type="checkbox"/> Warden/Administrator/ Facility Director/Superintendent <input type="checkbox"/> Assistant/Deputy Warden/Administrator/Director/Superintendent <input type="checkbox"/> Victim services director/administrator <input type="checkbox"/> Clinical director <input type="checkbox"/> Services/Programming director <input type="checkbox"/> Health services director <input type="checkbox"/> Community supervision stakeholders <input type="checkbox"/> PREA-specific staff <input type="checkbox"/> Other, specify <input type="checkbox"/> Not sure/Don't know	
27.	[If yes to 22] In what ways do your member agencies collaborate with correctional facilities throughout the state? (Please select all that apply)	<b>Women's facilities</b>	<b>Other correctional facilities</b>
		<input type="checkbox"/> Prison Rape Elimination Act (PREA) compliance <input type="checkbox"/> Facility policies related to in-custody victimization <input type="checkbox"/> Facility procedures related to in-custody victimization <input type="checkbox"/> Training for facility staff <input type="checkbox"/> Program development for in-custody programs	<input type="checkbox"/> Prison Rape Elimination Act (PREA) compliance <input type="checkbox"/> Facility policies related to in-custody victimization <input type="checkbox"/> Facility procedures related to in-custody victimization <input type="checkbox"/> Training for facility staff <input type="checkbox"/> Program development for in-custody programs

		<input type="checkbox"/> Helping women address victimization experienced prior to incarceration <input type="checkbox"/> Trauma-informed operations and procedures <input type="checkbox"/> Gender-specific operations and procedures <input type="checkbox"/> Other, specify	<input type="checkbox"/> Helping women address victimization experienced prior to incarceration <input type="checkbox"/> Trauma-informed operations and procedures <input type="checkbox"/> Gender-specific operations and procedures <input type="checkbox"/> Other, specify
28.	<p>[If yes to 22] Do your member agencies receive funding for any of the collaborative work identified?</p> <p><b>[If yes, go to 29]</b></p> <p><b>[If no/unsure, skip to 30]</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
29.	<p>[If yes to 29] What types of funding do your member agencies receive for this collaborative work?</p>	<input type="checkbox"/> STOP Violence Against Women funding <input type="checkbox"/> VAWA (Violence Against Women Act) funding <input type="checkbox"/> VOCA (Victims of Crime Act) funding <input type="checkbox"/> Health and Human Services funding <input type="checkbox"/> State corrections agency contract/service agreement <input type="checkbox"/> County government funding <input type="checkbox"/> Non-profit/philanthropic funding <input type="checkbox"/> Other, specify	
30.	<p>Who initiated the relationship between your member agencies and the facilities? (Please select all that apply)</p>	<input type="checkbox"/> Member organization <input type="checkbox"/> State coalition (our organization) <input type="checkbox"/> State Department of Correction administrators <input type="checkbox"/> State Department of Correction staff <input type="checkbox"/> Correctional staff in the prison <input type="checkbox"/> Judges <input type="checkbox"/> State Public Defender's Office <input type="checkbox"/> State District Attorney's Office <input type="checkbox"/> Other court officials <input type="checkbox"/> Other nonprofit organizations <input type="checkbox"/> Community based advocacy organizations <input type="checkbox"/> Other, specify	

31.	What is the longest collaboration (in years) between your member agencies and the state Department of Corrections?	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> More than 10 years
32.	Do you have any additional comments about collaboration of your member agencies?	Open text

### Section 3: Programs and Services Provided

State-Level Coalitions		
Question		Response Options
33.	What kinds of services do you provide to your member organizations related to assisting women who have experienced victimization prior to or during incarceration? (Please select all that apply)	<input type="checkbox"/> Training related to best practices and service provision <input type="checkbox"/> Technical assistance related to capacity building or data collection <input type="checkbox"/> Technical assistance related to agency policies and procedures <input type="checkbox"/> Support local (i.e. city or county) policy advocacy efforts <input type="checkbox"/> Funding <input type="checkbox"/> Assistance in acquiring funding <input type="checkbox"/> Connection to similar organizations (i.e. peer learning) <input type="checkbox"/> Connection to national technical assistance providers <input type="checkbox"/> Other, specify
Member Agencies		
34.	To provide services, do staff employed by your member agencies go into the prison?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
35.	To receive services, are currently incarcerated women transported from the prison to your member agency's/ies office(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
36.	Do member agencies who provide services for women who are incarcerated continue those services once they leave prison?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
37.	Have programs provided to incarcerated women by your member agencies been evaluated in any way?  <b>[If yes, answer 39-41]</b>  <b>[If no, skip to 42]</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
38.	Please list the names of the programs that have been evaluated?	Open text

39.	Who conducted the evaluation? (Please select all that apply)	<input type="checkbox"/> The provider agency <input type="checkbox"/> The state corrections agency <input type="checkbox"/> A local college or university <input type="checkbox"/> A consultant agency <input type="checkbox"/> A non-profit evaluator <input type="checkbox"/> Other, specify
40.	When was the last time these programs were evaluated?	Open text
41.	Is there other community-based work related to incarcerated women your member agencies are engaged in that isn't mentioned above?	Open text

### SECTION 5: Factors that Impede or Facilitate Work with Incarcerated Women

State-Level Coalitions		
	Question	Response Options
43.	Please check all factors that impede your organization's work with incarcerated women:	<input type="checkbox"/> Not enough staff <input type="checkbox"/> Lack of trained staff <input type="checkbox"/> Access to sufficient funding resources <input type="checkbox"/> Access to necessary materials to conduct programs/services effectively <input type="checkbox"/> Lack of relationship with state Department of Corrections <input type="checkbox"/> Lack of relationship with local prison facilities <input type="checkbox"/> Unique context of correctional environment <input type="checkbox"/> Unique needs of women <input type="checkbox"/> State policies/laws <input type="checkbox"/> Law enforcement <input type="checkbox"/> Courts <input type="checkbox"/> Difficulty tracking and/or reaching incarcerated women <input type="checkbox"/> Other, specify
44.	Please check all factors that facilitate your organization's work with incarcerated women:	<input type="checkbox"/> Staff capacity <input type="checkbox"/> Organizational capacity <input type="checkbox"/> Membership rates <input type="checkbox"/> Access to sufficient funding resources <input type="checkbox"/> Access to necessary materials to conduct programs/services effectively <input type="checkbox"/> Access to trained staff (i.e. understaffed) <input type="checkbox"/> Positive relationship with state DOC <input type="checkbox"/> Positive relationship with local prison facilities <input type="checkbox"/> Unique context of correctional environment <input type="checkbox"/> Unique needs of women

		<input type="checkbox"/> State policies/laws <input type="checkbox"/> Law enforcement <input type="checkbox"/> Courts <input type="checkbox"/> Other, specify
<b>Member agencies</b>		
45.	Check all factors that you perceive as impeding your membership organizations' work with incarcerated women:	<input type="checkbox"/> Staff capacity <input type="checkbox"/> Organizational capacity <input type="checkbox"/> Access to sufficient funding resources <input type="checkbox"/> Access to necessary materials to conduct programs/services effectively <input type="checkbox"/> Access to trained staff (i.e. understaffed) <input type="checkbox"/> Lack of relationship to state DOC <input type="checkbox"/> Lack of relationship with local prison facilities <input type="checkbox"/> Unique context of correctional environment <input type="checkbox"/> Unique needs of women <input type="checkbox"/> State policies/laws <input type="checkbox"/> Law enforcement <input type="checkbox"/> Courts <input type="checkbox"/> Other, specify
46.	Please check all factors that facilitate your membership organizations' work with incarcerated women:	<input type="checkbox"/> Staff capacity <input type="checkbox"/> Organizational capacity <input type="checkbox"/> Membership rates <input type="checkbox"/> Access to sufficient funding resources <input type="checkbox"/> Access to necessary materials to conduct programs/services effectively <input type="checkbox"/> Access to trained staff (i.e. understaffed) <input type="checkbox"/> Positive relationship with state DOC <input type="checkbox"/> Positive relationship with local prison facilities <input type="checkbox"/> Unique context of correctional environment <input type="checkbox"/> Unique needs of women <input type="checkbox"/> State policies/laws <input type="checkbox"/> Law enforcement <input type="checkbox"/> Courts <input type="checkbox"/> Other, specify

**SECTION 6: Conclusion**

Question		Response Options
47.	Do you have additional comments/concerns or any specific programs you would like to highlight for us?	Open text
48.	Are there any specific member agencies you want to highlight who	Open text

	are working with incarcerated women?	
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## Appendix C: DOC Interview Protocol

## Appendix C: DOC Interview Protocol

### **Section I. Respondent and System Background Information (5 Minutes)**

*[NOTE: Interviewers should review background summary info on the DOC director and the state's system prior to the interview, including the number of facilities for women, population statistic, if community supervision is under the DOC, DOC mission & vision statement, and cite to confirm accuracy w/stakeholder.]*

***Thank you for agreeing to participate in this interview. We'll start by learning a bit about you and your role at the DOC. Then we will discuss the women's facilities under DOC jurisdiction, and the staff that work there.***

1. Please state your full title and describe your key responsibilities.
2. How long have you been with the DOC (i.e., current position and total years)?
3. How long have you worked in corrections? (i.e. institutional and community corrections; i.e., over your career)
4. How many facilities are under DOC jurisdiction?
  - a. How many of these facilities are for women? What is the capacity of each women's facility?  
(Interviewer should offer stats on women's facilities collected prior to the call.)
5. What is the staff composition in the women's facilities? How does this compare to the composition of the population you serve in these facilities?
  - a. Gender
  - b. Race/ethnicity
  - c. Types of staff (e.g. correctional, clinical, etc.)

### **Section II. Working with Incarcerated Women (5 Minutes)**

***Thinking specifically about these women's facilities, let's talk about what it's like to work with incarcerated women in your system, how this may differ from working with incarcerated men, and any challenges specific to working with incarcerated women.***

6. In your opinion, to what extent do the needs/considerations around managing women differ from managing incarcerated men?
  - a. To what extent do incarcerated women exhibit different needs than incarcerated men?
  - b. How does the DOC address those needs?
  - c. How is this approach reflected in DOC policies or procedures?
7. What challenges do staff face in working with incarcerated women?

### **Section III. DOC Operations – Policies and Procedures (30-40 minutes)**

***Now that we understand broadly how the DOC views the needs of incarcerated women, let's talk a bit more about specific DOC operations in the women's facilities. We'd like to learn about some of the policies and procedures that guide the DOC approach to serving incarcerated women. We'll begin by discussing intake and assessment.***

#### **3A. Intake and Assessment**

8. What DOC policies guide the intake and assessment process?

9. Can you walk us through the intake process? How are people processed into the DOC?
- Is this completed at a central reception/diagnostic center?
  - Are women processed through the same reception/diagnostic center as men, or a separate one?
  - What precautions are taken to ensure safety for the incarcerated woman and DOC staff during intake?

10. What assessments are conducted at intake? With what tools? *(Interviewer ask about each table item, survey-style)*

- Are the same tools used for men and women?
- Validated gender responsive tools include:

Type of tool	Name of tool
Risk and needs assessment	WRNA (Women's Risk and Needs Assessment)
	SPIN-W (Service Planning Instrument for Women)
	COMPAS for Women
Substance abuse (commonly used with men and women)	SASSI-4 (Substance Abuse Subtle Screening Inventory)
	DAST (Drug Abuse Screening Test)
	CAGE (Cut Annoyed Guilty Eye)
	MAST-Revised (Michigan Alcohol Screening Test)
Mental health	BJMHS (Brief Jail Mental Health Screen)
Trauma	ACE (Adverse Childhood Experiences)
	SLESQ (Stressful Life Events Screening Questionnaire)
	PCL-5 (Post-Traumatic Stress Disorder Checklist)

c. *If respondent responds with tools we have not heard of, or fall under this list – probe:*

- Do you consider the tool gender-responsive? How so?
- Do you consider the tool trauma-informed? How so?

11. Do you reassess individuals in your system *(when, why)*?

12. Who administers the assessments?

- What professional background do they have? *(e.g., clinical or correctional staff)*
- Are staff trained on intake and assessment practices?
  - Who provides this training?
  - How often is training offered?
  - Does the training cover being gender-responsive and/or trauma-informed during intake and assessment?

13. What does the assessment ask about? *(Interviewer should cover each table item, survey style)*

Assessment topics	Check the box if applicable
History of abuse	
Relationship status/issues	
Mental health history	
Substance use history	
Health/medical needs	
Prior history of victimization	
Prior history of trauma	
Self-efficacy/self esteem	
Parental stress	
Level of family support	
Financial status/poverty	
Safety concerns	
Strength and protective factors	

14. What sources of information are used to complete the assessment? *(May need to clarify: i.e., what type of info is used to complete these assessments? Some use records data, self-report, etc. If don't know, who should we talk to?)*

- a. Administrative data *(e.g., criminal history, from previous screenings/assessments)*
- b. Interview
- c. Other informants *(e.g., probation officers, family members)*

15. Who receives assessment information?

- a. Correctional staff *(e.g. correctional officers, program staff, clinical staff)*
- b. Outside service providers
- c. Other

16. How is assessment information used to inform housing assignments?

- a. Are people separated according to certain considerations *(i.e., disability, medical condition, serious mental illness, etc.)?*
- b. Are people assigned to facilities or housing based on the sex on their birth certificate or the gender they identify as? Is this based on a written policy?

17. How is assessment information used to inform programming decisions?

### 3B. Programming

*Now, let's talk about programming provided to women in DOC facilities that have prior experiences with trauma or victimization – we think of programming as curriculum-based sessions offered at a set frequency.*

Name of program	Program Developer	Program description	Q18a. Who delivers programming?	b. How often is programming offered?	c. How many sessions does this program have?	d. Who is eligible to receive programming?	e. Is this programming also offered to men?	f. What is the goal of this program?
Moving On	Marilyn Van Dieten	Provides women with alternatives to criminal activity by helping them identify and mobilize personal and community resources						
Beyond Trauma	Stephanie Covington	Based on principles of relational therapy; uses CBT, mindfulness, expressive arts, and body oriented exercises - # sessions						
Helping Women Recover	Stephanie Covington	For women with addictive disorders, addresses trigger areas for relapse: self, relationships, sexuality, & spirituality; # sessions						

Beyond Violence	Stephanie Covington	For justice involved women with histories of aggression or violence, addresses both violence experienced and perpetuated						
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18. What programming does the DOC offer to incarcerated women who have prior or current experiences of trauma or victimization? *(Ask respondent about each of the following programs, which we know are gender-responsive and trauma-informed, then ask if there are any other programs they use. For other non-listed programs, also probe on whether they are gender-responsive or trauma-informed.)*

*Q18A - asking about the type of staff and their affiliation (DOC, service provider?);*

*Q18B - often=how frequently*

*A18C - how many sessions - should also ask how many are routinely (actually) delivered -- i.e., full complement?*

Name of program	Program Developer	Program description	a. Who delivers programming?	b. How often is programming offered?	c. How many sessions does this program have?	d. Who is eligible to receive programming?	e. Is this programming also offered to men?	f. What is the goal of this program?
Seeking Safety	Lisa Najavits	Evidence-based, present-focused counseling model to help people attain safety from trauma and/or substance abuse, addresses both trauma and addiction						
Forever Free	David Conn	Comprehensive inprison residential substance abuse treatment program for incarcerated women, uses CBT to prevent relapse						
Dialectical Behavioral Therapy	Marsha Linehan	CBT emphasizing individual psychotherapy and group classes to help people learn skills to build a life they experience as worth living						
Other								

**3D. Services and Responses**

*We're also interested to learn about the services and responses that the DOC provides for incarcerated women who have prior or current victimization experiences. Services differ from programs in that they do not have a set curriculum.*

Type of victim services	Examples	a. Who provides the service?	b. Who is eligible to receive the service?	c. Do you consider them trauma-informed? How so?	d. Do you consider them gender responsive? How so?	e. Do you consider them culturally specific?	f. Are these services also offered to men?
Safety and crisis intervention	<ul style="list-style-type: none"> <li>• Immediate and long-term assistance with safety and security</li> <li>• Comprehensive safety planning to avoid revictimization</li> </ul>						
Individual advocacy	<ul style="list-style-type: none"> <li>• Case management</li> <li>• Transportation to appointments</li> <li>• Goal-setting</li> <li>• Referrals to services</li> </ul>						
Emotional support	<ul style="list-style-type: none"> <li>• Hotline services</li> <li>• Peer mentorship</li> <li>• Support groups</li> <li>• Counseling</li> </ul>						
Legal advocacy	<ul style="list-style-type: none"> <li>• Divorce and child custody proceedings</li> <li>• Protective orders</li> <li>• Legal advice</li> <li>• Legal counseling</li> </ul>						
Financial compensation	<ul style="list-style-type: none"> <li>• Reimbursement for expenses from victimization</li> </ul>						

Medical care and advocacy	<ul style="list-style-type: none"> <li>• Medical assistance for injury</li> <li>• Medical forensic examinations</li> <li>• Medical advocacy</li> </ul>						
Child advocacy	<ul style="list-style-type: none"> <li>• Child care</li> <li>• Children's physical and mental health issues</li> <li>• Summer school programs</li> </ul>						

19. What types of **victim services** are provided to incarcerated women (*could include those with a history of victimization or who experience victimization during incarceration*)?

*Q19A - who provides is asking about the type of staff and their affiliation (DOC, service provider?); Q19B-E: refer to definitions on pp.1-2 when asking*

20. Do services differ across security levels? If so, describe.
21. How do incarcerated women shape the services or program options offered by the DOC? How is their input incorporated into these offerings?
22. In what ways does the DOC approach address **victimization that occurs during incarceration** (e.g., in general, specific to PREA)?
23. What are the DOC's policies on the **reporting and investigating in-custody victimization**?

Questions	Reporting	Investigating
What is the process for {reporting/investigating}?		
Is there a confidential hotline?		
What services are provided to victims once an incident has been {reported/investigated}?		
What happened to the victim during {reporting/investigation} (i.e. administrative isolation; legal counsel, counseling)?		
How were {reporting/investigating} DOC policies created?		
With whose input? (e.g. community service providers, clinicians)		
How long have they been in place?		
Are community-based organizations a part of the approach? If yes, in what ways?		
If there are multiple women's facilities. Is there variation in how closely different facilities follow these policies?		
How do {reporting/investigating} policies differ based on the type of victimization (sexual, physical, verbal)?		
How do {reporting/investigating} policies differ based on the people involved (person-in-custody on staff; staff on person-in-custody; person-in-custody on person-in-custody)?		

24. What **training does DOC facility staff** receive regarding in-custody victimization?
  - a. What is the content of training? (e.g., signs of victimization and reporting; victim services approach)
  - b. Who conducts these trainings?
25. **Do incarcerated women undergo an orientation** on in-custody victimization?
  - a. What is the content of orientation? (e.g., correctional safety, rape crisis hotline)
  - b. Who conducts orientation?
  - c. What types of resources are distributed to incarcerated women during orientation?

### 3E. Trauma-Informed Approaches

Next, we'd like to hear about the **DOC's policies on key custodial practices and procedures**.

26. What are the DOC's policies and procedures on the **following custodial practices**?

Questions	a. Use of physical restraints	b. Restrictive housing	c. Strip searches	d. Use of force (including cell extractions)
What is the DOC's policy?				
What types of incidents prompt the use of procedures related to these policies?				
What is the purpose of this policy?				
What precautions are taken (when using them) with incarcerated women with a prior history of victimization or trauma?				
Are there alternative responses to this custodial practice?				
What is the DOC's policy with pregnant women?				
How do these policies differ with incarcerated men?				

27. How are correctional officers **trained to interact/communicate with incarcerated people** – re: communicating instructions or requests, etc., paying attention to nonverbal signals, etc.?

28. What are the DOC's **policies and procedures for crisis intervention and de-escalation**? What kinds of tools do staff have to reduce or mitigate a conflict between incarcerated people or in dealing with a potentially volatile situation?

29. What types of disciplinary or motivational responses does the DOC use to influence behavior?

Response	When is it used?	What is the purpose?
Administrative segregation		
Loss or restriction of privileges		
Loss of good time or earned credits		
Development of maintenance or safety plan		
Removal of personal items		
Restorative actions (e.g. restitution, community service)		
Other		

30. What types of motivational responses does the DOC use to influence behavior?

Response	When is it used?	What is the purpose?
Journaling or homework assignment		
Motivational interviewing		

More privileges		
Transfer to less restrictive housing, honor dorm, single cell, or work release		
Eligibility for more visits/phone calls		
Eligibility for programming and/or special programming (e.g. voc-ed, prison industries)		
Earned time credits		
Other		

31. What is the DOC's strategy to employ these responses and avoid escalation? (*i.e. what is the sequencing? Does it go to use of force immediately? What responses are used first?*)
32. To what extent are staff trained on the following?
- a. Trauma and trauma-related behaviors broadly
  - b. Trauma-informed custodial practices
  - c. Who conducts this training

### 3F. Data and Outcomes

*I'd like to learn more about how the DOC tracks and measures outcomes of the programs, services, and practices that we discussed, and its data system capacities.*

33. Which of these types of electronic data does the DOC maintain and store?
- a. Programming outcomes
  - b. In-facility incidents (*assaults, fights, injuries, etc.*)
  - c. Disciplinary violations
  - d. Grievances
  - e. Prior trauma and victimization
  - f. Referrals
34. Who has access to DOC data? Do you have a data sharing system/protocol with external service providers?
- a. What type of data do service providers collect and share?
35. How do you measure the success of programs or policies?
- a. What are the outcomes of interest?
  - b. Do you conduct program evaluations of your victimization or trauma interventions (either internally or with an external entity)?

### 3G. Partnerships

36. Does the DOC partner with any of the following? **What's the objective/focus of the partnership?**
- a. DV/SA coalitions (*i.e. statewide organizations that raise awareness and provide support (advocacy, training, etc.) to local organizations providing programs and services for victims of domestic violence and sexual assault*)

- b. Other state agencies (*i.e. health, social services, child welfare*)
- 37. How were these partnerships established?
- 38. Does your women's facility partner with a local victim service provider?
  - a. What types of programming or services do these organizations provide?
  - b. Are these programs/services exclusive to males? Females?
- 39. What kind of collaborative groups do you have around these issues?
- 40. Does the DOC partner with state DV/SA coalitions to train staff?
  - a. How were these partnerships established?

#### **Section IV. Identification of facilities engaging in these practices**

- 41. Are there any women's facilities you would recommend speaking with about victim services and trauma-informed approaches? Who should we reach out to at that facility?

#### **Section V. Conclusion**

- 42. If any, what are ways in which you think the DOC could better serve women in its care and custody?
- 43. What would it take (*e.g. resources, capacity building, buy-in, etc.*) for the DOC to be able to overcome these challenges to better serve women?
- 44. Are there any last thoughts you may have on what we talked about today? Any questions for us?

## Appendix D: Facility-level Interview Protocol

## Appendix D: Facility-level Interview Protocol

### **SECTION 1. BACKGROUND INFORMATION (Respondent & Facility)**

*[NOTE: Please review any information about the respondent and the facility prior to the interview, including the location, size and security level of the facility and cite to confirm accuracy with the respondent. If the respondent participated in the earlier DOC leadership interview, confirm professional background info.]*

Thank you for agreeing to speak with us today. We'd like to start with some basic background questions.

**1. Please briefly describe your current position and responsibilities (W/PD/CD).**

- What is your title, and how long have you been in this position? How long with the DOC?
- What are your primary responsibilities as [title]?
- How long have you worked in institutional corrections?

*[NOTE: if respondents send responses to our data Qs prior to the interview (i.e., the table of data Qs we provided when the interview was scheduled) please take 2-3 minutes to review the data with them – i.e., the size and composition of the staff and women housed in the facility. If they didn't send ahead of the call, please gently prompt them to do so after the call.]*

### **SECTION 2. FACILITY APPROACH & OPERATIONS TO WORKING WITH INCARCERATED WOMEN**

**2. Please describe the core principles that guide how Facility Name works with incarcerated women. (W/PD/CD)**

- What facility-wide values guide staff work and interactions with incarcerated women? How do these values/ principles/philosophy manifest in daily custodial practices?
- To what extent does Facility Name involve incarcerated women in conversations or decision-making about custodial practices and policies, or programming for women? What mechanisms are used to obtain this input from incarcerated women (i.e., resident representatives, self-governance committees, town hall meetings, surveys, suggestion boxes, participatory budgeting, etc.)?
- What is the philosophy/approach to working with incarcerated women? How does this differ from working with incarcerated men?
- What challenges do staff face in working with incarcerated women?

**3. Please describe the extent to which custodial practices at Facility Name are gender-specific, trauma-informed and/or victim-focused. (W/PD/CD)**

- To what extent are custodial practices at Facility Name gender-specific, trauma-informed and/or victim focused?
- What are the facility's policies on the following custodial practices and procedures? (See Table 3a below and ask about each of the four practices.) When possible, please provide an example of how the policy is used.

**Table 3A.**

Questions	a. Use of physical restraints	b. Restrictive housing	c. Strip searches	d. Use of force (including cell extractions)
What is the facility's policy?				
What types of incidents prompt the use of procedures related to these policies?				
What is the purpose of this policy?				
What precautions are taken (when using them) with incarcerated women with a prior history of victimization or trauma?				
Are there alternative responses to this custodial practice?				
What is the facility's policy with pregnant women?				

- What would you identify as the core components of Facility Name's trauma-informed approach? How were these components identified? By whom? What was the process for adopting/applying them to established policies and procedures?
- How are these trauma-informed care principles communicated to staff and residents of Facility Name?

**4. Please describe Facility Name philosophy to programming, self-betterment, and behavior change for incarcerated women. (W/PD)**

- What principles/values guide facility approaches to program access? What information guides decisions about a woman's access to programs and services?
- What principles/values guide facility approaches to self-betterment and encouraging behavior change including the use of sanctions and incentives? Disciplinary policies?

**5. Please describe how women entering Facility Name are oriented to the facility. (W/PD/CD)**

- What does facility orientation consist of? What information do women receive at entry to Facility Name?
- What information do staff at Facility Name receive from the DOC's Intake and Reception center about women entering Facility Name?
  - If intake and assessment occurs at Facility Name, what information is routinely collected from women at entry? Is a trauma-informed or gender-specific risk assessment tool used? Which one? Does it ask about prior trauma experiences? Who administers it? What information does it collect?
  - How is assessment information about prior trauma and victimization used to serve women in Facility Name?
- How often, if ever, are women reassessed? By whom? For what purpose?

**SECTION 3. FACILITY SERVICES & PROGRAMMING FOR INCARCERATED WOMEN**

*For each affirmative answer to the topics below, please ask who is eligible, what programming is provided, by whom (internal staff/external providers/volunteers), how often, how women access it, and can we get copies of the curricula or a description.*

**6. Please describe the medical and clinical services available to women at Facility Name. (W/CD)**

- What types of clinical assessment (behavioral health, mental health, substance abuse, trauma) does the facility conduct with women in the facility? (W/CD)

- What assessment tools are used? Who/what type of staff perform these assessments? When are these assessments typically conducted? How frequently?
  - How are the assessment results used (what do they inform)? Are they shared with the individual woman?
  - What types of *clinical services* (counseling, therapy, etc.) are available to women at **Facility Name**? Who/what agency provides these services? How many clinical staff are routinely onsite? Who should we speak to for more information on these services? **(W/CD)**
  - What types of *medical services /healthcare* are provided to women at **Facility Name**? **(W/CD)**
    - Who/what agency provides medical services/healthcare (i.e., contracted vendor, DOC medical staff, other)? How many medical staff are routinely onsite? How many OB/GYN staff?
    - When/how do women access medical care including OB/GYN care? How are routine OB/GYN needs addressed?
    - What level/type of OB/GYN care is provided? Routine screenings? Prenatal care, and labor and delivery for those who are pregnant on entry?
    - What medical and clinical/counseling services are provided to women who experience a miscarriage while in **Facility Name**?
  - What types of *treatment/ therapy approaches/services for substance use disorders* (SUD) including co-occurring disorders (COD) are available for in the facility? **(W/CD)**
    - Is medication assisted treatment (MAT) available?
    - Are peer support services (peer recovery coaches) available in the facility?
    - Are AA/NA groups provided in the facility?
7. Please describe the **types of programming** **Facility Name** provides to women with **prior or current experiences with trauma or victimization**. [CHECK DOC leadership interview notes and mention any programs identified in that interview, “I believe we heard, Facility Name offers XYZ programs or curricula, so let’s start there ... is that right? If so, ...” start with eligibility details.] **(W/PD/CD)**

**NOTE: Interviewers please review/discuss site responses to TABLE 7A PROGRAMS, which is being sent to respondents prior to the call to complete, assuming the site completes and sends.**

8. Please describe the **other types of programming** **Facility Name** provides to women. [CHECK DOC leadership interview notes, mention any programs identified in that interview, “I believe we heard, Facility Name offers XYZ programs or curricula, so let’s start there ... is that right? **(W/PD)**
- What programs are offered for women who identify as **LGBTQ**?
  - What types of *culturally relevant programs* are provided to women who identify as Latinx, Native American, Black, etc.?
    - What make these programs culturally relevant?
  - What types of *educational/vocational* programs are offered?
  - What types of *arts/art therapy (includes music, creative writing)* programs are provided?
  - What types of *parenting* programs are provided?
9. Please describe the facility’s use of **specialized units** such as **programming pods** or **treatment units**. For each, please ask how the units are staffed. **(W/PD)**
- How many housing units comprise **Facility Name**?

- How many specialized housing units (SHU) are there including administrative segregation/protective custody and mental health SHU? Are these voluntary?
- How many programming/treatment units (i.e., honor dorm, therapeutic community/treatment pod, faith-based units, etc.)?
  - How do women access these units? What are the criteria?
  - How long do women stay in these units?
  - How beds in each of these units (how many women can participate at a time)?

**10. Please describe how Facility Name serves/addresses the needs of women who have recently given birth. (W/CD)**

- What programs/services are provided to women who have recently given birth (i.e., have children under age 2)?
  - How long can the child and mother remain together?
  - What supports are provided to the mother/child?

**11. Please describe the type of family connections programming Facility Name provides. [CHECK DOC leadership interview notes and mention any programs identified in that interview, “I believe we heard, Facility Name provides ...”] (W/PD/CD)**

- What programs does Facility Name provide/operate to help women maintain connections with her children while incarcerated?
- What are the facility’s visitation policies? Are contact visits standard procedure?
  - How do these differ for women with children?
  - Do visitation rules differ based on the age of the child?

**7A. Programming that addresses prior/current trauma and victimization – PLACEHOLDER**

**USE TEMPLATE TO SEND THIS TABLE PRIOR TO INTERVIEW & ASK FOR RESPONSES AT LEAST A DAY BEFORE THE INTERVIEW, IF POSSIBLE.**

<b>Name of program</b>	<b>Program Developer</b>	<b>a. Who delivers this program?</b> (type of staff/internal or external)	<b>b. How often is it offered?</b>	<b>c. How many sessions?</b>	<b>d. Who is eligible to receive program/how do women access it?</b>	<b>f. What is the goal of this program?</b>
Moving On	Marilyn Van Dieten					
Beyond Trauma	Stephanie Covington					
Helping Women Recover	Stephanie Covington					
Beyond Violence	Stephanie Covington					
Seeking Safety	Lisa Najavits					
Forever Free	David Conn					
Dialectical Behavioral Therapy	Marsha Linehan					
Other						

**SECTION 4. VICTIMIZATION/PREA POLICIES (W)**

**12. Please describe how the facility addresses victimization during incarceration (e.g., in general, specific to PREA). (W)**

*Interviewers use table 12A below to explore specific services and responses to in-custody victimization.*

- What are the facility’s policies and processes on reporting and investigating in-custody victimization?
- What happens to the victim(s) during investigation (i.e., placed in protective custody, legal services, counseling)?
- How do reporting/investigation policies differ based on the type of victimization (sexual, verbal, physical) and types of people (resident on staff, staff on resident, resident on resident) involved?
- How were these policies created? Who assisted with development (incarcerated women, providers, etc.)?

**12A. Services and Responses**

Type of victim services	Examples	a. Who provides the service?	b. Who is eligible to receive the service?	c. Do you consider them trauma-informed? How so?	d. Do you consider them gender responsive? How so?	e. Do you consider them culturally specific?	f. Are these services also offered to men?	g. Is this your PREA response?
Safety and crisis intervention	<ul style="list-style-type: none"> <li>• Immediate and long-term assistance with safety and security</li> <li>• Comprehensive safety planning to avoid revictimization</li> </ul>							
Individual advocacy	<ul style="list-style-type: none"> <li>• Case management</li> <li>• Transportation to appointments</li> <li>• Goal-setting</li> <li>• Referrals to services</li> </ul>							
Emotional support	<ul style="list-style-type: none"> <li>• <b>Hotline services</b></li> <li>• Peer mentorship</li> <li>• Support groups</li> <li>• Counseling</li> </ul>							
Legal advocacy	<ul style="list-style-type: none"> <li>• Divorce and child custody proceedings</li> <li>• Protective orders</li> <li>• Legal advice</li> <li>• Legal counseling</li> </ul>							
Financial compensation	<ul style="list-style-type: none"> <li>• Reimbursement for expenses from victimization</li> </ul>							
Medical care and advocacy	<ul style="list-style-type: none"> <li>• Medical assistance for injury</li> <li>• Medical forensic examinations</li> <li>• Medical advocacy</li> </ul>							
Child advocacy	<ul style="list-style-type: none"> <li>• Child care, children’s physical and mental health issues, Summer school programs</li> </ul>							

## **SECTION 5. TRAINING**

### **13. Please describe Facility Name's overall approach to staff training. (W/PD/CD)**

- What values/principles guide training?
- What issues are routinely addressed in training?
- How is training provided? By whom? What curricula are used?
- To what extent are incarcerated women involved in identifying training topics? In training?
- To what extent do medical/clinical/security/program staff receive training on trauma-informed and gender-specific approaches?

### **14. Please describe the training facility staff routinely receive. (W/PD/CD) For each, please ask about the content of training, the extent to which it is trauma-informed and who conducts/provides the training. What is the name of the facility's trainer? How often is each training provided?**

- What training do staff receive on in-custody victimization? Which staff? <sup>1</sup>
- What training do staff receive on crisis de-escalation techniques? Which staff?
- What training do staff receive on evidence-based behavior change practices? Which staff?
  - Use of incentives?
  - Use of specific behavioral approaches (thinking reports, Journaling, etc.)<sup>2</sup>?
  - Use of graduated sanctions?
- What training do staff receive on effective communication techniques? Which staff?
- What training do staff receive on trauma-informed principles/approaches? Which staff?
- What training do staff received on gender-specific/gender-responsive approaches? Which staff?

### **15. Please describe how the above trainings/training approaches differ from the DOC's approach generally. (W/PD)**

- To what degree do Facility Name's training differ from the DOC's? How so?

### **16. Please describe any trainings that volunteers or community-based partners receive from the facility to work with incarcerated women.**

- What training/orientation is provided to organizations/individuals conducting in-reach to the facility? Is it gender-responsive/trauma-informed?

## **SECTION 6. PARTNERSHIPS**

### **17. Please describe the facility's partnerships with other agencies including community-based organizations specific to programming and services in the facility.**

- Does the facility partner with any of the following?
  - DV/SA coalitions
  - Other state agencies (*i.e. health, social services, child welfare*)
  - Community-based providers (*i.e., human or social services, education, behavioral health*)
  - Faith-based organizations?

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<sup>1</sup> "Which staff"—meaning, correctional staff, program staff, administrative staff, etc.

<sup>2</sup> For case studies, could ask detailed Qs about use of administrative segregation, loss of privileges, loss of good time/earned credits, removal of personal items, design of personal safety plans, restorative actions, journaling and homework, thinking reports, motivational interviewing, transfer to less restrictive settings, etc.

- Do these groups conduct regular in-reach?
- Does your facility partner with a local victim service provider?
  - What types of programming or services do these organizations provide?
  - Are these programs/services exclusive to males? Females?

## **SECTION 7. DATA & RESEARCH**

Please describe the facility's approach to collecting and analyzing operations data including data on service utilization and programming. (W)

- What facility-level data are collected on a regular basis (i.e., incident reports, disciplinary actions, grievances, etc.)? Are samples available? Are data all automated?
- How are these data used to inform policy, practice and/or facility operations?
- What type of data do service providers collect and share?
- Do protocols exist for data sharing with external research agencies? What is the process?

## **SECTION 8. POLICY CONTEXT**

18. Are there any major (new) policy changes that will affect how you work with women housed in this facility such as pending legislation, law suits, justice reform, Medicaid expansion?
19. Are there any major fiscal issues at the state or local level that will affect how you work with women housed in this facility?
20. Are there any changes in the political climate/leadership – i.e., retiring DOC director, etc. that have affected or could affect facility operations including the programs or services we've discussed today?

**NEXT STEPS:** *Soon, we will select five facilities for details case studies. If we select your facility, how comfortable would you be hosting a site visit and making staff and incarcerated women available to the Urban Institute and its team? Is there a DOC research review process? With whom should we speak?*

**THANK YOU FOR YOUR TIME TODAY!!!**

## Appendix E: Case Study Protocols

## Appendix E: Case Study Protocols

### Interviews with Program Staff

#### **SECTION 1: RESPONDENT AND ORGANIZATION BACKGROUND [FOR ALL]**

Thank you for agreeing to speak with us today. We'd like to start with some basic background questions.

- 1. Please briefly describe your current position and responsibilities.**
  - a. What is your title and how long have you been in this position?
  - b. How long have you been with your organization?
  - c. What are your primary responsibilities?
  - d. How long have you worked in victim services [*or relative area*]?
  - e. How long have you worked in [name of facility] specifically?
  
- 2. Please briefly provide an overview of your organization. [FOR COMMUNITY PARTNERS]**
  - a. What are your goals and mission?
  - b. What is the size of your organization?
  - c. How are you funded?
    - i. How are you funded specifically to work with the [name of facility]?
  - d. What is your target population?
  - e. What are the primary services that you provide?

#### **SECTION 2: PARTNERSHIP WITH [NAME OF FACILITY] AND OTHER CRIMINAL JUSTICE AGENCIES [FOR COMMUNITY PARTNERS]**

- 3. How did you begin working with [name of facility]? Was there a specific event or circumstance that initiated your partnership?**
  - a. Who initiated the relationship between your organization and [name of facility]?
  - b. How long have you been partnering with [name of facility]?
  - c. Who are the main stakeholders within [name of facility] that you interact with?
  - d. Is your partnership formalized through a MOU, contract, or other type of document?
  
- 4. What are the major challenges you encounter in collaborating with [name of facility]?**
  - a. Are there specific challenges you encounter in working with operations staff?
  - b. Are there specific challenges you encounter in working with facility leadership?
  - c. How do these challenges affect your mission to provide services to incarcerated women?
  
- 5. What are the major successes you encounter in collaborating with [name of facility]?**
  
- 6. To what extent do you work with other criminal justice agencies in addition to [name of facility]? (*i.e. men's prisons, county jails, probation, parole, etc.*)**

7. To what extent do you work with the [state] department of corrections? If yes, how so?
8. Prior to forming this partnership, to what extent did you consider incarcerated women within your target population? In what ways?

### **SECTION 3: APPROACH TO WORKING WITH INCARCERATED WOMEN [FOR ALL]**

9. What is your approach to working with incarcerated women?
  - a. Does your approach differ from working with women who are not incarcerated? If yes, how so?
10. Do you use a trauma-informed or victim-centered approach in working with incarcerated women? If yes, how so?
  - a. What are the core components of this trauma-informed or victim-centered approach?
11. What are the major challenges of working with incarcerated women?

### **SECTION 4: PROGRAMMING [FOR ALL]**

12. What is your philosophy or approach to programming, self-betterment, and behavior change in [name of facility]?
13. What types of programming curricula do you provide in [name of facility] that directly address prior trauma and victimization?

*Ask for each programming curriculum mentioned...*

14. Do you consider your programming gender-responsive and/or trauma-informed? How so?
15. How does this program help incarcerated women address their prior trauma and victimization?
16. Do you consider your programming victim-centered? How so?
17. Do you consider your programming culturally-responsive? How so?
18. Has your programming been evaluated either locally or elsewhere?
19. What is the target population?

**20. How is eligibility for the program determined?**

- a. Is it mandated or voluntary?

**21. Who delivers the programming?**

- a. What training (if any) do staff receive to deliver this programming?

**22. What is the size of each class?**

**23. What is the program's duration?**

**24. What are the goals and core components of the program?**

**25. What are the major challenges in delivering this program?**

**SECTION 5: VICTIM SERVICES [FOR COMMUNITY PARTNERS]**

We're now going to ask you about victim services that you provide in [name of facility]. Please note that we want to know about services you provide that are not linked to PREA. We will ask about the services you provide as part of PREA shortly.

**26. What types of victim services do you provide to women at [name of facility] in response to prior trauma and victimization?**

- a. **Individual advocacy** – case management, transportation to appointments, goal-setting, referrals to services
- b. **Emotional support** – hotline services, peer mentorship, support groups, counseling
- c. **Legal advocacy** – divorce and child custody proceedings, protective orders, legal advice, legal counseling
- d. **Medical care and advocacy** – medical assistance for injury, medical forensic examinations, medical advocacy
- e. **Is there anything more that we missed asking about?** If so, what?

**27. When did each of these victim services start? What was the impetus for starting these services?**

**28. How do women request or gain access to victim services?**

- a. How long can women receive certain victim services for?

**29. What are the goals for each of these victim services?**

**30. What are the major challenges in delivering victim services to incarcerated women?**

31. In your opinion, what gaps do you think [name of facility] has in victim services?
32. How do you adapt victim services for women of different cultural backgrounds to make them culturally-responsive?

#### **SECTION 6: PREA RESPONSE [FOR COMMUNITY PARTNERS]**

33. What is your role (if any) in responding to PREA incidents?

*[If involved in PREA response, ask the following questions. If not, skip to Section 7: Training.]*

34. Once a PREA incident is reported, what is the immediate crisis response?
  - a. What victim services are immediately made available to a victim?
  - b. Is the victim removed or isolated?
35. What types of victim services (if any) do you provide incarcerated women in response to in-custody trauma and victimization?

*Ask about any that fall within these categories...*

- a. **Individual advocacy** – case management, transportation to appointments, goal-setting, referrals to services
  - b. **Emotional support** – hotline services, peer mentorship, support groups, counseling
  - c. **Legal advocacy** – divorce and child custody proceedings, protective orders, legal advice, legal counseling
  - d. **Medical care and advocacy** – medical assistance for injury, medical forensic examinations, medical advocacy
  - e. **Is there anything more that we missed asking about?** If so, what?
36. What challenges do you encounter in delivering these victim services?

#### **SECTION 7: TRAINING FOR [NAME OF FACILITY] [FOR ALL]**

37. What training do you receive to work with incarcerated women? [CP; PP]
  - a. What content is covered during this training?
  - b. Which staff receiving this training?
  - c. How often is the training provided?
  - d. Who facilitates the training?
38. Do you provide training for staff at [name on facility] on working with incarcerated women or addressing trauma and victimization? [CP]
  - a. Who receives this training?
  - b. How often is training delivered?
  - c. What are the key components covered during the training?

**SECTION 8. DATA & EVALUATION [FOR COMMUNITY PARTNERS]**

**39. What types of data do you collect on your programs?**

**40. Have you evaluated your programs for effectiveness or impact on individual outcomes? If so, please describe.**

**SECTION 9. MISCELLANEOUS [FOR ALL]**

**41. Are there any major institutional changes that affect standard operating procedures? (i.e. legislative changes, law suits, system restructuring, facility openings/closures, etc.)**

**Is there anything else you'd like us to know?**

## Interviews with Operations Staff

### **SECTION 1. RESPONDENT BACKGROUND [FOR ALL]**

1. **Please briefly describe your current position and responsibilities. [ALL]**
  - a. What is your title and how long have you been in this position?
  - b. How long have you been with the [name of facility]?
  - c. What are your primary responsibilities?
  - d. How long have you worked in corrections?
  - e. How long have you worked with incarcerated women specifically?
    - i. Have you worked with incarcerated men? If so, for how long?

### **SECTION 2. APPROACH TO WORKING WITH INCARCERATED WOMEN [FOR ALL]**

2. **What is [name of facility]'s approach to working with incarcerated women? [ALL]**
  - a. How does this translate into the way that you conduct your job?
  - b. In your opinion, in what ways does this differ from working with men?
  - c. In what ways has your personal approach working with incarcerated women changed over time?
3. **What are the major challenges of working with incarcerated women? [ALL]**
4. **Do you use a trauma-informed approach in your job? How so? [ALL]**
  - a. What are the core components of this trauma-informed approach?

### **SECTION 3A. TRAINING [FOR CORRECTIONAL OFFICERS, INTAKE STAFF, MEDICAL AND CLINICAL STAFF, AND INVESTIGATIVE STAFF]**

5. **What types of specific training did you receive to work in [name of facility]? Tell us about the training you received both pre-service and in-service (ongoing). [CO; IN; MC; V]**
  - a. Did you receive training specific to working with incarcerated women?
  - b. Did you receive trauma-informed training?
  - c. Did you receive training about PREA and other in-custody victimization? What topics were covered related to this?
6. **Do you think the training you received sufficiently prepared you to work in [name of facility]? [CO; IN; MC; V]**
  - a. What types of training would you like to receive in the future?

### **SECTION 3B. TRAINING [FOR ADMINISTRATIVE LEADERSHIP]**

7. **Please describe Facility Name's overall approach to staff training. [L]**
  - a. What values/principles guide training?
  - b. How is training provided? By whom?
  - c. What curricula are used?
8. **Please describe the training facility staff routinely receive. [L]**
  - a. What content is covered during this training?
  - b. Which staff receiving this training?
  - c. How often is the training provided?
  - d. Who facilitates the training?

Ask for each category:

1. In-custody victimization
  2. PREA response
  3. Crisis de-escalation techniques
  4. Evidence-based behavior change practices (i.e. use of incentives, specific behavioral approaches, graduated sanctions, etc.)
  5. Effective communication techniques
  6. Trauma-informed principles/approaches
  7. Gender-specific/gender-responsive approaches
9. **Please describe how the above trainings/training approaches differ from the DOC's approach generally. [L]**
- a. To what degree do Facility Name's training differ from the DOC's? How so?
10. **Please describe any trainings that volunteers or community-based partners receive from the facility to work with incarcerated women. [L]**
- a. What training/orientation is provided to organizations/individuals conducting in-reach to the facility? Is it gender-responsive/trauma-informed?
11. **How are facility staff (*not from the community*) who conduct programming (i.e. Moving On, Seeking Safety, etc.) trained? [L]**

#### **SECTION 4. PROGRAMMING [FOR ADMINISTRATIVE LEADERSHIP, CORRECTIONAL OFFICERS]**

12. **What is [name of facility]'s philosophy to programming, self-betterment, and behavior change? [L; CO]**
13. **What programs are offered in [name of facility] that address prior trauma and victimization? [L; CO]**
14. **How is access to programming determined? [L; CO]**

#### **SECTION 5. VICTIM SERVICES [FOR ADMINISTRATIVE LEADERSHIP, CORRECTIONAL OFFICERS, MEDICAL AND CLINICAL STAFF]**

We'd like to dive in and discuss victim services and responses to victimization in the facility.

15. **What types of victim services does [name of facility] provide in response to prior trauma and victimization? [L; CO; MC]**
- a. **Individual advocacy** – case management, transportation to appointments, goal-setting, referrals to services
  - b. **Emotional support** – hotline services, peer mentorship, support groups, counseling
  - c. **Legal advocacy** – divorce and child custody proceedings, protective orders, legal advice, legal counseling
  - d. **Medical care and advocacy** – medical assistance for injury, medical forensic examinations, medical advocacy
  - e. **Is there anything more that we missed asking about?** If so, what?
16. **When did each of these services start? What was the impetus for starting these services? [L]**
17. **Who provides these services? [L; CO; MC]**

18. In your opinion, what gaps do you think [name of facility] has in victim services? [L; CO; MC]

**SECTION 6. IN-CUSTODY VICTIMIZATION AND PREA RESPONSE [FOR ADMINISTRATIVE LEADERSHIP, CORRECTIONAL OFFICERS, INVESTIGATIVE STAFF]**

19. Please describe the PREA reporting process. [L; CO; V]

- a. How can incarcerated women report an incident?
- b. What staff can take PREA reports? (i.e. all staff, special designated staff, etc.)

20. When and how do women receive information about the PREA reporting process? [L; CO; V]

- a. Is this information shared during orientation?
- b. Are there any ongoing reminders or follow-ups to ensure this information is delivered?

21. Once a PREA incident is reported, what is the immediate crisis response? [L; CO; V]

- a. What victim services are immediately made available to a victim?
- b. Is the victim removed or isolated?
- c. Are victim service organizations/providers involved in the immediate crisis response?
  - i. What is their role?
  - ii. What types of services are they providing?

22. Does [name of facility] have a PREA investigator and/or investigative team on site? [L; CO; V]

- a. If so, what is their role?

23. Please describe the PREA investigation process. [L; V]

- a. Is the process different based on who the reporting party is and who the accused is (that is, resident-on-resident; staff-on-resident; resident-on-staff)? If yes, how so?
- b. Who responds to the report?
- c. Who begins the investigation?
- d. What does the investigation entail?
- e. During the investigation, how are the reporting and responding parties involved?
  - i. Is the reporting party separated from the responding party?
  - ii. Are services provided during the investigation?
  - iii. Is there any kind of advocate or advocacy services available to support the reporting party?
- f. Are victim service organizations/providers involved in the investigative process?
  - i. What is their role?
  - ii. What types of services are they providing?

24. What happens with PREA investigation findings? If a report is found to be substantiated, what is your response? [L; V]

25. Do you use a trauma-informed or victim-centered approach in your PREA response? If yes, how so?

26. In your opinion, does the PREA investigation process sufficiently address issues of in-custody victimization? [L; V]

- a. What are the strengths and weaknesses of the PREA investigation process?

27. How does the facility handle in-custody victimization outside of standard, required

**PREA reporting? What does this process look like? [L; CO; V]**

- a. Are there any supports for incarcerated women who report other types of physical abuse or conflict? Emotional abuse or conflict?
- b. Are victim service organizations/providers involved in handling in-custody victimization outside of standard, required PREA reporting?
  - i. What is their role?
  - ii. What types of services are they providing?

**28. What types of victim services do you provide in response to in-custody trauma and victimization? [L; CO; V]**

*For each service, please indicate who provides that service (i.e. the correctional facility, victim service provider, etc.).*

- a. Safety and crisis intervention – immediate and long-term assistance with safety and security, comprehensive safety planning to avoid revictimization
- b. Individual advocacy – case management, transportation to appointments, goal-setting, referrals to services
- c. Emotional support – hotline services, peer mentorship, support groups, counseling
- d. Legal advocacy – specific to in-custody incident or situation
- e. Medical care and advocacy – medical assistance for injury, medical forensic examinations, medical advocacy
- f. **Is there anything more that we missed asking about?** If so, what?

**29. What challenges do you encounter in delivering these victim services? [L; CO; V]**

**SECTION 7. INTAKE, ASSESSMENT, AND ORIENTATION [FOR ADMINISTRATIVE LEADERSHIP, INTAKE STAFF, MEDICAL AND CLINICAL STAFF]**

**30. Briefly describe the intake process at [name of facility]. [L; IN; MC]**

- a. How long does the intake process take?

**31. What type of risk assessment do you use? [L; IN; MC]**

- a. Is it trauma-informed or gender-specific?
- b. Does it ask about prior trauma and victimization experiences?
- c. Who administers it?
- d. What information does it collect?
- e. Is the risk assessment re-administered? If so, how often?

**32. How is the risk assessment information used? (i.e. does it influence programming, housing, etc.) [L; IN; MC]**

**33. Which clinical assessments (i.e. mental health; substance use; behavioral health; medical; etc.) occur at intake? [L; IN; MC]**

- a. Are they trauma-informed?
- b. How do these differ from practices done in the male facilities?
- c. How does this affect decision-making?
- d. How regularly does this occur?
- e. Are women re-assessed?

**34. What does facility orientation for the women consist of? [L; IN]**

- a. When does facility orientation occur? (i.e. how many days after entering the facility)
- b. What information do women receive at orientation/intake? (i.e. related to in-custody victimization, how to get help, how to report, etc.)

**SECTION 8. MEDICAL AND CLINICAL SERVICES [FOR MEDICAL AND CLINICAL STAFF, ADMINISTRATIVE LEADERSHIP]**

35. Please provide an overview of the medical services available to women at [name of facility]. [MC; L]
- What kind of preventative care do you provide (i.e. mammograms, physicals)?
36. How many medical staff are routinely onsite? [MC; L]
37. What types of medical or clinical services do you provide in response to in-custody victimization? (i.e. SAMFE, crisis intervention, counseling, referral to sexual assault or domestic violence agency, etc.)
38. What type of Ob/GYN care do you provide at [name of facility]? (i.e. routine screenings, prenatal care, labor and delivery) [MC; L]
- How many OB/GYN staff?
  - What is the process for accessing care?
  - How are routine needs addressed?
  - What type of care do you provide to pregnant and post-partum women?
  - What medical and clinical/counseling services are provided to women who experience a miscarriage while in [name of facility]?
  - Do women have access to family planning services, including abortion?
39. Is your approach to medical services trauma-informed? If yes, how so? [MC; L]
- Specifically, how is patient walked through a medical procedure?
40. Please describe the clinical services (i.e. counseling, therapy, etc.) available to women at [name of facility]. [MC; L]
- Who/what agency provides these services?
  - How many clinical staff are routinely onsite?
  - How do clinical staff interact and/or collaborate with administrative and correctional staff?
  - How are clinical services made available to incarcerated women? Can any woman access them?
41. What types of treatment/ therapy approaches/services for substance use disorders (SUD) including co- occurring disorders (COD) are available for in the facility? [MC; L]
- Is medication assisted treatment (MAT) available?
  - Are peer support services (peer recovery coaches) available in the facility?
  - Are AA/NA groups provided in the facility?

**SECTION 9A. CUSTODIAL PRACTICES [FOR CORRECTIONAL OFFICERS, INTAKE STAFF, AND MEDICAL AND CLINICAL STAFF]**

We're interested in learning about the day-to-day operations, policies, and procedures.

42. How do you communicate policies or procedures to incarcerated women? [CO; IN; MC]
43. Are there ways that you adapt procedures (like a strip search, cell searches, pat/frisk searches, cell extraction, use of force, etc.) for incarcerated women who have experienced trauma and victimization? How so? [CO; IN; MC]
- If you're interacting with an incarcerated woman who is pregnant or post-partum, does your approach differ? How so?

**44. What challenges do you experience in custodial procedures with incarcerated women? [CO; IN; MC]**

**45. What types of strategies do you use to influence behavior? (i.e. incentives, motivational, disciplinary, etc.) [CO; IN; MC]**

- a. What types of incentives or motivational strategies do you use?
- b. What types of disciplinary sanctions do you use?
  - i. Do you use graduated sanctions? If so, please explain how decisions are made about sanctions.

**46. [if the facility uses restrictive housing] Have you worked in the restrictive housing unit? Can you tell us about your experience working in that unit? [CO; MC]**

- a. What is the level of interaction between staff and incarcerated women?
- b. How do you transport women to restrictive housing?
- c. How do you include a trauma-informed approach when dealing with restrictive housing?
- d. How much free time do incarcerated women in restrictive housing receive daily/weekly?
- e. Are women allowed to participate in programming while in restrictive housing?
- f. How do you make decisions about putting someone in restrictive housing?
  - i. What is that process?
  - ii. How long does it take?
  - iii. Is there a review period?

#### **SECTION 9B. CUSTODIAL PRACTICES [FOR ADMINISTRATIVE LEADERSHIP]**

We're interested in learning about the day-to-day operations, policies, and procedures.

**47. How are policies or procedures communicated to incarcerated women? [L]**

**48. Are there ways that procedures are adapted (like a strip search, cell extraction, use of force, etc.) for women who have experienced trauma and victimization? How so? [L]**

- a. Do procedures differ for women who are pregnant or post-partum? How so?

**49. What challenges does [name of facility] face specific to custodial procedures with women? [L]**

**50. What types of strategies are used in [name of facility] to influence behavior? (i.e. incentives, motivational, disciplinary, etc.) [L]**

**51. Can you tell us about your restrictive housing policies and procedures? [L]**

- a. How do you make decisions about putting someone in restrictive housing?
  - i. What is that process?
  - ii. How long does it take?
  - iii. Is there a review period?
- b. How much free time do incarcerated women in restrictive housing receive daily/weekly?
- c. Are women allowed to participate in programming while in restrictive housing?

#### **SECTION 10. MISCELLANEOUS [FOR ALL]**

**52. Are there any major institutional changes that affect standard operating procedures? (i.e. legislative changes, law suits, system restructuring, facility openings/closures,**

etc.) [ALL]

Is there anything else you'd like us to know? [ALL]

## Interviews with Incarcerated Women

### **SECTION 1. WARM UP / OPENING QUESTION**

Thank you for agreeing to speak with us today. To begin, would you share the name you'd like us to call you and what pronouns you use?

1. How long have you at [name of prison]?
2. What made you want to participate in this interview today?

### **SECTION 2. PROGRAMMING AND VICTIM SERVICES**

We'd like to first ask you about programming.

- 3. What programs do you participate in here?**
  - a. Of those programs, do any of them help you to deal with past experiences where someone may have been violent or abusive toward you or past traumatic experiences that happened to you before your time in prison that you still find upsetting or distressing to think about?
    - i. In what ways does [program name] help with these concerns? (i.e. build a community with others to process feelings, find ways to cope with stress and anxiety and anger, etc.)
  - b. What suggestions do you have to improve the programs you participate in?
  - c. In what ways are these programs designed to help with the specific needs of women? How so?
- 4. Are there other programs designed to address women's past experiences with violence, abuse, or trauma that you'd like to participate in but haven't been able to yet?**
  - a. What are the reasons you have not been able to participate (limited slots, program discontinued, etc.)?
- 5. Are there programs that would help you with these issues that you think are missing?**

Now we're going to talk about any other services that are offered here that specifically help you with past violence or abuse that you may have experienced.

- 6. Are the following services available to help you with traumatic experiences you had before entering the prison?**
  - a. If so, what has been your experience with them?

*Ask for each category:*

- a. Safety and crisis intervention** – immediate and long-term assistance with safety and security, comprehensive safety planning to avoid revictimization
- b. Individual advocacy** – case management, transportation to appointments, goal- setting, referrals to services
- c. Emotional support** – hotline services, peer mentorship, support groups, counseling
- d. Legal advocacy** – divorce and child custody proceedings, protective orders, legal advice, legal counseling
- e. Medical care and advocacy** – medical assistance for injury, medical forensic examinations, medical advocacy
- f. Is there anything more that we missed asking about? If so, what?**

### **SECTION 3. PREA/PREA ORIENTATION PROCESS**

- 7. Did you receive any information at orientation about violence and abuse you might experience here? If so, what kind of information did you receive?**

- a. Do you know to whom, where, or how to report any assaults or incidents that might happen here (verbal, physical, sexual)?
  - b. Do you know what the steps are in the investigation process if something like this were to happen to you?
  - c. Do you know what types of help are available to you if you were to report that something violent or abusive happened to you here?
8. **If you feel comfortable disclosing, have you reported an incident like this?** We're not asking about the incident but would like to hear about what types of services the prison provided and about the investigation process.
- a. How was your experience reporting the incident?
  - b. Did you feel safe and comfortable during the process? In what ways? What did the prison staff do to make sure you were safe and felt comfortable?
  - c. Were the steps to get help or be a part of the investigation clear to you?
  - d. What kind of support/resources/services did you receive during and after reporting?

#### **SECTION 4. CUSTODIAL PRACTICES & FACILITY EXPERIENCE**

9. **What types of policies and procedures make you feel safe and cared for in [name of facility]? Which ones do not?**
10. **How do staff do searches in this facility?**
11. **Are there any specific times of your day or parts of your daily routine when you feel (particularly) uncomfortable being observed by correctional officers? If so, what are those times? What about those times makes you feel uncomfortable?**
12. **Do you feel correctional officers are sensitive to the fact that some woman have had violent or abuse experiences in their lives before they came to prison? How so? If not, why not?**
13. **What could correctional officers do to improve your experience at [name of facility]?**
14. **Do you feel program/services staff are sensitive to the fact that some women have had violent or abuse experiences in their lives before they came to prison? How so? If not, why not?**
15. **What could program/services staff do to improve your experience at [name of facility]?**

#### **SECTION 5. COOL DOWN**

We wanted to ask one questions to wrap up.

16. **Are there opportunities for you to voice your opinion and/or advocate for your needs on facility operations, programming, and other services to help women who have had violent or abusive experiences before coming to prison? (i.e. committees, town halls, etc.)**
- a. Do incarcerated women have a role in facility decision-making?

Thanks so much for speaking with us today! We really value your opinion and are excited to include the voices of women living in [name of facility] in this study. Unfortunately, we are unable to follow up with you directly if you have any specific questions. We will be sharing the results of our study with

[name of facility] leadership in Fall 2020, and we hope that they will make those results available to you.