Victim Services for Incarcerated Women

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Meet Your Presenters

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About the Urban Institute

The Urban Institute is the trusted source for unbiased, authoritative insights that inform consequential choices about the well-being of people and places in the United States. We are a nonprofit research organization that believes decisions shaped by facts, rather than ideology, have the power to improve public policy and practice, strengthen communities, and transform people’s lives for the better.

OUR MISSION IS TO OPEN MINDS, SHAPE DECISIONS, AND OFFER SOLUTIONS THROUGH ECONOMIC AND SOCIAL POLICY RESEARCH.
Session Overview

- Project Overview
  - Study Impetus and Objectives
  - Methods and Data Sources

- Findings
  - Reporting Victimization
  - Services to Address Trauma and Victimization
  - Trauma Informed and Responsive Programs
  - Partnerships
  - Challenges

- Call to Action
Raise your hand if your organization partners with your state DOC.
Raise your hand if your organization partners with a local correctional facility.
Raise your hand if you provide victim services or programming to incarcerated women.
Unique Needs and Experiences of Incarcerated Women

Incarcerated women consistently have higher rates of prior victimization and trauma histories than non-incarcerated women. Such histories include:

1. Trauma exposure
2. Interpersonal trauma
3. Victimization
4. Posttraumatic stress disorder (PTSD)
5. Other violence occurring prior to their incarceration

1. (Carlson & Shafer, 2010; Harner et al., 2015; Green et al., 2016; Lynch et al., 2012; Lynch et al., 2014; DeHart et al. 2014; Renzetti, Miller, & Gover, 2012; Beck et al., 2014)
Exploratory study funded by the National Institute of Justice (NIJ) and led by Urban

Partnership with the Correctional Leadership Association (CLA), the Center for Effective Public Policy (CEPP), and the National Center for Victims of Crime (NCVC)

33-month mixed methods study of policies, programs, and practices used nationwide to address incarcerated women’s victimization and trauma experiences.
Study Objectives

1. Capture a national snapshot of how state’s Department of Corrections attempt to address the impacts of victimization on incarcerated women.

2. Identify and document promising and innovative prison-based victim services models through five case studies.

3. Develop an initial typology of victim services strategies, including policies, practices, and programs.
Survey Methods

• **5 Domains covering:**
  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

• **Online survey September 2018 – February 2019**
  - 70% response rate
  - 57 respondents, 5 declined (sent to total of 81 coalitions)
Research Participants

- 57 DV/SA coalitions
- 15 standout facilities
- 3 Case Study Sites
- 41 DOCs

Facility Leadership
Incarcerated Women
Community Partners
Participating State DOCs and Standout State DOCs

★ = Participating State DOC
★ = Stand Out State DOC
Study Framework
Trauma Typology: Stephanie Covington

DEFINITIONS

Trauma Sensitive
Trauma Informed
Trauma Responsive
Trauma Specific
Reporting Victimization
Reporting In-Custody Victimization

- Internal hotlines
- External hotlines to outside agencies
- Third-party reporting
- Verbal reports
- Written reports
Reporting Challenges Experienced by Women

- A fear of administrative segregation
- Fear of retaliation from other women or from the facility

“Retaliation is one of the main reasons victims do not report ... [along with] further abuse, being taken to segregation...”

-Community Partner
Challenges to Reporting and Identifying In-Facility Victimization

- Lack of clarity on when to apply PREA protocols
- What incidents should be considered PREA
- Over and under-reporting
- Unfounded reporting
- Lack of safe environment for reporting
Recommendations

Increase efforts to proactively identify all types of victimization experiences

Identify more opportunities to teach staff about identifying flags for in-facility victimization (as well as past abuse) rather than over relying on self-reporting victimization.
Victim Services
VICTIM SERVICES

Safety and security

Medical advocacy

Emotional support and therapy

Legal advocacy
Safety and Security

Respondents from DOCs and facilities reported immediately taking measures to keep the victim safe. These measures largely involve separating the victim from the person who caused harm.
Medical Advocacy

Many DOCs and facilities reported some level of medical assessments and follow-up services in response to in-custody victimization.
Emotional Support and Therapy

- Emotional support, often in the form of mental health services, was the most commonly reported type of victim service offered.
- Community-based providers are an important part of providing support and care to incarcerated women.
Legal Advocacy and Other Services

- Victim advocates sometimes assist women following a PREA-incident.
- Some facilities reported relying on SARTs for investigation.
- Overall, legal services are limited.
- Incarcerated women reported a lack of legal services and a need for more.
Challenges in Providing and Accessing Victim Services

- Lack of staff training and expertise around mental health, trauma, and victimization
- Incarcerated women’s lack of access to mental health staff
- Limited legal services for incarcerated women.
Recommendations

Develop more or strengthen existing in-facility SARTs, which are a major avenue for connecting victims with services (not just means of investigating incidents).

Ensure that mental health staff responding to past victimization or in-custody victimization have training and expertise in dealing with trauma.
Practitioner Perspective: Becki Ney
Practical Application: Victimization and Services

Infuse trauma informed principles throughout the facility:

- Safety
- Trust
- Choice
- Collaboration
- Empowerment

(Fallot & Harris, 2006; Harris & Fallot, 2001)
Actively working to achieve a trauma informed facility culture can lead to...

- Most importantly, **prevention of further victimization**
- Greater trust in the reporting process
- Improvements in women’s ability to sleep
- Improved participation and engagement in programs and services
- Decreases in disciplinary infractions
- Decreases in conflicts and unsafe behaviors
- Greater stability and safety
## Facility Impact: Implementing Trauma Informed Principles

**Frequency of Incidents in 2011 and 2012**

<table>
<thead>
<tr>
<th>Type</th>
<th>2011</th>
<th>2012</th>
<th>Frequency Change</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmate-on-staff assaults</td>
<td>65</td>
<td>25</td>
<td>-40</td>
<td>-62%</td>
</tr>
<tr>
<td>Inmate-on-inmate assaults</td>
<td>112</td>
<td>51</td>
<td>-61</td>
<td>-54%</td>
</tr>
<tr>
<td>Inmate-on-inmate fights</td>
<td>129</td>
<td>70</td>
<td>-59</td>
<td>-46%</td>
</tr>
<tr>
<td>Segregation placements</td>
<td>966</td>
<td>748</td>
<td>-218</td>
<td>-23%</td>
</tr>
<tr>
<td>Disciplinary reports</td>
<td>5830</td>
<td>5470</td>
<td>-360</td>
<td>-6%</td>
</tr>
<tr>
<td>Suicide attempts</td>
<td>30</td>
<td>12</td>
<td>-18</td>
<td>-60%</td>
</tr>
<tr>
<td>One-on-one mental health watches</td>
<td>147</td>
<td>98</td>
<td>-49</td>
<td>-33%</td>
</tr>
<tr>
<td>Petitions for psychiatric evaluation</td>
<td>44</td>
<td>37</td>
<td>-7</td>
<td>-16%</td>
</tr>
<tr>
<td>Crisis contacts</td>
<td>1536</td>
<td>1316</td>
<td>-220</td>
<td>-14%</td>
</tr>
<tr>
<td>Self-injury incidents</td>
<td>114</td>
<td>99</td>
<td>-15</td>
<td>-13%</td>
</tr>
</tbody>
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(Bissonnette, 2013)
Trauma Responsive and Specific Programming
Evidence-Based Programming (EBPs)

- Evidence-Based Programs are based on research literature, have rigorous quality assurance, and can be replicated with fidelity (Duwe, 2017).

- All 15 standout facilities discussed providing at least one evidence-based program, such as Seeking Safety, Moving On, Beyond Violence, and Beyond Trauma.

(Najavits, 2002; Gehring et al., 2010; Covington, 2003; Covington, 2005)
Impressions of Evidence-Based Programming

Incarcerated women described Beyond Trauma, Beyond Violence, Healthy Relationships, and Helping Women Recover, as “pulling scabs” off and helping them to realize their triggers. One woman described programs as “doing wonders.” Another mentioned that Beyond Trauma aided in thinking through issues deeply rooted in her thought processes for twenty to thirty years.
Innovative Programming

Roadway to Freedom

Go Ahead

Trauma Yoga
“House of Hope” is both a residential unit and an “inpatient abuse program” that addresses women’s sexual assault and domestic violence histories. It is a 6-month program for incarcerated women who self-select into it.
Innovative Approaches to Programming

Virtual programs via tablet or video call

Innovative community partnerships to address trauma and victimization for local women and stop the cycle of incarceration

Trauma programs with a culturally-specific lens
Addressing Behavioral Health and Substance Use Treatment Needs of Incarcerated Women

Evidence-based substance use treatment and services, such as *Helping Women Recover* and *Seeking Safety*, as well as nontraditional approaches such as *Rallies for Recovery*, can be a form of trauma responsive and trauma specific care.

Over 80 percent of women who enter correctional facilities struggle with substance abuse (Staton et al. 2003).
### Programming for Pregnant People and Parents

<table>
<thead>
<tr>
<th>Program Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursery programs</td>
</tr>
<tr>
<td>Programming for those who choose to terminate a pregnancy</td>
</tr>
<tr>
<td>Parenting classes</td>
</tr>
<tr>
<td>Breastfeeding programs</td>
</tr>
<tr>
<td>Doula programs</td>
</tr>
</tbody>
</table>
Challenges: Staff and Program Providers

- Lack of resources for facilities to implement programming for all
- Difficulty in finding consistent staff for programs
- Program privileges and punitive measures
Challenges: Incarcerated Women

- Difficulty of “advocating for oneself” to receive programming, mental health counseling, and other services
- Eligibility for programming posing a barrier
- Lack of timely programming and mental health support
- Gaps in program topics, especially through an LGBTQ+ and culturally-informed lens
- Lack of trauma specific programs and availability of these programs
Recommendations: Programming
Continue to provide evidence-based programs focused on trauma and victimization.

Work with researchers to evaluate the efficacy of non-evidence-based programs.

Consider virtual programs and services from outside partners.

Train and provide support to people incarcerated in women’s facilities to serve as peer mentors to others.
Implement programming around positive sexuality outside the context of domestic violence and sexual assault.

Develop more trauma-focused and/or victimization-focused housing units as a wraparound approach for addressing these issues for incarcerated women.

Implement programs or incorporate a lens in existing programs to better serve the needs of women convicted of sex offenses.

Expand programs for women with life and long sentences as well as women at low risk of recidivating.
Practitioner Perspective: Becki Ney
Practical Application: Programs

- Introduce programs, support groups, and counseling that focus on healthy relationships, trauma, and violence prevention
- Help women advocate for programs to address needs
- Reexamine program eligibility
- Use every tool and creative approach to deliver programs, especially during this challenging time
- Women are often invested in helping each other – peer mentors
Share in the chat a program or strategy that you have used or seen to address trauma through programming.
DOC Partnerships with Domestic Violence / Sexual Assault Coalitions and Local Victim Service Providers
DOC Partnerships: Overview

- State DOCs reported providing a range of services and programming, many through external partnerships.

- The majority (78%) of state DV/SA coalitions responding to the survey reported collaborating with their state’s DOC, and nearly half (49%) cited the passage of the 2003 Prison Rape Elimination Act (PREA) as the impetus for that partnership.

- While some DOCs partner with their state DV/SA coalitions, collaborations are usually among member agencies and facilities.
DOC Partnerships: Facilities’ Collaboration with Member Agencies

Service Provision by Member Agencies (n=44)

- **In-facility services**: 67% Yes, 27% No, 9% Unsure.
- **Transport to external services**: 5% Yes, 80% No, 16% Unsure.
- **Services continue after release**: 42% Yes, 2% No, 55% Unsure.

% of member agencies
Advantages and Challenges Among State Coalitions

**Advantages**
- Organizational capacity
- Positive relationships with local facilities

**Challenges**
- Insufficient funding
- Staffing shortages
- Difficulty accessing and maintaining contact with incarcerated women
- Lack of working relationship with DOC
Advantages and Challenges Among Member Agencies

**Advantages**
- Staff Capacity
- Organizational capacity
- Positive relationships with local facilities

**Challenges**
- Insufficient funding
- Limited staff and lack of trained staff
- Unique context of corrections
Some Notable Partnerships

- YWCA
- Just Detention International
- Alabama Prison Birth Project
- Planned Parenthood
- The Pathfinders Network
- Family Justice Centers
Notable State-Level Partnerships

- New York State Office of Mental Health
- Illinois Department of Public Health
- Oregon Health Authority
Recommendations

Work to forge collaborative partnerships with state DV/SA coalitions.

Increase community-based providers’ contact with and services for incarcerated women.

Partner with other state-based organizations.
Wrap-up
Challenges to Addressing Trauma and Victimization:

Staff violence against incarcerated women

Underlying assumptions about the status of personhood or victimization for incarcerated people
Call to Action and Recommendations
Revamp correctional facilities’ cultures, operational practices, and programming to be trauma informed, trauma responsive, and trauma specific (Covington, forthcoming).

Increase efforts to identify victims’ responses to trauma.

Respond to the unique needs of people in women’s prisons who are not heterosexual cisgender women.

Partner with community victim service providers to provide services that facilities may not be able to.

Partner with research organizations to evaluate programs and services.
Practitioner Perspective: Becki Ney
Practical Application: Call to Action

- Understand that women’s pathways to crime are different than men’s and act accordingly
  - Victimization
  - Poverty
  - Substance use
- Even though the very nature of prison can be traumatizing, there are things we can do to prevent re-victimization and reduce unsafe behaviors
Practical Application: Call to Action

- At a minimum,
  - Take a universal precaution approach to working with justice-involved women (individually and collectively)
  - Make a commitment to trauma-informed care (and moving along the continuum)
What are some recommendations, innovative practices, or ideas you have?
Upcoming Products

  Evelyn McCoy, Melanie Langness, Jahnavi Jagannath, Janeen Buck Willison, Janine Zweig, Becki Ney, and Wayne Choinski

- Report: Addressing Trauma and Victimization in Women’s Prisons. 
  Storm Ervin, Jahnavi Jagannath, Janine Zweig, Janeen Buck Willison, Kierra Jones, Katy Maskolunas, Chafica Agha, and Benjamin McCarty

- Blog: Four Takeaways from Conversations with Incarcerated Women and Two Thoughts to Move Us Forward. 
  Jahnavi Jagannath, Kierra Jones, and Janeen Buck Willison

- Blog: Prisons Are Traumatizing, But It Is Possible to Reduce Some of Their Harm. 
  Melanie Langness, Jahnavi Jagannath, and Evelyn McCoy

- Blog: How Women’s Prisons Can Reduce Trauma for Parents and Pregnant People in Custody 
  Kierra Jones, Evelyn McCoy, and Janine Zweig

  Storm Ervin, Jahnavi Jagannath, Janeen Buck Willison, and Janine Zweig