

GENDER-INFORMED PRACTICE ASSESSMENT

DOMAIN DESCRIPTIONS

DOMAIN 1: LEADERSHIP AND PHILOSOPHY

Domain 1 addresses the extent to which executive leadership and facility management demonstrate commitment to both evidence-based and gender-informed practice for women offenders in critical ways. Key indicators often include:

- A high-level position, such as a director of women’s services for the Department of Corrections, has responsibility for oversight of women’s services and coordinates all aspects of facility-level efforts to implement gender-informed principles and practices. An organizational structure exists (work group or task force) to guide and direct gender-informed practices.
- Agency-level mission statements acknowledge the importance of gender-informed practice, and a strategic plan exists through which leadership develops, pursues and communicates gender-informed principles and practices throughout the agency.
- At the facility level, a gender-informed mission statement is clearly articulated and prominently displayed throughout the facility. The facility’s goals and objectives identify both intermediate and ultimate outcomes that are relevant for women.
- Written policies and procedures, including all requests for proposals, contracts and memoranda of understanding (MOU’s), reflect clear expectations regarding gender-informed principles and practices.
- Policies concerning the implementation of the Prison Rape Elimination Act (PREA) draft standards consider gender-informed practice.

DOMAIN 2: EXTERNAL SUPPORT

This GIPA domain examines the external support from system stakeholders, funders, and community partners for the agency’s mission regarding gender-informed and evidence-based practices for women. This support can be reflected in several ways, for example:

- The agency’s budget process acknowledges that women require different levels of funding to address their unique needs and circumstances.
- Dedicated funds are available to support both evidence-based and gender-informed services for women. The funds can be identified, and funding levels tracked over time.
- External stakeholders in the governor’s office, legislature, other state human service agencies (e.g., substance abuse and mental health services, housing) and women’s commissions are aware of the agency’s goals regarding women and support adequate funding for women’s services.
- Facility leaders’ value and encourage community partnerships as demonstrated by formalized relationships with state agencies and local organizations, use of a community advisory group, and regular efforts to engage and educate local groups regarding the facility’s mission, the needs of women, and partnership opportunities.

DOMAIN 3: FACILITY

The section examines multiple aspects of a facility’s location, physical design, and conditions regarding their gender-appropriateness for women. Among the primary considerations are:

- The geographic location affords accessibility to critical community services (e.g., medical, mental health and social services) and to the families of the women.
- Housing, showers and restrooms, and booking and admission areas, are adequate for the number of women in the facility and designed to provide essential privacy and safety for women. Privacy considerations include the assignment of female staff persons to each shift and housing unit, and written policies that require female staff to conduct pat and strip searches except in emergency situations.
- Attention is paid to the adequacy and appropriateness of basic living conditions (cleanliness, heating, cooling, comfortable furnishings, and visual environment). Further, the facility design and operation match the demonstrated security requirements of the women (not a higher security environment than warranted by women's behaviors).
- There is sufficient program space for confidential assessment and treatment and for a variety of group programs, including space for physical exercise and for spiritual expression.
- Because relationships are so important to women's wellbeing in prison and success after release, the facility provides user-friendly and adequate visitation space. It treats children and families with respect and promotes efforts to assist families who need it with transportation to the facility.

DOMAIN 4: MANAGEMENT AND OPERATIONS

A frequent challenge to administrators responsible for female offenders is the integration of gender-informed practices in every aspect of operations within the facility's security requirements. There are several important considerations. Among these are the following:

- Effective institutional management begins with strong leadership that understands the principles of gender-informed practice and has a clear strategy for their implementation. Leadership effectively communicates those principles to managers and staff and holds them accountable for effective practices.
- There is a (facility or department-wide) management structure for the oversight and implementation of gender-informed operational and security practices in all areas: security, programming, medical, mental health, other services, contractors, volunteers, and other services.
- There are established (written) policies and procedures for implementation of gender-informed practice in critical areas such as the women's property list, hygiene products, managing pregnant women in ways that ensure mother/baby safety and wellness (e.g., special accommodations such as assigning them to ground-level bunks, refraining from using restraints during the second and third trimesters), cross gender supervision, privacy, pat and strip searches, and sexual harassment/PREA. The practices are part of the day-to-day operation in post orders and both formal and informal communications.
- Facility managers are accessible to staff and women offenders through informal and formal avenues (e.g., grievance procedures, surveys, and data collection/analysis).

DOMAIN 5: STAFFING AND TRAINING

A well-run facility is grounded in a workforce that is committed to the facility's mission and hired and trained to carry out the daily requirements of gender-informed practice. In difficult budget times, agency and facility leadership are challenged to value and maintain a commitment to gender-responsive training and staff development. The domain considers items including the following types of items:

- The hiring process is designed to identify staff with adequate awareness, commitment, education, and experience to work effectively with women and contribute to the mission of the facility.

- The staffing pattern supports the operational requirements of working with women and pays attention to the number of female staff overall, including same sex supervision at important times. Critical functions of the institution are adequately staffed (medical, mental health, security, programming, case management).
- Initial and booster training is provided to all staff and volunteers in content areas critical to successful work with women. There are planned opportunities for coaching and meeting with staff to problem solve difficult issues and reinforce effective skills and practices.

DOMAIN 6: FACILITY CULTURE

This section examines the facility environment and assesses the extent to which inmates and staff feel physically and emotionally safe and respected. It also explores the “reporting culture” of formal and informal methods to report sexual, physical, and emotional abuse. Emerging research funded by PREA legislation supports the development of gender-informed practice in women’s facilities and points to the direct impact of a positive and respectful culture on the reporting of sexual abuse. There are several considerations including:

- Inmates and staff report feeling physically, and emotionally safe and basic management and security procedures ensure the safety of both. Staff encourages respect and civility among women inmates and consistently responds to unsafe behaviors between women offenders.
- Women understand that the facility takes all allegations of sexual or physical abuse seriously. Inmates and staff understand and have confidence in the reporting and grievance processes, including the process to address medical and mental health concerns.
- Women offenders have opportunities to participate in decisions regarding program design, operations, and services.
- Staff is expected to interact professionally and respectfully with women offenders, maintaining appropriate staff-to-inmate and staff-to-staff boundaries. Staff encourages respectful language, models effective problem solving and conflict resolution and exhibits consistent practice across shifts. Likewise, women treat each other and staff respectfully and maintain safe boundaries.

DOMAIN 7: OFFENDER MANAGEMENT

The offender management domain examines the gender-appropriateness and clarity of rules and expectations, the methods for motivating positive behaviors, and the disciplinary practices of the facility. Some of the key indicators in this area include:

- Staff members and women inmates have a clear understanding of the rules and expectations and know what to expect if a rule or expectation is violated. Management ensures that staff throughout all shifts consistently applies rules. Staff members are held accountable/supervised regarding their ability to enforce expectations, and offenders are held accountable to the same expectations.
- Staff members work intentionally to address problems that arise with women struggling with the rules and communicate these problems and needs to incoming shifts.
- Staff members demonstrate the ability to set a positive tone in interactions with inmates, use affirmations and reinforcers instead of inappropriate confrontation, acknowledge strengths and assets, and use problem solving techniques to de-escalate problems. Immediate and informal sanctions, incentives, and rewards are recognized as effective methods to modify behavior.
- Disciplinary actions and responses to unsafe inmate behaviors are communicated in a respectful way and applied in the least punitive manner. Infraction responses are appropriately matched to the women’s behaviors, and do not place them in overly high offense or security categories.

DOMAIN 8: ASSESSMENT AND CLASSIFICATION

This section examines procedures for determining custody level, assessing dynamic risks and needs, and identifying vulnerable and predatory inmates (PREA draft standard). Research and prevailing guidelines recommend the use of actuarial assessments over subjective judgments alone. It is important that the tools be valid (predictive) for women and relevant to women's needs and pathways to offense-related behavior. Historically, most correctional assessments were developed for men, validated on male populations, and applied to women with little concern for their relevance or validity. This practice has contributed to over-classification, where women are housed or supervised under more austere conditions than their behavior warrants. It also directs inadequate attention to the needs that are most relevant to reducing future risk of offending among women offenders. In recent years, some gender-responsive assessments have been developed for assigning custody levels, predicting risk of community recidivism and determining needs.¹ Key indicators in this domain include:

- The facility uses an objective tool for custody (external) classification that has been validated on a sample of women offenders in this facility. The tool includes items relevant to women, ensures placement in the least restrictive environment possible, and is dynamic (can reflect changes in a woman's behavior and circumstances).
- An objective tool and process exists to conduct a PREA assessment that identifies those who exhibit either predatory behavior or vulnerability to aggressive sexual behavior.
- The facility uses an objective and valid assessment of risk of reoffending to guide reentry planning
- Dynamic risk/need factors and strengths are assessed and determined to be valid. These include needs and strengths relevant to women.
- The assessment of risk, needs, and strengths guides the development of an individual case plan, and recommends access and referral to critical services.

DOMAIN 9: CASE AND TRANSITIONAL PLANNING

Appropriate case and transition planning involve a process of addressing inmates' individual and unique needs, particularly those that impair humane prison adjustment and those that are related to future offending (i.e., risk factors, criminogenic needs). The role of case management in this process is to match women to programs and services according to their assessed need for such services. A growing body of research demonstrates that accurately addressing risk factors with evidence-based programs reduces offender recidivism. However, even high quality, evidence-based programs do not achieve these outcomes when targeted to the wrong individuals.

In recent years, new models of case management have been designed to better support treatment in custody and transition to the community. For example, the NIC Transition from Prison to Community Initiative (TPC) recommends that release planning begin at the point of prison intake, and reassessments to update case plans occur at regular intervals throughout the correctional stay. At the point of prison release, inmates leave with knowledge of community sources of support and referrals to community agencies that will continue to address acute needs such as substance abuse, mental health, employment, and financial assistance. NIC's Women Offender Case Management Model (WOCMM), developed by Dr. Marilyn Van Dieten, describes a gender-informed case management approach that involves the women in case planning decisions, utilizes Motivational Interviewing, prioritizes treatment goals, and plans for women's involvement in other community services. Finally, new research (Dr. Mark

¹ For further background on the research and development of gender-informed assessment tools see www.uc.edu/womenoffenders.

Lipsey, 2009) notes that good case management is as important to reducing offender recidivism as any evidence-based program. Key considerations in this domain include:

- Case planning is initiated at the beginning of a woman's stay in the facility, and routinely reviewed and updated throughout her period of incarceration.
- A team approach, that includes the woman and professionals from various disciplines, is promoted to ensure coordination and continuity of services within the institution and during transition to community supervision. Women offenders are actively involved in the case management process.
- When making a referral, deliberate efforts are made to introduce the woman directly to a service provider, provide detailed information about the service, and directly link the woman to natural supports in the community prior to leaving the facility.

DOMAIN 10: RESEARCH-BASED PROGRAM AREAS

This domain examines each of the core programs of the facility along six dimensions: gender-responsive intent, evidence-based foundation, availability of manuals and treatment guides, use of clear criteria for program eligibility, efforts to monitor outcomes, and quality assurance. The program review includes the following areas: a) employment and education; b) healthy relationships with children, family and significant others; parenting skills and domestic violence; c) trauma-informed services; d) substance abuse treatment; e) emotional expression (managing anger, anxiety, depression, grief and loss); f) cognitive/problem solving and coping skills; and g) life needs (e.g., hygiene, nutrition, financial budgeting, exercise, spiritual wellbeing). Review of programs in this domain is informed by a large and growing body of research on both evidence-based and gender-informed interventions for women. It is summarized below.

Reviews of large numbers of correctional treatment studies (meta-analytic reviews), published during the 1990s, led to the formulation of evidence-based principles of effective correctional intervention. Generally, programs that affect large reductions in recidivism are those that: a) serve medium to high risk offenders; b) address needs and problems related to future offending; c) accommodate learning styles and other difficulties that may impede successful participation in even the best of programs; d) use cognitive-behavioral treatment modalities; and e) attend to quality assurance. Within the past decade, the relevance of the principles to women offenders has been challenged because the findings are based primarily on studies of male offender populations. Emerging gender-responsive research suggests that the principles be modified in order to better meet the needs of female offenders.

The modifications focus on the choice of risk and need factors that are targeted or addressed by gender-responsive programs. Earlier gender-neutral approaches focused on antisocial associates, impulsive personality characteristics, antisocial thinking, education, and substance abuse. There is growing empirical support for gender-responsive treatment modalities that recognize the importance of mental health, trauma/abuse, personal safety, parental stress, and healthy relationships along with strength areas pertaining to family support and self-efficacy. Newer, gender-responsive programs use cognitive-behavioral approaches along with trauma-informed and relational strategies. They may continue to address some of the gender-neutral needs, particularly poor problem solving and decision-making, substance abuse, and education; however, they do so in the context of a gender-responsive lens or perspective.

DOMAIN 11: SERVICES

This domain structures a review of six critical service areas about important attributes of gender-informed practice. The six areas are medical, mental health, transportation, food, legal services, and victim services. Important factors in each service area are described below:

Medical Services

- High quality and gender-appropriate services for women are available and easily accessible. There is a timely and respectful process to respond to women's requests for medical services. Confidentiality, dignity, and respect of patients are primary concerns.
- There are clinics and information that address the routine and chronic medical issues of women, including diabetes, reproductive and prenatal care, menopause and perimenopause, cardiovascular disease, cancers, HIV/AIDS, sexually transmitted diseases, eating disorders, and osteoporosis.
- Specialized and ongoing medical services (i.e., both in-house and contracted) are provided to pregnant women (and their infants in nursery programs) throughout the prenatal, perinatal, and postnatal stages. Most pregnancies are considered high risk and treated as such.
- There is access to routine dental service.
- High quality medical staff is trained in and offers gender-specific services including how to identify signs of sexual abuse during routine medical and dental examinations. Roles and responsibilities of medical staff are well defined, and clinical supervision holds staff accountable through a chain of command. Staffing represents the cultural diversity of the offender population.
- Medications are safely and securely stored.

Mental Health Services

- Access to mental health care is timely and appropriate. Twenty-four-hour access to emergency mental health services is available.
- Clinical staff meets relevant credentialing requirements and are trained to recognize and assess women's mental health issues (the link between experiences of trauma and mental health symptoms, the frequency of depression, anxiety, eating disorders, domestic violence and sexual victimization). Clinical staff understands their role in responding to sexual abuse and are guided by protocols regarding the reporting and investigative processes.
- There is an appropriate process for prescribing medication, and this is clearly articulated to staff and women alike.
- Pre-cursive signs of mental health issues or decompensation are addressed in a respectful and professional manner. Where appropriate, alternatives to isolating mentally ill offenders from general population are utilized; and options such as administrative segregation are used sparingly.
- There is a professional and mutually supportive relationship among medical/mental health staff and security, treatment, and program staff.

Transportation Services

- Departmental policy includes a gender-informed transportation protocol. The policy is specific regarding the safe transport of pregnant women. Shackles for pregnant women are eliminated during the second and third trimester, during labor and birth. Non-medical male staff are not present during medical visits and the labor and birthing process.
- At least one female staff person is present during the transport of women offenders.

Food Services

- Women's unique dietary and nutritional needs are assessed and accommodated. As such, daily access to fresh fruit and vegetables, and food lower in fat and calories, sodium, and sugar are provided. Pre-packaged foods are avoided as part of daily meal offerings (e.g., packaged muffins, cookies).

- To the extent possible, clinics on healthy eating and food preparation are provided.

Legal Services

- Legal services exist to address the unique needs of women, and legal clinics are regularly scheduled and advertised. Issues of particular interest to women include child custody and access, parental rights, and restraining orders. Women also are concerned with issues of equal protection, access to programs and services, staff misconduct and other PREA related issues, and due process rights.
- Legal materials are available to the women and easily accessible.
- Women are clear on their legal rights regarding access to children and visitation.

Victim Services

- Services exist that provide ongoing support for issues related to personal abuse as well as programs for women as perpetrators of crime. Services are gender-informed and are guided by evidence-based and gender-responsive research. Services are also PREA informed.
- Information is available regarding community resources, and information about victim assistance is posted throughout the facility.
- Materials regarding victim assistance are made available as part of the orientation process.

DOMAIN 12: QUALITY ASSURANCE AND EVALUATION

This domain explores the extent to which the agency and facility use quality assurance methods to review and improve all functional units. Considerations include:

- Audits and process evaluations are conducted in each functional area to measure adherence to correctional standards and the fidelity of treatment programs. Outcomes are examined to assure that the facility and its programs are having a favorable impact on the lives of female offenders.
- The facility makes use of process and outcome evaluation findings to guide decision-making and improve programs, operations, and services. Thus, decisions are not based on hunches or preferences that are uninformed by good information and analyses.