

**DESIGNING AND PLANNING
A NEW WOMEN'S
JAIL FACILITY
FOR TRAVIS COUNTY:
A ROADMAP FOR REFORM**

Report of the Advisory Committee to the
Travis County (TX) Sheriff's Office

December 2018

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December 2018

Sheriff Sally Hernandez
Travis County Sheriff's Office
Austin, Texas

Dear Sheriff Hernandez:

On behalf of the Advisory Committee on the Travis County Women's Jail, I am very pleased to submit the enclosed report for your consideration.

In March of 2018, you appointed our Advisory Committee with a charge to develop a vision for a new women's jail that could become a national model. You asked us to develop our vision based on national and international best practices for a gender-responsive facility that truly meets the needs of women. You approached our ideas with an open mind and recognized that we needed to move beyond the status quo. You and your leadership team collaborated with us throughout this process to answer whatever questions we had and to learn from the research we shared and from the ideas we developed. And you supported our determination to gather information and guidance from women who are directly impacted by incarceration practices, by allowing us to conduct focus groups with women housed in the Travis County Correctional Complex.

This report is the culmination of discussions in our meetings, the feedback from the focus groups, and our independent research over the last nine months. Our goal was to give you a report that is visionary, but also grounded in research, experience, and practice. While the proposed plan is ambitious, each element of the plan has been implemented with great success in other jurisdictions, which we highlighted throughout the report to show that these ideas are feasible and workable.

We believe that the facility we describe in the accompanying report will accomplish the three key objectives we set at our first meeting: (1) minimize harm to the women who live in the facility; (2) achieve better outcomes for the women, their families, and the community; and (3) create a better work environment for staff.

It has truly been a privilege to help develop this vision for the next-generation facility, and we were honored by your confidence and trust in us as we worked on this project. We are grateful for your commitment to progressive ideals and for your concerns about women who are incarcerated. We are heartened by the fact that your leadership team has already begun to implement some of the changes we suggested. We stand ready to help the County and the TCSO as you move into the next phase of work on this initiative.

Sincerely,

A handwritten signature in black ink, appearing to read "Michele Deitch".

Michele Deitch
Chair, Sheriff's Advisory Committee

Table of Contents

Cover Letter to Sheriff Sally Hernandez

Preface **v**

Chapter 1: Background **1**

- Plans to Replace Travis County’s Jail Facility for Women
- The Advisory Committee and its Charge
- The Need for a Population Analysis and Expanded Diversion Initiatives
- Problems with Correctional Facilities for Women

Chapter 2: Visioning a New Women’s Jail Facility **17**

- Opportunities
- Our Inspirations
- Helpful Resources for Further Information
- Our Process
- Core Principles
- Expected Outcomes

Chapter 3: Creating a Positive Institutional Culture **29**

- Overview
- Recommendations for Promoting a Positive Institutional Culture

Report of the Advisory Committee on the Travis County Women’s Jail

Chapter 4: Design and Architecture 35

- Overview
- Additional Information
- Design Principles
- Recommendations on Design and Architecture

Chapter 5: Operations and Management 51

- Overview
- Operational Principles
- Recommendations on Operations and Management

Chapter 6: Programs and Services 71

- Overview
- Additional Note
- Programmatic Principles
- Recommendations on Programs and Services

Conclusion 113

Appendix A

- List of Advisory Committee Members and Other Project Participants
- Bios of Advisory Committee Members

Appendix B

- Survey Instrument for Women at TCCC

Report of the Advisory Committee on the Travis County Women's Jail

Appendix C

- Research Brief: "Building Justice Into Women's Jails," by Ian Becker, M.S.C.R.P. graduate student in course on Criminal Justice Policy, Lyndon B. Johnson School of Public Affairs (2018)

Appendix D

- Research Brief: "Meeting Women's Health Care Needs in Jails," by Alix Bronner, M.P.Aff. student in course on Criminal Justice Policy, Lyndon B. Johnson School of Public Affairs (2018)

Appendix E

- Research Brief: "Female Incarceration: What Does Gender-Responsive Visitation Look Like?," by Audrey Muntz, M.P.Aff. student in course on Criminal Justice Policy, Lyndon B. Johnson School of Public Affairs (2018)

PREFACE

This report is the culmination of a nine-month process of deliberation and research by a six-member Advisory Committee comprised of Travis County residents with professional expertise and lived experience in the criminal justice system. The Advisory Committee was appointed by Sheriff Sally Hernandez in March 2018 and charged with developing a vision for a model women's jail facility in Travis County that is based on national and international best practices. To help guide its work and set its priorities, the Advisory Committee conducted focus groups with women currently incarcerated in the local jail.

The report comes at a time when the County is considering replacing its current jail facility for women, and thus this is a rare opportunity to envision and design a facility specifically for women from scratch, untethered to the architectural constraints of an existing building. There is no reason that the new facility should have to replicate the current problems that exist in traditional correctional facilities for women. Jails are almost always designed with men in mind, and they fail to meet the specific needs of women, including their extensive histories of traumatic experiences that affect their responses and behavior. The fact that so many women leave the jail re-traumatized by their experience and with even greater needs, combined with extremely high recidivism rates, tells us that what we are doing now is not working. The failure to address women's critical and complex needs has had dire consequences for the incarcerated women, for their families, and for our communities.

Many of these women should not be in jail at all, but in the community with better access to community-based services and treatment programs and with an improved safety net to meet their families' needs. Our Advisory Committee was not charged with examining opportunities for diversion and other jail population reduction measures, but we strongly support and encourage parallel efforts by a County working group to reduce the number of women incarcerated in the jail. Our focus was on the women who, for various reasons, remain in the jail: how should women in custody be treated and managed, to improve outcomes for them, their families, and the public? This is an urgent question, one that must be addressed by the Sheriff's Office and by the County Commissioners. Also, the answer to that question holds regardless of the size of any new facility, so it deserves consideration even as increased diversion efforts are pending.

This report sets forth a roadmap for the design and planning of a new jail facility that is intended to be gender-responsive, trauma-informed, safe, healthy, respectful, and rehabilitative. The roadmap is framed around a set of core principles and leads directly to detailed recommendations that we divided across

Report of the Advisory Committee on the Travis County Women's Jail

three key areas: (1) design and architecture, (2) operations and management, and (3) programs and services. Each recommendation is based on extensive research, and is grounded in the experiences of correctional facilities in other states and countries.

The report is divided into six chapters. Chapter 1 provides background about the current jail facility for women in Travis County, the problems faced by women in custody, and the role of the Advisory Committee. Chapter 2 explains the visioning process employed by the Advisory Committee, highlights some of the inspirations for our ideas, and sets forth the core principles that guided our work. Chapter 3 discusses the critical importance of institutional culture and how it affects the experience of both facility residents and staff. To achieve the positive institutional culture we envision, it is essential to make the changes we recommend in Chapters 4 through 6, which contain the meat of our recommendations.

Chapter 4 focuses on design and architectural issues. It sets forth specific design principles, and makes detailed recommendations for the layout of the new women's facility. Chapter 5 explores operations and management issues, with a particular focus on issues affecting staff and the way staff relate to women in the facility. And finally, Chapter 6 provides an in-depth discussion of the programs and services that should exist in the new facility, and the ways in which they should be designed specifically to meet the needs of women.

We encourage readers to see the recommendations in this report as a package and not a menu of options. While certain design decisions need to be made quickly (and thus it may be tempting to treat that section of the report as a stand-alone set of ideas), it is important to make those decisions with full knowledge of and planning for implementation of the other recommendations about how the jail will be operated and what will happen within its walls. Design alone will not get us to where we need to be.

To be clear, the inclusion of a recommendation in this report should not be taken to suggest that this is not current procedure at the Travis County Correctional Complex. Some of these ideas are already in practice, and some ideas were even implemented as a result of our Advisory Committee's discussions with the Sheriff's leadership team. We nevertheless include all these recommendations in the report to provide a clear roadmap for the future.

Justice-involved women in the jail and the people who work with them deserve a facility that meets their needs, that keeps them safe, and that is rooted in principles of dignity and respect. And our community deserves a facility that gets

Report of the Advisory Committee on the Travis County Women's Jail

us better public safety outcomes, that represents a better use of our fiscal and human resources, and that is consistent with our values.

CHAPTER 1

Background

- **Plans to replace Travis County's Jail Facility for Women**

Women in Custody in Travis County

The Travis County Sheriff's Office Corrections Bureau is responsible for the safe and secure holding of detainees being arrested and booked into the county jail system, as well as housing those remanded to custody by judicial order. The jail system is comprised of three facilities: Central Booking and the Travis County Jail, which are co-located in downtown Austin, and the Travis County Correctional Complex (TCCC), which is the primary housing facility and is located in Del Valle. The Correctional Complex has evolved over time into a campus, with 12 distinct housing facilities and 11 support facilities directly related to jail operations at the complex.

Women in the jail system are currently housed at the TCCC, spread out among four different buildings, as well as in the downtown facility.

Fewer than 10,000 women were booked into the Travis County jail system in fiscal year 2018; they made up 23 percent of the total number of individuals booked October 1, 2017, through September 30, 2018. According to the monthly population snapshots submitted to the Texas Commission on Jail Standards for that period, the average daily population of women was 321, with roughly 78 percent of them considered pretrial, based on open charges for those in custody at the time of reporting at the beginning of each month. The very high percentage of pretrial detainees is at least partially due to the County's somewhat unusual arrangement with the Austin Police Department that the County will handle initial booking and detention of people arrested by the city's law enforcement agency.

The average length of stay among women released during FY18 was 13.7 days, calculated in days from booking to release date; for those remaining longer than seven days, the average length of stay was 52.9 days. In FY18, 68 percent of the women booked were released from custody within three days of booking; only 23 percent remained in custody longer than seven days.

Report of the Advisory Committee on the Travis County Women's Jail

Criminal justice system stakeholders in Travis County have implemented a strong personal bond program managed by the County's Pretrial Services Division. The majority of individuals who are arrested are released reasonably quickly and those remaining for longer periods of time are charged with higher-level offenses. Of the total number of women booked in FY18, 28 percent were charged with a felony as their most serious offense. However, that percentage rose to 62 percent when considering those who remained in custody over seven days.

Age and demographic comparisons for women in custody, based on the monthly Jail Standards snapshots, look like this:

Age at Booking:

- <21 7%
- 21-30 35%
- 31-40 34%
- 41-50 16%
- >50 8%

Race/Ethnicity:

- White 43%
- Black 30%
- Hispanic 26%
- Other 1%

Roughly 41 percent of women in custody on a daily basis are receiving psychiatry services in the jail.

On average, the female population is classified as 25 percent Maximum security, 28 percent Medium security, and 44 percent Minimum security, with 2 percent unclassified. However, there is great daily variation in those figures, which in the past year have fluctuated as high as 29 percent Maximum security and as low as 36 percent Minimum security.

The Proposed Master Plan and Current Conditions at the TCCC for Women

In 2014, Travis County contracted with CGL Ricci Greene/Broadus Associates to undertake a thorough review of the operations and facilities in use for housing pretrial and adjudicated adults under the County's jurisdiction, and to use this analysis to draft an adult correctional system master plan. This project was a collaboration of many stakeholders, including the Travis County Commissioners Court, Planning and Budget Office, Criminal Justice Planning, Sheriff's Office, the Judiciary, District Attorney's Office, Court Administration, Pre-Trial Services, Adult Probation, and Austin Police Department. The work proceeded in two phases.

The Phase 1 Needs Analysis, completed in 2015, included a comprehensive assessment of the Travis County correctional system, targeting improvements for

Report of the Advisory Committee on the Travis County Women's Jail

operational efficiencies as well as projections for a 20-year plan to accommodate the County's inmate population in the future. Phase 2 built upon the key findings and recommendations, integrating them into a Master Plan, released in 2016, that evaluated the current and long-term functionality of existing buildings, and addressed projected future needs with site development options for both the downtown and Del Valle facilities.

Both the Phase 1 and the Phase 2 reports included findings and recommendations specific to the needs of the female population, as well as findings that were not gender-specific but nevertheless of critical concern to the health and wellbeing of women incarcerated in the Travis County jail system. Specifically:

- Current housing does not adequately address classification and/or operational considerations for females and youthful offenders;¹
- Current housing capacity does not adequately address the growing number and acuity level of inmates with medical and mental health conditions;²
- The scattered location of beds for women causes multiple operational inefficiencies and requires constant movement/escort of inmates around the campus, all of which is staff intensive;³ (Notably, at the time the report was issued, women were housed in only two buildings at TCCC; currently they are located in four separate buildings, so the situation for women is deteriorating in this respect.);
- There is a need to bring OB/GYN services on-site to improve the health services for the female population generally, and for those who are pregnant;⁴
- There is a need to expand gender-specific programming and interventions for women in the jail;⁵ and

¹ Broaddus Planning CGL (2015), *Travis County Adult Correctional System Needs Analysis and Master Plan – Phase 1*, available at: https://www.traviscountytx.gov/images/planning_budget/Docs/AdultSystemPhase1.pdf

² Id.

³ CGL Ricci Greene/Broaddus Planning (2016), *Travis County Correctional System Needs Analysis and Master Plan – Phase 2 Master Planning*, available at https://www.traviscountytx.gov/images/planning_budget/Docs/2016_Adult_System_Master_Plan.pdf

⁴ Id

Report of the Advisory Committee on the Travis County Women's Jail

- The physical structure and MEP (mechanical, electrical, plumbing) systems of many buildings constructed as early as the 80's and 90's is rapidly deteriorating, with some of the buildings necessitating substantial infrastructure upgrades in the 20-year Master Plan timeframe. The reports recommended the decommissioning and demolition of certain buildings where even significant upgrades would be unable to correct architectural, system, and functional inefficiencies (e.g., Buildings 1, 2, 3, and 11, and CCD through CCG).⁶

Current Plans to Replace the Women's Facility

The Commissioners Court adopted the Adult Correctional System Master Plan in 2016. Since that time, County staff have focused their efforts on implementing Phase 1, which includes not only the women's facility at the Travis County Correctional Complex (TCCC), but also replacement of the Travis County Jail downtown. During the planning process, County planning staff, the Sheriff's Office, and the planning consultants agreed that the first phase of the Master Plan must include a new facility for women in custody. The team prioritized replacement of the women's facility because women in custody are not being adequately served in existing buildings. Moreover, not having a central women's facility is highly inefficient for the TCSO. The proposed new women's facility at TCCC would consolidate women in the Sheriff's custody in a single facility, rather than splitting them between TCCC and downtown and spreading them among several buildings at the correctional complex.

In March 2018, County budget staff recommended that the Commissioners Court issue Certificates of Obligation (COs) for design and preconstruction of the new facility. After hearing community feedback, the Commissioners voted to delay the project for one year while County justice planning staff evaluated the effectiveness of relevant diversion programs and the potential to expand these initiatives. Since that time, the Justice and Public Safety Office has consolidated existing County diversion programs into an asset map and begun to identify any gaps where the County could improve its diversion efforts. Given the continuing need to serve women in the Sheriff's custody in a humane, dignified manner, the County's adopted FY2019 budget includes funding for the new women's facility in accordance with the Adult Correctional System Master Plan. The Commissioners Court will vote on issuance of COs in March 2019. In the

⁵ Id

⁶ Id

Report of the Advisory Committee on the Travis County Women's Jail

meantime, the Planning and Budget Office continues to refine jail population projections with updated information from ongoing diversion efforts to ensure the future women's facility is right-sized.

o The Advisory Committee and its Charge

Travis County Sheriff Hernandez appointed our Advisory Committee in early March 2018. The Advisory Committee was charged with developing a vision for a proposed model women's jail facility for Travis County, based on national and international best practices and evidence-based research, and to present recommendations to Sheriff Hernandez and her leadership team in the form of a report. The focus of our work was to be specifically on the design, conditions, and operations of the facility itself, and not on any aspect of pretrial practices, sentencing, or community supervision.

The Advisory Committee consists of six members, each of whom has significant expertise on issues related to incarceration, women in the criminal justice system, and conditions of confinement. Two of our six members have themselves been formerly incarcerated, one of them in Travis County. The Sheriff asked Michele Deitch, a Senior Lecturer at the Lyndon B. Johnson School of Public Affairs at the University of Texas with more than 30 years of experience working on corrections reform issues, to chair the Committee. Other members of the Advisory Committee include Diana Claitor, Dr. Lynda Frost, Lauren Johnson, Annette Price, and Alycia Welch. Brief biographical sketches of each of the Advisory Committee members are included in Appendix A. Each of these members serves in her individual capacity and not as a representative of any organization.

Over the course of six months, the Advisory Committee met collaboratively with a 11-person leadership team from the Travis County Sheriff's Office, in meetings facilitated by the County's Justice and Public Safety Office. The TCSO and County staff were there to be resources for us, to serve as scribes, and to learn from our discussions, and they did not seek to influence our recommendations. Appendix A also includes a list of the members of the Sheriff's leadership team who participated in these meetings, as well as the names of our meeting facilitators. We are extremely grateful to all of them for their helpful contributions to our discussions and for the substantial time they have devoted to this project.

Additionally, the Advisory Committee invited Katie Ford and Carol Chandler Waid, the co-directors of the nonprofit organization Truth Be Told, which works with women at the jail, to assist in our efforts to gather guidance and feedback from women currently housed at the TCCC by leading focus groups on our

Report of the Advisory Committee on the Travis County Women's Jail

behalf. They also helped synthesize the ideas shared by the women at the jail and incorporate their feedback into our recommendations. We are deeply grateful to Katie Ford and Carol Chandler Waid for their important contributions to our process, and for helping elevate the voices of directly impacted women to help guide our work.

Our Advisory Committee's meeting and deliberations process is described in more detail in Chapter 2 (Visioning a New Women's Jail Facility).

o The Need for a Population Analysis and Expanded Diversion Initiatives

While the Advisory Committee's work was squarely focused on facility-related issues, we strongly support the parallel efforts by a County working group to divert increased numbers of women from the jail. The fact that we do not discuss diversion-related matters in this report in no way reflects on our belief in the importance of that issue; that issue is simply outside our Committee's charge.

Similarly, we are not taking any stance on the optimal size of the new facility, since the size should be determined by population projections informed by the expected impact of any new diversionary programs and practices. Our recommendations about best practices with regard to the proposed design, operations, and programming apply regardless of the size of the facility.

Regardless of whatever positive benefits we think can accrue from planning the type of facility we describe in this report, we believe that there is inherent harm that is done to women who are removed from their families and their communities, and thus incarceration of women should be an absolute last resort.

No one should be brought to the jail absent a compelling need for booking; no one should stay any longer than necessary including because they do not have the money for bond; court processing delays should be reduced; prosecutors should increase use of pretrial diversion programs; pretrial release and supervision options should be enhanced; and community-based social services should be sufficiently funded so as to prevent the jail from serving as a holding place for people with mental health challenges or other problems that are better handled outside the criminal justice system. We believe that, with careful attention to all of these possible approaches, the overall jail population could be substantially reduced. This is especially true for the female jail population, since research shows that few women incarcerated in jail present a substantial danger to the community given the nature of their crimes and few present a risk of flight given their ties to the community and their responsibilities as caregivers.

Report of the Advisory Committee on the Travis County Women's Jail

National studies indicate that 82% of women in jails are charged with non-violent crimes and almost 80% are mothers.⁷ These and other compelling data on the adverse impacts of unnecessarily incarcerating women are inspiring decarceration efforts across the country.⁸

It is essential that any proposal to develop strategies for reducing the jail population be based on a thorough data-driven analysis of the current jail population in Travis County, the reasons for their incarceration, any barriers to their release, and their needs for various services. Jail diversion strategies should not be simply a menu of options, but a very carefully tailored approach matching the specific diversion strategy to a particular segment of the detained jail population. All the key county-level stakeholders, including Commissioners Court, law enforcement agencies, the District Attorney's Office, the courts, the Community Supervision and Corrections Department, the Sheriff's Office, public defenders, mental health agencies, and others, must engage in the process of assessing the current jail population and determining whether alternatives exist to each person's continued incarceration.

That said, we do expect that, even after diversion initiatives are developed and implemented, there will continue to be a need for a custodial setting for women in Travis County. Therefore, we believe that it is entirely appropriate at this time for county stakeholders to consider and make conceptual decisions about the proposed facility's design and operations, while continuing with the County's ongoing efforts to expand diversion. Any delay in making these long-term decisions about plans for the women's facility will have a substantial and negative impact on women in custody in Travis County. That is true because of both the specific problems in the current facility described above, as well as the

⁷ Elizabeth Swavola, Kristine Riley, and Ram Subramanian (2016). *Overlooked: Women and Jails in an Era of Reform*, New York: Vera Institute of Justice, pp. 7, 9, available at: <http://www.safetyandjusticechallenge.org/wp-content/uploads/2016/08/overlooked-women-in-jails-report-web.pdf>

⁸ For example, in the state of Illinois, the Women's Justice Institute (WJI) has convened a statewide Women's Justice Task Force that aims to decrease the women's prison population in that state by at least 50 percent. See Annie Sweeney (July 18, 2018). "Prison is not where women need to be': All-female task force wants to cut Illinois' female prison population in half," *Chicago Tribune*, available at: <https://www.chicagotribune.com/news/local/breaking/ct-met-women-prison-population-20180711-story.html>

Report of the Advisory Committee on the Travis County Women's Jail

significant problems with traditional correctional facilities for women, described below.

o Problems with Correctional Facilities for Women

Growth in Women's Incarceration

Over the last four decades, the number of women under criminal justice supervision nationally has increased at a rate that has far outpaced their male counterparts. Although the total population of incarcerated women in the United States remains smaller in absolute size than the number of men, the female incarcerated population increased by 700 percent between 1980 and 2016, nearly twice the rate of the growth in the population of incarcerated men over the same period.⁹

Incarceration practices do not affect all women equally. There are clear racial and ethnic disparities, with the incarceration rate for African American women (96 per 100,000) twice the rate of that for White and Hispanic women (49 per 100,000).¹⁰ The imprisonment rate for Hispanic women (64 per 100,000) is 1.4 times the rate for White women.¹¹ Notably, however, the rate of imprisonment for African American women has been steadily and substantially declining since 2000, while there have been slight rises in those same rates for White and Hispanic women.¹² Approximately two-thirds of women in jail are women of color.¹³

A principal driver of the overall growth in women's imprisonment has been the number of women detained in jail for more than 72 hours, approximately 60% of whom have yet to be convicted of a criminal offense and are awaiting trial. The number of women in jail now accounts for approximately half of all incarcerated

⁹ "Incarcerated Women and Girls, 1980-2016," *The Sentencing Project*, 2018, available at: <https://www.sentencingproject.org/wp-content/uploads/2016/02/Incarcerated-Women-and-Girls-1980-2016.pdf>.

¹⁰ *Id.*, p. 2.

¹¹ *Id.*, p. 2.

¹² *Id.*, p. 2.

¹³ Swavola, Riley, and Subramanian (2016), p. 6.

Report of the Advisory Committee on the Travis County Women's Jail

women in the United States and is growing at a faster rate than any other correctional population.¹⁴ According to the county's population reports, the growth rate of women in the Travis County jail mirrors these national trends.

Despite this increase, most local jurisdictions across the country, including Travis County, have not shifted their justice systems, practices, and policies to address women's unique needs or the factors that have contributed to their involvement with the criminal justice system. As a result, from the time they are arrested and booked into jail, women must live in facilities designed for men, and they must navigate programs and procedures that were developed from studies about what works for men without accounting for the reality of women's lives.

Women in jail are truly an overlooked population, and the failure to address their specific needs has had dire consequences for the incarcerated women, for their families, and for our communities, as described below.

Jails are Not Designed to Meet Women's Needs

Women in jail are a common, distinct, and underserved population that requires a holistic intervention to address the unique factors contributing to their justice system involvement. They are disproportionately low-income people of color, and have higher rates of physical health issues (cardiovascular, obesity, cancer, STIs), mental health challenges, and substance use than their male counterparts

¹⁴ Swavola, Riley, and Subramanian (2016), p. 6. Between 2010 and 2013, for example, the number of men and women decreased across all correctional populations, except for women in jails (up 11 percent) and men on parole (up 2 percent). Ram Subramanian, Christian Henrichson, and Jacob Kang-Brown (2015). *In Our Own Backyard: Confronting Growth and Disparities in American Jails*, Vera Institute of Justice, pp. 12-14, available at: https://storage.googleapis.com/vera-web-assets/downloads/Publications/in-our-own-backyard-confronting-growth-and-disparities-in-american-jails/legacy_downloads/incarceration-trends-in-our-own-backyard-fullreport.pdf. In 2016, there were approximately 111,000 women in prison and 102,000 women in jail. See E. Ann Carson (January 2018). *Prisoners in 2016* (Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, NCJ 251149), pp. 1, 3, available at: <https://www.bjs.gov/content/pub/pdf/p16.pdf>; Zhen Zeng (2018). *Jail Inmates in 2016* (Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, NCJ 251210), p. 9, available at: <https://www.bjs.gov/content/pub/pdf/ji16.pdf>.

Report of the Advisory Committee on the Travis County Women’s Jail

and the general population.¹⁵ Nearly 80% of women in jails are mothers; the vast majority of those women are single parents and solely responsible for their young children.¹⁶ Most women are charged with lower-level offenses, mostly property and drug-related offenses, and they tend to have less extensive criminal histories than their male counterparts.¹⁷

There are myriad factors that contribute to the women’s adverse outcomes. Most notably, more than 90% have a history of trauma, including physical and/or sexual abuse, parental abuse or neglect, and sex trafficking.¹⁸ The effects of traumatic experiences continue long after the event itself, affecting the women’s neurobiological processes and contributing to their levels of stress, their psychological and physiological responses, and their behavior.¹⁹ In addition to the extremely high prevalence of trauma, women have elevated rates of exposure to infections, poor diet, inadequate housing, and a lack of access to

¹⁵ Barbara Bloom, Barbara Owen, and Stephanie Covington (2002). *A Theoretical Basis for Gender-Responsive Strategies in Criminal Justice* (Chicago: American Society of Criminology), pp. 1-2; Lawrence A. Greenfeld and Tracy L. Snell (1999, rev. 2000). Special Report: “Women Offenders,” (Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, NCJ 175688), pp. 7-9, available at: <https://www.bjs.gov/content/pub/pdf/wo.pdf>; and Shannon M. Lynch et al. (2012). *Women’s Pathways to Jail: The Roles and Intersections of Serious Mental Illness and Trauma* (Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance), p. 8. See also: Ingrid A. Binswanger, Marc Stern, Richard Deyo, et al. (2007). Release from prison—a high risk of death for former inmates. *N Engl J Med.* 356(2), pp. 157-165, available at: <https://www.nejm.org/doi/full/10.1056/NEJMsa064115>.

¹⁶ Swavola, Riley, and Subramanian (2016), p. 7; Susan W. McCampbell (2005). *The Gender-Responsive Strategies Project: Jail Applications* (Washington, DC: U.S. Department of Justice, National Institute of Corrections), p. 4.

¹⁷ Swavola, Riley, and Subramanian (2016), p. 9; Patricia J. Kelly et al. (2010). “Profile of Women in a County Jail,” *Journal of Psychosocial Nursing and Mental Health Services* 48, no.4, pp. 38-45.

¹⁸ Alyssa Benedict, CORE Associates (2014). “Using Trauma-Informed Practices to Enhance Safety and Security in Women’s Correctional Facilities,” National Resource Center on Justice Involved Women, p.2.

¹⁹ Id.

Report of the Advisory Committee on the Travis County Women's Jail

medical and mental health care, healthy foods, and available employment opportunities. Yet jails are ill equipped to address these kinds of issues.

Most jails either completely lack or offer only limited gender-responsive programming, mental and physical health care, education, vocational skills/training, opportunities for repairing and strengthening family relationships, life skills training, and other resources women need to successfully reintegrate into the community.

Without access to an intervention structured to address these gender-specific needs, women are at a heightened risk of recidivism, compromising the safety and health of our community. As the Vera Institute of Justice's seminal report on women in jail observes:

Given the smaller number of women in jails, it is perhaps not surprising they become "forgotten inmates," often without equal access to treatment, programs, or services. As a result, many women leave jail with diminished prospects for physical and behavioral health recovery, with greater parental stress and strain, and even more financially precarious than they were before being caught up in the justice system.²⁰

Women Experience Jail Differently Than Men

Not only do women exit jail with the same unaddressed needs that contributed to their involvement with the criminal justice system, but their needs are often exacerbated by conditions in jails. Women literally experience jail differently than men do, because of their prior experiences and because the jails were designed with men in mind.

One problem is that women tend to be over-classified in jail, as a result of classification instruments that have only been validated for use on men. These instruments usually over-emphasize the nature of the person's crime as a predictor of institutional risk, and do not consider that few women are likely to engage in serious institutional misconduct such as escapes or violent behavior.²¹ Such over-classification results in many women being held in unnecessarily high security settings, and often means that they are barred from many programs in

²⁰ Swavola, Riley, and Subramanian (2016), p. 13.

²¹ Id.

Report of the Advisory Committee on the Travis County Women's Jail

the jail, including educational, vocational, and rehabilitative programs, as well as from work assignments and various privileges.²²

Beyond this formal exclusion of women from opportunities in the jail, women tend to be traumatized by their experiences in the jail. Women are far more likely than men to be sexually victimized; despite being only 13% of the jail population, they are the victims in more than a quarter of inmate-on-inmate sexual abuse cases, and in over two-thirds of staff-on-inmate sexual abuse victimizations.²³

Also, routine correctional operations can trigger many women's trauma responses. For example, body searches, supervision by male staff, the lack of privacy during showers or toileting, loud voices, banging doors, and authoritarian orders by staff can all be triggering events for women who have traumatic histories of physical or sexual abuse.²⁴ These dynamics keep the women in a state of emotional distress and prevent them from feeling safe or relaxed in this environment. Thus, they are even less likely to be able to participate effectively in any rehabilitative programs that may be available to them.²⁵

The jail experience also takes a toll on the physical health of many women. Women arrive at the front door of the jail with disproportionately high rates of serious health conditions compared to men.²⁶ The limited health care resources in jails mean that many of their health issues are either inadequately treated or ignored completely, leading to worsened health conditions.²⁷ This is particularly concerning in the case of pregnant women, who comprise anywhere between 5% and 9% of women admitted to the jail.²⁸ Women who are pregnant while in jail receive extremely limited prenatal care, may not see an obstetrician, may not be able to access abortion services, and usually do not have healthy food options available to them, all of which may have life-long health consequences for the

²² Id.

²³ Id. (citing Bureau of Justice Statistics data from 2009-2011), p. 14.

²⁴ Benedict (2014), pp. 3-4.

²⁵ Id.

²⁶ Bloom, Owen, Covington (2002).

²⁷ Swavola, Riley, and Subramanian (2016), pp. 15-17.

²⁸ Id., p. 12; Bloom, Owen, Covington (2002), p. 6.

Report of the Advisory Committee on the Travis County Women's Jail

women and their children.²⁹ Women who give birth in jail also may be shackled during labor, which is not only traumatizing but can lead to a risk of injury for the woman or her baby.³⁰ Even the far more routine issue of menstruation is problematic for women in jail, as many women have difficulty accessing feminine hygiene supplies in sufficient quantities, let alone supplies of decent quality.³¹

Because so many women in the jail are single mothers, incarceration deeply affects the relationships between the women and their children. Women experience great distress from the separation and from concerns about their children's well-being; many also struggle to find a temporary caregiver and have limited financial means to support their children during the time they are incarcerated. Women whose incarceration may be prolonged face the possibility that their children will be permanently removed from their custody.³² Maintaining contact with children during incarceration is difficult. Visitation presents its own challenges, due to limited visiting hours, difficulties in arranging transportation, long waits for visitors, unpleasant conditions in the visiting area, and restrictions on physical contact. Phone calls can be prohibitively expensive for families and are of limited value if the child is an infant and cannot speak on the phone. Video visitation is even more expensive, and the quality of the video connection is often poor. Both the mothers and their children suffer the ill effects of this separation, making it even more challenging for women to reintegrate into their families upon release.³³

²⁹ Swavola, Riley, and Subramanian (2016), pp. 15-17.

³⁰ Id.; note that the TCSO currently has a policy that does not allow restraint during a woman's labor.

³¹ Id.; see also, Emily Foxhall (May 19, 2017). "Jails struggle with hygiene for some female inmates," *Houston Chronicle*, available at: <https://www.houstonchronicle.com/news/houston-texas/houston/article/Jails-struggle-with-hygiene-for-some-women-inmates-11142604.php>.

³² Eli Hagar and Anna Flagg (December 3, 2018). "How Incarcerated Parents Are Losing Their Children Forever," The Marshall Project, available at: https://www.themarshallproject.org/2018/12/03/how-incarcerated-parents-are-losing-their-children-forever?utm_medium=email&utm_campaign=newsletter&utm_source=opening-statement&utm_term=newsletter-20181203-1197.

³³ Swavola, Riley, and Subramanian (2016), pp. 17-18.

Report of the Advisory Committee on the Travis County Women's Jail

Yet another way in which incarceration disproportionately affects women is that it sets women on what the Vera Institute of Justice has called a “downward financial spiral.”³⁴ Many of these women enter the jail already in difficult financial circumstances, with higher numbers of women than men who are unemployed, receiving government assistance, and responsible for child care. Their criminal justice system involvement can worsen that situation significantly, between fines and fees, legal costs, suspension of public assistance such as food stamps or Medicaid, possible loss of employment, the need to provide financial support to temporary caregivers, and the cost of maintaining contact with families through phone calls and visits.³⁵

Given these deeply troubling differential experiences of incarcerated women, we can hardly be surprised when we find that women have very poor outcomes upon release from incarceration. The recidivism statistics for women released from prison show that 68% are re-arrested within five years of release.³⁶

The Need for a New Approach to Women's Incarceration in Travis County

It is abundantly clear from those recidivism rates that our current approach to incarcerating women does not work as a crime-control strategy. Our current practices also cause significant harm to the women in jails, to their children and families, and to entire communities. It is not a reasonable option to continue along this same path, especially at a time when Travis County is planning to construct a new jail facility for women.

Travis County can and should take advantage of this rare opportunity to rethink and rework its approach to justice-involved women and, in doing so, become a national leader in the movement to improve policies and practices with women in jail.

³⁴ Id., p. 19.

³⁵ Id.; see also Annie E. Casey Foundation (2016). *Policy Report: A Shared Sentence: The devastating toll of parental incarceration on kids, families, and communities*, (2016), p. 3, available at: <https://www.aecf.org/m/resourcedoc/aecf-asharedsentence-2016.pdf>.

³⁶ Fact Sheet on Justice Involved Women in 2016 (2016). National Resource Center for Justice Involved Women, p. 2, available at: <https://cjinvolvedwomen.org/wp-content/uploads/2016/06/Fact-Sheet.pdf>.

Report of the Advisory Committee on the Travis County Women's Jail

First, it must reduce the numbers of incarcerated women to the greatest extent possible through a wide variety of diversion efforts, the development of community-based alternatives to address the needs of women with behavioral health challenges, and a strong community safety net. Incarceration must be a last resort, with a strong preference for providing services to women in the community wherever possible.

Second, for the limited numbers of women who need to be held in a custodial setting, the county must design and construct a gender-responsive facility that reduces their risk of harm, that meets their specific needs, that addresses the factors contributing to their system involvement, and that redirects them toward healthy, stable, and productive lives in their communities.

We deserve a justice system and a jail that reflect our values as a community. We need to move away from a punitive, command and control approach, towards a commitment to dignity, respect, rehabilitation, and compassion. As the County makes decisions about next steps for the jail, it is important to remember that we will reap what we sow.

CHAPTER 2

Visioning a New Women's Jail Facility

“A decent and free society, founded in respect for the individual, ought not to run a system with a sign at the entrance for inmates saying, ‘Abandon Hope, All Ye Who Enter Here.’”

***--U.S. Supreme Court Justice Anthony Kennedy,
Address to the American Bar Association, 2003***

***“You must learn a new way to think before you can master
a new way to be.”***

--Marianne Williamson

○ Opportunities

Travis County's longstanding plan to phase in the replacement of its aging and unsafe jail facilities at the Travis County Correctional Complex in Del Valle presents a rare opportunity to envision and design a facility for women from scratch, untethered to architectural constraints. There is no reason that any new facility should have to replicate all the current problems that exist in correctional facilities for women.

Far too often, new correctional facilities are designed without a visioning process, let alone one that considers the voices of people who have been or are currently incarcerated. The failure to engage in this process leads to designs that replicate existing traditional correctional models, complete with flaws that exacerbate the significant harm experienced by people who live and work in these institutions. Such facilities may be modern, clean, and new, but they continue to be problematic in numerous ways.

Similarly, across the country, on the rare occasions when a correctional leader wishes to change the culture of a facility or implement innovative reforms, those efforts are often limited or undermined by the architectural layout of an existing facility.

As residents of Travis County, we are heartened by this invitation to provide direction to the Sheriff, to County Commissioners, and to the project architects as this design process gets underway. We have the rare opportunity to design a

Report of the Advisory Committee on the Travis County Women’s Jail

facility that supports meaningful programming and services for women, and that facilitates a healthy, productive, gender-responsive, and trauma-informed institutional culture.

People who are incarcerated and those who work with them deserve an environment that meets their needs, that keeps them safe, and that is rooted in dignity and respect for everyone affected by the incarceration experience. The public deserves institutions that promote public safety, reflect our values as a community, and protect precious fiscal and human resources. We believe the vision we present in this report—if successfully implemented—would accomplish all these important objectives.

o Our Inspirations

As our Committee conducted research about highly-touted examples of correctional facilities in other locations, we were particularly inspired by various European facilities, particularly those in Scandinavia and Germany. These prisons and jails have been called the world’s “most humane” correctional facilities, and they have enviable results when it comes to recidivism rates and indicators of institutional safety.³⁷ Committee Chair Michele Deitch had the opportunity to tour two Norwegian prisons/jails as part of an international delegation of corrections experts, and she presented the Advisory Committee with detailed information, photographs, and lessons learned from that experience.

³⁷ See, e.g., Baz Dreisinger (2016). *Incarceration Nations*, New York: Other Press; Jeffrey Kofman (May 31, 2015). “In Norway, A Prison Built on Second Chances,” Morning Edition, *NPR*, available at: <https://www.npr.org/sections/parallels/2015/05/31/410532066/in-norway-a-prison-built-on-second-chances> (noting that Norway has a recidivism rate of 30 percent, half the recidivism rate in the U.S.); Doran Larson (September 24, 2013). “Why Scandinavian Prisons Are Superior,” *The Atlantic*, available at: <https://www.theatlantic.com/international/archive/2013/09/why-scandinavian-prisons-are-superior/279949/>; Nicholas Turner and Jeremy Travis (August 6, 2015). Op-Ed: “What We Learned From German Prisons,” *The New York Times*, available at: <https://www.nytimes.com/2015/08/07/opinion/what-we-learned-from-german-prisons.html>; Maurice Chammah (July 10, 2015). “German Prisons are Kinder, Gentler, and Safer Than the Ones in America,” *VICE*, available at: https://www.vice.com/en_us/article/exqbgm/german-prisons-are-kinder-gentler-and-safer-than-the-ones-in-america-617.

Report of the Advisory Committee on the Travis County Women's Jail

While we recognize that there are substantial differences between the European models and what is feasible in a US correctional facility, there are many positive aspects of those models that could be translated into this setting.

Within this country, we focused our research primarily on women's jails and prisons, and were impressed by what we have read and heard about Las Colinas Detention Facility in San Diego,³⁸ the York Correctional Institution in Connecticut,³⁹ and a planned correctional facility in Utah set to open in 2020.⁴⁰ While none of these is an exact replica of what we hope to create here in Travis County, we have borrowed many features of these facilities in our conception of the new women's jail.

We are also inspired by the leadership of North Dakota's Secretary of Corrections, Leann Bertsch, who implemented numerous reforms to a men's prison in that state following her visit to European facilities.⁴¹ While she was

³⁸ James Krueger and John A. MacAllister (April 30, 2015). "How to Design a Prison that Actually Comforts and Rehabilitates Inmates," *Fast Company* <https://www.fastcompany.com/3044758/how-to-design-a-prison-that-actually-comforts-and-rehabilitates-inmates>; Rachel Slade (April 30, 2018). "Is there such a thing as good prison design?," *Architectural Digest*, available at: <https://www.architecturaldigest.com/story/is-there-such-a-thing-as-good-prison-design>; Linda Poon (August 27, 2015), "Future jails may look and function more like colleges," *CityLab*, available at: <https://www.citylab.com/design/2015/08/future-jails-may-look-and-function-more-like-colleges/402151/>

³⁹ Mattie Kahn (August 22, 2018). "Inside a Radical Experiment to Transform the Lives of Incarcerated Women," *Glamour Magazine*, available at: <https://www.glamour.com/story/incarcerated-women-recidivism-connecticut-prison-program>; see also Maurice Chammah (October 9, 2018). Opinion: "To Help Young Women in Prison, Try Dignity," *The New York Times*, available at: <https://www.nytimes.com/2018/10/09/opinion/to-help-young-women-in-prison-try-dignity.html>.

⁴⁰ Eric Schultzke (March 3, 2017). "Why Utah's new prison design is cutting edge," *Deseret News*, available at: <https://www.deseretnews.com/article/865674749/Why-Utahs-new-prison-design-is-considered-cutting-edge.html>

⁴¹ Dashka Slater (July/August 2018). "North Dakota's Norway Experiment: Can humane prisons exist in America? A red state aims to find out," *Mother Jones*,

Report of the Advisory Committee on the Travis County Women's Jail

limited by the existing architecture of the prison, she was able to change the culture in meaningful ways by creating a different dynamic between the staff and residents of the facilities.

We have also learned from the vision for a revamped New York City jail system that was recently developed by the Justice in Design team, a vision that is thoughtful and profoundly different from anything resembling the current institutional model.⁴²

Additionally, we are inspired by efforts underway in Illinois, where the state, supported by CORE Associates and the Women's Justice Institute (WJI), is transforming the culture of its three women's facilities at the same time that it has undertaken ambitious decarceration efforts.⁴³ After implementing the Gender Informed Practices Assessment (GIPA) in its most complex women's institution, the state implemented a comprehensive staff training protocol, is rewriting key policies for women (e.g., searches, cell extractions, visitation protocols), and is actively introducing gender-responsive, trauma-informed, and family-centered day-to-day procedures in its women's facilities. Positive results from these efforts have included the reduction of adverse operational outcomes and improved staff morale.

Finally, our work on this effort paralleled a multi-year project conducted by the Vera Institute of Justice called the "Reimagining Prison Project." As our Advisory Committee's report was in its final drafting stages, the Vera Institute released a major report that set forth a detailed vision of what reimagined prisons could look like and how they could provide a transformative experience for people who are incarcerated and those who work with them. The similarities between the two

available at: <https://www.motherjones.com/crime-justice/2017/07/north-dakota-norway-prisons-experiment/>; Cheryl Corley, Morning Edition (July 31, 2018). "North Dakota Prison Officials Think Outside the Box to Revamp Solitary Confinement," National Public Radio, available at: <https://www.npr.org/2018/07/31/630602624/north-dakota-prison-officials-think-outside-the-box-to-revamp-solitary-confineme>

⁴² Van Alen Institute (2018). *Justice In Design: Towards a Healthier and More Just New York City Jail System*, available at: https://nextcity.org/pdf/Justice_in_Design_Report.pdf.

⁴³ Annie Sweeney (July 18, 2018). "Prison is not where women need to be': All-female task force wants to cut Illinois' female prison population in half," Chicago Tribune, available at: <https://www.chicagotribune.com/news/local/breaking/ct-met-women-prison-population-20180711-story.html>

Report of the Advisory Committee on the Travis County Women’s Jail

groups’ visions are striking. This gives us added confidence that we are on the right track with the proposal discussed in this report, as well as hope that we are at the forefront of a new movement in this country that will transform prisons and jails as we know them.

○ Helpful Resources for Further Information

Every recommendation in this report is based on extensive research conducted by the Advisory Committee members. This is a vision grounded in research, observation, and experience, and there are resources available that document and justify the inclusion of each point. For those seeking additional information, we particularly recommend the following important resources, in addition to the reports we mentioned as sources of inspiration for our vision and ideas.

There is a very helpful new resource, published in 2018, that offers detailed guidance on how to implement many of the ideas described in our report. The reference document, a report titled “Towards Humane Prisons: A Principled and Participatory Approach to Prison Planning and Design,” was prepared by the International Committee of the Red Cross and draws on the expertise and guidance of international experts on prison design and human rights.⁴⁴

Also, an online resource launched in November 2018 to assist correctional managers, planners, designers, and researchers with the planning and design of humane correctional facilities. The International Corrections and Prisons Association (ICPA) has created the “Planning and Design Hub” so practitioners can inspire each other and share project ideas from around the world relevant to best practices in humane jail design.⁴⁵

There are a number of resources available that deal specifically with the special needs of incarcerated women and on trauma-informed correctional practices. Of particular interest are the following publications, though this is far from a comprehensive list of the materials available:

⁴⁴ *Towards Humane Prisons: A Principled and Participatory Approach to Prison Planning and Design*,” Geneva, Switzerland: International Committee of the Red Cross, April 2018, available at: <https://www.icrc.org/en/publication/4286-towards-humane-prisons>.

⁴⁵ The Planning and Design Hub is online at: <https://pd-hub.icpa.org/> (registration and membership in the International Corrections and Prisons Association required for access).

Report of the Advisory Committee on the Travis County Women’s Jail

- Alyssa Benedict, CORE Associates (2014). “Using Trauma-Informed Practices to Enhance Safety and Security in Women’s Correctional Facilities,” National Resource Center on Justice Involved Women.⁴⁶
- Alyssa Benedict, CORE Associates (2018). *Gender Responsive Discipline and Sanctions Guide for Women’s Facilities*, National Resource Center on Justice Involved Women.⁴⁷
- Gail Elias (2007). Bulletin: “Facility Planning to Meet the Needs of Female Inmates,” National Institute of Corrections-Jails Division.⁴⁸
- Her Majesty’s Inspectorate of Prisons (2014). *Expectations: Criteria for assessing the treatment of and conditions for women in prison* (2014)⁴⁹
https://www.justiceinspectrates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2014/02/final-womens-expectation_web-09-14-2.pdf
- Marayca Lopez (July 14, 2014). “How to Build for Success: Prison Design and Infrastructure as a Tool for Rehabilitation,” Penal Reform International.⁵⁰

⁴⁶ This project was funded by the Bureau of Justice Assistance. The report is available at: <https://www.bja.gov/publications/nrcjiw-usingtraumainformedpractices.pdf>.

⁴⁷ This guide is available at: <https://cjinvolvedwomen.org/discipline-guide/>. The primary audience for the Guide is the executive management teams of women’s correctional facilities.

⁴⁸ This bulletin is available at: <https://nicic.gov/facility-planning-meet-needs-female-inmates>.

⁴⁹ This resource sets forth criteria for evaluating the treatment of and conditions for women in confinement, and is available at: https://www.justiceinspectrates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2014/02/final-womens-expectation_web-09-14-2.pdf

⁵⁰ Blog post, available: <https://www.penalreform.org/blog/build-success-prison-design-infrastructure-tool-rehabilitation/>

Report of the Advisory Committee on the Travis County Women’s Jail

- Marianne McNabb (December 2008). Bulletin: “Translating Research into Practice: Improving Safety in Women’s Facilities” (from the Report, “Gendered Violence and Safety: A Contextual Approach to Improving Security in Women’s Facilities,” December 2008, by Owen, Wells, Pollock, Muscat, & Torres), National Institute of Justice.⁵¹

We also want to highlight just a couple of the important sets of standards and international instruments that are especially pertinent to this project and that can be helpful in guiding further planning and design efforts, as well as guiding the development of an implementation plan:

- American Bar Association, Standards for the Treatment of Prisoners (2011)⁵²
- United Nations Rules for the Treatment of Women Prisoners (Bangkok Rules) (2010)⁵³

And lastly, the following publication, while not specific to women’s facilities, is a very useful guide for implementing cultural change in correctional institutions:

- Andrew Coyle (2002). *Managing Prisons in a Time of Change*, International Centre for Prison Studies.⁵⁴

⁵¹ The research for this report was funded by the National Institute of Justice. The bulletin and report were distributed by the National Institute of Justice, but not formally published by the U.S. Department of Justice. The summary bulletin is available at: <https://www.ncjrs.gov/pdffiles1/nij/grants/225343.pdf>, and the full report is available at: <https://www.ncjrs.gov/pdffiles1/nij/grants/225338.pdf>.

⁵² American Bar Association (2011). Criminal Justice Standards, 3rd Edition, “Treatment of Prisoners,” Standard 23-11.3, available at: https://www.americanbar.org/content/dam/aba/publications/criminal_justice_standards/Treatment_of_Prisoners.authcheckdam.pdf

⁵³ United Nations Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders (the Bangkok Rules) (2010), available at: https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf

⁵⁴ This guide is available at: http://www.prisonstudies.org/sites/default/files/resources/downloads/managing_prisons_0.pdf. It is intended as a resource for correctional administrators who are seeking cultural change in their facilities. While not directly focused on women’s facilities, it is of particular relevance to the task at hand of shifting institutional practices and value systems.

Report of the Advisory Committee on the Travis County Women's Jail

○ Our Process

Our Advisory Committee met with Travis County Sheriff's Office (TCSO) staff in six large-group sessions comprising over 20 hours between March and August 2018. These meetings involved a total of approximately 287 person hours. Most of these meetings were professionally facilitated by staff from the County's Justice and Public Safety Office (these facilitators did not provide any substantive input to our discussions). Most of our sessions involved small breakout group exercises that allowed for the airing of ideas and concerns that could be brought forward to the larger group to discuss in greater detail. This method ensured a breadth of perspectives and confidence in our group's consensus.

In the course of these large-group meetings, we heard presentations from TCSO staff about the current challenges they face in operating the existing women's jail facility and about long-term plans for the phased-in replacement of the existing jail. Staff also provided us with data regarding the current jail population. Additionally, the Advisory Committee received a briefing from Chair Michele Deitch about her tour of Norwegian prisons and the lessons learned from that experience.

Advisory Committee members also had the opportunity to tour the Travis County Correctional Complex with a particular focus on the buildings where the women are housed.

It was critical to the Advisory Committee that we gather insights and ideas from directly affected populations about ways that the jail could be improved to better meet the special needs of women. To accomplish that goal, we held two focus groups for women currently incarcerated at the Travis County Correctional Complex and conducted a survey of other women in the jail.⁵⁵ These sessions were facilitated by the directors of a non-profit group, Truth Be Told, that works closely with women at the jail. The trusting relationships that already existed between the Truth Be Told co-directors, Katie Ford and Carol Chandler Waid, and the women in the facility allowed for a frank and open discussion about the women's concerns and recommendations regarding jail design, operations, and programs.

We also worked collaboratively with students at the University of Texas' Lyndon B. Johnson School of Public Affairs to conduct extensive background research on issues related to women's incarceration and best practices. Some of this research was presented to the Advisory Committee in the form of issue briefs

⁵⁵ A copy of the survey instrument we used for the conversations with women at the TCCC is attached as Appendix B to this report.

Report of the Advisory Committee on the Travis County Women's Jail

and oral presentations, and some of the issue briefs are attached as Appendices to this report.

In addition to our work in meetings and focus groups, individual Advisory Committee members worked intensely to research various issues under consideration by the group. This included scholarly research, numerous interviews with experts in both academia and practice, and attendance at relevant conference sessions, all in an effort to gather cutting-edge information about best practices and available resources.

This report is a compilation of the ideas, principles, and recommendations that our group discussed and agreed upon during our meetings, supplemented by our research findings.

o Core Principles

We agreed upon the following core principles to use as a guide for our recommendations in each of the areas of our Advisory Committee's work. We believe that these same core principles should drive all future discussions about the proposed jail, and should be central in the minds of architects hired to design this new facility.

- **Dignity and Respect** – the facility must be a place that respects the dignity, inherent worth, and potential of each individual who lives and works there; a person who is incarcerated should not be subjected to conditions that have the effect of humiliating or demeaning them, or that otherwise communicate a message of disrespect
- **Normalization** – to the extent possible, life inside the facility should resemble positive aspects of life in the outside world; the facility should be as non-institutional as possible in design, operations, and programming, and should facilitate community contact and support as part of daily operations
- **Safety** – the facility should protect the psychological and physical safety of both residents and staff, and should promote nonviolence in all aspects of operations
- **Least Restrictive Approach** – the facility should not be overly secure, nor should anyone be housed in a more secure setting than is absolutely necessary for that person's individual circumstances; freedom of movement should be encouraged

Report of the Advisory Committee on the Travis County Women's Jail

- **Rehabilitative** – the facility should be focused on rehabilitation and successful re-entry and should avoid any features perceived or intended to be punitive
- **Family and Community Centered** – the facility should encourage the development and maintenance of positive and healthy relationships, among residents, between residents and their families and loved ones, and between residents and the community at large
- **Responsive to Special Needs** – the facility should be designed and operated with women in mind, and should be responsive to their special needs, circumstances, and concerns; services, interventions, and responses to women's behavior should be individualized wherever possible; and there should be consideration given to vulnerable populations with special needs
- **Trauma-Informed** – the facility's design, programs, and operations should take account of the many ways in which the women's pre-existing trauma can affect their behavior and challenges, should seek to address that trauma, and should change practices that cause further trauma
- **Culturally-Responsive** – the facility should operate in a manner that recognizes, respects, and responds sensitively to the differential cultural experiences, values, and needs of a racially and ethnically diverse population of residents
- **Health** – the facility should promote the physical and mental health of all residents and staff
- **Recognizing the Capacity for Growth and Change** – the facility should recognize the potential in its residents and promote their personal and emotional growth through positive accountability
- **Staffed for Success** – facility staff should be supportive of the facility's philosophy and approach and should be appropriately trained to meet the needs of the women in the facility
- **Flexibility** – the facility should not be designed in a way that locks the TCSO or the County into using the space for only one purpose; we recognize the possibility of a future in which this facility or parts of it may not be needed for incarceration, and the design should

Report of the Advisory Committee on the Travis County Women's Jail

support the potential to convert the space to serve other community interests and needs

o Expected Outcomes

It should be obvious from the principles set forth above that the new women's jail facility will not be "business as usual." This new facility is envisioned to be a place where women's needs are front and center, the residents will not be traumatized, they will be safe, their health needs are met, they will be treated respectfully, and they will be prepared for release.

This vision is neither unique nor "pie-in-the-sky." While tailored to meet Travis County's particular circumstances, the ideas discussed in this report have been implemented successfully in a variety of correctional facilities around the US and around the world, with outstanding results.

Research shows that a facility that fully implements the principles and recommendations in this report can expect to see some or all of the following outcomes:

- Reduced trauma and emotional stress for women housed in the facility
- Safer facilities for both residents and staff, with lower rates of violence, critical incidents, and use of force
- Improved physical, mental, and emotional health for residents
- Strengthened ties between women residents and their family members
- Increased awareness of and engagement with community resources and supports
- Increased participation by residents in programs and services
- Improved relationships among residents and between residents and staff
- Improved self-regulation, resiliency, self-esteem, and sense of self-worth and dignity among residents
- Increased communication and problem-solving skills by residents
- Happier, less stressed, more fulfilled, and more engaged workforce
- More humane living conditions and improved treatment of residents
- Fewer lawsuits filed regarding the treatment of women in the facility
- Quicker and more successful reentry to the community for women released from the facility, with more seamless transitions into housing, health care, services, and family situations.

Report of the Advisory Committee on the Travis County Women's Jail

All of these outcomes make the potential for reduced recidivism rates significantly more likely than that which is possible under current institutional conditions.

CHAPTER 3

Creating a Positive Institutional Culture

“Culture eats policy for lunch.”

-- Anonymous

- **Overview**

The importance of Leadership and its Impact on Institutional Culture

The culture of a correctional facility refers to the organization’s values, mores, attitudes, and social climate. Many experts believe that the culture is a reflection of “how safe, productive, professional, and respectful the facility environment is perceived to be by both staff and inmates.”⁵⁶

Whether a culture is perceived to be positive or negative will have a tremendous impact on the day-to-day experiences of the people who live and work in the facility, as well as on the longer-term outcomes for people who are released into the community.

Leaders set the tone for the culture of a facility, by communicating expectations to both staff and residents. Such communications occur formally, through, e.g., staff training, official memos, and policy and procedure manuals. And, perhaps even more importantly, that messaging happens informally. For example, when leaders personally model the behavior they want to see from staff, they informally communicate their values and expectations. Similarly, every time they either hold staff accountable for rule violations or choose to look the other way—or, in contrast, when they reward staff for especially positive behavior—they send a message to staff. The physical conditions of a facility also send a clear signal to the residents about how they are viewed by administrators and staff. Leaders communicate respect for staff, residents, and family members by being open to

⁵⁶ Alyssa Benedict (2015). “Section 1: Overview: The Rationale for Revising Discipline and Sanctions for Women Inmates,” in *Gender Responsive Discipline and Sanctions Policy Guide for Women’s Facilities*, National Resource Center on Justice Involved Women, p. 4, available at: <https://cjinvolvedwomen.org/wp-content/uploads/2015/09/DisciplineGuideSection1Overview.pdf>.

Report of the Advisory Committee on the Travis County Women’s Jail

their input and hearing their concerns. Moreover, the way an agency sets budgetary priorities expresses the leadership team’s values.

Messaging about culture also happens on a peer-to-peer level. Staff induct new recruits into the culture of a facility by telling their peers “how things really work around here.” Residents similarly teach each other about the facility’s unspoken rules and practices.

The best policies and programs in the world will be meaningless if they are undermined by staff attitudes or by other messages that are inconsistent with the values of the programs. To give some extreme examples, it is hard to imagine a rehabilitative program being delivered successfully to an person who is housed in long-term solitary confinement, who is being verbally abused by a staff member, or who is fearful of her fellow residents or staff.

The ideas discussed in this report are premised on the importance of developing a positive institutional culture that embraces the core principles detailed in Chapter 2 (Visioning a New Women’s Jail Facility).

What Constitutes a Positive Culture?

From an operational standpoint, a positive, healthy institutional culture is one in which residents feel safe, are treated with respect, are engaged in productive and meaningful activities, and are effectively prepared for release.⁵⁷ In a women’s facility such as the one envisioned in this report, there should also be a commitment to meeting women’s special needs through gender-responsive programs and services and trauma-informed approaches to their care.

In a facility with a positive culture, the institution’s core values and mission are clear to everyone who comes into contact with the facility, from the residents to the staff to visitors to providers to the community. Everything about the institution’s operations—from its mission statement to its daily practices—

⁵⁷ These also are the tests of a “healthy prison” established by the British Prison Inspectorate, which monitors conditions of confinement in all places of detention in England and Wales. The Inspectorate has a publication that details these tests, along with specific strategies for monitoring places of confinement for women. See Her Majesty’s Inspectorate of Prisons (2014). *Expectations: Criteria for assessing the treatment of and conditions for women in prison* (2014), p. 13, available at: https://www.justiceinspectors.gov.uk/hmiprisons/wp-content/uploads/sites/4/2014/02/final-womens-expectation_web-09-14-2.pdf.

Report of the Advisory Committee on the Travis County Women's Jail

communicates that this is a non-punitive environment that respects and supports the residents and is committed to their safety and success. The people who work in the facility want to be there, support the rehabilitative mission of the facility, and understand the value of a gender-responsive and trauma-informed approach. Everyone affiliated with the facility takes pride in its mission and operations.

There is also a strong alignment between the leadership's values and expectations as communicated to staff and residents both formally and informally, and the messages that staff and residents share among themselves. Similarly, there is a direct line between the facility's mission statement and the written policies that govern facility operations. And there is consistency between written policy and actual practice—all these ideals cannot just be on paper.

In a positive institutional culture, ethics infuses every aspect of the facility's operations. Administrators, line staff, providers, and volunteers follow all the relevant laws, policies, and applicable professional standards. Beyond that, they continuously ask themselves whether what they are doing is the "right thing to do."

o Recommendations for Promoting A Positive Institutional Culture

The Chapters that follow provide a roadmap for helping establish a positive institutional culture through changes in the design, operations, and programs of this proposed new women's facility.

In order to help achieve the healthy institutional culture described above and to help implement the changes we discuss in the rest of the report, we recommend the following strategies:

- ***Set clear expectations for behavior:*** The Sheriff and facility administrators should set very clear expectations and parameters for acceptable behavior by both staff and residents.⁵⁸ Staff should be trained and rewarded for the behavior that the administrators want to see.

⁵⁸ Andrew Coyle (2002). *Managing Prisons in a Time of Change*, International Centre for Prison Studies, pp. 71-72, available at: http://www.prisonstudies.org/sites/default/files/resources/downloads/managing_prisons_0.pdf.

Report of the Advisory Committee on the Travis County Women's Jail

- **Foster a learning environment:** Facility administrators should foster a creative and learning environment in which new ideas are welcomed, initiatives are tested and evaluated, best practices are implemented, data about facility operations and critical incidents are collected and analyzed, sentinel events are reviewed for lessons learned, and the organization is always seeking to improve.
- **Support transparency:** The facility should value openness and seek to be as transparent as possible because that openness helps ensure that problems are identified and corrected as early as possible and helps bring community values into the facility.
- **Evaluate impact of initiatives on the people affected:** It is important to avoid defining success or failure too narrowly, using only traditional metrics. As former prison warden Andrew Coyle reminds correctional leaders:

[T]hose responsible for the management of prisons and those who work in them need to avoid taking a purely technocratic approach to their work. It is not sufficient to measure success or failure merely in managerial terms, divorced from any consideration of what effect this has on the people involved, both staff and prisoners. One of the first consequences of such an approach will be that one loses sight of the fact that all the players, including and especially prisoners, are human beings.⁵⁹

- **Use people-first language and positive terminology:** One way in which administrators and staff can begin to convey that they see the people who live in these facilities as human beings worthy of respect is to change the language they use when referring to them. We can reduce stigma and communicate respect by adopting person-first language and eliminating labels such as “offender,” “inmate,” “felon,” and “convict.”⁶⁰ As a recent Urban Institute commentary observed, this “is not merely a matter

⁵⁹ Id., p. 71.

⁶⁰ Cameron Okeke and Nancy LaVigne (November 29, 2018). “Restoring humanity: Changing the way we talk about people touched by the criminal justice system,” Urban Wire, The Urban Institute, available at: <https://www.urban.org/urban-wire/restoring-humanity-changing-way-we-talk-about-people-touched-criminal-justice-system>.

Report of the Advisory Committee on the Travis County Women’s Jail

of semantics. Words matter.”⁶¹ Those words define people by the worst act of their lives, and become the lens through which we view them and often become the way they view themselves. We use the term “residents” in this report, though there may be other terms that accomplish this objective even better.

Similarly, it begins to change the nature of the incarceration experience when we stop referring to “cells”—they are the residents’ “rooms.” “Chow halls” are “dining rooms.” The housing areas could be given non-institutional names that encourage positive thinking. Even the “jail” should perhaps not be called a “jail” at all, as it promotes an image of a very different kind of facility than we envision in this report.

- ***Use this resource guide:*** To help promote a positive culture in this new facility, we highly recommend that TCSO administrators read the guide *Managing Prisons in a Time of Change* by Andrew Coyle. This resource is extremely helpful in helping correctional leaders shift the tone and culture of a changing institution towards a more humane management style, while helping encourage even skeptical staff to see the benefits of the new approach.

⁶¹ Id.

CHAPTER 4

Design and Architecture

“We shape our buildings and, afterwards, our buildings shape us.”

--Winston Churchill

“The design of any built environment profoundly affects what we do and how we feel in that space.”

--International Committee of the Red Cross

○ Overview

The design of this new facility will have a profound influence on the way that women residents will relate to each other and to the staff, on the way they feel about themselves and their community, and, ultimately, on the quality of their experiences while in custody. Good design can make it easier to implement our guiding principles and achieve positive outcomes. It can communicate respect, positive expectations for behavior, and beliefs about a person’s value. It can make rehabilitative activities feasible and appealing. It can be calming and healing.

Conversely, poor design can reinforce the trauma these women have long experienced, minimize opportunities for engagement and programming, lead to poor interpersonal dynamics, and compromise women’s health and safety.

We cannot over-emphasize that the facility design we envision bears little resemblance to traditional jail layout. The starting point is not the existing facility and the challenge for architects is not how the existing space can be made “softer.” Rather, designing this facility will require a fundamental re-conception of what it means to “incarcerate” someone.

While incarceration necessarily means depriving someone of her liberty, there is absolutely no reason for any aspect of that experience to be punitive in nature, especially since research has consistently shown the adverse impacts of a punishment-oriented approach. That is especially important given that the majority of those who are incarcerated in the jail are pretrial, and thus are presumed innocent of any charges against them. We firmly reject any notion that the facility must be “unpleasant” in some way to discourage residents from

Report of the Advisory Committee on the Travis County Women's Jail

returning. Given high recidivism rates and an ever-growing population of women in jail, it is obvious that approach is not working. Moreover, harshness simply reinforces the harm that so many of the women have previously experienced. Lest there be any objection that if a facility is “too nice,” it is not a deterrent and is unfair in some way to law-abiding citizens, we would point out that no one would choose to have her liberty taken away in exchange for “nice space.” Even Norwegian prisoners say that if the prison doors opened on their “model” facility, they would run as fast as they could and never look back on what they left behind.

We encourage the architects to be creative in trying to design spaces that accord with the core principles set out at the beginning of this report and with the specific design principles spelled out below. We indicate in our recommendations below some specific ways that design and layout can support these principles, but our recommendations are not intended to be a comprehensive list.

○ Additional Information

In conjunction with our efforts, we commissioned a significant research project on best practices in women's jail design by a graduate student at the University of Texas' College of Community and Regional Planning who was studying corrections policy at the Lyndon B. Johnson School of Public Affairs. The student, Ian Becker, produced a research brief titled “Building Justice Into Women's Jails,” and that document is attached as Appendix C to this report. Rather than restate those research findings in text, we refer readers to that brief for further background and explanation underlying some of our recommendations, and for further details about these best practices.

○ Design Principles

Every design choice should be informed by the principles below. Many architectural decisions will (and should) simultaneously support and promote a number of these principles:

- Create a normalized and non-institutional environment
- Ensure the least restrictive environments possible for residents
- Create opportunities for freedom of movement
- Support a sense of community, both inside and outside the facility
- Maximize privacy
- Allow for separation of male and female residents

Report of the Advisory Committee on the Travis County Women's Jail

- Promote a healthy environment for residents and staff
- Ensure safety of residents and staff through design
- Consider every aspect of the physical plant from a trauma-informed perspective
- Build in opportunities for residents to exercise choice and autonomy
- Incorporate substantial activity space for programs and services
- Maximize opportunities for positive interactions between residents and staff
- Promote positive family and community relationships
- Create restorative staff spaces
- Minimize harm to the surrounding community through sustainable design practices

○ **Recommendations on Design and Architecture**

(1) Seek to normalize the physical environment for residents

The new facility for women, to the extent possible, should seek to normalize the physical environment, in contrast to the standard institutional design of jails. Normalization of the environment conveys a sense of respect for the residents, treats them with dignity, supports rehabilitation, and promotes their eventual reintegration to the community. All spaces should involve direct supervision by staff.

College campus feel: The new facility should feel more like a college campus than a jail. Residents should be able to move easily and freely between activity, living, program, and clinical spaces in the facility; there should be both congregate areas and private spaces; there should be easy access to services and programs; residents should have access to cooking and laundry facilities; there should be access to attractive and comfortable outdoor areas such as a courtyard and garden; and the environment should create a positive, supportive, and hopeful atmosphere

Avoid institutional features: Anything that connotes an institutional setting should be kept to a bare minimum. This includes the need to avoid long concrete hallways, metal furniture bolted to the floor, institutional paint colors, clanging doors, metal bars, congregate showers, etc. Moreover, the combination sink/toilets/water fountains, so ubiquitous in correctional facilities, should not be used as they are unhealthy and reduce residents' consumption of drinking water. If a particular feature is not something that most people living outside a jail setting routinely

Report of the Advisory Committee on the Travis County Women's Jail

experience in their daily lives, it should raise serious questions about whether it is essential in this facility.

Continuum of normalized living spaces: Housing areas should provide for a range of spaces with varying levels of restrictiveness, depending on the needs and risks presented by a resident, particularly a person's risk of suicide or violence towards others. Restrictiveness should be considered in the context of access to privileges or freedom of movement; a higher security level should not make the space itself more punitive in design.

Small housing units: No more than 12 women should live in any housing pod. This helps foster a sense of community, limits the institutional feel, supports positive and routine engagement between residents and staff, and makes for easier management.

Single rooms: Housing areas should include single rooms with non-metal doors, where the women can personalize their space and have privacy. There should be a presumption that most residents would have a single room, though there could be some exceptions; for example, some may need a congregate setting for mental health reasons. Rooms should include comfortable mattresses, pillows, and bedding; preferably wooden furniture; drawers or dressers that can be locked to store personal items; a desk or table; and a space to display personal photos or other items of interest. Each room should also have an individual toilet and sink, preferably not of the stainless steel variety. Toilets should have lids that close for hygiene reasons, and there should be a real separation between the beds and the toilet, with the toilet ideally located in a distinct space such as a "water closet." The source of drinking water should not be connected to the toilet.

No open-bay housing: Open-bay dormitories should be avoided, as it provides no meaningful privacy and is far from a normalized environment.

No bunk beds: In congregate living areas that may have two or more residents, no bunk beds should be used. Adults do not sleep in bunk beds. Moreover, health considerations often limit whether top bunks can be used at all. Some women may have physical health challenges that make it dangerous for them to be climbing on and off a bunk bed. Others may take psychotropic medication that results in heavy sleep that affects their spatial awareness.

Comfortable, modular furniture: Furniture in the housing areas should be comfortable, moveable, and made of softer and more natural materials.

Report of the Advisory Committee on the Travis County Women’s Jail

The space should feel as homelike as possible. There should be couches, chairs, tables, small-group seating areas, private “reading nooks,” and entertainment areas for TV or games.

Individual showers: Showers should be located in the housing units, and should have individual stalls and ample hot water that can be controlled by the women using the shower.

Access to feminine hygiene supplies: Residents should be able to access necessary feminine hygiene supplies in the shower areas as needed without having to request them from staff.

Access to cooking, laundry and grooming areas: Each housing unit should provide residents with a space to prepare meals or snacks, a place to wash their own clothes, and a communal area that can be used for activities such as hair styling or makeup. Some of these features may not be provided in housing areas for higher-risk residents due to safety concerns.

Eating areas: Each housing unit should feature an eating area that allows for family-style eating at small tables. There should not be institutional–style “chow halls.”

Stimulation for the senses: Attention should be paid to color, texture, smells, and sounds throughout the facility, to provide both comfort and stimulation for different senses, and to avoid an institutional feel.

(2) Offer residents a variety of spaces so they have choices in where to spend their time

The facility should not be a “one size fits all” kind of environment. Wherever possible, residents should be able to exercise reasonable choice and autonomy in deciding where and how to spend their time. For example, some women may want a more social environment, while others need private time. The design should make it possible for women to meet their needs and have a sense of control over their living environments.

Quiet spaces: There should be quiet spaces, including reading areas and “blue rooms” with nature scenes, where women can go to decompress from any stress they are experiencing.

Report of the Advisory Committee on the Travis County Women's Jail

Interactive spaces: Some areas should be designated for noisier activities, such as TV-watching, games, or conversation.

Multi-purpose spaces: There should be a variety of multi-purpose spaces that can be used or reserved by anyone. Such spaces should include both classroom-sized spaces as well as small meeting rooms where attorney-client meetings and case management meetings can take place.

Indoor and outdoor physical activity spaces: There should be indoor and outdoor spaces that encourage women to engage in healthy recreational activities.

Arts and crafts room: There should be a well-stocked space designated for arts and crafts activities. This will allow residents to express creativity, engage in positive activity, and demonstrate pride in their artistic abilities.

Input into housing assignment: Some women may prefer a single room, while others would prefer a roommate situation. Staff should consider those preferences when making housing assignments.

(3) Use design to help foster a sense of community among residents, to create a positive social environment, and to encourage resident participation in activities

To encourage development of a sense of community inside the facility, to improve interpersonal dynamics, and to better prepare residents to re-enter the community, the facility should be designed to include the following elements:

“Town Center”: Housing pods should radiate from a central area where activities take place and where services are provided, including medical services, counseling, and programming. This hub of activity contrasts significantly with the current building design that requires people to walk down a long institutional hallway in order to access any services.

“Storefronts” for service areas: To create a feeling of a village square, introduce some variety into the monotony of identical-looking offices, and normalize the environment, the entry to each of the service areas in the “town center” could have a different look. There could also be some dedicated meeting spaces for different programs, each of which has a different appearance. Many of the women in our focus groups

Report of the Advisory Committee on the Travis County Women's Jail

emphasized the lack of stimulation that comes from repeatedly using the same multi-purpose space for every activity.

Re-entry support: The design should support re-entry considerations. The agency should explore opportunities to involve community-based groups in daily activities and provide space for them in the “town center” hub. This could possibly even include businesses or stores that train women for free-world employment. Volunteer groups should also have space in the “town center” hub.

Common areas: Multi-purpose rooms in a range of sizes should be available in both the “town center” and in the housing areas, and should be available for residents’ use, as well as for facility-organized activities.

Small group seating areas: Within the housing pods, there should be a variety of comfortable and appealing communal seating areas that include couches, in order to encourage small groups to gather and have conversations.

Comfortable waiting spaces: In areas that may require residents to wait for appointments, such as the medical clinic or case managers’ offices, there should be comfortable seating areas. Residents should not have to stand in lines to access services.

Communicate trust and positivity: The design should assume that residents will behave appropriately unless they provide a clear indication that they are unwilling to comply with facility rules. The design should communicate a sense of trust and confidence in the residents’ positive behavior. Messages of hope, support, and encouragement should be painted on the walls and otherwise evident throughout the facility.

(4) Encourage positive family relationships through design

Contact visitation: The visitation areas should be designed for contact visits and with privacy in mind. There should be both indoor and outdoor visitation areas. The visitation areas should allow for both residents and visitors to sit together in comfortable and attractive spaces for the course of their visits. There should be sound barriers or private rooms that allow for families to engage in private conversations. Only in rare cases involving residents with security restrictions would there need to be more limited physical interaction.

Report of the Advisory Committee on the Travis County Women’s Jail

Child-friendly visitation areas: All visitation areas, whether indoor or outdoor, contact or non-contact, should have child-friendly spaces available for young children who are visiting their parents. There should be child-sized tables and chairs, access to toys and books provided by the facility, and colorful and child-oriented decorations. Outdoor visiting areas can include separate play areas, including, for example, opportunities for children to garden or play in a sandbox. Parents should be able to interact with their children in spaces that meet their needs and that encourage positive parent-child engagement. Also, children who visit their parents in jail should not be subjected to a traumatizing environment. It may make sense to have a separate visiting room that is used when children are visiting..

Visitor waiting areas: Processes should be put in place that limit family waits to see loved ones in the jail. All visitor waiting areas should be comfortable, with non-institutional furniture, access to healthy snacks and drinks, access to reading material, and areas for children to do age-appropriate activities while they wait.

Access to phones: Every housing area should provide multiple phones that each offer at least some privacy barriers to enable private personal conversations. Video monitors should also be available to allow for video visits by distant friends and family, in addition to in-person visitation. Residents and their families should be charged reasonable rates for these calls or video communication; the cost of such communication should never be a barrier to contact or a burden for the families, since positive family engagement is an important element of rehabilitation.

Breastfeeding/ Lactation rooms: Women who are post-partum should be allowed to breastfeed or pump milk in comfortable spaces that offer them privacy. An Alabama women’s prison just created a lactation room for nursing mothers to pump their milk and ship it to their infants.⁶² Visiting areas should have private breastfeeding areas.⁶³

⁶² Beth Shelburne (November 16, 2018). “Alabama women’s prison opens first-of-its-kind lactation room,” *WBRC*, available at: <https://www.wafb.com/2018/11/16/alabama-womens-prison-opens-first-of-its-kind-lactation-room/>.

⁶³ This issue is discussed further in Chapter 6 (Programs and Services), in Recommendation 6 in the subsection on Breastfeeding.

Report of the Advisory Committee on the Travis County Women's Jail

(5) Incorporate nature into the facility design wherever possible

Biophilic design that incorporates nature and natural elements into work and housing areas has been shown to have remarkable impacts on residents' behavior and mental health.⁶⁴ For this reason, we recommend that the design include the following elements:

Access to outdoor areas: Residents should have regular access to an attractively designed outdoor space, perhaps a courtyard, with pathways, benches, and landscaping. Residents should have an unimpeded view of the sky while they are outdoors. Shade trees could facilitate outdoor access even in the height of the summer heat.

Communal garden: Residents who present a low safety risk should have access to a communal garden where they can plant flowers and/or vegetables. They should be allowed to consume any vegetables they produce or use them for cooking in the communal kitchen areas. Women who know how to garden can offer informal gardening classes to other residents. Planting supplies should be available in the commissary.

Natural light and windows: The facility should be designed in a way that maximizes natural lighting throughout and especially in the housing areas. One possibility is using skylights to increase natural light to interior spaces. The communal areas and the residents' rooms should have windows.

Temperature and airflow: The entire facility, including the living areas should be climate controlled and should allow for a comfortable and healthy temperature.

Bring nature indoors: Nature should be brought inside the building through the use of plants, nature photos, and large windows.

Blue rooms: Residents should have access to a "blue room" that offers calming nature videos. Research shows that viewing such images allows people to decompress, lessens trauma, and helps de-escalate tensions.⁶⁵

⁶⁴ Jana Söderlund and Peter Newman (2017). "Improving Mental Health in Prisons Through Biophilic Design," *The Prison Journal*, 97:6.

⁶⁵ Matthew Hutston (September 7, 2017). "Can 'Blue Rooms' Make Prisons Safer and More Humane?," *NBC News*, available at:

Report of the Advisory Committee on the Travis County Women’s Jail

A corrections facility in Oregon experienced a 26 percent decrease in acts of violence among people who had watched videos in the room.⁶⁶

(6) Design with safety, health, trauma, and dignity in mind

Reduced reliance on suicide cells: Suicide prevention is absolutely critical and some of the strategies for addressing this problem are discussed more fully in Chapter 5 (Operations and Management) in Recommendation 6. This recommendation focuses just on the design element of a suicide prevention plan. Many jails place every individual determined to be at-risk of suicide in a so-called “suicide cell” (also called “strip cells” or “slick cells”). These single-person cells are barebones spaces with no furnishings; there is a hole in the floor to be used as a toilet. The individual’s clothing is removed and there are no personal items in the cell. While it is true that such a minimal space offers little that the person can use to harm herself, this kind of placement is often counter-productive. Many people who fear being placed in such a harsh and undignified setting lie about their suicidal thoughts in order to avoid being sent to these cells, thus denying themselves necessary treatment. And many people housed in these cells become even more depressed with reduced feelings of self-worth, thus increasing their risk of suicide.

In fact, not everyone who is identified as at-risk of suicide needs to be placed in a “suicide cell.” Indeed, research shows that those people who do not present an immediate risk of suicide (for example, those who screening reveals to be depressed or who have expressed suicidal thoughts at some point in the past) do better in congregate settings where they have social interactions and constant observation by their peers as well as by staff.⁶⁷

Residents should have their level of risk of suicide assessed through diagnostic tools, and there should be a triaged approach to managing

<https://www.nbcnews.com/mach/science/can-blue-rooms-make-prisons-safer-more-humane-ncna799496>

⁶⁶ Id.; much more information about blue rooms can be found in the Research Brief in Appendix C.

⁶⁷ World Health Organization (2007). “Preventing Suicide in Jails and Prisons,” Department of Mental Health and Substance Abuse, p. 16, available at: http://www.who.int/mental_health/prevention/suicide/resource_jails_prisons.pdf.

Report of the Advisory Committee on the Travis County Women's Jail

these individuals. The most extreme preventive measures should be taken only for those people who are actively suicidal, and only for as long as necessary to reduce the person's active risk. For anyone who needs to be placed in a highly protective setting, that space should preserve their dignity as much as possible while allowing for constant observation. Also, the space should be designed to be soothing rather than sterile and cold, with calming colors, nature scenes, and potentially even pumped-in nature sounds or music.

No long-term segregation, and only limited use of short-term separation: As discussed in more detail in Chapter 5 (Operations and Management), Recommendation 7, disciplinary practices should be therapeutic rather than punitive, and women should not be separated from their peers for any longer than necessary to address an immediate situation posing a safety risk. Consequences for misbehavior should involve increased therapeutic interventions and temporary loss of privileges rather than placement in long-term segregation units as a sanction. Thus, there is no need to construct traditional segregation cells. While some spaces for short-term separation may be necessary, they should be neither punitive in design nor should they completely isolate the woman. The goal of temporary separation can be achieved without undue harshness,⁶⁸ and the woman should still be able to maintain her dignity and reasonable comfort while separated from her peers. It is worth noting that the organization Architects/Designers/Planners for Social Responsibility (ADPSR) has pushed for the American Institute of Architects to prohibit its members from designing any spaces intended for prolonged solitary confinement because of the human rights violations involved under international law.⁶⁹

No blind spots: To reduce the risk of violence, sexual misconduct, and the spread of contraband, designers should take special care to avoid any blind spots in the facility. Except in areas where privacy should be anticipated, such as in sleeping rooms, hygiene areas, and clinics, sight lines should be clear to allow for staff observation.

Video cameras with audio features: Video cameras that feature audio recordings should be operational throughout the facility. Audio recordings

⁶⁸ State hospitals and juvenile detention facilities have converted seclusion rooms to "comfort rooms," for example.

⁶⁹ See ADPSR website: <https://www.adpsr.org/prisonarchitecture>.

Report of the Advisory Committee on the Travis County Women's Jail

provide additional security for both residents and staff. They also make it more likely that staff will engage appropriately, positively, and frequently with the women in their care. Moreover, these recordings can be reviewed and used for both training purposes and annual staff reviews with regard to staff-resident interactions.

Easy access to address health care needs: As is discussed in more detail in Chapter 6 (Programs and Services) in Recommendation 6, women in jails have significantly greater physical and mental health needs than their male counterparts. There should be adequate space in the facility designated to meet women's health care needs. Women should not need to leave the building to access certain health services, including OB/GYN and behavioral health appointments. There should be private meeting rooms for women and their clinicians. Waiting areas in clinics should have comfortable seating areas; women should not be made to wait in lines to access these services. The clinic should provide hospital beds, observation rooms, and negative airflow rooms to ensure that women with physical and mental health needs, including those who present a risk of suicide and those with infectious diseases, are housed safely and compassionately. Within the housing areas, women should have free and easy access to feminine hygiene products.

Space for wellness programs: Recognizing that wellness programs can help start the women on the path to a healthier lifestyle and can encourage both better behavior and community-building, it is important to plan for such activities in the facility design. As we discuss in Chapter 6 (Programs and Services), the residents should have access to classes on nutrition, healthy living, exercise, weight loss, smoking cessation, yoga, sexual health, healthy relationships, etc., and there should be multi-purpose rooms that can accommodate such activities. The spaces should be inviting and comfortable, to encourage participation.

Recreation areas: There should be both inside and outside recreation areas, including a gym with equipment that tends to appeal to women, including exercise bicycles, yoga mats, and stretching implements. There should be spaces available for walking or running. Women should be encouraged to exercise for both physical and emotional health.

Privacy during searches: Any woman that needs to undergo a pat-down or an unclothed search should be allowed to have that search done in a private area where she cannot be viewed by fellow residents or by staff who are not participating in the search. While the searches should respect the privacy and dignity of any woman subject to the search, the

Report of the Advisory Committee on the Travis County Women's Jail

spaces where the searches are conducted should also be close enough to where other people are located and should allow for sounds to be heard to avoid risk of sexual misconduct.

Reduced interactions with male residents: Women in the facility should not have to pass through or near a men's unit in order to get to any of their activities, including the outdoor spaces, recreation, or medical services. There should be sight and sound separation of males and females in all living areas and in most other parts of the unit. Especially since many women have longstanding histories of trauma associated with their relationships with men, care must be taken to ensure that the women are not subjected to catcalls, comments, or leering by male residents at the jail. Certain supervised co-ed activities may be allowed—for example, some educational classes may be appropriately designed to be co-ed and these classes can be located in more central parts of the jail. But women who do not wish to participate in co-ed activities should not be forced to encounter men in order to take advantage of programming and services in the facility.

Private attorney-client meeting rooms: There should be dedicated spaces where women can meet privately and face-to-face with their attorneys.

Low noise levels: Throughout the facility, steps should be taken to reduce noise levels, and especially to avoid the sounds of loud voices, banging doors, and blaring televisions. Many women are triggered by these sounds, which keeps their levels of stress very high.

Sleep: The facility's schedule should allow women to get seven to eight uninterrupted hours of sleep per night. Women should be able to control the lighting in their sleeping rooms and should have comfortable bedding. Noise should be kept to a minimum during sleeping hours. Women in congregate sleeping rooms should have their own beds. No bunk beds should be used anywhere in the facility.

(7) Encourage positive staff-resident interactions through design

Direct supervision: This should be designed as a direct supervision facility. However, shifts should be restructured to allow COs to work in pairs. The pairing of staff will allow for more meaningful engagement with individual residents while still ensuring appropriate supervision of all the women in that area. The facility design should maximize positive staff

Report of the Advisory Committee on the Travis County Women’s Jail

interaction with residents, for example, by providing staff desks inside the housing pods and by creating areas throughout the facility where residents and staff can sit and have conversations.

Case managers located in Town Center: Case managers should be based in the Town Center “hub” to facilitate their frequent meetings with residents and so that the women perceive them as available and accessible.

Create restorative staff spaces: In order for staff to be able to engage with residents effectively throughout the day and to remain at peak performance, they need time to recharge periodically apart from the residents. Staff need special spaces in this new facility, including access to comfortable break rooms with snacks, decompression areas, showers, and outdoor areas separate from the residents’ outdoor spaces. Restorative spaces can also reduce the impact of secondary trauma that staff may experience.

(8) Design flexible spaces

Flexible housing for special populations: There should be some flexible housing areas that can safely accommodate special populations of residents on an as-needed basis, including adolescents under age 18, young adults (ages 18-25), transgender individuals, and people with significant physical or mental disabilities. None of these groups should be forced into isolation due to their circumstances, nor should they be denied access to the programs and services available in this facility.⁷⁰ By law, girls under the age of 18 must be kept sight-and-sound separated from the adult women in their housing areas. They may have incidental contact with adults during programs, so long as there is sufficient staff supervision.

Convertible space: We recognize that there may come a time when there is a substantial reduction in the number of beds needed in this facility. We also recognize the concern that having empty beds available may encourage the unnecessary detention of women. For these reasons, and to be fiscally responsible as we consider how best to make use of a valuable county resource, we believe that the facility should be designed in a way that allows for parts of the facility—for example, unused housing pods—to be closed off and easily converted for another purpose. For

⁷⁰ See Chapter 6 (Programs and Services), Recommendation 11.

Report of the Advisory Committee on the Travis County Women's Jail

example, the space could be converted for community usage as a social service center.

Rather than isolating the jail from the community, which makes re-entry after release more challenging, the TCSO could re-establish the secure perimeter in a way that allows community access to parts (but not all) of the facility. For example, if social service agencies could be given outposts in those unused parts of the facility, or if there were an integrated health care clinic managed by Integral Care, Del Valle residents could more readily access necessary services. Perhaps there could be a café that is staffed by women who live in the facility who are training in the culinary skills program.⁷¹ There could even be a vocational training program that serves the needs of both women in the facility and local residents. The possibilities are endless. The point, though, is that the facility should not be designed in a way that limits its usage solely to correctional purposes. And ideally the design should not foreclose the possibility that the community may at some point in the future need direct access to these spaces.

(9) Design for physical and operational sustainability

Physical sustainability is design that minimizes the use of scarce resources such as energy, water, and certain materials in construction and operations, and avoids contamination of air, water, and ground. It also means finding ways to have a positive effect on the surrounding community and to support the health of both residents and staff.⁷²

Operational sustainability means that the facility will be able to operate safely and humanely for the foreseeable future, while working within established budgets.

Use “green” design techniques: Architects should seek to minimize the impact of new construction on the local environment, by designing for the climate and topography of the site, by using non-toxic construction materials, and by limiting energy usage and waste production during construction and operation.

⁷¹ See Chapter 6 (Programs and Services), Recommendation 9, for a more detailed discussion about the culinary skills program and possible food service operations staffed by residents.

⁷² *Towards Humane Prisons: A Principled and Participatory Approach to Prison Planning and Design* (2018). International Committee of the Red Cross, p. 108.

Report of the Advisory Committee on the Travis County Women's Jail

Be a good neighbor for the community: The facility should be built, to the extent possible, in harmony with the surrounding landscape. It should be attractively designed and appear welcoming to visitors, including family members and volunteers. It should avoid contaminating the surrounding area and limit water usage.

Quality maintenance programs: The agency should ensure that there are adequate numbers of maintenance staff to perform timely repairs and to undertake a preventive maintenance program. An effective preventive maintenance program will increase the lifespan of the facility and reduce operating costs.

CHAPTER 5

Operations and Management

“The management of prisons is primarily about the management of human beings, both staff and prisoners. This means that there are issues that go beyond effectiveness and efficiency. When making decisions about the treatment of human beings there is a more radical consideration. The first question which must always be asked when considering any new managerial initiative is, “Is it right?”.

***--Andrew Coyle,
Managing Prisons in a Time of Change⁷³***

○ Overview

The staffing of the jail and its daily operational procedures and policies will have an enormous impact on the culture of the facility. Each traditional practice needs to be reevaluated in light of the need for a gender-responsive and trauma-informed culture. Not only is this culture more supportive of women’s needs, it also results in a safer and healthier environment for staff.

Staff are central to the successful operation of any correctional facility, and their support for the mission of this new facility is essential.

This chapter is not intended to be a comprehensive overview of operational issues, but it highlights some critical aspects of facility operations and management that affect staff and residents.

○ Operational Principles

When administrators plan the policies and procedures that will govern operations of this new women’s facility, the following guiding principles should be used as a

⁷³ Andrew Coyle (2002). *Managing Prisons in a Time of Change*, International Centre for Prison Studies, p. 71, available at: http://www.prisonstudies.org/sites/default/files/resources/downloads/managing_prisons_0.pdf

Report of the Advisory Committee on the Travis County Women’s Jail

touchstone for assessing whether the operational practices are in keeping with the vision we set forth in this report:

- “Do no harm” to the people who live and work in the facility
- Root all practices in respect for the dignity of the people who live and work in the facility
- Ensure each operational practice is planned with women in mind, taking into account their generally lessened security requirements and special needs
- Ensure staff understand the ways that trauma can affect women’s behavior, thoughts, and bodies
- Help women manage their symptoms of trauma so they can safely engage in programs and services that will help them
- Promote rehabilitation, healthy relationships, and family engagement
- Ensure the least restrictive environments possible for residents
- Model positive behavior, healthy relationships, problem-solving, and effective conflict resolution for the residents

○ **Recommendations on Operations and Management**

(1) Redefine and expand the role of staff

Of all the recommendations in this report, there is none more critical than this one. Research, observation, and experience have unequivocally demonstrated that the way that staff members engage with the facility’s residents has an enormous impact on the experiences of both the women and the staff, as well as on the culture of the facility. **The women in our focus groups also singled out this issue as one of their highest priorities.**

As former correctional administrator and international prisons expert Andrew Coyle has written, “[t]he key feature for the success or failure of any [correctional] system that is to be run in a decent and humane manner is the relationship between prisoners and the prison staff with whom they come into contact on a daily basis.”⁷⁴

Social work mindset: The role of security staff needs to be redefined and broadened in this new women’s facility—employees should have more of a social work mindset. In addition to providing supervision, they will become part of the residents’ support team, encouraging engagement in positive activities and support services, engaging with the women

⁷⁴ Id., p. 76.

Report of the Advisory Committee on the Travis County Women's Jail

regularly, and answering questions for them. They will be part coach and mentor. Routine interactions between staff and residents should be more supportive than in traditional correctional environments. Staff should celebrate the women's strengths and accomplishments, and should support and encourage them during challenging times. It is essential that staff display empathy, while simultaneously employing healthy, professional boundaries that are characteristic of the social worker-client dynamic. These staff behaviors should not only be encouraged, they should be rewarded because they are linked to improved outcomes for residents.

Every aspect of staff-resident interactions--including tone of voice, postures, and body proximity, even staff uniforms--should be re-considered from the standpoint of how those interactions might exacerbate or reduce women's trauma. While safe supervision continues to be paramount, security can be achieved—or even optimized—without “command-control”-type interactions.

Staff should expect to participate in or facilitate various programs for and with the residents, when appropriate, and to help them access resources as needed. Those tasks should not be limited to program staff. Staff can even get involved as guest presenters in ongoing classes at the facility. Staff may be asked to support the work of case managers and other treatment-focused employees.

These changes will represent a significant culture shift at the facility.

Specially selected staff: Staff should be specially recruited for this new assignment based on their interpersonal skills and on their appreciation of and support for the new philosophy. Recruitment should target candidates who have prior “people” experience, even more so than corrections experience. The TCSO should give consideration to recruiting from social work programs.

Staff should be specifically assigned to the women's unit at the jail so they can be immersed in this different culture and can get to know the women in their care. While there should be a core group of staff permanently assigned to the women's unit, there would also be value in rotating other jail staff through temporary assignments at the jail following some baseline training, in order to spread exposure to this new culture across the entire jail.

Report of the Advisory Committee on the Travis County Women's Jail

Specialized training: Staff who work in this facility will need to receive specialized training for this re-conceived role. That specialized training should include training on female development, female criminal justice pathways (risks, strengths, and needs), gender-responsive policies and practices, gender-responsive and trauma-informed communication strategies, (e.g., de-escalation, motivational interviewing), operational practices in women's facilities, racial and cultural sensitivity, effective responses to women's mental health, and the impact of trauma and trauma-informed care. . Staff will need to learn how to hold women accountable for ineffective and unsafe behavior, while ensuring that they do so in ways consistent with trauma-informed practices. They must have the skills necessary to do their jobs effectively. More information about certain types of training is provided below.

(2) Increase staffing ratios

Increased numbers of staff: The new women's jail facility will require an increased staff-resident ratio, as the current staffing levels are inadequate to allow staff the time to handle the duties envisioned under this plan. Current staffing levels assume that officers function in a traditional correctional supervision role, where there is minimal engagement between staff and residents. That model of minimal engagement is entirely inconsistent with the vision we present here.

Peer support specialists: An excellent way to extend the reach of staff is by hiring peer specialists, including those with prior criminal records, who can handle some of these additional responsibilities and who have the background and are specially trained to engage with residents in useful and relatable ways that promote long-term positive outcomes.

Individuals certified as peer support specialists within the behavioral health context could provide recovery support and/or case management services, depending on their training and strengths. Individuals with a history of justice system involvement but no lived experience and training as certified peer support specialists could provide case management services and general engagement but would not provide the specialized recovery support services that certified peer support specialists can provide.

This role is explained more in Chapter 6 (Programs and Services), in Recommendation 2.

Report of the Advisory Committee on the Travis County Women's Jail

Co-ed staff: While it is highly desirable to have large numbers of women working in this facility, it is also appropriate and reasonable to have men working there as well. Positive interactions with male staff can provide women a context for the skills and training they receive in their programs and services, discussed in greater detail in Chapter 6. Male staff should not be able to supervise women in their living areas, however, and, as discussed below, should not conduct clothed or unclothed searches of the women residents absent an emergency situation. This means that the number of female staff hired should enable targeted operations and procedures to be completed by female staff in a timely fashion. For example, residents should not have to wait for female staff to be located to conduct a necessary body search.

(3) Support staff through initiatives that meet their needs

Staff support: Working in an environment where much of the clientele has been traumatized can take an emotional and physical toll on staff. Staff should have access to supports for secondary trauma and for other personal challenges.⁷⁵ Staff should have access to wellness programs that focus on their health and well-being, such as access to nutritionists, opportunities for exercise, and employee assistance programs providing counseling and referral services.⁷⁶

They can also benefit from coaching and mentoring by more experienced supervisors and managers, who should observe them and provide feedback on their interactions with the residents. Expectations for staff, including any changes in policy or practices, should be made very clear.

Post-incident debriefings: Managers should check in with workers following any critical incidents in the facility (e.g., a suicide or significant use of force), not only to debrief the incident but also to ensure the staff have an opportunity to process these events and receive any needed

⁷⁵ For an example of a successful support program in a law enforcement agency, see the San Antonio Police Department's Performance and Recovery Optimization program, described here: https://cops.usdoj.gov/html/dispatch/12-2017/Performance_and_Recovery_Optimization.html

⁷⁶ TCSO staff currently have access to such services for free through the County.

Report of the Advisory Committee on the Travis County Women's Jail

supports.⁷⁷ There should also be an established process to debrief with the resident(s) involved in the incident, to the extent feasible.

Recruiting women: The agency should make efforts to recruit more women to work in this facility. One way to assist in this effort would be to survey current women staff about ways to make the facility more gender-responsive and supportive of their own needs as staff. Women recruits may be drawn to the more rehabilitative, therapeutic, and trauma-informed focus of the new facility, as well as to the improved work environment. There should be zero tolerance of any sexual harassment or hazing of female employees by their male colleagues or supervisors.⁷⁸

Strong efforts should also be made to recruit more women of color to work in the facility, given the importance of cultural competency on the part of staff and the need to address with sensitivity issues that affect the disproportionate numbers of women of color housed in the facility.

Limit overtime: Staff should not have to work double shifts or overtime to meet the objectives of this new facility. Not only are such practices fiscally irresponsible, staff who are exhausted from overwork are set up for negative interactions with residents and have less “bandwidth” to work with the residents to address their needs.⁷⁹

Restorative spaces for staff: As discussed in Chapter 4 (Architecture and Design), the facility should have dedicated and restorative spaces for staff to recharge and decompress during the workday. There should be an outdoor area just for staff; break rooms with comfortable furniture and snacks; and places for staff to shower or exercise after work.

Staff contribution of ideas: Staff should have the opportunity to provide input into operational practices and to offer suggestions for institutional

⁷⁷ The TCSO currently offers staff the opportunity for debriefing, peer support, and other relevant services.

⁷⁸ A recent New York Times article detailed serious concerns about harassment, hazing, and sexual violence towards women working in the Federal Bureau of Prisons, perpetrated by both male staff and prisoners. Caitlin Dickerson, “Hazing, Humiliation, Terror: Working While Female in Federal Prison,” New York Times, November 17, 2018, <https://www.nytimes.com/2018/11/17/us/prison-sexual-harassment-women.html?nl=top-stories&nlid=58688223ries&ref=cta>

⁷⁹ The TCSO currently has a policy in place to ensure staff do not overwork.

Report of the Advisory Committee on the Travis County Women's Jail

improvement. Input could happen during regularly scheduled individual “supervision meetings” between staff and their supervisors in which they discuss the staff member’s performance, operational practices, the work environment, and other relevant topics of interest. It could also take place during regularly scheduled full staff meetings. There should be an institutionalized “open door” communication policy between staff, their supervisors, and facility administrators, and a culture of welcoming such input.

Staff recognition: Managers should regularly recognize staff achievements and help build staff morale in both small and large ways. Staff who do a particularly good job of relating to the residents and helping address their needs should be acknowledged through both informal means (e.g., thank you notes or recognition in staff briefings) and more formal measures (e.g., performance appraisals; “employee of the month”). Regular team-building exercises and competitions between various sections of the unit based on positive performance outcomes can help build the positive and supportive culture we want to see in the women’s facility.

Seek ways to make job more attractive to staff: Staff who see value in the work they are doing are more likely to view their work as a career, not as a job. Staff recruitment for this new facility must focus on the value of this work, the ability staff have to make a positive impact on the lives of the residents, and the additional training and skills that staff will gain in this position. Raising the background requirements for staff may in fact make the job more attractive for potential job candidates.

Making the facilities safer and more responsive to staff’s needs will also go a long way towards helping recruit and retain qualified applicants. Data from mental health facilities that have reduced reliance on seclusion and restraint show increased staff retention due to the safer environment, which include fewer staff injuries.

Ultimately, we would strive to have correctional staff perceived the way they are viewed in Norway. In that country, the role of correctional staff is so sought after that there is intense competition among candidates, with only 1 in 10 applicants ultimately hired for the position and most remaining in the correctional agency for their entire career. It is considered a respected profession that provides good pay and benefits, a chance to make a difference in people’s lives, and the opportunity for substantial training and preparation to work in this setting.

Report of the Advisory Committee on the Travis County Women's Jail

(4) Require staff to receive specialized training on working with women in custody

In addition to the pre-service and in-service training that all jail staff receive, staff assigned to the women's facility should receive specialized training that will help them work effectively with this population. The social work mindset and philosophical approach to the facility must be taught to new recruits from the start, in order to support the facility's rehabilitative, gender-responsive, trauma-informed, and positive culture. Staff will also need to be trained on the policies adopted for this new facility and on different ways to communicate with the residents.

As noted above, staff should also be educated about trauma and its effects on women's behavior, on recognizing women's physical and mental health needs, on motivational interviewing, and about effective de-escalation techniques. Additionally, there should be training about communication methods and disciplinary approaches that are most effective with women given their extensive histories of trauma.

Staff should also receive training on cultural competency issues so that they will be able to respond most effectively to meet special concerns of women of color.

To ensure the regular maintenance of these skills, staff should be required to participate in this training annually and should receive CEUs or another form of professional recognition.

Training using evidence-based communication methods: Creating Regulation and Resilience (CR/2) is a staff communication model teaches correctional staff trauma-informed and gender-responsive ways to routinely engage with the women in their care in ways that de-escalate tensions and build problem-solving skills. The CR/2 model can be used by any staff member at any time to prevent problems, to address concerning and/or complex behaviors, or encourage resident skill development and growth. It has been shown to help enhance the safety, security, and productivity of correctional environments while building a more positive culture.⁸⁰

With CR/2, staff are trained to use a two-phased approach when working with women, especially during challenging situations. First, they learn how

⁸⁰ Alyssa Benedict (2018). "CR/2: Creating Regulation & Resiliency: General Information; Trauma-Informed Practices: Essential Skills that Promote Safety and Success with Justice-Involved Women," CORE Associates/ Orbis Partners.

Report of the Advisory Committee on the Travis County Women’s Jail

to “create regulation,” helping the women to regulate their emotional responses in the moment and build a sense of calm. Next, they “create resilience,” working with the women to engage in effective action, problem-solving, and decision-making. This helps to defuse the momentary crisis and importantly, helps women to build the skills needed for long-term success. CR/2 is a highly adaptable and flexible communication tool that integrates cutting-edge research on evidence-based correctional practice and the neurophysiology of trauma and resilience.⁸¹

Notably, the CR/2 communications framework can be used across security, program, clinical, and community corrections staff. It also contains a staff self-care component and provides staff with skills and strategies they can use in the moment to become more aware of and effectively manage their own stress and physiological responses.⁸²

Training on gender-responsive, therapeutic discipline practices: As discussed later in this chapter, discipline and sanctions systems should be therapeutic rather than punitive. Staff will need tools that serve them well when it comes to holding women accountable for their behavior, and they will need to learn how to address the underlying behavior that led to the infraction. An excellent resource that can be used to train staff on gender-responsive and trauma-informed disciplinary approaches is the Gender Responsive Discipline and Sanctions Guide for Women’s Facilities, published by the National Resource Center on Justice-Involved Women.⁸³

(5) Reduce over-classification of women

Research has shown that women in jail tend to be over-classified and placed in higher security settings than necessary for the risks they present. The vast majority of incarcerated women do not present a serious risk of escape or violence, and thus they are housed in much more restrictive settings than

⁸¹ Id.

⁸² Id.

⁸³ Alyssa Benedict (2018). *Gender Responsive Discipline and Sanctions Guide for Women’s Facilities*, National Resource Center on Justice Involved Women, available at: <https://cjininvolvedwomen.org/discipline-guide/>.

Report of the Advisory Committee on the Travis County Women's Jail

necessary. Over-classification can affect the women's access to programs and services, is unnecessarily harsh, and is expensive for taxpayers. This problem occurs because most classification tools and standards were developed with men in mind.

Develop a validated classification instrument for women: The instrument should be retooled for women, so that the women are not placed in custody levels any higher than necessary. Their classification levels should be based on relevant behavioral risks, such as the likelihood of violent interactions with other facility residents or staff, rather than on their risks of reoffending in the outside world. This issue is discussed in much greater detail in Chapter 6 (Programs and Services), in Recommendation 1, which also provides guidance as to evidence-based gender-responsive classification instruments.

Assess needs as well as behavioral risks: Moreover, the women's needs—not just risks—should be assessed as part of the classification process. Case managers should use this information gathered during the classification process to identify relevant resources in the community to facilitate effective reentry. This is also discussed more fully in Chapter 6, in Recommendation 1.

Assess for trauma: The assessment and classification process presents an opportunity to screen women for past and recent traumatic experiences, as well as any symptoms they may be experiencing. That information can help guide referrals to services. Staff who conduct these assessments should receive training in how to recognize symptoms of trauma, and provide the women with clear information about how this information will be used and who would have access to it. Note that trauma history alone should not elevate a women's risk or custody level.

Assess for suicide risk: The initial screening and classification process should assess a woman's risk of suicide, and should also determine the level of that risk for triage purposes. Different precautions in terms of frequency of supervision and housing placement should be employed depending on the level of risk. This issue is discussed in more detail in Recommendation 6 below.

Services for higher-risk residents: Programs and services should be available to women who need them regardless of their classification status. Indeed, higher-risk residents may need more services than lower-risk women. Services should be based on need, not risk, and should begin as soon as possible after the booking process.

Report of the Advisory Committee on the Travis County Women's Jail

Conduct centralized assessments: Risk-needs assessments should be integrated and handled by a centralized assessment unit, rather than involving several agencies across the criminal justice system, such as pretrial services and behavioral health agencies. This approach is not only more efficient, it also minimizes the risk of re-traumatizing the woman who has to constantly repeat her story and reduces the risk of inconsistent information. All relevant agencies could have access to this information. Basic data such as social security information and driver's license numbers can also be collected at the same time to facilitate any efforts that may be necessary to obtain essential documents for re-entry purposes.

Better information about release dates: The court system and the jail staff need a more effective communication system that allows for more precise information about when a person is likely to be released from the facility. Accurate information helps set expectations; avoids disappointments that can be traumatizing or depressing and that can lead to behavioral issues; and allows for better planning for programming and re-entry purposes.

(6) Develop a gender-responsive approach to suicide prevention.

Although the vast majority of suicides that occur in correctional settings involve men, women in custody are also at high risk of suicide and have a higher completion rate than men.⁸⁴ Higher rates of serious mental illness, poor social and family supports, prior suicidal behavior, a history of psychiatric illness, and emotional problems contribute to the heightened risk of attempted and completed suicides by women.

⁸⁴ Keith Hawton (2005). *Prevention and treatment of suicidal behaviour: from science to practice*. Oxford: University Press, pp. 307-334, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2644463/>; Heather Holley, Julio Arboleda-Flórez, and Edgar Love (1995). Lifetime prevalence of prior suicide attempts in a remanded population and relationship to current mental illness. *International Journal of Offender Therapy and Comparative Criminology*, 39(3), pp. 190-209, available at: <https://journals.sagepub.com/doi/10.1177/0306624X9503900302>. Nicola Mackenzie, Chris Oram, and Jo Borrill (2003). Self-inflicted deaths of women in custody. *British Journal of Forensic Practice*, 5(1): 27-35, available at: <https://www.emeraldinsight.com/doi/abs/10.1108/14636646200300005>.

Report of the Advisory Committee on the Travis County Women's Jail

Suicide precautions:⁸⁵ The agency should create a gender-responsive suicide prevention program that recognizes differences in the factors contributing to suicide ideation and attempts. Suicide precautions should involve a range of measures tailored to the level of a person's risk.

The agency should develop a comprehensive suicide prevention plan, according to the World Health Organization's suggested guidelines.⁸⁶ The agency should partner with trained behavioral health providers to implement the following elements:

- A training program (including refreshers) for facility staff and treatment providers should be developed to help them recognize suicidal ideation and appropriately respond to women in suicidal crises.
- The quality of staff-prisoner relationships is critical in helping women manage their stress levels and maximizing the likelihood that they will trust staff sufficiently to disclose to them when their coping resources are becoming overwhelmed, or to acknowledge feelings of hopelessness or suicidal ideation.
- A mechanism is needed to facilitate communication among staff members regarding women at high risk for suicidal ideation and attempts.
- Written procedures should outline minimum requirements for housing and treating women who are at risk for suicide attempts. Treatment staff should be involved from the time the woman is identified as at risk, and should assess the level of risk and appropriate response.
- Women who are at risk of suicide should rarely be held in an isolation room such as a bare-bones "slick" cell where they are

⁸⁵ Some issues related to suicide precautions are also addressed in Chapter 4 (Design and Architecture), Recommendation 6.

⁸⁶ For more information, see: World Health Organization (2007). "Preventing Suicide in Jails and Prisons," Department of Mental Health and Substance Abuse, available at: http://www.who.int/mental_health/prevention/suicide/resource_jails_prisons.pdf. See also Lindsay M. Hayes (1995). "Prison Suicide: An Overview and Guide to Prevention," National Institute of Corrections, available at: <https://www.ncjrs.gov/pdffiles1/Digitization/157204NCJRS.pdf>.

Report of the Advisory Committee on the Travis County Women's Jail

deprived of clothing and human interaction; this practice tends to deepen their sense of despair. Moreover, that approach often backfires as people lie about their suicidal thoughts to avoid being placed in such harsh settings.

- Research shows that people who are incarcerated are less likely to kill themselves when housed in congregate settings with frequent visual checks by staff and efforts to engage them in conversation and offer support.
- Women with mental health challenges should receive pharmacological or psychosocial interventions and should be kept under observation. If further evaluation and treatment is needed, the agency should link women to other mental health providers that could provide specialized care.
- If suicide occurs, managers should debrief with staff and providers to identify ways of improving suicide detection, monitoring, and management. Also, there should be support provided for secondary trauma experienced by staff and facility residents affected by the death.

(7) Implement a therapeutic approach to discipline

Discipline is essential in order for any facility to maintain security and safety. However, the systems of control and the approach to discipline should be different in this new facility. The approach should be therapeutic and not punitive, aiming to address underlying reasons for concerning behavior and to restore individual safety and positive community dynamics. Problematic behavior is often a response to previous trauma, and punishment can mimic the trauma, thus worsening the behavior rather than improving it by triggering a “fight or flight” response. De-escalation and trauma-informed approaches are more effective at changing problematic behavior that is rooted in trauma.

There should be a culture of de-escalation rather than use of immediate, reactive punishment, and non-disciplinary responses should be used whenever possible. The positive culture of the facility and women's access to programs and treatment interventions in the facility can be expected to also reduce the incidence of rule violations.

Provide staff with alternative tools: Training staff in a trauma-informed, gender-responsive approach to discipline has been shown to significantly

Report of the Advisory Committee on the Travis County Women's Jail

reduce the frequency of assaults, fights, and other incidents, as well as the consequent need for use of force by staff in a women's facility.⁸⁷ These strategies, building on the use of CR/2 communication tools discussed above, help women residents and staff to better understand the roots of their behavior and to develop alternative coping skills; this reduces problem behavior, thus minimizing the need for traditional discipline. In other words, prevention is a powerful tool for staff who seek to improve facility safety without resorting to punitive control measures.

The *Gender Responsive Discipline and Sanctions Guide for Women's Facilities* is an extremely helpful resource that details strategies for adapting disciplinary practices to women's facilities.⁸⁸

Minimize use of restraints: The use of restraints such as handcuffs should be minimized and the use of restraint chairs eliminated because they can be so demeaning and traumatizing to women, especially for those with a history of sexual or physical assault. Moreover, women rarely present risks sufficient to justify such measures. Unlike current practice, maximum-security residents should not be restrained everywhere they go. The facility design should support this new approach.

Separation, not segregation: If a woman needs to be separated from the general population, it should be for the shortest period of time possible to allow her to "cool off." Spaces for decompression (the "blue rooms" we describe in Chapter 4 (Architecture and Design), in Recommendation 5) can be used to help women self-regulate their stress and negative behaviors. Absent exceptional circumstances, there should not be any use of long-term segregation rooms, which can be traumatizing and exacerbate underlying mental health challenges.⁸⁹

Support and accountability, not punishment: The roots of any institutional misconduct should be explored with the woman by the staff, to determine the underlying issue that led to the behavior (e.g., worries about family matters, a disappointing court outcome; tension with another resident; trauma response triggered by past experiences; mental health issues). If possible, those issues should be addressed directly, perhaps

⁸⁷ Id., Section 1, p. 3.

⁸⁸ Id.

⁸⁹ See also the discussion of this issue in Chapter 4 (Design and Architecture), Recommendation 6.

Report of the Advisory Committee on the Travis County Women's Jail

with the assistance of a case manager or clinician. The provision of services should be increased as necessary. When consequences for the misconduct are appropriate, those consequences should involve a temporary loss of privileges, with the ability to earn back those privileges following demonstration of safe and effective behavior. Only in instances involving serious safety concerns should a person be separated from the rest of the community. Even in those instances, the person should be treated with dignity and respect, and should be placed in the least restrictive conditions possible for the shortest possible period of time.

Restorative justice: Restorative justice approaches should be used to resolve issues or tensions in the facility, with a goal of restoring community equilibrium. When an incident occurs between residents or between residents and staff, the parties should be brought together to discuss and resolve the issues. Incidents both large and small should be debriefed among the staff to create a culture that supports self-assessments, quality control, and critical incident reviews. Any staff member implementing a restorative approach should be trained on how to apply this approach specifically with justice-involved women.

(8) Implement a trauma-informed approach to institutional procedures, including searches, rule enforcement, and use of force

Many institutional practices trigger trauma responses for women, and these practices ought to be re-evaluated and adjusted in light of such concerns. In particular, body searches, supervision by male staff, and the manner in which rules are enforced all require sensitivity to how women experience these practices.

Respectful verbal communication: Staff should explain to residents any procedures or activities that will take place and why they are happening, with step-by-step communication. Residents should be allowed to ask questions and receive answers about the procedures.

Pat-down searches: Absent exigent circumstances, only female staff should conduct pat searches of women residents. Transgender residents should be allowed to express a preference for body searches to be conducted by staff of a particular gender.⁹⁰ Prior to any physical contact,

⁹⁰ This is current practice at the jail, where people who are transgender fill out a form expressing their preference for searches to be conducted by staff of a particular gender, in accord with the Prison Rape Elimination Act Standards.

Report of the Advisory Committee on the Travis County Women's Jail

the staff member should explain each step in the process and the reasons it is necessary.

Strip searches: Strip searches should be extremely rare and should require a clear and individualized justification for the search beyond the fact that someone is coming into or leaving the facility. Male staff should not be involved in any strip searches of female residents.

Rule enforcement: While rules and procedures are essential in any institutional environment, the manner in which they are communicated and enforced should be adjusted in this facility. The residents should not be "ordered" to do things; rather, they can be asked in a more respectful way to follow procedures. There should be consistent rule enforcement without rigidity, and staff should be empowered to take individual circumstances into account when there is resistance. Most situations involving a resident's refusal to follow procedures can be resolved simply by talking to the person, by using de-escalation techniques, or by waiting for the situation to resolve in time. Force should never be used to achieve compliance with rules, unless there is an urgent situation putting someone's safety at risk. In such circumstances, only the minimal amount of force necessary to prevent harm should be used, and only for the shortest possible amount of time.

(9) Solicit ideas and concerns from residents and staff

Appoint Resident Councils: There should be opportunities for residents to voice ideas and concerns to staff and administrators in a pro-social manner through the use of Resident Councils. The specific structure and policies of the Council could take many forms; one possibility is to have a representative of each housing pod serve on a facility-wide Council. Or there could be separate Councils for each housing unit. Use of such Councils would help give the women the ability to better their circumstances, demonstrate the value of civic engagement and teamwork, help build a sense of community, and provide the facility's leadership with important information about what is and is not working in the unit. Staff should demonstrate that concerns are being heard and should provide residents with follow-up information to show ways in which concerns have been addressed.

Staff input: Staff should also have opportunities to contribute ideas for facility improvements through staff meetings and other forums. No one is closer to the day-to-day workings of the facility than line staff, and they are

Report of the Advisory Committee on the Travis County Women's Jail

well-positioned to offer suggestions to the facility's leadership. Providing these opportunities not only demonstrates respect for their ideas, it shows that staff are valued for their contributions to the success of the new facility.

(10) Emphasize transparency

Transparency should be a key goal for this new facility. Custodial facilities are safest and most humane when they open themselves to external scrutiny and provide residents with a vehicle for reporting their concerns to an independent entity. Moreover, this allows for ongoing quality improvement within the facility. It is further helpful for citizens, families, and the media to have more routine access to the facilities as it leads to increased public understanding and appreciation of the goals and needs of facility staff, and the challenges faced by the women residents. Such understanding can help ease the transition of the women back to the community upon release.

External monitoring body: The American Bar Association has called upon all jurisdictions, including county governments, to establish independent monitoring bodies for all places of detention in the United States.⁹¹ Towards this end, the Commissioners Court should appoint an Independent Monitoring Board made up of volunteer local citizens to regularly visit the jail and report to the Court on conditions in the facility and any concerns they have about the treatment of the women. There are examples of such citizens' visiting boards in various US states, including Pennsylvania, New York, California, and Illinois. Independent Monitoring Boards are also common in European countries, and they exist for every jail in England and Wales.

⁹¹ American Bar Association (2008). Criminal Justice Section, Report to the House of Delegates, Resolution 104(b): "Recommendations, Report, and Key Requirements for the Effective Monitoring of Correctional and Detention Facilities," available at: https://www.americanbar.org/content/dam/aba/publishing/criminal_justice_section_newsletter/crimjust_policy_am08104b.authcheckdam.pdf; see also American Bar Association (2011). Criminal Justice Standards, 3rd Edition, "Treatment of Prisoners," Standard 23-11.3, available at: https://www.americanbar.org/content/dam/aba/publications/criminal_justice_standards/Treatment_of_Prisoners.authcheckdam.pdf

Report of the Advisory Committee on the Travis County Women's Jail

Access by outside groups, media, and families: There should be opportunities for outside groups such as advocacy and charitable organizations to visit the women's facility on an occasional basis, in addition to visits by entities such as Disability Rights Texas with legal authority to access the facility. Media visits should also be allowed, both for purposes of accountability and as a way to highlight positive activities in the facility such as women's accomplishments and partnerships between the inside and outside communities. As a way of increasing family engagement with their loved ones in the facility as well as public awareness, the administration could conduct a video "tour" of the facility that is posted on its website, blurring out the faces of residents. The American Bar Association's Standards for the Treatment of Prisoners supports this kind of access by outside groups and the media.⁹²

(11) Increase opportunities for community engagement

Community engagement is a key part of our vision, though it is admittedly more challenging because of the location of the facility far from downtown Austin and because of its placement behind the jail's perimeter fence. Working within those parameters has been a significant limitation of this visioning project. That said, we believe there are still ways to establish beneficial links between the inside and outside communities.

Benefit the Del Valle community: Del Valle is a high-needs area of Austin, and there may be ways to address some of the service gaps at the same time that the women's facility is developed. There may be a synergy of interests. Del Valle residents should be surveyed to determine gaps in service delivery, availability of programs, and shortages of local businesses to see where there may be room for win-win solutions that could address the needs of both the local citizens and the women residents of the facility. For example, if there is a need for lunch options in the area, perhaps a food truck plaza can be set up near the jail in an arrangement where the land is provided by the county in exchange for the vendors training and hiring women residents to work the food trucks. Similarly, perhaps there could be county land set aside outside the jail's perimeter for a building that could house social service providers at low or no cost; those same providers would then have easy access to both the local community and to residents in the jail.

⁹² Id., Standards 23-11.2(e) and 23-11.5.

Report of the Advisory Committee on the Travis County Women's Jail

“Town Center” hub in the facility: As discussed in Chapter 4 (Design and Architecture), Recommendation 3, we envision a “Town Center” as the hub of the new women’s facility. The women would access their programs and services in this area. Some space should be set aside within the town center for satellite offices/shared workspaces of various social service providers, charitable organizations, nonprofit groups, arts groups, and others who serve this population. Having that space available would increase these organizations’ availability to work with the women and would make it easier for the women to access the services. A separate computer network would need to be established to serve the needs of these different organizations to avoid any security problems.

Volunteer opportunities for local community members: The agency should provide opportunities for community residents to get involved in the facility on a volunteer basis. One of the greatest needs is for volunteer mentors from the community to work with the women. Additionally, volunteers are needed to help with classes, art programs, and religious activities. Volunteers could also assist with visitation by welcoming visitors or assisting with other needs during those visits. Increased volunteer activities help to destigmatize the facility and strengthen ties to the community.

Citizen participation on independent monitoring boards: As mentioned above, Commissioners Court should establish an independent monitoring board for the facility comprised of local citizens working on a volunteer basis. This provides an additional opportunity for community engagement with the facility, and increases the community’s awareness of the need to support the women upon their release.

CHAPTER 6

Programs and Services

“Put simply, we know that when we incarcerate a woman we often are truly incarcerating a family, in terms of the far-reaching effect on her children, her community, and her entire family network.”

***--U.S. Attorney General Loretta Lynch,
- White House Women and the Criminal Justice System Convening,
March 30, 2016.***

o Overview

What goes on inside this new facility is even more important than what it looks like. From the moment a woman enters the facility to the moment she is released, the focus should be on successful re-entry to the community. That objective requires programs that address the underlying causes of her system involvement and the triggers for survival behaviors. Because the factors that contribute to women’s system involvement are very different from those for men, women respond to treatment in different ways and have different challenges to overcome within the context of rehabilitation. With higher rates of mental health challenges and substance use issues, less education, and more complex histories of trauma than their male counterparts, women need access to programs that were developed to address their distinct needs. For women of color, there may be intersectional issues that also need to be addressed.

Procedures, programs, and services for women in this facility should be designed to address those needs. In order to promote positive reintegration into the community after a woman’s release and to reduce the likelihood of recidivism, the new women’s facility should operate programs in a manner that is trauma-informed. Staff should understand trauma’s impact on all areas of a woman’s life and that women need access to programs designed to promote healthy coping skills.

Staff are a critical component of the successful administration of programs and services in a jail. A case manager should identify a woman’s needs immediately upon her entry into the facility, develop a case plan of supports and services that build upon existing skills, and provide ongoing oversight of her progress. Case managers link and prepare for a woman’s transition well before her release, to

Report of the Advisory Committee on the Travis County Women's Jail

make reintegration a fluid process with as little disturbance to supports and services as possible. Peer support specialists⁹³ also play a prominent role in relating to women's experiences and, in some cases, connecting them with the programs and services needed to address their unmet needs.

All programs and services should be as individualized and personalized as possible for each resident, with programs and services that also address the special needs of vulnerable populations in the facility, including young adults, LGBTQ residents, and those with mental health needs or physical health challenges. Meaningful opportunities for residents to engage with their families and with the larger community prepare them for their successful reintegration by supporting family integration, coordination with community-based service providers, and assistance with finding post-release employment.

This chapter provides a framework for delivering programs and services within a gender-responsive facility. The list of programs and services included in this chapter should not be considered exhaustive. A gender-responsive facility should also be responsive to the individual needs of its residents. And it should be alert to any racial, ethnic, or cultural backgrounds of residents that may require an intersectional approach. The agency should conduct ongoing programming assessments and create new programs accordingly.

o Additional Note

Many of the approaches and programs described in this chapter are currently being implemented in the Travis County women's jail. Some, in fact, were implemented in immediate response to our Advisory Committee's discussions of these issues, well in advance of the writing of this report, and we commend the Sheriff's Office for taking the initiative to adopt some of these strategies. While we recognize the great strides the agency has made in this arena, we continue to include all of these ideas in our recommendations both because we want to highlight these strategies as best practices and because we want this report to serve as a roadmap for future jail administrators as well.

⁹³ See also Chapter 5 (Operations and Management), Recommendation 2, in which we discuss the use of peer support specialists, including those who have justice-involved backgrounds, to expand the reach of staff.

Report of the Advisory Committee on the Travis County Women's Jail

○ Programmatic Principles

- The focus of the facility is on rehabilitation and successful reintegration, from admission to release
- There should be a seamless delivery of services, from admission through reintegration to the community, drawing on collaborations with community partners
- Programs and services support opportunities for family engagement
- Trauma-informed interventions are a critical component of long-term recovery
- Programs and services are data-informed, relying on program evaluation, data-driven adjustments, and research on best practices
- Core services and programs are professionalized, and use primarily trained staff rather than volunteers.
- Individuals with lived experiences with mental health challenges, substance use disorders, or former system involvement provide recognized value and approachability that can facilitate the case management and continuity of care framework, promoting positive health and safety outcomes
- The schedule for programs and services is flexible and transparent to women, community providers, and family members or other support networks
- Programs and services are evidence-based for women and designed to be responsive to women's gender and culture-based needs, while avoiding gender and racial/ethnic stereotyping
- Vulnerable subpopulations have distinctive needs that will be met through specialized programs and services and opportunities to interact with peers

○ Recommendations on Programs and Services

(1) Conduct a gender-responsive, validated needs assessment immediately upon admission to identify a woman's needs and to create an individual care plan to guide program and service delivery during her stay at the facility.

Early assessments: For programs and services to be effective, there should be a process for early identification and assessment of a woman's needs, preferably at classification, when screenings are already

Report of the Advisory Committee on the Travis County Women's Jail

conducted to determine appropriate custody level.⁹⁴ Staff should use assessment results to identify programs and services that could best address a woman's needs. Early identification of her needs could focus a woman's time on interventions that address her unmet needs, promoting positive outcomes and reducing the likelihood of her recidivism. Results of assessments should be used to guide the development of an individualized support plan to address specific risk- and need-based factors with the purpose of reducing problematic behaviors and preventing poor criminal justice outcomes.

Risk/Needs assessment instruments: Needs assessments are different than risk assessments and need to be administered accordingly. Good risk assessments identify static (historic) factors that contributed to criminality, such as age at first arrest or criminal history, and dynamic factors, or factors that are amenable to change, such as substance use or employment status. The Texas Risk Assessment System assesses both static and dynamic factors, but it is essential to use the newer version of the instrument that was revised and validated for women because the pathways to criminality are different for women. Specifically, a good instrument should assess for abuse and trauma, mental health, and substance use, all of which are salient risk factors for women and are interconnected in a way that is different than their male counterparts. Gender-responsive tools utilize these risk factors to achieve more accurate assessments of women.

There are only a handful of validated tools that are tailored to the unique factors contributing to women's criminality. Examples include the Women's Risk/Needs Assessment (WRNA),⁹⁵ the Inventory of Need

⁹⁴ Also see the discussion of classification and assessments in Chapter 5: Operations and Management, in Recommendation 5.

⁹⁵ Patricia Van Voorhis, Emily Wright, Emily Salisbury, and Ashley Bauman. (2010). "Women's risk factors and their contributions to existing risk/needs assessment: The current status of a gender-responsive supplement," *Criminal Justice and Behavior*, 37, 261-288, available at: <https://static1.squarespace.com/static/5616ba8fe4b051d6d43c985b/t/57745e16197aea6b313cadeb/1467244055304/CJB%202010.pdf>; see also: Krista Gehring (2016). "A direct test of pathways theory," *Feminist Criminology*, 1-23: 6, available at: <https://static1.squarespace.com/static/5616ba8fe4b051d6d43c985b/t/57f3e7dfc534a505a01f5cdc/1475602400617/Gehring+%282016%29.pdf> (noting that as part of a collaboration between the National Institute of Corrections (NIC) and the

Report of the Advisory Committee on the Travis County Women's Jail

Pretrial Screening Tool (ION),⁹⁶ the COMPAS Reentry Assessment,⁹⁷ and the Service Planning Instrument for Women (SPIn-W™).⁹⁸ If needs are not assessed separately, the dynamic factors on a risk assessment can provide guidance for addressing factors that can be changed to improve women's prospects of future success in the community.

We recommend that the TCSO convene a small group of experts to determine the most appropriate gender-responsive risk-needs tool to use for this population, given the amount of time the women will be in custody and an objective to avoid unnecessary assessments for women who are only in the facility very briefly.

Responding to needs: Instead of assigning every woman to all programs and services or making assignments based primarily on available

University of Cincinnati (UC) in which the Women's Risk/Needs Assessment (WRNA) was developed for convicted women offenders in probation, institutional, and pre-release correctional settings. The WRNA assesses gender-responsive needs such as child abuse, adult victimization, trauma, loss of personal power in relationships, housing safety, anger/hostility, family support, relationship support, parental stress, family conflict, and current symptoms of depression and psychosis).

⁹⁶ Van Voorhis, Wright, Salisbury, and Bauman (2010); see also Gehring (2016), pp. 6-7 (noting that the ION is the shortened pretrial version of the WRNA and was constructed to be used to aid with pretrial release decisions and program referrals. To accommodate large numbers of pretrial defendants, the ION is shorter than the post-conviction WRNA but nevertheless interviewed defendants on questions pertaining to residential stability and homeless status, family of origin, children, education, employment and financial status, abuse and trauma, mental health and substance abuse).

⁹⁷ Tim Brennan and William Dieterich (2007). *COMPAS reentry pilot study: Psychometric report for the Michigan Department of Corrections*. Traverse City, MI: Northpointe Institute for Public Management; see also Gehring (2016), p. 17.

⁹⁸ David Robinson, Marilyn Van Dieten, and Bart Millison (2010). *Women Offender Case Management Model*. Ottawa, Ontario, Canada: Orbis Partners Inc; see also Gehring (2016), p. 17 (SPIn-W is a gender-responsive assessment and case planning tool that contains about one hundred items that assess risk, needs and protective factors that are relevant for increasing responsiveness in case work with justice-involved women).

Report of the Advisory Committee on the Travis County Women's Jail

capacity, staff should refer women to programs and services that are appropriately responsive to their needs. Program and service providers should tailor interventions to an individual's learning style, level of motivation, abilities, and strengths so that services are delivered in a manner to which women will be most receptive. Because needs change, staff should periodically administer the needs assessment over the course of a woman's length of stay in the facility and make any adjustments to recommended programs and services.

Programs and services should be available to women based on need regardless of their custody status. Women identified as high-need should be assigned to a variety of responsive programs and services.

Enrollment in programs and services should be prioritized for women who were assigned by their case manager as part of their case plan. However, programs and services should also reserve several "flexible" spots for women who choose to participate in the program or service, regardless of whether it is included on their case plan. This structure encourages women to take initiative to try new things and to be able to identify the programs and services that are a good fit for her.

(2) Create a diverse team of case managers and a structure for overseeing a woman's progress toward achieving her goals.

Case managers: Each woman should be assigned a case manager to oversee her treatment program, and to help coordinate her services as she returns to the community. Case managers should be professionals with expertise and specialized training in social work, health, behavioral health, trauma, family relationship dynamics, and parenting support. They should also be trained in gender-responsive (as opposed to gender-neutral) cognitive interventions, recognizing that every interaction with women can model positive, healthy and professional relationships. They should come from racially and ethnically diverse backgrounds. Women need to feel supported by their treatment providers, and the providers need to be able to empower women to make positive choices about their lives.

Case managers should develop a case plan for each woman that spans every area of her life (e.g. housing, education, workforce development, mental health, substance use, etc.) based on needs assessment outcomes as well as the individual's strengths and goals. In assessment-driven case management, case managers and clients work together to prioritize services and to develop goals based on dynamic risk factors,

Report of the Advisory Committee on the Travis County Women's Jail

those that are amenable to change, and case managers work with their clients to remove barriers to success.⁹⁹ For women, childhood abuse, mental health, and substance use are the salient risk factors for predicting their likelihood of success after release, and gender-responsive case management targets these issues.

There are a handful of gender-responsive tools that have shown promising results that the agency should consider employing, such as the Women Offender Case Management Model (WOCMM), which comprehensively addresses these issues through the connection to a variety of program and service options that target trauma, mental health, and substance use.¹⁰⁰ *Moving On* is another option that was developed to provide women with crime-free alternatives and choices by assisting them to recognize and mobilize both personal and community resources.¹⁰¹

⁹⁹ Gehring (2016), p.17.

¹⁰⁰ Marilyn Van Dietsen (2010). *Women Offender Case Management Model*. Washington, DC: National Institute of Corrections, available at: <https://cijinvolvedwomen.org/wp-content/uploads/2015/09/Women-Offender-Case-Management-Model.pdf>; see also Gehring (2016), p. 17; Krista Gehring and Ashley Bauman (2008). *Gender-Responsive Programming: Promising Approaches*, University of Cincinnati, p.1, available at: <https://www.uc.edu/content/dam/uc/womenoffenders/docs/Gender%20Responsive%20Programming%20PromisingApproaches%20012008.pdf> (noting that WOCMM was developed for women in the criminal justice system and focuses on reducing and stabilizing women in their communities. The four-stage model is designed to develop social capital by building upon strengths and developing a system of supportive resources. The WOCMM begins with women at any stage within the criminal justice system and ends with their being fully integrated and stabilized within their communities.).

¹⁰¹ Gehring and Bauman (2008), p. 2 (noting that the program incorporates a combination of methods and strategies taken from several approaches such as solution-focused intervention, motivational interviewing, and cognitive skills training. The program deals with a series of topics that move from a broad understanding of what influences behavior (i.e., culture, society, family, relationships) to the more personal topics of individual self-change strategies. Topics and content are drawn from present correctional research, feminist literature, and existing programs. The program is intended to: a) help women offenders identify negative self-talk and substitute it with positive cognitions; b) teach them valuable decision-making, problem-solving, social, self-management, stress relief and management skills; and c) assist them with reintegration into the

Report of the Advisory Committee on the Travis County Women's Jail

Case managers should monitor each woman's progress in her assigned programs and services and recommend adjustments to her case plan based on her progress.

While case plans are important tools for supporting aftercare planning, women should also have the flexibility to engage in the programs and services of her choosing. Case managers should have meetings with each woman at regular intervals (weekly or bi-weekly) to seek her input on her progress with the programs and services identified in her case plan and to explore her options for engaging in programs and services in other areas.

The agency should build a diverse team of multiple case managers in order to reflect the diversity of the jail population. Women should have the ability to identify the characteristics of a case manager that she feels she needs in order to be successful in the programs and services. A director should oversee case managers and community partners (*see below*) to monitor the case management process and the efficacy of programs and services, and to provide ongoing training to case managers.

Trained peer specialists: In addition to trained professionals who provide basic core services, the agency should make good use of trained peer specialists for some of these programs. Peer specialists are individuals with a history of substance abuse and/or mental health challenges and who have also been involved in the legal system. Peer specialists are managing those challenges and are healthy, supportive members of their community. The lived experience of peer specialists has a value typically not offered by other mental health providers and can include services that promote hope, socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Peer supports also reduce the stigma of lived experiences by demonstrating that recovery and long-term health and safety is not only possible, it is expected.

Some peer specialists could facilitate the programs and services and some peer specialists could serve as case managers. Peer specialists could take the lead on transition planning and continue to provide services during the first three months after a woman's release from the facility to ensure a continuum of care and reduce the likelihood of recidivism.

community); *see also* Marilyn Van Dieten (1998). *Moving on*. Toronto, ON: Orbis Partners, Inc.

Report of the Advisory Committee on the Travis County Women’s Jail

Via Hope is the organization authorized by the Texas Health and Human Services Commission (HHSC) to certify peer specialists.¹⁰² Via Hope offers a 2-1/2 day advanced endorsement focused on community reentry.¹⁰³ The Sheriff’s Office could create a partnership with Via Hope to train peer specialists to serve in the new women’s facility. Via Hope trains peer specialists to provide community-based peer services and access to services from licensed mental health professionals, which assists with transition planning into clinically appropriate community-based mental health services. The peer builds a relationship with the participant while incarcerated and maintains this relationship during and after transition into the community and community-based mental health services.

Aftercare planning: Aftercare planning is essential to identify the community-based programs and services women will need to access after her release to promote her successful reintegration. Case managers should help women identify and establish connections with community-based services while they are still incarcerated, including supportive services, such as permanent supportive housing, rapid rehousing, shelter, and transitional housing programs, etc., that promote women’s health and safety in the community. The involvement of peer support specialists in aftercare could also facilitate the transition of women into clinically appropriate community-based services. Peer supports can build rapport and trust that can inspire and enhance a woman’s willingness to enroll in such services upon release. Early recovery planning prepares women for release and makes the transition into the community much smoother. The continuity of the peer relationship provides a stable resource for women as they work to sustain recovery and ultimately discharge from services.

In addition to assigning case managers to help plan for women’s release, facility administrators can also provide women with tailored resource guides to help them locate needed services after release. The service guide should supplement—not supplant—the use of case managers or peer support specialists connecting women to community-based services and encouraging their engagement. Case managers, peer specialists,

¹⁰² Health and Human Services Commission (Dec 2016). *Report on the Mental Health Peer Support Re-entry Pilot Program for Fiscal Year 2016, 2*, available at: <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/report-mental-health-peer-support-re-entry-program-fy2016.pdf>

¹⁰³ See website for Via Hope: <https://www.viahope.org/programs/peer-specialist-training-and-certification/community-re-entry/>

Report of the Advisory Committee on the Travis County Women's Jail

and other staff should allow women to use the phones at the facility to call programs and services listed in the guide before release so that these women can begin to build professional, supportive relationships with community-based service providers.

(3) Develop a coordinated system of programs and services that span all need areas that can also facilitate access to services after release.

Because individuals involved with the justice system have multiple unmet needs (e.g. housing, education, job training, employment, family counseling, child care, parenting education, drug and alcohol treatment, health and mental health care, peer support, and aftercare), the agency will need to provide a range of programs and services that focus on addressing their assessed needs and the intersections between them. In addition to offering substance abuse treatment, cognitive behavioral therapy, and education, there should be services that teach women about healthy relationships, prepare them to parent effectively, teach communication and problem-solving skills, and teach them life skills. Program providers will need to address criminal behavior in conjunction with substance use and mental health disorders.

Community partnerships to support reentry: The agency should develop formalized partnerships with community providers (e.g., mental health centers, substance use treatment programs, family service agencies, vocational and employment services, health care professionals, self-help groups) to develop a continuum of services that respond to the diverse needs of women, and to mirror, as closely as possible, the supports and services available in the community upon her release that could support her long-term recovery. Types of organizations that should work as partners in assisting women who are reentering the community include: mental health service systems; alcohol and other drug programs; services for survivors of interpersonal violence; family service agencies; basic need services, including food, housing, emergency shelter, and financial assistance; educational organizations; vocational and employment services; health care; child care and child service organizations; self-help groups; advocacy groups; faith-based organizations; and community service clubs.

During incarceration, women could benefit from developing relationships with service providers that could support their transition back into the community at release and continue to support them throughout their reintegration to create a continuity of care and minimize the disruption to care and long-term recovery. Service providers could help women

Report of the Advisory Committee on the Travis County Women’s Jail

navigate the myriad systems that often provide fragmented services and conflicting requirements that can interfere with their successful reintegration.

Relying on community providers to facilitate programs and services could allow administration to conduct case management and oversight, helping to plan and coordinate the provision of services in the jail and translate service provision from community to jail setting. They could also plan and facilitate monthly meetings with all providers to coordinate service delivery and discuss women that present with more challenging needs. The women themselves should be included in these discussions. If the agency employs a wraparound case management methodology, this team of providers could function as the multi-disciplinary team of supports that oversees a woman’s progress toward achieving her goals in each service area and provides ongoing needs assessments.

Wraparound services: A holistic approach to case management, such as wraparound services, that collectively addresses needs would be beneficial for most women. Programs emphasizing only one of these components, such as substance use, may be unsuccessful due to inattention to the interrelatedness of all the factors and intersections between them. Wraparound case managers convene teams of providers to help develop holistic and culturally sensitive individualized plans that draw on a coordinated range of programs and services.

(4) All programs and services should use a trauma-informed approach to interventions that recognize the prevalence of trauma among justice-involved women.

As many as 90 percent of incarcerated women report personal histories that include sexual assault, physical assault, parental abuse and neglect, and other traumatic experiences.¹⁰⁴ Trauma often plays a role in the onset of criminal behavior, and it is often associated with both substance use and mental health issues.¹⁰⁵ Moreover, the cumulative impact of trauma on justice-involved women

¹⁰⁴ Implementing a trauma-informed culture is discussed in more detail in Chapter 5: Operations and Management.

¹⁰⁵ Alyssa Benedict, CORE Associates (2014). “Using Trauma-Informed Practices to Enhance Safety and Security in Women’s Correctional Facilities,” National Resource Center on Justice Involved Women, p.1, available at: <https://www.bja.gov/publications/nrcjiw-usingtraumainformedpractices.pdf>.

Report of the Advisory Committee on the Travis County Women's Jail

results in emotional responses and physiological behaviors that may be the root of any struggles between these women and the staff in the facility.

Research shows the benefits of creating a trauma-informed culture within the facility in which staff understand trauma's pervasive effects on a woman's mental and physical health and in which programs are offered to help women better understand and cope with these effects.¹⁰⁶

Trauma-informed programs: All programs and services at the facility should be trauma-informed, meaning that programs and services provided to address needs other than trauma should incorporate knowledge about violence against women and the impact of trauma in order to increase their effectiveness.¹⁰⁷ Staff and providers facilitating the programs and services should understand how a woman's history of trauma may impact her receptiveness or resistance to program participation, her behavior, and her attitudes. Programs should be adapted to take account of those considerations, avoid triggering trauma reactions and/or re-traumatizing the individual, support the individual's coping capacity, and allow survivors to manage their trauma symptoms successfully so that they are able to benefit from the programs and services.¹⁰⁸

Trauma-specific support and treatment: The agency should provide trauma-specific treatments, supports, and interventions that are therapeutic approaches for individuals with trauma related disorders such as PTSD. Such a continuum of services helps women identify and cope with the effects of trauma in their lives, become motivated through education, understand their trauma and its impact on addiction and recovery, identify their triggers, focus on their strengths, develop resilience, and create aftercare plans to support them in the community after release. Trauma-specific treatment programs address the salient risk factors contributing to women's involvement with the criminal justice system (mental health challenges and a history of substance use and

¹⁰⁶ Id., p. 3.

¹⁰⁷ Stephanie Covington and Barbara Bloom (2000). "Gendered Justice Programming in Facilities," The Center for Gender and Justice, p.12, available at: <https://www.stephaniecovington.com/assets/files/11.pdf>.

¹⁰⁸ Maxine, Harris & Roger D. Fallot (2001). *Using trauma theory to design service systems*. San Francisco: Jossey-Bass, available at: <https://onlinelibrary.wiley.com/doi/pdf/10.1002/yd.23320018901>.

Report of the Advisory Committee on the Travis County Women's Jail

trauma) as co-occurring disorders. Examples of such programs include:

- **Seeking Safety (SS):** A cognitive behavioral therapy program designed to treat Post-Traumatic Stress Disorder and Substance Use Disorders (SUD); depression and PTSD have significantly decreased for participants.¹⁰⁹
- **Forever Free from Drugs and Crime:** A program aimed at treating SUD, past victimization, and parenting; found to reduce substance use and recidivism.¹¹⁰
- **Sisters in Sober Treatment and Recovery (SISTER):** A separately housed, modified therapeutic community to treat SUD; provides life skills and education; found to reduce recidivism and substance use.¹¹¹
- **Beyond Trauma:** An integrated curriculum with psychoeducational and cognitive skills components that teaches women about trauma and its impact on their lives. It also helps women develop coping skills and emotional wellness to counter the effects of trauma.¹¹²
- **Helping Women Recover:** A program that explores issues such as self-esteem, family, relationships, abuse, sexuality, and spirituality in order to change the way women process negative messages about themselves. It also includes an experiential, creative component that

¹⁰⁹ "Program Profile: Seeking Safety," *National Institute of Justice*, available at: <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=424>

¹¹⁰ Roger H. Peters and Harry K. Wexler (2005). "Adapting Offender Treatment for Specific Populations," *Substance Abuse Treatment for Adults in the Criminal Justice System: Treatment Improvement Protocol (TIP) Series 44*. U.S. Department of Health and Human Services (Rockville, MD: Substance Abuse and Mental Health Services Administration), 96, available at: <https://www.ctcertboard.org/files/pdfs/TIP44.pdf>.

¹¹¹ Patricia Kassebaum. (1999). "Substance Abuse Treatment for Women Offenders," *Technical Assistance Publication Series 23*, 148; available at: <http://adaiclearinghouse.org/downloads/TAP-23-Substance-Abuse-Treatment-for-Women-Offenders-Guide-to-Promising-Practices-114.pdf>.

¹¹² Stephanie Covington (2003). *Beyond trauma: A healing journey for women*. Center City, MN: Hazelden, available at: www.hazelden.org/web/public/document/beyondtraumassfinal.pdf

Report of the Advisory Committee on the Travis County Women’s Jail

helps to make women more comfortable with treatment and more assured that the treatment is actually helping them.¹¹³

Training on the impact of trauma: Understanding how past trauma can affect current behavior is critical for facility staff. Staff and providers should also be trained to identify the ways in which a woman’s history of trauma and co-occurring conditions translate into challenges and barriers to success in the reentry process. This awareness can help support women inside the classroom (or other setting in which the programs and services take place) and in staff’s everyday interactions with the women, which can be important opportunities for women to practice the skills they have learned in their programs and services to prepare them for their return to the community.

(5) Create a family-friendly visitation environment that takes into account the needs of visitors and provides on-site support to women and their visitors.¹¹⁴

Family-friendly visitation practices: TCSO should create and implement a family-friendly visitation program that supports the woman, her children, and her children’s caregivers, to encourage ongoing family connections. Supportive visitation programs can have a positive impact on women and their families, contributing to positive outcomes while women are in jail and after their release.

To support a positive experience for a woman and her family, visits should allow for human contact, with some privacy, and should be family-friendly in spaces where children can play with toys, read children’s books, and

¹¹³ Stephanie Covington (1999). *Helping women recover: A program for treating substance abuse, special edition for use in the criminal justice system*. San Francisco: Jossey-Bass Publishers, available at: <https://www.stephaniecovington.com/assets/files/9.pdf>.

¹¹⁴ The Advisory Committee commissioned a research report on best practices in gender-responsive visitation by a graduate student who was studying corrections policy at the Lyndon B. Johnson School of Public Affairs. The student, Audrey Muntz, produced a research brief titled “Female Incarceration: What Does Gender-Responsive Visitation Look Like?” and that document is attached as Appendix D to this report. Rather than restate these research findings in text, we refer readers to the brief for further details about best practices in this area.

Report of the Advisory Committee on the Travis County Women’s Jail

use child-sized furniture.¹¹⁵ This type of setting creates a supportive environment for promoting positive relationships with family. Contact visitation can provide reassurance to children and can mitigate feelings of anxiety and abandonment. However, care should be taken to avoid practices that might induce trauma in young children participating in these visits, such as pat-down searches. Absent specific concerns in individual cases, mothers should be allowed to hold their children and breastfeed, if desired.

Contact visits can also provide opportunities for women to practice the skills they learn in parenting classes. Classes should incorporate child-parent contact to maximize benefits. The TCSO could use an established curriculum such as *Parenting Inside Out*, which offers one-on-one therapy and supports contact visits between women and their children.¹¹⁶ The curriculum has resulted in better parental participation, reduced recidivism, and reduced post-release substance use.¹¹⁷

Supportive staff: Staff who are trained in customer service and child development should be used to greet families upon entry and acclimate them to the facility, thus supporting and encouraging a culture that values visitation as a rehabilitative tool. Interacting with kind, welcoming, and informative prison and jail staff improves the visitors’ perceptions of the facility and overall experience.¹¹⁸ The agency could also use screened volunteers from the community to help support visiting families and to welcome them to the facility.

¹¹⁵ See also the discussion about visiting areas in Chapter 4 (Design and Architecture), Recommendation 4.

¹¹⁶ Community Works West, a nonprofit serving San Francisco County, provides parenting classes at the San Francisco County Jail, using the *Parenting Inside Out* curriculum. For more information:
<http://communityworkswest.org/program/one-family/>.

¹¹⁷ For more information about this study, see:
www.parentinginsideout.org/outcome-study/.

¹¹⁸ Judith Sturges and Aref M. Al-Khattar (2009). “Survey of Jail Visitors About Visitation Policies.” *The Prison Journal*, vol. 89, no. 4, 482–496, available at:
<https://journals.sagepub.com/doi/10.1177/0032885509351009>.

Report of the Advisory Committee on the Travis County Women's Jail

Address barriers to visitation: The agency should also address any barriers to family visits (e.g. work schedules and extended/inflexible visitation hours, lack of transportation options and resources, travel time to and from facility, etc.). Many low-income families in Travis County lack access to transportation, relying on the bus system to travel across the city, which makes travelling to Del Valle challenging. To reduce the burden on families and to promote visitation, visitation hours should be offered after standard work/school hours and/or on weekends for an extended period, allowing visits to be flexible in length, especially for family members and friends who travel a long distance (e.g. neighboring county, etc.).¹¹⁹

The agency should partner with a local nonprofit program to coordinate parent-child visits and arrange carpooling or other transportation options for families that lack the resources to travel to the Travis County Correctional Complex for visits.¹²⁰

One way in which other jurisdictions have made visitation more accessible to family members is through the use of video visitation, allowing family members and other “visitors” to visit from a personal computer or another approved electronic device transmitted over the internet or intranet. Supplementing in-person contact visitation with video visitation allows an additional visiting option for families, especially for those families that are far away or have additional limitations. In fact, some users reported that video visitation helped maintain more regular contact and created groundwork for in-person visitation. These users saw a significant increase in the number of in-person visits they experienced.¹²¹ However,

¹¹⁹ The TCSO currently makes efforts to accommodate working and distant families by offering visitation hours until 10:30 pm from Tuesdays through Saturdays, and by allowing extended visits for people coming from over 200 miles.

¹²⁰ Similar programs have shown positive outcomes for families and the women they visit in jail, including:
Arizona Department of Corrections: https://corrections.az.gov/sites/default/files/files/constituent-services-info-handbook_063016.pdf; Families of Inmates in Richmond, Virginia: <http://afoi.org>.

¹²¹ For more information on the use of video visitation and the impact on family visitation experiences, see: Leon Digard, Jessi LaChance, and Jennifer Hill. (August 2017). “Closing the Distance: The Impact of Video Visits in Washington State Prisons.” Vera Institute of Justice, noting that the cost, availability, and

Report of the Advisory Committee on the Travis County Women’s Jail

because video visitation is relatively new, there is only minimal research about its effect. Some users report poor connection quality and dropped calls, which can make the experience frustrating for visitors, decreasing the likelihood of its use. Many find it a sterile and unpleasant substitution for actually talking with the person in front of them. It is also quite costly for the families who use it.¹²²

It cannot be over-emphasized that video visitation should be a supplement to, and not a replacement for, in-person visits.¹²³ That policy is aligned with the American Bar Association’s standard regarding video visitation.¹²⁴

On-site programming to address family needs: The TCSO should also provide on-site programming and services that address the needs of a woman’s family and strengthens relationships between a woman and her family, including therapy, parenting classes, and community support for children and caregivers. Visitation tied to programs and services can promote more positive family relationship and recidivism outcomes.¹²⁵

Relationships are a central component of a woman’s identity, and positive, safe, supportive relationships are a primary factor contributing to a desistance from crime. However, women can have complex relationships

other measures of impact on family visitation vary dramatically among facilities employing video visitation.

¹²² Bernadette Rabuy and Peter Wagner (January 2015). “Screening Out Family Time: The for-profit video visitation industry in prisons and jails,” Prison Policy Initiative, available at: <https://www.prisonpolicy.org/visitation/report.html>.

¹²³ Recognizing these issues, the TCSO plans to implement contact visitation for all people in the jail as of 2019, rather than limiting visits to video communication.

¹²⁴ American Bar Association (2011). Criminal Justice Standards, 3rd Edition, “Treatment of Prisoners,” Standard 23-8.5(e), available at: https://www.americanbar.org/content/dam/aba/publications/criminal_justice_standards/Treatment_of_Prisoners.authcheckdam.pdf

¹²⁵ For more information on the outcomes of intervention programming tied to visitation, see Julie Poehlmann, Danielle Dallaire, Ann Booker Loper, and Leslie D. Shear. 2010. “Children’s Contact with Their Incarcerated Parents: Research Findings and Recommendations.” American Psychologist 65(6): 575–98, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4229080/>.

Report of the Advisory Committee on the Travis County Women’s Jail

with their family and support networks. Prior to incarceration, a woman may have been absent from her family due to unaddressed mental health challenges or substance use disorders. During many women’s incarceration, their children are most often cared for by grandparents or other relatives, most of whom are low-income. Caring for additional children is stressful and can create financial burdens that inhibit visitation, adding stress to already strained relationships. Connecting visitation to supportive programming can promote positive relationships and prosocial role development, providing women the skills and support systems needed for successful reintegration after their release.

TCSO should partner with nonprofits and other community-based service providers with specialized training in social work and child-development expertise. These partner organizations can be brought into the facility to provide evidence-based interventions that address family needs (e.g., family therapy; children’s health; financial counseling; parenting classes; transportation support), taking advantage of opportunities during visiting hours when families are on site to promote positive relationships between family members as well as children. For example, the Children’s Center and Nursery Program at Bedford Hills Correctional Facility for Women in New York, run by a nonprofit partner, offers parenting classes, transportation support, case management, and child-friendly visitation spaces.¹²⁶ The program has contributed to lower rates of recidivism among participants three years after their release, and participants’ infants formed more secure attachments with their mothers.¹²⁷ For a number of years beginning in 2000, Girl Scouts of Central Texas partnered with the Gatesville Correctional Facility to provide Girl Scouts Beyond Bars, a 12-week parenting program that includes classroom work and bonding

¹²⁶ The Children’s Center and Nursery Program at Bedford Hills is often cited as providing best practices in multiple areas of gender-responsive programming for women and has been featured in multiple recent articles; see: Elizabeth Chuck (August 4, 2018). “Prison nurseries give incarcerated mothers a chance to raise their babies – behind bars.” NBC News, available at: <https://www.nbcnews.com/news/us-news/prison-nurseries-give-incarcerated-mothers-chance-raise-their-babies-behind-n894171>.

¹²⁷ Chandra Kring Villanueva (2009). “Mothers, Infants and Imprisonment: A National Look at Prison Nurseries and Community-Based Alternatives.” Women’s Prison Association Institute on Women and Criminal Justice, available at: https://www.prisonlegalnews.org/media/publications/womens_prison_assoc_report_on_prison_nurseries_and_community_alternatives_2009.pdf.

Report of the Advisory Committee on the Travis County Women’s Jail

visits.¹²⁸ The program has shown improved parenting skills and bonding between mothers and their children.¹²⁹

Feedback from families: Facilities should collect feedback from families about the visitation experience and make adjustments when appropriate. Facilities could do this by providing families a short survey before they leave the facility or could send it to them electronically to complete at their earliest convenience. Even better, a staff member or community volunteers could ask visitors about their experience as they leave the facility, which might improve the rate of response. Visitors should be asked about their ease in accessing the facility, interactions with staff, physical conditions of the visiting room, programming and services provided during their visit, and their level of stress associated with the visit.

(6) Provide health care that supports positive physical, behavioral, and sexual health outcomes for women.¹³⁰

Women in custody have a constitutional right to medical care to address their serious medical needs. A gender-responsive jail health care system recognizes

¹²⁸ See ‘Something to Live For’: The Girl Scouts Who Visit their Moms in Prison. Time Magazine, available at: <http://time.com/girls-scouts-prison-moms/> and Troop 1500, available at <http://www.pbs.org/independentlens/troop1500/troop.html>. For more information on Girl Scouts Beyond Bars, see <https://www.ncjrs.gov/pdffiles/girlsct.pdf>.

¹²⁹ Jacquelyn L. Sandifer (2008). “Evaluating the Efficacy of a Parenting Program for Incarcerated Mothers.” *The Prison Journal*, vol. 88, no. 3, pp. 423–445, available at: <https://rampages.us/meraki/wp-content/uploads/sites/7980/2016/04/The-Prison-Journal-2008-Sandifer-423-45.pdf>. For more information on Girl Scouts Beyond Bars, see <https://www.ncjrs.gov/pdffiles/girlsct.pdf>.

¹³⁰ The Advisory Committee commissioned a research report on best practices in jail-based women’s health care by a graduate student who was studying corrections policy at the Lyndon B. Johnson School of Public Affairs. The student, Alix Bronner, produced a research brief titled “Meeting Women’s Health Care Needs in Jails,” and that document is attached as Appendix E to this report. Rather than restate those research findings in text, we refer readers to the brief for further details about best practices in this area.

Report of the Advisory Committee on the Travis County Women’s Jail

and addresses women’s comprehensive needs, including their specific physical, reproductive and mental health care needs as well as their strengths, relationships, and backgrounds.¹³¹ Women in jail report higher rates of co-occurring chronic disease, mental illness, and substance use than their male counterparts.¹³² Gender-responsive health care targets the specific health needs of women while also considering their social, economic, and medical histories that contributed to their incarceration. Improving women’s health outcomes during their time in the facility could increase their reentry success by improving their ability to work, support themselves, and abstain from substance use, all of which have been shown to contribute to desistance from criminal activity.¹³³ The agency should create a safe, respectful, dignified environment where women can receive health services and participate in programs that meet their health care needs.

Medical and Behavioral Health Services: Medical and mental health services need to be prioritized and must be gender-responsive. Women in custody have higher rates than men of physical illness, substance use

¹³¹ Susan W. McCampbell (April 2005). “The Gender-Responsive Strategies Project: Jail Applications,” (U.S. Department of Justice, NIC, NIC Accession No. 020417).

¹³² The differences in health needs between women in jail and their male counterparts are well-documented. See, e.g., Elizabeth Swavola, Kristine Riley, and Ram Subramanian, “Overlooked: Women and Jails in an Era of Reform,” *Vera Institute of Justice*, 2016, 11; Barbara Bloom, Barbara Owen, and Stephanie Covington, “Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders,” (U.S. Department of Justice, National Institute of Corrections (NIC), NIC Accession No. 018017, 2003), 6; Aleks Kajstura (October 19, 2017). “Women’s Mass Incarceration: The Whole Pie 2017,” *Prison Policy Initiative*, available at: <https://www.prisonpolicy.org/reports/pie2017women.html>; Marcus Berzofsky and Jennifer Bronson (June 2017). “Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12,” (U.S. Dept. of Justice, Bureau of Justice Statistics, NCJ 250612, 4; Shannon M. Lynch et al. (June 2017). “An Examination of the Associations Among Victimization, Mental Health, and Offending in Women,” *Criminal Justice and Behavior* 44, No. 6: 797.

¹³³ Kamala Mallik-Kane and Christy Visher (February 2008). “Health and Prisoner Reentry: How Physical, Mental, and Substance Abuse Conditions Shape the Process of Reintegration,” Urban Institute Justice Policy Center, p. 8, available at: <https://www.urban.org/sites/default/files/publication/31491/411617-Health-and-Prisoner-Reentry.PDF>.

Report of the Advisory Committee on the Travis County Women’s Jail

disorder (SUD), and other infectious diseases, such as HIV, hepatitis C (HCV), and sexually transmitted infections (STI).¹³⁴ Women in jail also report higher rates of chronic disease, such as diabetes, asthma, hypertension, and arthritis,¹³⁵ as well as higher rates of mental illness, and co-occurring medical problems, mental health challenges, and substance use.¹³⁶

Comprehensive, integrated programs and treatments should be designed to meet women’s multifaceted health care needs.¹³⁷ Women need programs that address their overall health, including substance use, mental illness, chronic conditions, trauma, infectious diseases, and reproductive health.¹³⁸

There should also be attention given to preventive care. The short and often unpredictable length of stay in local jails, the continued growth of the number of women admitted to jails, and limited resources for correctional health care makes provision and continuity of care challenging.¹³⁹ The

¹³⁴ Sylvia Mignon (June 2016). “Health issues of incarcerated women in the United States,” *Ciência Saúde Coletiva* 21, No. 7, p. 2053, available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232016000702051.

¹³⁵ Laura M. Maruschak (November 2006). “Medical Problems of Jail Inmates,” (U.S. Department of Justice, Bureau of Justice Statistics, NCJ 210696, p.2, available at: <https://www.bjs.gov/content/pub/pdf/mpji.pdf>.

¹³⁶ Id.

¹³⁷ Preeti Saxena, Nena P. Messina, and Christine E. Grella (April 2014). “Who Benefits from Gender-Responsive Treatment?,” *Criminal Justice and Behavior* 41, No. 4, p. 427, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4045615/>.

¹³⁸ Kathryn M. Nowotny et al. (2014). “Risk Profile and Treatment Needs of Women in Jail with Co-Occurring Serious Mental Illness and Substance Abuse Disorders,” *Women Health* 54, No. 8, p. 9, available at: <https://www.ncbi.nlm.nih.gov/pubmed/25204664>.

¹³⁹ American College of Obstetricians and Gynecologists Committee on Health Care for Underserved Women (August 2012). “Reproductive Health Care for Incarcerated Women and Adolescent Females,” (Committee Opinion No. 535), p. 2, available at: <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved->

Report of the Advisory Committee on the Travis County Women’s Jail

traditional method of care in local jails is through a “sick call” system, which relies on individuals to notify an officer or other designated authority of the need for medical attention. However, a sick call system does not allow for provision of primary or preventive care and health education.¹⁴⁰ Moreover, people in jail (including in Travis County) are often charged co-pays to access health care services, which may provide a disincentive to seek necessary care, thus putting their health at further risk.¹⁴¹

Use Community Standards of Care: According to the American College of Obstetricians and Gynecology, care for women who are in local jails should be provided using the same guidelines as those for women who are not incarcerated, with attention to the increased risk of infectious diseases and mental health challenges common to individuals who are incarcerated.¹⁴² The agency should align its health care system with evidence-based practices as identified by women’s health care associations and implement practices according to the standards developed by the National Commission on Correctional Health Care (NCCHC), the widely recognized leader in setting standards for health services in correctional facilities.¹⁴³

[Women/Reproductive-Health-Care-for-Incarcerated-Women-and-Adolescent-Females.](#)

¹⁴⁰ Id.; see also Andrew P. Wilper et al. (April 2009). “The Health and Health Care of US Prisoners: Results of a Nationwide Survey,” *American Journal of Public Health* 99, No. 4, p. 669, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2661478/>, noting that a national survey of health and health care in prisons across the country found that 68.4 percent of incarcerated individuals with chronic medical issues reported not undergoing a medical examination since admission into the facility.

¹⁴¹ Wendy Sawyer (April 19, 2017). Blog post: “The steep cost of medical co-pays in prison puts health at risk,” Prison Policy Initiative, available at: <https://www.prisonpolicy.org/blog/2017/04/19/copays/>.

¹⁴² American College of Obstetricians and Gynecologists Committee on Health Care for Underserved Women (August 2012).

¹⁴³ For more information about the National Commission on Correctional Health Care and to review standards, see: <https://www.ncchc.org>.

Report of the Advisory Committee on the Travis County Women's Jail

Receiving Screening:¹⁴⁴ All women should be screened at intake for medical conditions, mental health needs, suicide risk, and trauma history, using screening instruments that have been validated for women's use. To gather important information about an individual's immediate health care needs, intake screenings need to include questions about past and current medical conditions, prescribed medications, allergies, dietary restrictions, and any previous test results for HIV, Hepatitis C, tuberculosis, and sexually transmitted infections. They should also include a review of their history of substance use, experience with domestic violence or sexual abuse, mental illness, past suicide attempts or risk, and the care and safety of any minor children at home.

To align with trauma-informed culture, screenings should make women feel comfortable and safe. Staff should conduct screenings in private, explain the questions being asked, why the information is needed, and with whom the information will be shared, using multiple trauma-sensitive questions to elicit the information. Women should also be allowed to request a screening by a female staff member.

The timeline for screening should follow NCCHC standards. A two-part receiving screening should ideally be conducted within minutes of an individual's arrival, and no more than two to four hours after admission.¹⁴⁵ The first step is medical clearance and should take place as soon as a woman is admitted into the facility by on-site health staff to determine who may be too ill to wait for routine screening or to be admitted. Special attention should be paid to individuals who appear to be intoxicated by drugs or alcohol, as these women are at particular risk of injury or death in the custodial environment; every effort should be made to divert these individuals to more appropriate and therapeutic community-based settings.

The second step in the screening process is the structured inquiry (inquiring into, e.g., current and past illnesses, health conditions, suicidal

¹⁴⁴ See also Chapter 5 (Operations and Management), Recommendation 5, in which we discuss the use of screening tools in the classification process to identify the needs of women at admission.

¹⁴⁵ For more information on the NCCHC's E-02 Receiving Screening Standard, see: <https://www.ncchc.org/spotlight-on-the-standards-25-1>. Note that the Standards indicate that the screening should start even before correctional staff complete the admission process.

Report of the Advisory Committee on the Travis County Women's Jail

ideation, or special health requirements) and observation (e.g. appearance, behavior, or state of consciousness), designed to prevent newly arrived women who pose a threat to their own or others' health or safety from being admitted to the facility's general population. The structured inquiry should be conducted using a form and language fully understood by the individual, who may not speak English or may have a physical disability or mental illness. If a woman is too intoxicated to participate in this screening process, she should not be admitted to custody.

Receiving screenings are conducted early to allow for follow-up assessments and the initiation of treatment, ensuring that patients with known illnesses and currently on medications are identified for further assessment and continued treatment. Screenings should be conducted by qualified health care professionals or health-trained correctional staff who are equipped to identify signs of illness, mental health challenges, suicide potential, trauma, or withdrawal from alcohol and other drugs.¹⁴⁶ Screenings should be comprehensive, reviewing a woman's medical history, test for substance use issues, address possible pregnancy or infectious diseases, and evaluate mental health.

Mental health screening tools validated for women include the Correctional Mental Health Screen for Women (CMHS-W) or the Brief Jail Mental Health Survey (BJMHS).¹⁴⁷ Trauma-informed practices should be used to create a safe, dignified, and respectful environment for screening.

Initial Health Assessment: According to the NCCHC, an initial health assessment in a correctional setting is an essential component of a health care system and includes a review of the receiving screening results, a thorough medical history, and a physical exam.¹⁴⁸ The agency should

¹⁴⁶ B. Jaye Anno (Spring 2008). "2008 Standards Strive to Advance Quality of Care," *Correct Care* 22, no. 2, p. 3, available at: https://www.ncchc.org/filebin/images/Website_PDFs/22-2.pdf.

¹⁴⁷ Julian Ford and Robert L. Trestman, Fred Osher, Jack E. Scott, Henry J. Steadman, and Pamela Clark Robbins (May 2007). "Research for Practice: Mental Health Screens for Corrections," (U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, NCJ 216152), p. 2, available at: <https://www.ncjrs.gov/pdffiles1/nij/216152.pdf>.

¹⁴⁸ See NCCHC Standard E-04 (<https://www.ncchc.org/initial-health-assessment-30-4>), noting that facilities have two options for initial health assessments:

Report of the Advisory Committee on the Travis County Women's Jail

perform an initial health assessment on all individuals admitted into the facility as soon as possible but no later than 14 days after admission.¹⁴⁹ Physical exams conducted to determine the presence or absence of physical signs of illness should be conducted by a licensed physician, physician assistant, nurse practitioner or a registered nurse (RN), if the RN receives documented training approved or provided by the responsible physician. Exams should also include laboratory and/or diagnostic testing for communicable diseases, including sexually transmitted infections and diseases.

In accordance with the American College of Obstetrics and Gynecology standards, the agency should also test women at intake for pregnancy.¹⁵⁰ Women should be asked reproductive health questions regarding their sexual activity, contraceptive use, menstrual cycle, past pregnancies, and family history of breast and ovarian cancers.¹⁵¹ They should also be offered the opportunity for a physical exam of breasts and pelvis, a pap smear, a pregnancy test, and a mammogram, if there is enough time to receive the results from these tests before a woman's release.¹⁵²

To align with trauma-informed care principles, women should be provided an opt-out option for testing and health care exams, as recommended by

Option 1 is recommended in this report and requires assessing all individuals no later than 14 days after admission; Option 2 requires an individual assessment when clinically indicated on patients with chronic or acute health care needs. To qualify for Option 2, the facility must have on-site health staff coverage 24 hours per day, seven days per week, requires that all inmates receive a comprehensive receiving screening, which must be done only by licensed health care personnel, a finger-stick blood glucose reading on individuals with diabetes during the receiving screening, and vital sign checks during both the receiving screening and the initial assessment. Option 2 also requires that only a physician, physician assistant, or nurse practitioner perform the initial health assessment within two days of admission.

¹⁴⁹ See NCCHC Standard E-04 (<https://www.ncchc.org/initial-health-assessment-30-4>), Option One: Full Population Assessment.

¹⁵⁰ American College of Obstetricians and Gynecologists (2012).

¹⁵¹ *Id.*

¹⁵² *Id.*

Report of the Advisory Committee on the Travis County Women's Jail

the Centers for Disease Control (CDC).¹⁵³ Due to high prevalence rates of health conditions among incarcerated populations, jails are important venues for testing and exams. A benefit of mandatory testing and exams is that it often identifies those who do not perceive themselves to be at high risk for communicable infections or pregnancy or who do not identify as engaging in behaviors that may have contributed to their condition. However, women should be able to exercise autonomy over their bodies and their health choices; thus mandatory testing can also be viewed as unethical when it requires testing of individuals who may wish to remain untested. Moreover, mandatory exams, especially women's health exams, can trigger traumatic reactions among women with a history of physical or sexual abuse.¹⁵⁴ Opt-out testing policies provide the best balance to ensure testing the greatest possible number of individuals while preserving women's right to refuse the test.¹⁵⁵ The agency should ensure that women are provided full information about the benefits of testing and their right to opt-out, thus minimizing the likelihood of coercion.¹⁵⁶

Treatment plan and access to care immediately after screening:

Women in the facility need immediate treatment for conditions identified during intake, as well as follow-up care. Immediately after screening and assessment, a woman's case manager and the health care providers

¹⁵³ Bernard Branson, H. Hunter Handsfield, Margaret Lampe, Robert Janssen, Allan Taylor, Sheryl Lyss, and Jill Clark (2006). "Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings," Centers for Disease Control and Prevention (CDC), MMWR Recomm Rep. 2006 Sep 22; 55(RR-14): 1-17, available at: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>.

¹⁵⁴ Catherine A Grodensky, David L Rosen, Sayaka Hino, Carol E. Golin, and David A. Wohl (2017). "Opt-out HIV testing of inmates in North Carolina prisons: Factors associated with not wanting a test and not knowing they were tested," *AIDS Behav.* 2016 Apr; 20(4): 859-869; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5489351/>

¹⁵⁵ Mark Malek, Alexander R Bazazi, Garrett Cox, Germaine Rival, Jacques Baillargeon, Armidia Miranda, and Josiah D Rich (2011). "Implementing opt-out programs at Los Angeles county jail: a gateway to novel research and interventions." *Correct Health Care*, 17(1): 69-76, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3154702/>.

¹⁵⁶ Grodensky et. al (2017).

Report of the Advisory Committee on the Travis County Women's Jail

should begin to collaborate on overseeing progress of care and connecting women to community health care providers for continued care after release. According to NCCHC, the responsible physician must determine the frequency and content of care and of periodic follow-up health assessments, as soon as possible after screening and assessment, in consideration of age, gender and health needs.¹⁵⁷

Treatment for women's chronic conditions, infectious diseases, and reproductive health needs should be complemented by holistic programs that address women's co-occurring mental illness, substance use disorders, and trauma issues. If women have behavioral health and physical health care needs, staff need to prioritize identifying clinicians that provide integrated (behavioral and physical) health care (e.g. Integral Care or People's Community Clinic). Even for women who are only briefly in the facility, this may be their only opportunity to receive important medical care and guidance, so comprehensive screening for women in jail offers a cost-effective intervention for underserved women and an opportunity to improve health in the community as well.

Treatment plans should be updated regularly, as women's health care needs change. Plans should include specific supports and services that women need to support their release and care throughout the reintegration process, recognizing that many low-income women rarely interact with health care providers or seek medical services in the community due to financial constraints, childcare responsibilities, family obligations, and a general lack of accessible clinics and health care knowledge. Peer support services can also be useful in this way, by helping women to develop trusting relationships with successful peers prior to release who can support them as they navigate the reintegration process and services available in the community.¹⁵⁸ The Sheriff's Office should also develop partnerships with health care providers who can provide care both inside the jail and in the community, continuing their relationship with women during release and reintegration.

Accessibility of health care clinics: Due to the potential frequency with which women may need to see their health care provider(s), clinics should be easily accessible to women within the facility. As discussed in Chapter

¹⁵⁷ See E-12 Continuity and Coordination of Care During Incarceration, <https://www.ncchc.org/continuity-and-coordination-of-care-during-incarceration>.

¹⁵⁸ See the discussion of peer support services in Recommendation 2 above.

Report of the Advisory Committee on the Travis County Women's Jail

4 (Design and Architecture), ideally clinics will be physically located within the centralized "town center" area of the facility. The clinics should also include comfortable waiting rooms instead of long lines, to eliminate disincentives to visit the clinic.

Health care providers: Correctional health care services should be of the same quality found in the community and should be available to all women in the facility. Women should have access to an array of services provided by medical staff who are properly trained and licensed, as well as experienced at responding to women's health issues. Staff trained to care specifically for women can better recognize their health needs.

The Sheriff's Office should employ qualified, certified health care providers, such as gynecologists, obstetricians, psychiatrists, and nurses for evaluation and treatment. The agency should also arrange for a transition to health care in the community to support a woman's reintegration after release. Expanding health care staff capacity allows women with chronic health conditions and those who are sick to visit health care staff or a community health provider whenever necessary. Telemedicine can also supplement the facility's health care delivery system and increase women's access to medical specialists.¹⁵⁹

Sexual and Reproductive Health: Practices for sexual and reproductive health should be aligned with best practice standards according to professional associations such as the American College of Obstetricians and Gynecologists (ACOG), which supports increasing incarcerated women's access to feminine hygiene products such as sanitary napkins or tampons and recommends incarcerated women receive regular gynecological care, mammograms, and pre- and post-natal care from a medical professional with obstetrics and gynecology training. To align with trauma-informed practices, sexual and reproductive health care should never be mandated; women should always be provided the opportunity to refuse care.

Health care services should be individualized based on a woman's specific needs. For example, younger women's gender-specific health care needs may also include family planning counseling or contraceptive services, including pre- and post-natal exams, vitamins, and nutrition. By

¹⁵⁹ Sylvia Mignon (2016). "Health Issues of Incarcerated Women," [Ciencia & saude coletiva](https://www.researchgate.net/publication/304633844_Health_issues_of_incarcerated_women_in_the_United_States) 21(7): 2051-2060: 2057, available at: https://www.researchgate.net/publication/304633844_Health_issues_of_incarcerated_women_in_the_United_States

Report of the Advisory Committee on the Travis County Women's Jail

contrast, older women may require hormone therapy or osteoporosis screening and treatment. Also, African American women present a higher risk for certain medical conditions, especially during pregnancy, and health care providers should be sensitive to the need to assess for such risks.

Residents should be able to receive pap tests or mammograms, and should receive treatment for abnormal results or an HPV vaccination if needed.¹⁶⁰

There should be a system for communicating results of tests for those women who are released after testing and ideally for transferring medical records to another provider or to the woman herself. Preventing future health problems for women improves their overall health and can positively impact the community.

The constant turnover of the population of this facility will make planning for health care services difficult. To balance the health care needs of women with the agency's limited resources, medical professionals should conduct more extensive physical examinations on women not initially flagged for medical issues at intake within 14 days of entry.¹⁶¹

Pregnancy: Because of the increased risk for health complications associated with pregnancy while a woman is in custody, every effort should be made to avoid jailing women who are pregnant. Only in extreme circumstances that raise concerns about public safety or the potential for nonappearance in a case involving a serious crime should a pregnant woman remain in the facility. The process of releasing pregnant women from confinement requires coordination between facility staff, case managers, defense attorneys, the district attorney, and pretrial services. Alternatively, women who are pregnant could be released on a personal recognizance bond and community-based services or residential programming could be offered to ensure her appropriate health care and support any unmet needs.

Because most women who are admitted to jail while pregnant (as well as those who discover they are pregnant after booking) have not received proper medical care or have experienced abuse or used substances, the agency should provide ongoing prenatal counseling to support coping

¹⁶⁰ Ramaswamy et al.,(2015). "The Development of a Brief Jail-Based Cervical Health Promotion," *Health Promot Pract.* 2015 May; 16(3): 432–442, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4306642/>

¹⁶¹ Anno (Spring 2008).

Report of the Advisory Committee on the Travis County Women's Jail

during the challenges of pregnancy. Additionally programs and services should be included that support women as they plan for their unborn children, whether they desire abortion, adoptive service, or temporary guardianship or other non-permanent arrangement.

For a woman who chooses adoption or a temporary arrangement, providers facilitating the programs and services as well as a woman's case manager and peer support specialist need to work closely with her to determine an appropriate plan for ensuring the safe care of her infant while she awaits trial or completes her sentence. To the extent possible, this coordination might include support sessions between the woman and the baby's identified caregiver in order to facilitate ongoing conversations that safeguard the baby and help ease the stress of the woman relinquishing care of her new baby while resolving her case or completing her sentence. The woman's support team should also provide ongoing prenatal counseling to provide her the support she needs to cope with any challenges of pregnancy.

Recognizing the stress, trauma, and detrimental impact on a new mother's mental health when separated from her baby, the agency should provide new moms with targeted programs and services focused on supporting her mental health and wellness, including healthy coping skills.

For all women, programs and services should also include contraception counseling and coordination with health care providers to ensure the woman can continue contraception she is using at the time of arrest and has access to contraceptive methods in the community after release, whether or not she remains at the facility after giving birth.

Breastfeeding: Because there are profound health and emotional benefits to breastfeeding, the Sheriff's Office should allow family members and other caregivers to bring a woman's new baby to the jail for breastfeeding sessions.¹⁶² Women, their babies, and the baby's caregivers would be able to access the designated, private "breastfeeding" space adjacent to the visiting area in the new facility we envision.¹⁶³ The agency's medical team should have a health provider on the team with expertise in lactation to support moms as they attempt to breastfeed their

¹⁶² The TCSO currently allows caregivers to bring babies to the TCCC to be breastfed by their mothers; incarcerated mothers are also allowed to pump breast milk for their babies.

¹⁶³ See also the discussion of this issue in Chapter 4 (Design and Architecture), Recommendation 4.

Report of the Advisory Committee on the Travis County Women’s Jail

infants.

The facility should also designate a private lactation room for women to pump breast milk and have it shipped out to their infants while they remain in the facility. This service could be available to women regardless of whether they are able to visit with their infant for skin-to-skin contact during breastfeeding sessions. Pumping breast milk for a new mother’s infant provides physical, psychological, and emotional health benefits and physical health and development benefits to the infant. A doula, or other supportive health care provider, and a certified lactation counselor could train women on how to use the breast pump, then label and store their breast milk once it is expressed. A similar program, called the “Mother’s Milk Initiative,” is provided to women at a maximum-security women’s prison in Alabama by a local nonprofit, the Alabama Prison Birth Project.¹⁶⁴

Behavioral health care: Behavioral health care—the integration of mental health and substance use interventions—includes a continuum of care ranging from acute medical care to supportive recovery services (e.g., peer support services, clubhouse services, 12-step programs, etc.). The facility should support a holistic approach to behavioral health care that is informed by women’s assessed needs. Community-based services and providers can partner with the agency to provide coordinated treatment plans and evidence-based interventions for care. Partnering with behavioral health care providers allows women to develop relationships that can support them through release and through their reintegration into the community. Without continuing community-based resources, many women will return to the addictions and lifestyles in which they engaged prior to their incarceration. In addition, many women have limited access to health care on the outside, often due to a lack of community resources, an inability to pay, or lack of knowledge about where to go to obtain assistance.

Treatment for women’s chronic conditions, infectious diseases, and reproductive health needs should be complemented by holistic programs that address women’s co-occurring mental health challenges and histories with substance use and/or trauma. These factors should be primary targets

¹⁶⁴ For more information about this program, see Beth Shelburne (November 16, 2018). “Alabama Women’s Prison Opens First-of-its-Kind Lactation Room,” WAFB, available at: <https://www.wafb.com/2018/11/16/alabama-womens-prison-opens-first-of-its-kind-lactation-room/>.

Report of the Advisory Committee on the Travis County Women’s Jail

for intervention, as they directly and indirectly contribute to women’s successful reintegration into the community after release. Although they are therapeutically linked, these issues have traditionally been treated separately. The facility should use evidence-based interventions that recognize that many women have unaddressed histories of serious traumatic experiences that contribute to adverse physical and mental health effects.¹⁶⁵ For example, the behavioral health recovery management model (BHRM) has emerged as an alternative to the acute intervention model, which has been shown to be effective for only a small segment of the population and can result in shaming and punishing others whose needs are not best suited for that type of intervention design.¹⁶⁶ In contrast, BHRM focuses on quality-of-life outcomes as defined by the individual and family, and it offers a broader range of services earlier, extending treatment well beyond traditional treatment services.¹⁶⁷ This mode of intervention is better suited for women because it provides a holistic health model, treating the primary addiction while simultaneously addressing the intersecting challenges such as a history of trauma and/or mental illness.

Because relationships also have been shown to be important for women in their recovery, providers should offer workshops or classes on healthy relationship development, which is central to the long-range success of addiction treatment among women.

Use of peer support specialists in behavioral health care: Another evidence-based practice in behavioral health care is the use of peer providers (e.g., certified peer specialist, peer support specialist, recovery coach), who use their lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and

¹⁶⁵ Barbara Bloom and Stephanie Covington (2008). “Addressing the Mental Health Needs of Women Offenders,” *Women’s Mental Health Issues Across the Criminal Justice System Criminal Justice System*, available at: <https://www.stephaniecovington.com/assets/files/FinalAddressingtheMentalHealthNeeds.pdf>

¹⁶⁶ William White, Michael Boyle, and David Loveland (2002). “Alcoholism/Addiction as a chronic disease: From rhetoric to clinical reality,” *Alcoholism Treatment Quarterly*, 20(3/4), pp.107-130, available at: <http://psycnet.apa.org/record/2003-03735-010>.

¹⁶⁷ Id.

Report of the Advisory Committee on the Travis County Women's Jail

resiliency.¹⁶⁸ The use of peer providers for case management and care coordination was discussed earlier in this chapter, but another key role for peer providers is providing interventions that result in self-management by those in recovery. Skills such as self-management could increase the likelihood of a woman's recovery and success in the community after release.

Peer mentorship program: In addition to using peer support providers, the agency should develop a peer mentorship program for women. Mentors will be women residents of the facility who have achieved a certain number of goals in their individual treatment plans and who display the stability needed to coach a newer resident through her own recovery process. Mentors need to be supervised by trained, certified peer support specialists, who can intervene as needed. This type of program creates another supportive relationship through which women can learn prosocial roles and gives women a graduated standing, honoring her accomplishments and allowing her to apply the training and skills she learned. A similar mentor program was recently established at a women's facility in Connecticut and is showing promising results in supporting positive outcomes inside the facility and after release.¹⁶⁹

(7) The facility should offer a range of wellness and arts programs and take other preventive measures to promote women's health.

Wellness programs that provide skills training such as health education, balanced nutrition and diet strategies, and exercise are critical to maintaining women's health and preventing disease during their residence in the facility and promoting positive health outcomes after their release.¹⁷⁰ During their

¹⁶⁸ For more information on peer supports as best practice in integrated behavioral health care see: Substance Abuse Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA), "Peer Providers," available at: <https://www.integration.samhsa.gov/workforce/team-members/peer-providers#who%20are%20peer%20providers>.

¹⁶⁹ Maurice Chammah (October 9, 2018). "More Women Are Behind Bars Now. One Prison Wants to Change That," The Marshall Project, available at: <https://www.themarshallproject.org/2018/10/09/more-women-are-behind-bars-now-one-prison-wants-to-change-that>.

Report of the Advisory Committee on the Travis County Women’s Jail

incarceration, women are more likely than their male counterparts to be either obese or morbidly obese, which may be due in part to inadequate work and recreational activities for women, as well as the high rates of medications prescribed for women and the unhealthy food options available to them.¹⁷¹ Classes can be provided through workshops, formal classroom training, and one-day sessions, and can be provided by staff, community partners, and undergraduate or graduate students. Providing wellness programming in this way could create even more opportunities for partnerships between the facility and the community.

Wellness programs and classes: Wellness programs improve health and perceived well-being among women, especially those who are facing a drug-related charge.¹⁷²

The Sheriff’s Office should work with community-based services to create a wellness program with weekly workshops focusing on nutrition, smoking cessation, weight reduction, healthy cooking, basic sanitation, safe sex practices, drug use, the spread of infectious diseases, managing chronic diseases, and preventive care. It could also include information on parenting, domestic violence, sexual abuse, and healthy relationships.¹⁷³ The program could offer exercise, yoga, and t’ai chi classes as well as other options for applying the skills the women learn in the classroom setting.

The agency could also develop partnerships with local universities to teach these classes; medical, pharmacy, nursing, public health, and

¹⁷⁰ Maureen Buell (2010). “Jail Tip #6: Assess Women’s Healthcare Needs,” National Resource Center on Justice Involved Women, p.2, available at: <https://cjininvolvedwomen.org/wp-content/uploads/2016/03/Jail-Tip-Sheet-6.pdf>.

¹⁷¹ Laura Maruschak, Marcus Berzofsky, and Jennifer Unangst (2015). Medical problems of state and federal prisoners and jail inmates, 2011–12 (NCJ □248491), available at: <http://www.bjs.gov/content/pub/pdf/mpsfpi1112.pdf>. □

¹⁷² Michael Peterson and Bryan M. Johnstone (1995). “The Atwood Hall Health Promotion Program, Federal Medical Center, Lexington, KY. Effects on drug-involved offenders,” *Subst Abuse Treat.* 12(1):43-8, available at: <https://www.ncbi.nlm.nih.gov/pubmed/7752297>.

¹⁷³ Megha Ramaswamy and Nicholas Freudenberg (2007) “Health Promotion in Jails and Prisons: An Alternative Paradigm for Correctional Health Services” in *Public Health Behind Bars*, ed. Robert Greifinger (New York, NY: Springer), 232, available at: https://link.springer.com/chapter/10.1007/978-0-387-71695-4_13.

Report of the Advisory Committee on the Travis County Women’s Jail

kinesiology students are often eager to be involved in teaching on these health topics.

Weekly classes on health-related topics could also improve health literacy for the residents. Research has shown that women with a history of justice system involvement avoid the health care system in the community in part due to concerns about being judged on the activities that may have led to adverse health outcomes.¹⁷⁴ In fact, most women have never divulged their history, which may include sex work, to any health care provider, which makes the provision of thorough and appropriate care more difficult.¹⁷⁵ Therefore, weekly classes on common health issues faced by this population could increase their motivation to interact with health care providers.

Supporting healthy habits: Helping women to understand and establish healthy behaviors in the jail—and supporting those changed behaviors with easy access to healthy foods and activities—can motivate women to maintain their improved health status upon release.

The agency should partner with community-based organizations to provide women a range of services to support healthy habits and, where possible, additional training that can be translated to the workforce, such as:

Nutrition and diet classes that provide women with education on healthy eating and diet regimens that support a healthy lifestyle;

Gardening skills, through courses that teach women horticulture and farming practices; classes could include practical application by creating a garden on the facility grounds and using the garden to support healthy meal planning and cooking;

Exercise and yoga programs that support positive physical exercise, teaching women ways to maintain their physical health without needing to buy costly gym memberships or equipment to support their exercise regimens; these programs also help women self-regulate their emotional responses to stress and trauma, and

¹⁷⁴ Neal Jeal and Chris Salisbury (2004). “A health needs assessment of street-based prostitutes: cross-sectional survey.” *Public Health (Oxf)*. 26(2):147-51, available at: <https://www.ncbi.nlm.nih.gov/pubmed/15284317>.

¹⁷⁵ *Id.*

Report of the Advisory Committee on the Travis County Women's Jail

can reduce tension in the facility;

Recreation: Women should have access to both inside and outside recreation areas and should be permitted to access these areas frequently throughout the day. Women should be encouraged to exercise for both physical and emotional health, and should have access to gym equipment that is of greater interest to women. Recreation activities should incorporate multiple modes of exercise including a walking track, yoga mats, exercise bicycles, and stretching equipment.¹⁷⁶ Recreation time should be provided to all women, regardless of classification status, and should allow women participating in exercise classes an opportunity to practice the skills and training they learned.

Access to healthy food: The food served at the jail should be nutritious and include healthy choices. Residents should be allowed to maintain a vegetarian, vegan, or religious diet with food options that support those lifestyles. The commissary should offer healthy food items for purchase, including fresh fruit and vegetables, which residents should be allowed to cook or store in the communal kitchen. Women should be allowed to grow vegetables in the facility's communal garden. Access to healthy foods could improve their physical health and prevent weight gain while incarcerated, which often contributes to a negative self-image and relapse into drug use after release.

Smoking cessation skills: Smoking is prevalent among justice-involved individuals, especially those that come from a lower socioeconomic status or who have histories of trauma. While women are not permitted to smoke during their incarceration, they often begin smoking after their release to cope with their stress and/or unaddressed needs that contribute to additional barriers to their successful reintegration. During their residence at the facility, the agency should provide classes focused on smoking cessation that review the health implications of smoking and strategies and techniques for maintaining long-term smoking cessation.

Arts programs: Arts programs have been shown to decrease recidivism, possibly through the acquisition of vocational skills and affirmative feelings

¹⁷⁶ A description of the physical layout of exercise and recreation spaces is also included in Chapter 4 (Design and Architecture), Recommendation 6.

Report of the Advisory Committee on the Travis County Women's Jail

of goal accomplishment.¹⁷⁷ The Sheriff's Office could collaborate with community organizations or students to provide arts workshops with women; women's artwork could be displayed at the facility or at a public exhibition in order to reinforce their sense of self-worth and increase their confidence. Community partners could also provide creative writing and poetry workshops and could organize a reading or spoken word night in which other women in the facility and the participants' families and friends are invited. Community partners trained in music or theatre could organize a similar workshop and showcase. Training in the arts promotes emotional health and promotes a woman's membership in a supportive community of others with shared interests in the arts.

Positive relationships with staff: Workshops and programs such as the ones described above can promote positive interactions and healthy, professional relationship development between staff and women at the facility. Staff can be trained and encouraged to lead a class or workshop and work with community providers to participate in the class or workshop.¹⁷⁸ Women are able to see the ways in which staff support their progress and success, increasing the likelihood of positive interactions outside of the classroom or workshop space. Involving staff in these programs also provides women another opportunity to practice prosocial role development and the skills and training they are learning in their other classes, such as cognitive behavioral therapy, etc.

(9) Women should be provided meaningful work opportunities that provide applicable skills, training, and income to increase their employability after release.

Opportunities to participate in educational programs, job training, basic life skills training, and other activities connected to the real-life needs of women could enhance women's chances of success after release. Most justice-involved women lack adequate educational and vocational resources to develop a sustainable life for themselves and their families and they face challenges such

¹⁷⁷ Mark Ezell & Michelle Levy (2003). An Evaluation of an Arts Program for Incarcerated Juvenile Offenders. *Journal of Correctional Education*, 54, 108-114, available at:
https://rachelot.weebly.com/uploads/3/9/2/6/392646/mural_arts_reference.pdf.

¹⁷⁸ The potential to involve staff in programs is also discussed in Chapter 5 (Operations and Management), Recommendation 1.

Report of the Advisory Committee on the Travis County Women's Jail

as poverty, homelessness, and limited public assistance resources.¹⁷⁹ They are unskilled, earn low incomes, and have sporadic work histories. This reality, compounded with a history of substance use, trauma, and mental health challenges, leaves many women struggling to care for themselves and their children. Without these skills and opportunities and because having a criminal record limits their legitimate work options, women may engage in criminal activities that could generate money quickly, out of economic necessity.

The new facility should maximize work opportunities within the facility for women who wish to work. Too often, detained women are deprived of work opportunities compared to their male counterparts because of their small numbers and because of the challenges associated with supervising them in co-ed work environments. In a gender-responsive facility, women should have equal access to job assignments and should not be limited by their gender.

Vocational skills training: Women in the facility should be offered skills training in fields where jobs may be available upon release, such as data entry, welding, barbering, cosmetology, and culinary services. The agency might formalize a partnership with non-profit workforce development organizations, such as Goodwill Central Texas and other similar organizations that connect low-resourced communities to jobs, and that can provide traditional and nontraditional training, education, and skill-enhancing opportunities to assist women in earning living wages in the community. These partners could draw on existing relationships with local small businesses and companies to encourage potential employers to come to the facility to offer training programs. Potential employers could interview the women that participate in these programs and offer jobs to them that they can begin after their release. Developing relationships with potential employers prior to release could enhance women's employability and could help them feel more confident in their skills and abilities.

Training in culinary skills: Community partners can provide women formal training on healthy and safe cooking practices, and women can be trained to support chefs in a commercial kitchen. This training can help women who would like to obtain a position in the culinary arts field. There could possibly even be a test kitchen, café, or food trucks run by the residents to prepare them for restaurant work and to increase engagement

¹⁷⁹ Susan W. McCampbell (April 2005). "The Gender-Responsive Strategies Project: Jail Applications," U.S. Department of Justice, NIC, NIC Accession No. 020417, p.10, available at: <https://nicic.gov/gender-responsive-strategies-project-jail-applications>.

Report of the Advisory Committee on the Travis County Women's Jail

with the community.¹⁸⁰

Work release program: Community partners could also develop a work release program for women. Women could serve as apprentices while they complete their sentence, receiving on-the-job training from their employers and income that they can save to support themselves as they prepare for release. Upon their release, their employers could then choose to hire them or help connect them to a similar job in the same field.

Job readiness skills: Workforce development trainers can also assist the women with job readiness, life skills, job training, and continuing education. Computer classes, education about available job options, resume writing, and classes on financial literacy are also important offerings.

Create routine work assignments at the facility exclusively for women: For example, creating a separate smaller kitchen for women, as opposed to one central industrial kitchen for the entire jail, would open up additional work opportunities for women. There should also be other work assignments that do not require the women to leave their facility and come

¹⁸⁰ Resident-operated restaurants and culinary arts vocational training programs exist in many jails and prisons, including in Chicago (<http://recipeforchangeproject.org/>), Massachusetts (<https://www.goodnet.org/articles/inside-one-kind-restaurant-run-by-inmates>), Pennsylvania (<https://www.cor.pa.gov/Pages/Culinary-Academy.aspx>), Utah (<https://www.csmonitor.com/USA/2018/0216/Utah-County-Jail-culinary-program-provides-skills-bridges-divides>), Michigan (<https://www.star2.com/people/2018/06/06/inmates-us-prison-cooks/>), England (<https://www.standard.co.uk/go/london/restaurants/a-restaurant-run-by-prisoners-has-topped-famous-eateries-on-tripadvisor-a3703131.html>), Colombia (<https://www.nbcnews.com/news/latino/these-women-are-serving-food-time-colombia-s-trendy-prison-n810441>), and Singapore (<http://www.asiaone.com/singapore/new-training-kitchen-changi-prison-complex-helps-released-offenders-find-jobs>), to name just a few. Also, a highly-touted program to train and place formerly incarcerated individuals in the restaurant world has been expanding around the United States (<https://www.fastcompany.com/3067275/these-restaurants-are-creating-a-career-path-for-people-just-out-of-prison>), and another one in Ohio has been the feature of a popular documentary, "Knife Skills" (<https://www.osv.com/OSVNewsweekly/Article/TabId/535/ArtMID/13567/ArticleID/26456/Restaurants-culinary-program-helps-former-inmates-achieve-success.aspx>).

Report of the Advisory Committee on the Travis County Women's Jail

into contact with men. Perhaps there could be women's janitorial and maintenance crews, and trustees who work just on the women's unit.

Avoid stereotyping women's work: If there are work opportunities available at the jail including maintenance, construction, welding, computers, etc., women should be allowed to participate in those activities, and there should be separate women's crews working in those areas.

Provide pay for work: Women should be reasonably compensated for their work at the facility. Even limited pay allows them to feel a sense of self-worth, purchase needed items, contribute to family expenses, and save for their release. This practice is not only fair and respectful, it is also reflective of the normalizing of this environment.

Private vendors at the jail should hire people with criminal backgrounds: Any private vendor contracted to work in the jail should implement hiring practices that do not exclude people with criminal backgrounds. To the extent feasible, these vendors should also provide work opportunities for residents while they are housed in the facility and provide them with on-the-job training. One powerful example of this occurred in Adelaide, Australia, where a prison unit was being renovated and upgraded to become a model women's prison; the construction team employed women at the prison as part of the construction crew, so they learned marketable skills at the same time as they performed a service that improved their own living conditions.¹⁸¹

(10) Programming and services should be accessible to all women and should be promoted throughout the facility to increase retention and encourage engagement.

Increase program participation through improved access: Program schedules should be well-advertised and flexible, to encourage as many women as possible to participate. The design of the facility should allow for easy access to these activities in a central location. Staff should routinely ask women about the programs and services they are attending in order to promote positive, professional relationships between staff and

¹⁸¹ Some additional information about the Adelaide Women's Prison Upgrade Project is available here: <https://www.meinhardt.com.au/news/adelaide-womens-prison-breaking-the-cycle-through-construction/>. More information about this project is available from the architect, Sarah Paddick, of Total Space Design, at: spaddick@totalspacedesign.com.au.

Report of the Advisory Committee on the Travis County Women's Jail

residents while simultaneously encouraging women to attend and fully engage in programs and services.

Feature women's programmatic accomplishments: Any deliverables or other products that come out of the programs and services can be shared with the entire population at the facility. For example, meals made in cooking class can be served at mealtimes, and art created during art classes can be displayed prominently in common areas. Distributing products among the entire facility increases women's self-confidence and encourages others to engage in programs and services.

(11) Support the distinct needs of special populations within the facility, including girls under the age of 18, young adults, and LGBTQ residents.

Programs and services should be developed specifically for specialty populations within the facility, since each of these groups will have distinctive needs and, in some cases, legal requirements that apply to how they are managed. Staff may also need specialized training to work with these populations of residents. In particular, special consideration should be given to girls under the age of 18, young adults ages 18-25, and sexual or gender minority women (LGBTQ+).

Girls under the age of 18: Under both federal law and Texas law, youth under the age of 18 must be kept sight-and-sound separated from adults in the facility. Thus, they present unique management and housing challenges for the staff. But in addition, adolescents need developmentally appropriate programming that is structured to support their continued brain development while addressing the multiple needs contributing to their involvement in the criminal justice system. Adolescents also need continued access to education during their incarceration. Some may still be completing high school and need to receive appropriate accommodations to receive their schoolwork in a timely manner. It is also critical that they have opportunities for prosocial role development. They should be provided a peer support specialist and mentor who could assist with connecting the adolescent to appropriate supports and services. Medical services may be different for this population. Adolescents are even more susceptible to trauma during the incarceration experience, so special care should be given to providing trauma-informed approaches with this younger population.

Young adults: The 18-25 year old population of young adults presents many of the same programmatic challenges as the under-18 group, but there is no legal requirement to keep them separated from adults. They do have to be kept separate from the under-18s under federal and state

Report of the Advisory Committee on the Travis County Women's Jail

law, however, even though they may need many of the same services and programs. Research shows that brain development continues up until age 25, meaning that these young adults are still very amenable to rehabilitative interventions. This population would benefit from similar programs and approaches as described above.

LGBTQ+: Gender and sexual minority populations (LGBTQ+) have distinct health needs that need to be screened and assessed during intake, and they also need to be provided access to a health care provider that is trained to provide care to this population. Individuals in need of continuing hormone replacement therapy should be given full accommodations, including access to hormones and a private area for administering the procedure. Individuals who identify as a sexual minority (SM) or a gender minority (GM) should be given the opportunity to express a preference to be housed among other women on the unit, in a separate housing pod designated for SMs or GMs, or among men on the male units. SMs and GMs should be provided access to supportive groups and individual counseling, as needed. Case managers and peer support specialists should ensure SMs or GMs are engaged in the activities, programs, and services and do not self-isolate. If the case manager and peer support specialists see signs of isolation, they will determine the appropriate method of intervention to promote community.

CONCLUSION

This report draws on the professional expertise, lived experience, extensive research, and observations of the members of the Advisory Committee to offer a vision of a women's correctional facility that is gender-responsive, trauma-informed, safe, healthy, respectful, and rehabilitative. The recommendations we discuss in the report are research-based and have been implemented in various states and other countries. This is an ambitious plan, but it is feasible. More than anything else, successful implementation of this vision requires strong leadership, courage, commitment to the ideals reflected in the Core Principles discussed in Chapter 2 (Visioning a New Women's Jail), and dedication to achieving a positive institutional culture as described in Chapter 3 (Creating a Positive Institutional Culture).

Travis County is at an extremely rare juncture presenting an extraordinary opportunity. In deciding how to proceed with plans for a new women's jail, the County can build a traditional jail facility that, by its nature, will inevitably replicate many of the features that harm the women who live in the facility, their family members, and the community. It can perpetuate practices that result in high recidivism rates and very poor outcomes for these women. Or, in contrast, it can invest in an innovative facility that will make Travis County a national and international leader in its approach to justice-involved women, based on what we know works. That investment will also make Travis County a leader in promoting public safety and community health.

This approach will work to:

- (1) minimize harm to the women who live in the facility;
- (2) achieve better outcomes for the women, their families, and the community;
and
- (3) create a better work environment for staff.

As we commented earlier in this report, people who are incarcerated and those who work with them deserve an environment that meets their needs, that keeps them safe, and that is rooted in dignity and respect for everyone affected by the incarceration experience. The public deserves an institution that promotes public safety, reflects our values as a community, and protects precious fiscal and human resources.

Report of the Advisory Committee on the Travis County Women's Jail

We believe the vision we present in this report—if successfully implemented—would accomplish these important objectives. And we are proud to live in a county that is so forward-thinking in its approach to these issues.

APPENDIX A

Advisory Committee Members and Other Project Participants

Member Bios

Report of the Advisory Committee on the Travis County Women's Jail

Advisory Committee Members

Chair:

Michele Deitch, J.D., M.Sc.

Senior Lecturer, Lyndon B. Johnson School of Public Affairs and UT School of Law,

The University of Texas

Members:

Diana Claitor

Executive Director, Texas Jail Project

Lynda Frost, J.D., Ph.D.

Lynfro Consulting (previously Director of Planning and Programs for the Hogg Foundation for Mental Health)

Lauren Johnson

Criminal Justice Outreach Coordinator, Texas ACLU

Annette Price

Grassroots Leadership, Texas Advocates for Justice Statewide Coordinator

Alycia Welch, M.P.Aff., M.S.S.W.

Director of Policy and Planning, Lone Star Justice Alliance

Report of the Advisory Committee on the Travis County Women's Jail

TCSO and Travis County Participants

Sheriff Sally Hernandez (TCSO)

Angela Blackwell, Inmate Programming Supervisor (TCSO)

Kristen Dark, Public Information Officer (TCSO)

Allison Fink, Travis County Planning & Budget (PBO)

Kathryn Geiger, Medical Services Director (TCSO)

Anthony Johnson, Chief Deputy (TCSO)

Karen Maxwell, Senior Planner (TCSO)

Sally Pena, Corrections Major (TCSO)

Meg Seville, Planning Manager (TCSO)

Danny Smith, Inmate Mental Health & Programs Director (TCSO)

Maria Velazquez, Corrections Captain (TCSO)

Meeting Facilitators

Valerie Hollier, Travis County Justice and Public Safety

Ellen Paddock, Travis County Justice and Public Safety

Focus Group Facilitators

Katie Ford, Executive Director, Truth Be Told

Carol Chandler Waid, Co-Founder and Director of Programs, Truth Be Told

ADVISORY COMMITTEE BIOS

Chair

Michele Deitch, J.D., M.Sc., is a Senior Lecturer at the University of Texas, where she holds a joint appointment at the Lyndon B. Johnson School of Public Affairs and at the School of Law. She teaches courses on criminal justice policy and juvenile justice, and conducts research on issues related to jail safety, independent correctional oversight, and the management of youth in custody. Prof. Deitch is also frequently invited to testify before the Texas Legislature on criminal justice matters, and she helped in the development of the Sandra Bland Act. Beyond her academic work, she has extensive professional experience working as a consultant with jails, prisons, and juvenile facilities around the country on safety and management issues, as well as on issues related to population reduction. She has been a federal court-appointed monitor of prison conditions in Texas, and has been an expert witness in lawsuits involving deaths in custody. Prof. Deitch co-chairs the American Bar Association's Subcommittee on Correctional Oversight, and she helped draft the ABA's Standards on the Treatment of Prisoners.

Members:

Diana Claitor co-founded the nonprofit Texas Jail Project (TJP). As the executive director of the only county jail-specific advocacy organization in Texas for the past 11 years, she has answered thousands of emails and calls from families across the state and continues to update an innovative website – texasjailproject.org – that provides help and information to families and friends of the approximately 65,000 people living in the county jails of Texas. In addition, under her leadership in 2016, TJP launched [Jailhouse Stories: Voices of Pretrial Detention in Texas](#), a website collection of first-hand accounts of what happens to people and families as a result of incarceration in county jails prior to conviction. She has successfully supported three bills reforming treatment of pregnant women in county jails, and worked on others, including one prohibiting nighttime releases of people from county jails and another that would limit the use of solitary confinement of people experiencing mental illness. Claitor collaborated on the two-year study resulting in the publication of "Preventable Tragedies: How to Reduce Mental Health-Related Deaths in Texas Jails," from the Civil Rights Clinic at the UT School of Law. She is routinely contacted by

Report of the Advisory Committee on the Travis County Women's Jail

state and national media outlets as a source and speaks to groups such as the May 2018 NAMI Texas Empowerment Symposium.

Lynda Frost, J.D, Ph.D., runs Lynfro Consulting, which is committed to helping foundations, nonprofits, and other agencies maximize their impact in improving health, human services, education, and criminal justice outcomes for vulnerable communities. After 14 years with the Hogg Foundation for Mental Health, Dr. Frost brings extensive experience in grantmaking, program design, strategic planning, and public policy. She served as the director of planning and programs at the Hogg Foundation, where she oversaw major initiatives and grant programs, led strategic and operational planning, and managed program staff. Dr. Frost is an experienced administrator and attorney with legal expertise in human rights, juvenile justice, criminal law and mediation. She served as an Assistant Vice President in the Division of Diversity and Community Engagement at The University of Texas at Austin and held appointments as a clinical associate professor in the College of Education and the LBJ School of Public Affairs. Prior to arriving in Texas, she taught criminal law and procedure at the University of Richmond Law School.

Lauren Johnson joined the ACLU of Texas in 2017 as the Criminal Justice Outreach Coordinator. The seed of passion for social justice that led her to the ACLU grew out of her experiences within the criminal justice system. Prior to being hired, Lauren worked alongside other ACLU staff on criminal justice reform policies at the local and state level that led to the first Fair Chance Hiring ordinance in the southern United States to apply to private employers, removing the lifetime ban placed on people with felony drug convictions who would otherwise qualify for food assistance, and codifying a law to prevent video from being the primary visitation available in county jails across the state. Lauren has been recognized for her work by Grassroots Leadership and the Texas Observer.

Annette Price works as the Statewide Coordinator for Texas Advocates for Justice, a project of Grassroots Leadership. Previously, she was the Intake/Outreach Coordinator for Texas Fair Defense Project and Sr. Fellowship with Austin/Travis County Reentry Roundtable. She is the founder of Annette's Behind Me: Transitional Living, a transitional home for women returning to the community from prison. She shares her passion for Criminal Justice Reform as a member of Reentry Advocacy Project (RAP), Texas Advocates for Justice and DecarcerateATX. Annette also facilitates "Jail 2 Community" classes at Del Valle Correctional Complex. She is a Board member of Truth Be Told and facilitates their "Let's Get Real" class at Lockhart Women's prison. She believes sharing her story with those that are incarcerated gives them the courage to live life

Report of the Advisory Committee on the Travis County Women's Jail

differently and hope that there is life after incarceration. Annette graduated from Grand Canyon University with a Master degree in Professional Counseling and a master degree in Substance Abuse Counseling.

Alycia Welch, MPAff, MSSW is the director of policy and planning at Lone Star Justice Alliance, a non-profit focused on redirecting youth and young adults out of the Texas criminal justice system. In this role, she partners with elected officials, justice system stakeholders, health and human service administrators, recovery service providers, and academic institutions to design and implement an innovative, community-based alternative to incarceration program. She previously served as the associate director of a non-profit transitional housing program in Houston for women exiting prison or jail and continues to oversee a nationally funded mixed methods program evaluation, including a randomized control trial, that she developed with a team of researchers at the University of Texas Health Science Center. The recipient of two policy research awards from the American Society for Public Administration, Alycia brings extensive experience managing complex, multi-partner projects and facilitating cross-system collaboration with criminal and juvenile justice, health care, and behavioral health systems. She also served as a policy analyst for two members of the Texas House of Representatives, analyzing bills referred to the public health, human services, and all criminal and juvenile justice related committees, and she advanced multiple bills through the legislative process, several of which were signed into law by the governor.

APPENDIX B

Survey Instrument for Women at the Travis County Correctional Complex

Survey on New Jail Design

The Advisory Committee on a proposed new women's jail facility for Travis County would like to hear your thoughts about several issues that could affect the design and planning of this new facility. This is an opportunity to potentially influence the design of a future jail that would better meet the needs of women who have to spend time there. Obviously, we want to make sure as many women as possible never have to go to jail—we know that most women would be better served in the community—but for those who do end up in jail, how can we make that jail experience as healthy, safe, respectful, and rehabilitative as possible?

We welcome your creative ideas!

(1) *Does this jail meet the special needs of women? (please circle one answer below)*

Never

Rarely

Sometimes

Frequently

Always

(2) *In what ways could this jail be better designed for women if we were starting from scratch?*

(3) *If you could redesign the living areas (cells, dorms, common areas, bathrooms, showers), what would they look like?*

(4) *Are there any programs and services you would like the jail to offer or expand?*

(5) *Do you usually feel safe in the jail? (circle one)*

Never Rarely Sometimes Frequently Always

(6) *What makes you feel unsafe?*

(7) *Do you usually feel respected by staff in the jail? (circle one)*

Never Rarely Sometimes Frequently Always

(8) *What makes you feel disrespected?*

(9) *How can jail procedures be improved so that you feel safe and respected?*

(10) Do you feel like your health care needs are met at the jail? (circle one)

Never Rarely Sometimes Frequently Always

(11) Do you feel like your mental health care needs are met at the jail? (circle one)

Never Rarely Sometimes Frequently Always

(12) What could be improved about the delivery of medical care/mental health services at the jail?

(13) What could be done to keep you feeling healthy and improve your well-being while you are in the jail?

(14) Does the current visitation program meet your needs? (circle one)

Never Rarely Sometimes Frequently Always

(15) What could be improved about the visitation program?

APPENDIX C

Research Brief:

“Building Justice into Women's Jails”

BUILDING JUSTICE INTO WOMEN'S JAILS: BEST PRACTICES FOR GENDER-RESPONSIVE JAIL ARCHITECTURE

By Ian Becker

April 2018



“In that society towards which we are working, where the attempt at revenge and punishment of the law breaker will be replaced by the persistent aim at his reformation and education, the functions or administration of the jail would so change in character that the building or buildings for the purpose could most likely no longer be designated as jails.”

- Architect W. Carbys Zimmerman, 1916¹

Introduction

Jail design standards in the United States have shifted drastically in the past four decades. This shift was sparked when the Federal Bureau of Prisons began implementing a new architectural facility design and inmate-management program for jails in the 1970s. The new “podular” model eventually led to the “direct-supervision model,” which aimed to facilitate interactions between inmates and guards on an informal basis for most of the day.¹ The aim of the new design and supervisory style was to improve conditions for inmates incarcerated inside federal facilities,² and by many accounts the transition to direct-supervision has been successful.³

However, it was not until the late 1990s that policymakers began to attend more to the needs and gender-specific differences of women inmates. Even a decade ago, very little of the existing literature had theretofore focused on how such needs should influence facility design and construction.⁴ However, numerous design firms, commissions, and academics are now responding to what many communities have been saying for some time – that the design of jails is not conducive to rehabilitation, and women are returning to their communities worse off than when they were initially detained or incarcerated.

Design standards for carceral buildings are undergoing significant changes, and the time is ripe for architects, advocates, and public officials to distinguish best practices to create “functional and flexible spaces that promote the well-being and dignity of female inmates.”⁵ With this goal in mind, this brief examines the challenges faced by female inmates in traditionally designed jail facilities; provides some background on historical jail design

standards; discusses the components and considerations inherent in emerging “therapeutic” design standards; and highlights some of the “model jails” that exhibit these elements. It also examines how these design elements can improve the experience of women in jail while better enabling their rehabilitation and release.

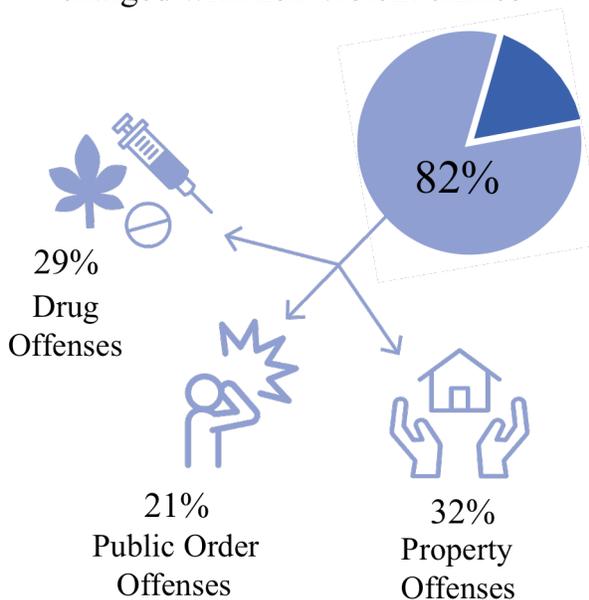
Women in jail: A snapshot

The number of women incarcerated in jails in the United States is growing at a faster rate than any other correctional population.⁶ Since 1970, the number of women in jail nationwide has increased 14-fold, from under 8,000 to over 110,000.⁷ Women in jail now account for nearly half of all women behind bars in the United States.⁸ Notably, small counties have been responsible for most of this growth – the number of women in small county jails increased 31-fold from 1970 to 2014.⁹ Currently, nearly half of all jailed women are held in jails in small counties.¹⁰

While it is clear that the jail population of women is growing at an unprecedented rate, there is not a clear-cut picture to explain why women are increasingly being incarcerated in U.S. jails, partially due to limited research on the issue.¹¹ Like the population of men in jail, these women are disproportionately poor and low-income. According to the most recent nationwide data to track both gender and race, approximately two-thirds of women in jail are women of

color – 44 percent are black, 15 percent are Hispanic, and 5 percent are of other non-white racial or ethnic backgrounds.¹² Across demographics, women in jail have very high rates of physical and mental illness and substance use.¹³ Moreover, almost 80 percent of women in jails are mothers. Nearly 80 percent of women in jail have young children, and by and large these women are single mothers. Approximately five percent of women in jail are pregnant at the time of incarceration.¹⁴

Figure 1: Women in jail that are charged with non-violent crimes



Why are women sent to jail? As Figure 1 shows, the majority of women in jail

– 82 percent – are charged with non-violent crimes. The latest available national data, more than a decade old, shows 32 percent of women in jail are there for property offenses, 29 percent for drug offenses, and nearly 21 percent for public order offenses.¹⁵ Other studies have shown that a considerable proportion of women are in jail not for committing new criminal offenses, but rather for breaking the technical rules of their supervision in the community. This might entail failing a drug test or missing a scheduled appointment with a probation or parole officer.¹⁶ Studies have shown that women inmates often become involved with the justice system as a direct result of their poverty, unemployment, and health struggles. These conditions often are directly linked to past histories of trauma, mental illness, or substance abuse, and chronic health conditions related to all of these backgrounds are prevalent among women in jails.¹⁷ Over 65 percent of women report having a chronic health condition, compared to 35 percent of men.¹⁸

According to the Bureau of Justice Statistics (BJS), 75 percent of women in jails reported having had symptoms of a mental health disorder in the past 12 months.¹⁹ An estimated 32 percent of women in jails have a serious mental illness (SMI), including major depression, bipolar disorder, and schizophrenia, and also experience very high rates of victimization – including childhood sexual abuse, sexual assault, and intimate partner violence.²⁰ An extremely high percentage of women in jail report experiencing serious trauma at one point in the lives: 86 percent report having experienced sexual violence in their lifetime, 77 percent report experiencing partner violence, and 60 percent report experiencing caregiver violence.²¹

Challenges in traditionally designed women's jail facilities

Women are often subject to systems, practices, and physical settings that are designed for men, who constitute the vast majority of the incarcerated population.²² While any jail's physical plant should reflect its inmate classification system, many facilities provide for separation of the male population into "maximum" or "minimum" custody, but fail to provide the same options for women inmates.²³ Moreover, while objective classification systems have allowed jurisdictions to use increasingly sophisticated means of measuring inmate risk and housing need, many classification systems are weighted on risk factors, which are likely to neglect need-based factors related to victimization, patterns of abusive relationships, or prior trauma. These considerations are of course more relevant for women inmates than for male inmates in jail,

given that such a high proportion of women inmates have been the victims of sexual violence and abuse.

Importantly, nearly half of the jails in the United States have fewer than 50 beds, and nearly two-thirds have fewer than 100 beds.²⁴ In small facilities – about half of the jail facilities in which women are housed – women are usually considered as a single security classification. This can be problematic because, while most jail administrators would not house male work release inmates (minimum custody) with those who do not have access to the outside world (maximum custody), women work release inmates are routinely managed with administrative segregation inmates in the same area as the general population due to limited space.²⁵

The small size of women's facilities also means that most of the services are often *centralized* rather than *decentralized*. Centralized physical environments require that inmates are moved to one location to receive the service, rather than having the service moved to a housing unit or group of units.²⁶ When many services are centralized and the female inmate population is small, the need for “cost-effectiveness” might push the agency in charge towards creating programming that is co-ed in nature.²⁷ Co-ed programming can be extremely problematic given the number of women inmates with PTSD or trauma related to intimate partner violence or sexual assault. Even for women who do not suffer from a history of trauma, a number of practitioners and researchers suggest that there is a clear rationale for gender-specific treatment that allows women to address the issues that led to their criminal behavior without the “distraction of male peers.”²⁸

Because traditionally-designed settings and programs typically do not equip women to address obstacles and circumstances they face when they reenter the “real world,” many women

“We know that when we incarcerate a woman we often are truly incarcerating a family.”

- Former Attorney General Loretta E. Lynch, March 30, 2016

return to their families far worse off than when they entered jail in the first place. This has ramifications for families, as well; as former U.S. Attorney General

Loretta Lynch said in remarks at the White House Women and Criminal Justice System Convening in March of 2016, “we know that when we incarcerate a woman we often are truly

incarcerating a family, in terms of the far-reaching effect on her children, her community, and her entire family network.”²⁹

“Generations” of jail design in the United States

In order to distinguish current best practices in jail design for women, it is helpful to review design mistakes of the past, as well as where physical designs have succeeded. Jails in the United States were originally comprised of one or more rooms, often lined with heavy wooden beams for security. From the outside, they looked very similar to other 17th- and 18th century buildings.³⁰ During the 19th and 20th centuries, larger facilities were built using what is now called *linear* or *intermittent* surveillance design.³¹ Linear design – also called “first generation” design – involved long rows of barred cells with a corridor or catwalk between them. One of the biggest problems associated with these designs was the relative inability of an officer to see what was going on in more than two cells at one time.³²



Classic “Linear” Jail Design (Wikimedia Commons)

First generation jail design was supplanted by “second generation” design in the 1960s and 1970s in the form of podular/remote surveillance, which was developed in an effort to allow an officer to observe as much of the housing area as possible from a single vantage point.³³ Remote surveillance can be understood as an attempt to put Jeremy Bentham’s well-known 18th-century panopticon design into practice, and placed staff inside a secure control room from which they could see into dayrooms and associated cells.³⁴ This “second generation” of jail design allowed staff to observe dayroom activity, but they were still unable to physically respond to problems or even effectively interact with inmates because of the “intervening security glazing.”³⁵ This effectively created an environment that allowed for maximum security through architectural barriers, but greatly restricted the ability of staff to play an effective and expedient supervisory role,³⁶ and also limited staff’s personal engagement with inmates.

With the opening of the Martinez Detention Facility in Contra Costa, California in 1981, the “direct supervision” model replaced the remote supervision design as the preferred architectural approach to designing local jails. The facility’s design was based on the model of

three Metropolitan Correctional Centers (MCCs) – federal facilities – built in Chicago, New York, and San Diego in the mid-1970s.³⁷ The most characteristic feature of the “third generation” model of jail design places an officer inside each housing unit or pod with no bars or glass impeding supervision.³⁸ Officers in these general housing units are not separated from inmates by a physical barrier; rather, officers conduct nonscheduled observation of inmates and frequently interact and communicate with them on a face-to-face basis.³⁹ Moreover, the interiors of these “third generation” environments have a less institutional feel, and officers are expected to wield their communication and mediation skills to create and maintain a safe and stable environment for the inmates.⁴⁰

Because the MCCs and the Contra Costa facility seemed to be successful (for instance, assault rates in the Contra Costa facility were 95% lower than those in the old facility), other counties gradually began to implement the new design standard.⁴¹ The National Institute of Corrections (NIC) encouraged the development of more direct supervision facilities, and the American Jail Association, the American Correctional Association, and the American Institute of Architects all voiced their support of the new design.⁴² Counties across the United States continued to adopt the model, and by 1995, 147 facilities housing 70,000 inmates were operational.⁴³ By 2000, the number of direct supervision jails had doubled to nearly 300.⁴⁴

Architectural characteristics of “direct supervision”

Though economic factors and local needs tend to strongly direct the design and operation of new jail facilities, “direct supervision” facilities share a number of unique physical characteristics.⁴⁵ While traditional jails convey the message that inmates are expected to misbehave and as a result employ “institutional” furnishings,⁴⁶ direct supervision facilities are premised on the belief that inmates *will* behave, and thus they are designed using typical builders’ hardware fixtures and furnishings instead of high-security materials. For instance, “vandal resistant” toilets and sinks are not necessary if an officer is actively monitoring the living space of inmates, and bathroom areas of some “direct supervision” facilities are as a result less “institutional” in feel. Occasionally, the facilities will also include commercial-grade carpeting in the common areas or dayrooms of the housing pods.⁴⁷ Moreover, the pods are designed so that all primary services can be delivered to the inmate in that space— pods might have their own recreation area, contact and noncontact visiting spaces, and food service areas.

They operate as small, “self-contained” jails.⁴⁸ Perhaps most importantly, “direct supervision” prioritizes an “open booking” model, wherein a booking area has a floor plan much like a bus station or airport waiting area to give the area a more normative feel.⁴⁹

Existing best “direct supervision” design practices for women

Because many jails currently in use are still either “first generation” or “second generation” structures, many established best practices are still aspirational or foreign to administrators in existing facilities. The National Institute of Corrections, which has provided assistance to jurisdictions that are planning and building new detention facilities since 1977, distinguishes numerous best practices for women’s units in “direct supervision” jail facilities. These are enumerated below, organized by jail area.

Intake and release

During intake, correctional officers perform a variety of physically invasive procedures, including touching inmates during pat searches. More thorough searches often require inmates to be unclothed. While observation while unclothed clearly requires privacy, the guidelines on pat searches are less definitive, and they can occur in full view of others who may be in the intake area.⁵⁰ One possible solution is providing an area – such as an alcove – in which other arrestees cannot see the inmate while she is being patted down but at the same time does not require the woman to be in a completely enclosed area with an officer. Similarly, the booking desk should be designed in a way that provides some acoustic privacy for the person being interviewed.

Best Practice: Intake

Design intake areas that allow for private pat-downs and interviews.

Housing

Best Practice: Housing

Avoid stacked bunks and use moveable, “normal” furniture.

Many jurisdictions, due to space considerations, frequently use double bunking in cell housing and stacked bunks in dormitories to conserve space. This strategy creates difficulties for women who cannot reach the bunks easily, and for pregnant women in particular. Fixed tables and stools commonly used in housing areas similarly present a number of problems for pregnant women. Jails can address this

issue by avoiding double bunking and stacked bunks, and by constructing movable, less “institutional” furniture when possible.⁵¹

Common areas

There is some indication that men and women respond differently to direct supervision.⁵² Specifically, male inmates have been shown to respond more to the structure that the housing officer creates as the unit leader, while women are more responsive to the development of relationships through community building. For this reason, jail administrators contend that frequent interaction with staff – while important for any inmate – might be more important for women than for men. Women spend more time in carceral settings socializing with each other than men do, and common spaces should allow for safe community-building among women.⁵³ This suggests that staff work areas should be designed in a way that allows staff to easily interact with inmates throughout several small seating areas and other spaces for socialization.⁵⁴ However, because many women inmates have a history of physical and sexual abuse, it is considered a best practice to require same-sex supervision and restrict the extent to which male and female inmates can see and interact with each other outside of well-supervised and carefully planned coed programming. However, when possible, carefully planned coed programming should be used as a therapeutic tool for inmates to learn how to “interact appropriately” with other genders.⁵⁵

**Best Practice:
Common Areas**

*“Sight and sound”
separation between
male and female
populations.*

Health services

There is evidence that women in jail use health and mental health services more often than men. In addition, women also need access to specialized gynecological and obstetrical services. Therefore, while it is possible to decentralize some health services throughout a facility, it is optimal to construct a health services area as close as possible or directly adjacent to a unit reserved for women.⁵⁶

Visitation and recreation

While some jails might prioritize non-contact visitation, research shows that contact visitation is beneficial for the majority of women in jails, and should be facilitated whenever possible.⁵⁷ Therefore, visitation and recreation areas in women's jails should be designed as “non-institutional atmospheres,” with child-size furniture, games, and other appropriate family-friendly activities in which contact visitation can take place.⁵⁸ Moreover, opportunities for contact visitation for eligible inmates should be maximized.

**Best Practice:
Visitation/Recreation**

A “non-institutional” atmosphere for contact visitation, with child-friendly spaces.

Equitable work spaces and opportunities

In many facilities, food and laundry services provide a major source of inmate jobs and the opportunity for inmates to receive “good time” credit on their sentences. However, women inmates often do not have the same access to these jobs because the female population might be too small to form a full “crew,” and work crews are frequently not co-ed. Therefore, the kitchen and laundry areas would ideally be structured in a way that would allow women to work in one or both of these areas.⁵⁹ This reflects the principle that populations should be equitably served by their housing, work opportunities, and available rehabilitative services.

Dayroom space

Jail minimum space standards often do not function properly for the smaller pods in which women are typically housed.⁶⁰ Often cells open up to the dayroom, but because the overall unit is generally smaller in women's pods due to their smaller population, the “grossing factor” – the factor by which net square footage is multiplied to determine requisite space – must be larger to allow for adequate dayroom space.⁶¹ Again, women's common areas should not be smaller just because they are overall a smaller jail population.

Building on the successes of direct supervision – What next?

In the 20 years following the initial adoption of “direct supervision” design, there was little innovation or progression in jail design and programmatic operation in the United States.⁶² Recently, however, a number of new institutions and initiatives have assessed ways of amending “direct supervision” physical designs to make them more conducive to rehabilitation.

Correctional facilities have long been the architectural expression of competing philosophies of incarceration at any given time,⁶³ and many groups are recognizing that correctional architecture can be built in a way that better aligns the physical plant of correctional facilities with the concept of humane treatment and contemporary priorities of inmate rehabilitation and reintegration into society. Many of these designs are equally applicable for populations of all genders, and build on the existing direct supervision “best practices” previously enumerated in this brief.

A “one-size-fits-all” approach to designing carceral facilities does not exist. Construction of facilities is necessarily influenced by variables such as economic and human resources, political climate, location, and the characteristics of those who will reside in the facility. However, guidelines for building upon and improving the direct supervision jail model are crystallizing that prioritize using evidence-based practices to provide a “normative” environment that aids in rehabilitation. These improved settings create spaces that reduce stress, fear, and trauma for inmates; stimulate motivation for inmates to participate in positive activities; and otherwise provide inmates with resources and a physical environment that prepares them to adjust well to life upon release.⁶⁴

Priorities for new best practices

Many of these strategies reduce trauma and stress for all inmate populations, and do not cater particularly to women. However, because they are designed to result in such a significant change in the mental health of inmates, it is safe to assume that they would make a significant positive impact on populations of women inmates in jail, who suffer disproportionately from mental health issues and prior trauma.

The emerging general characteristics of such an environment include a “direct supervision” facility that is designed to hold fewer than one thousand offenders, broken down into smaller units in accordance with security risk and needs, that include both individual and a variety of communal spaces where people can congregate to replicate some of the activities they would be engaging in outside of jail, such as cooking, dining, studying, watching television, reading, playing games, and exercising.⁶⁵

Moreover, this environment should have plenty of sunlight, openness, unobstructed views, landscaping, abundant access to nature, bar-less wood doors and large windows, human

scale movable furniture, normalized “non-institutional” materials, and soft textures and colors that express calmness.⁶⁶ Additionally, inmates should be allowed to personalize their spaces and be entitled to privacy for sleeping and maintenance of personal hygiene, as well as the safe-keeping of personal items.⁶⁷

Where are these characteristics being implemented?

Some existing facilities already incorporate these ideas, and a number of other facilities are currently being planned and designed with these approaches in mind. Notably, New York City is proposing a major revamping of its jail system consistent with these concepts. A report issued by the Independent Commission on New York City Criminal Justice and Incarceration Reform titled “A More Just New York City” contains a substantial number of recommendations on jail improvement gleaned from a comprehensive and long-term research and stakeholder input process.⁶⁸ In the “Future of Jails” section of the report, the Commission proposes that in addition to “direct supervision” design, the use of regular fixtures and furnishings, and clustered housing that focuses on the unique needs of special populations (including women), social services should be provided in a “town center” allowing individuals to access an array of programming in a central location. The Commission describes the “town center” design approach as creating a central space that allows individual detainees to move about freely between a centralized clinic space for physical and mental health needs, a pharmacy, a dining hall, and other program-specific spaces.⁶⁹ The “town center” would also ideally be accessible directly from housing units in order to minimize transport needs within the jail and provide greater freedom of movement. The location of the “town center” would also include easy access to courtrooms for arraignments and preliminary hearings.⁷⁰

The report also prioritizes creating “clustered housing,” in which units are located in close proximity to areas for dining, case management, programs, and recreation. The commission argues that the housing unit capacity should fall between 32 to 56 beds, which would enable correctional officers to develop relationships with residents and work with them to maintain order.⁷¹ However, the commission also recognizes the potential importance of voluntary “alone time.” Giving eligible detainees a single cell and allowing them the opportunity to be by themselves in their own space if they choose to do so for part of the day is highlighted as a best practice.⁷²

The "Justice in Design" Initiative

Building on the findings of the New York City Commission, the Van Alen Institute, an independent nonprofit architectural organization focused on "public realm" design, launched the *Justice in Design* Initiative, which has recently released a report proposing designs for "Justice Hubs." In their designs, "Justice Hubs" are presented as facilities that support rehabilitation for incarcerated or detained individuals while simultaneously providing neighborhoods with public amenities and community resources. They are not "jails" so much as campuses that incorporate all necessary resources for justice-involved populations.

The process for creating the report was deeply collaborative; to produce the report, Van Alen partnered with New York City Council Speaker Melissa Mark-Viverito and many of the legal experts, politicians, developers, and prison reform advocates included in the Commission's initial process.⁷³ Van Alen also convened architects, environmental psychologists, prison reformers, and nonprofit leaders. The New York and Boston-based firm NADAAA that co-designed the report also convened urbanists, psychologists, and sociologists to provide further support to the project.⁷⁴ The group hosted workshops in the Bronx, Brooklyn, and Queens with law enforcement, reformers, academics, and formerly incarcerated individuals to get an idea of what jail is actually like, and the workshops were crucial in helping the designers better understand incarceration's impact on housing choice, employment, and mental health.⁷⁵

The "Justice Hub" design suggests that "hubs" be close to courts to allow for faster due process and better access to lawyers for detainees, enable easier visitation for friends and family in a more welcoming environment, and prioritize transparency and accountability at all levels of the community.⁷⁶ It also establishes redesigned interiors (devised by interior designers), and dedication of a substantial portion of jail real estate to community-wide facilities such as libraries, public plazas, community gardens, art studios, exercise facilities, medical clinics, and social services, as a way to increase community connection and reduce the fear and stigma surrounding jails.⁷⁷ The end goal is to create a civic resource that is integrated into the neighborhood and resembles a collection of normal, non-institutional buildings.⁷⁸

most jails in the United States. These facilities are built with safety glass on their exteriors to maximize natural light, as well as more normalized, comfortable interiors.⁸²

Using “biophilic design” to improve mental health

Many of the suggestions of the *Justice in Design* report relate directly to the concept of “biophilic design,” a set of principles, attributes and strategies for designers to bring nature into the built environment. Studies have shown that exposure to nature reduces heart rate variability and pulse rates, decreases blood pressure, lowers cortisol and increases parasympathetic nervous system activity while decreasing sympathetic nervous system activity.⁸³ These responses translate to improved cognitive functioning and learning rates, and can even be triggered by

Biophilic design can aid in the treatment of mental and behavioral health disorders.

elements of nature as minor as indoor potted plants or even *pictures* of nature.⁸⁴ One study even found that an activity as simple as viewing roses increases parasympathetic nervous system activity and can lower stress and instill in the viewer a sense of well-being.⁸⁵

Biophilic design can also aid in the treatment of depression and other mental health disorders while improving mood and memory spans.⁸⁶

Studies have shown the successes of biophilic design in numerous institutional settings. For instance, reductions in pain and anxiety coupled with greater positive feelings have been shown in hospital patients with views of nature or potted plants in their rooms.⁸⁷ A study in Michigan revealed a 24% reduction in the frequency of health care visits for prison residents with views of nature.⁸⁸ A study in the United Kingdom showed that installing greenery in housing estates resulted in less violence and aggression, less crime, and better interpersonal relationships.⁸⁹ Other more generalized studies have shown that even short immersions in nature elicit a positive mood and a greater desire to help others.⁹⁰

Researchers have even found that it is not just direct exposure to the greenery of nature that elicits positive human emotional responses. For instance, fractal patterns – self-replicating patterns that occur at increasingly smaller magnification – are found throughout nature, and research suggests that these patterns, even when removed from a natural setting, are literally pleasurable to the viewer due to the stimulation of the mu-opioid receptors in the human brain and increased endomorphin release.⁹¹

While biophilic designs have the potential to improve mental health, reduce stress, and instill greater altruistic behavior, other studies have shown that the primal flight or fight response is increased when individuals are exposed to hard-edged architecture rather than curving, softly contoured interior spaces. The same studies also suggest that this response is heightened when a person is already in a stressful environment. Traditional prison and jail designs tend to be bleak and hard-edged to increase the punitive environment of these settings.⁹² Thus, “first-generation” jail designs, and many “second generation” prison designs might actually promote stress and aggression.⁹³

Aside from the social benefits, biophilic design can also introduce significant environmental benefits and cost-savings to a jail’s operation. Reduction of energy consumption

Biophilic design can reduce violence and aggression, and improve interpersonal relationships.

through green roofs and walls, improved air quality, increased food grown on site, cooling of the prison environment, and water management through ecology make good economic sense in reducing prison operating costs and even enable greater autonomy in a prison or jail’s food systems and ecosystem services.⁹⁴ While such practices might seem far-fetched, jails and other carceral

facilities in the United States have already started to advance these practices through physical designs.

Existing biophilic jail design practices

One very notable project is the Sustainability in Prisons Project founded in 2007 as a partnership between the Washington State Department of Corrections and The Evergreen State College. The project’s overall mission is to bring science and nature into prisons.⁹⁵ Through numerous educational initiatives, the project helps reduce environmental, economic, and human costs by “inspiring and informing sustainable practices.”⁹⁶ There are now 12 programs in correctional facilities in Washington State, all achieving positive results with their inmates.⁹⁷ The programs carry out ecological research and conservation projects involving inmates, college students, and community partners.⁹⁸ They also help corrections staff and inmates develop cost-effective, environmentally sound practices for operating prisons while developing partnerships with nearby organizations, allowing staff and inmates to contribute to communities adjacent to

their facilities.⁹⁹ Within prison facilities, they construct flower gardens, nature imagery, and ornamental ponds. The programs – which require minimal physical interventions and spatial changes – have produced a number of noteworthy success stories.¹⁰⁰ One such story involves an inmate who coauthored a peer-reviewed paper, presented at a conference and has since gone to graduate school in molecular biology.¹⁰¹

A project at the Snake River corrections facility in Oregon is directly experiencing the behavioral changes associated with biophilic design in jails. When Nalini Nadkarni, a former professor at the Evergreen State College involved in the Sustainability in Prisons Project, was working in “supermax facilities” and researching the effects of introducing nature imagery into carceral settings, she devised an idea to use nature imagery in solitary confinement to instill behavioral changes in inmates who had been sanctioned for their misbehavior. A few years later while viewing a TED talk on her idea, Snake River corrections officers contacted Nadkarni and, with the approval of the authorities in their facility, developed a “blue room” concept in collaboration with her. The “blue room” concept is simple enough: it is a room in which prisoners are able to spend time sitting and watching nature movies.¹⁰²

The room has yielded positive results. Prison staff have reported that inmates seemed calmer after spending time in the room, and the facility experienced a 26 percent reduction in acts of violence among inmates who had watched the videos in the room.¹⁰³ After spending approximately 40 minutes watching footage of beaches in Hawaii, an inmate reported: “The environment had an instant and immediate calming effect on me [...] the dim lighting, the sound of waves crashing, the sight of the beach video with waves repetitively going in and out with palm trees swaying [...] these all provided an effective distraction, an ‘escape’ from my immediate situation, in a manner that didn’t ‘pump me up.’”¹⁰⁴ Establishing the room was cost-effective – in total, the room cost the prison \$1,500 to set up.¹⁰⁵



An officer oversees Snake River Correctional Institution's Blue Room. Reprinted with permission from photographer Beth Nakamura.¹⁰⁶

The emerging “model” jail design for women

Numerous “model” facilities recently built or currently being planned in the United States are adopting the idea that the more carceral facilities resemble colleges, the more communities can, in the words of criminologist Yvonne Jewkes, “start seeing prisoners as people with potential.”¹⁰⁷ Moreover, many of these facilities are actively incorporating the tenets of biophilic design.

Not only are corrections agencies in the United States looking to Central European and Scandinavian models as administrators plan the construction of new jails and prisons, they are also looking for design ideas in existing domestic facilities. One jail that consistently receives attention and accolades—and that is starting to serve as a model for newer facilities—is the Las Colinas Detention and Re-Entry Facility in San Diego, California, opened in 2014. Las Colinas, which is discussed in more detail below, provided the inspiration for the design of a new state prison in Utah, set to open in 2020 with 4,000 beds. Specifically, the Utah facility partially borrowed Las Colinas’s emphasis on “humane” and “normalizing” design considerations.¹⁰⁸

Las Colinas Detention and Re-Entry Facility for Women – San Diego, California

Las Colinas was the first detention facility of its kind in the United States that used environmental and behavioral psychology to improve the experience of staff and inmates.¹⁰⁹ The designers looked to higher education campus planning as inspiration, rather than traditional prison layouts.¹¹⁰ The design team structured their approach around reducing repeat offending and recidivism, and also ensured that the project team included women who would be better attuned to the unique needs and viewpoints of female inmates.¹¹¹ The multi-custody facility creates a “normative” environment for up to 1,024 low- and medium-security inmates, while 192 high-security inmates can be housed in a separate area of the campus with more typical “direct supervision” residential units.¹¹²

The campus is divided into zones – administrative, communal, programmatic, and housing – connected by a central quad or “village green” intended for recreation.¹¹³ It includes “internal security zones” for different classification housing clusters, providing graduated amenities for inmates based on their security level, resulting in greater freedom of movement.¹¹⁴ Inmate housing is laid out in clusters of two to four units that surround exterior courtyards, and the units are distributed around the periphery of the campus.¹¹⁵ The facility resembles a “nice college campus, with large windows, cheerful interior color schemes, noise proofing, [and] murals on the walls.”¹¹⁶ The exterior of the facility, outside a 16-foot high fence and wall, is thickly landscaped to fit in with surrounding residential and commercial neighborhoods.¹¹⁷

Importantly, the facility also has a large dayroom for contact visits. The “child visitation rooms” are welcoming and have less “institutional” environments than traditional visiting areas. The dayroom is adjacent to a common dining hall that is available for meals to both inmates and visitors. The designers explicitly designed these two areas to instill “a feeling of normalcy and optimism.”¹¹⁸ The designers also implemented biophilic design by bringing “nature into the interior of the space” through the use of large-scale photographic murals of natural settings.¹¹⁹ The grounds have outdoor walkways through lawns with natural landscaping, hedges, and trees.¹²⁰ The typical stainless-steel furniture has been replaced with items made from wood and softly colored plastic.¹²¹ In the least restrictive environment, women sleep in cubicles instead of cells, evocative of a “dormitory” setting.¹²² These cubicles, however, do allow for privacy via half-walls dividing each inmate’s personal space and bed.

The facility also uses a “step-down” process, in which inmates are rewarded for good behavior by being moved to progressively less restrictive environments that have more opportunities for vocational and educational programs.¹²³ This idea is reflected in the physical design of the building – the architects and designers explicitly attempted to have the design reflect the idea that if jails “treat inmates as autonomous and responsible human beings (albeit within a controlled and managed environment), they will be more likely to act accordingly.”¹²⁴ These activities occur in different areas of campus, and keep eligible inmates occupied all day with campus-wide educational activities, rehabilitation, employment training, and recreation.¹²⁵

Although the facility is still young, it has already shown indications of success. For instance, according to the design team, physical fights and altercations are not a serious issue in the new facility.¹²⁶ The San Diego Sheriff's Department has reported a decline in incidents of inmate-on-inmate and inmate-on-staff violence.¹²⁷ In a post-construction visit in the Fall of 2017, the design team was informed that correctional staff were pleased with the overall operation and program elements that the physical design enabled. The team believes that the operational successes of the facility suggest that certain components of the facility could have actually had a *more reduced* level of security; these spaces could be even less restrictive without compromising the overall security of the center.¹²⁸



A day room in the Las Colinas facility.¹²⁹ Reprinted by permission of KMD Architects and the San Diego County Sheriff's Department.

Other women's facilities using "model" practices

While Las Colinas is the most well-known "model" women's facility in the United States, it is not the only existing women's carceral facility that utilizes some of the best practices previously discussed. The Shakopee Women's facility in Shakopee, Minnesota, which was visited and lauded by the design team behind Las Colinas, does not have a fence and uses a similar "step-down" policy to reward good behavior. This institution houses approximately 600 prisoners, roughly 100 of whom are in for offenses as serious as murder. The key to the success of the "open campus" plan is that women there "earn the privilege [...] and recognize that Minnesota has much tougher places they could go if they fail."¹³⁰

Similarly, the Maine Correctional Center, designed in 2002 by architect Arthur Thompson, houses minimum and medium security inmates and is considered a national model for gender responsive prison design.¹³¹ The facility uses "non-institutional" furniture with soft materials, and has an abundance of natural light. It also has wooden doors, which minimize the stress reactions brought on by loud sounds of steel doors echoing against bare cinderblock.¹³²

Conclusion

Local jurisdictions should reserve jail incarceration as an absolute last resort for women who are deemed a flight risk or a danger to public safety.¹³³ While policymakers and designers can distinguish best physical design practices used in various facilities throughout the world, it is also crucial to recognize that reducing the number of women who go to jail in the first place through diversion tactics and well-crafted social programs is indispensable to successful criminal justice reform.¹³⁴ The majority of women who end up in jail are there for non-violent offenses, and suffer from trauma, mental health, and substance abuse issues. These women are often responsible for small children, and even brief periods of incarceration can be extremely destabilizing for them and their families.

Jails and other carceral facilities can be much more rehabilitative and gender-responsive than they are, but ideally, vulnerable populations would have access to a spectrum of social services before they become justice-involved in the first place. Even some of the best "direct-supervision" institutions can cue aggressive and self-destructive behavior. Thus, creating fundamentally new jails – jails that are much closer in design to "community hubs" or educational campuses – should be considered only in tandem with a commitment to broadly fund

and expand diversion programs and community social services. These two advances in criminal justice reform are inextricably linked.

For the women who do need to be incarcerated, however, designers of new jails have the ability to incorporate best “direct supervision” design practices that are responsive to women, as well as trauma-informed and “biophilic” design strategies that use nature and nature imagery as a means to ameliorate and alleviate mental health issues, aggression, and stress. The best facilities would also structure equitable jail services using a “town center” approach, which allows individuals to access an array of programming in a central location. Such facilities should be oriented towards and integrated with the community, and their operations should be as transparent as possible.

New “model” jails should, in effect, more closely resemble college campuses that are integrated into the surrounding community, and offer programs that benefit community members, regardless of whether they are being detained in the jail facility. Within this setting, facilities should also prioritize freedom of movement, and use increasingly free movement as a “step-down” reward for good behavior. In considering the construction of new facilities, policymakers should remember that jails significantly impact the communities around them, regardless of their design. Planning processes have shown that building rehabilitative, gender-responsive facilities requires being responsive to and supportive of the communities in which they will be built and to which the incarcerated population will return. Therefore, the design process should provide ample opportunities for community input – including from justice-involved individuals – before a single brick is laid.

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APPENDIX D

Research Brief:

**“Female Incarceration:
What Does Gender-Responsive
Visitation Look Like?”**

Female Incarceration: What Does Gender-Responsive Visitation Look Like?

By Audrey Muntz, LBJ School of Public Affairs, May 22, 2018

Introduction

The landscape of female incarceration has shifted dramatically over the last four decades. The overall prison population has seen an enormous increase during this time and women have experienced incarceration at a rate higher than their male counterparts. Between 1980 and 2016, the number of incarcerated women in the United States increased eight-fold from 26,378 to 215,332, while the male population increased four-fold.¹ Women now make up eight percent of the incarcerated population, a larger percentage than ever before.²

As female incarceration rates increased, so too did the number of children experiencing maternal incarceration. Research shows that children with incarcerated mothers have increased risk of school delinquency and higher rates of mental and emotional health issues.^{3 4} Quality visitation with children and loved ones can play a critical role in the outcomes of these children and their mothers. Visitation can also strengthen community ties and reduce recidivism for both parenting and non-parenting inmates.⁵ This brief gives an overview of the unique needs of female offenders and their families, describes current visitation practices, presents innovative program models, and provides recommendations for the expansion of female-responsive visitation programs.

Why Gender-Specific Visitation Programs Are Important

Since the vast majority of the inmate population is male, jails and prisons have been developed with the criminogenic needs and traits of men in mind. The lack of regard for the traits and needs of women means there is a dearth of gender-specific programming. Research demonstrates that visitation programs can have a positive impact on incarcerated women, and governmental groups, researchers, and advocates recognize the importance of providing gender-specific visitation programs.⁶

Women have Different Needs

Most female offenders are low income and have less education and fewer job skills than the general population. Women of color are overrepresented in the system.⁷ Women are more likely to have committed non-violent crimes, with a majority of women incarcerated for crimes involving property or drugs.⁸ Once incarcerated, women enter the system with traits and needs that vary from those of their male counterparts. With higher rates of mental health illnesses and substance abuse, less education, and complex histories of trauma, female inmates have unique traits that call for programming that is developed to reflect their gender-specific needs.⁹

The Importance of Relationships to Female Offenders

Relationships play an important role in the lives of female offenders. Female criminal involvement often develops out of relationships that women have with friends or significant others.¹⁰ While incarcerated, women tend to maintain greater contact with the outside world than male inmates.¹¹ Female inmates are also more likely than male inmates to serve as primary caretakers for both children and elderly parents prior to incarceration.^{12 13}

Children play a central role in the lives of incarcerated women. Researchers estimate that between 61 to 75 percent of female inmates have minor children^{14 15}; and most female inmates have the goal of reunification with their children upon exit.¹⁶ In a 2002 study, University of Virginia researchers Houck and Loper found that incarcerated mothers experience significant stress from loss of their parenting role and fears about their children's well-being. These higher levels of stress are associated with depression, anxiety, and increased levels of misbehavior.¹⁷

Women Face Special Barriers to Visitation

While the majority of children with incarcerated fathers remain in the care of their mother, children of female inmates are most often cared for by grandparents or other relatives.¹⁸ Most of these caregivers are low-

income. Caring for additional children is stressful and can create financial burdens that inhibit visitation. Since there are fewer female than male facilities, women are often placed farther from their communities making visitation even more difficult.¹⁹ Caregivers indicate that barriers to visitation include work schedules and bad visitation hours, lack of transportation funds, travel time, and inadequate visitation programs.^{20 21} Mothers and caregivers may also be resistant to bringing children for fear of the experience being too difficult or traumatic.²²

Imprisonment of Mothers Impacts Children Differently

Children of incarcerated parents may experience trauma, shame, and stigma as a consequence of this loss and the circumstances surrounding it.²³ This adverse childhood experience can have an impact on the children's outcomes, including school performance and behavior, and is associated with an increased risk of future trauma.²⁴ Parental incarceration also increases the risk of emotional and behavioral issues, delinquency, and stress.²⁵

Although incarceration of either parent is consequential, research suggests that maternal incarceration is more consistently associated with negative outcomes. Seventy five percent of incarcerated mothers reported serving as the primary caregiver of a minor child as compared to 25 percent of incarcerated fathers.²⁶ Since female inmates are also three times as likely to be single parents, children of incarcerated mothers are more likely to experience home disruption and to enter foster care than those with incarcerated fathers.²⁷

Home instability and the disrupted maternal attachment are associated with negative outcomes including low self-esteem, antisocial behavior, depression, and behavioral issues.²⁸ This disruption and risk factors associated with their mother's arrest (i.e. criminogenic activity at home, maternal substance abuse) make these children especially vulnerable.²⁹ Research suggests that children of incarcerated mothers may also face increased risk of future incarceration. A 2007 study by William and Mary professor Danielle Dallaire found that children of incarcerated mothers were more than twice as likely to be incarcerated as adults when compared to children of incarcerated fathers.³⁰

The Benefits of Visitation

For incarcerated women, visits are the main opportunity they have to engage as a family and take on their role as a mother. Although the full effects of visitation are understudied, there is evidence that visitation programs can play an important role in reducing inmate misconduct, strengthening familial relationships, easing re-entry, and reducing recidivism.³¹

Benefits for Inmates

Visitation appears to play an important role in adjusting to incarceration and in reentry success. A 2002 study by Karen Casey-Acevedo, a criminal justice professor at Lynn University, found visitation is associated with both greater adjustment to prison and improved societal adjustment at reentry.³² Similar studies found that visitation reduces familial conflict and increases the likelihood of family support following reentry. Since familial support plays an important role in reentry success, maintaining positive family relationships is a key component of reducing recidivism.³³ Strong, supportive relationships with spouses, partners, and friends is also associated with greater success in female inmates' substance abuse recovery.³⁴

Family visitation encourages child-mother attachment and increases parenting success after prison. Research suggests that increased contact with children reduces maternal stress, improves parent-child interaction, and increases empathy.^{35 36} A 2009 study by University of Hawaii professor Marilyn Brown and Sonoma State University professor and Co-Director of the Center for Gender and Justice Barbara Bloom found that regular contact with children through visits, letters, and phone calls positively impacts women's parenting after prison.³⁷ Visitation can also promote positive relationships with children's caregivers leading to better outcomes for mothers and their children.³⁸ Further, family visitation programs are strong incentives for good inmate behavior. Visits promote compliance with facility rules and motivate parents to participate in facility programs.^{39 40}

Benefits for Children and Caregivers

Visitation programs also appear to provide positive benefits for children. Visits can reduce anxiety by allowing children to see that their mother is alive and well.⁴¹ They also support attachment and can promote a continued bond after release.⁴² A 2010 study by University of Minnesota and University of Wisconsin child development researchers, Rebecca Shlafer and

Julie Poehlmann found that children who had contact with their incarcerated parent felt less alienated.⁴³ Further, 2004 research at a Virginia state prison found that more frequent contact was associated with fewer school disciplinary issues for these children.⁴⁴ Visitation can also benefit family and friends. Visits can reduce the distress associated with the incarceration of a loved one and provide visitors the opportunity to work through issues.^{45 46}

Potential Negative Consequences

Although visitation can provide benefits to inmates and their families, the visitation experience is not always positive. Female inmates may feel guilty about the financial, time, and emotional burden of visiting.⁴⁷ Children may be upset by the experience and act out, as demonstrated in a 2010 study by Dailleire et al. which found that children's behavioral issues increased following visits.⁴⁸ Family and loved ones may express anger during the visit and upset the inmate. Researchers contend that these mixed results are related to the type, quality, and experience of the visit and that facilities can reduce potential negative consequences through enhanced visitation.⁴⁹

The Current Structure of Visitation Programs

Prison and jail administrators have enormous discretion in the development and implementation of their facility's visitation programs. This means that visitation programs vary significantly across facilities. This variance includes when visitation is scheduled and the length and types of visitation permitted. Currently most facilities have visitation programs that include one or more of the following.^{50 51}

- **Contact Visits:** These visits allow for physical contact between inmates and their visitors. Facility rules vary when it comes to the amount and type of contact permitted. For example, in Texas prisons, a hug and kiss are permitted at the beginning and end of the visit, holding hands is allowed, and children can sit on laps.⁵²
- **Extended Family Visits:** These visits allow family members to stay for a longer period of time with some facilities allowing for overnight visits. These programs are rare and vary in terms of length, who can visit, and where visitors stay. For example, at the South Dakota Women's Prison, women participating in a parenting program can receive overnight weekend visits once each month.⁶¹

- **Non-contact Visits:** These visits do not allow for physical contact between an inmate and their visitor. Inmates are separated from their visitors by a plexiglass partition or other barrier.
- **Video Visitation:** Video visitation programs are conducted using smart devices or computers with images and conversations transmitted over the internet or intranet. The cost and availability of video visitation varies dramatically among facilities.

Creating Meaningful Visitation Experiences

Incarceration separates offenders from their communities. Visitation is the main opportunity that inmates have to connect with their spouses, children, family, and friends. The quality, frequency, and type of visit impacts outcomes related to visitation.⁶²

The Rise of Video Visitation

According to the Prison Policy Initiative more than 500 correctional facilities were using video visitation in 2014.⁵³ Many facilities like Jefferson Parish Correction Center in Louisiana have completely eliminated in-person visitation in favor of video.⁵⁴ Video visitation programs vary dramatically across sites. In Alabama, "visitors" can video visit from a personal computer and calls cost 60 cents a minute, while in Maryland "visitors" must use community or prison-based kiosks at no charge.⁵⁵ Video visitation provides an additional visiting option for families and allows for additional contact opportunities for families that are far away or have additional limitation. However, cost burdens or issues related to accessing kiosks can deter its use. Further, reports about poor connection quality and call drops can make the experience frustrating for visitors.⁵⁶

Since video visitation is relatively new, there is only minimal research about its effect. In a 2017 Vera Institute report on video visitation in Washington State Prisons, researchers found that the implementation of video visits did not have an impact on infraction rates.⁵⁷ It did, however, appear to have a positive effect on in-person visits. Regular users of video visitation saw a significant increase in the number of in-person visits they received following implementation.⁵⁸ Prisoners in this study also reported that video visitation helped maintain more regular contact and created a groundwork for in-person visitation. The American Correctional Association along with prison visitors, experts, advocates, and lawmakers in states like Texas and California, agree that video visit should supplement and not replace in-person visits.^{59 60}

Frequency and Length

There are a number of factors that contribute to the quality of visit. Although understudied, frequency and length appear to play an important role in visitation outcomes. Prison inmates who receive visits earlier and more often have reduced rates of recidivism.⁶³ In a 2016 evaluation of an extended visiting program, researchers found increased mother-child attachment following participation and both mothers and caregivers identified the longer time as beneficial.⁶⁴ Experts contend that longer visits, like these, can provide more time for bonding and processing emotions.^{65 66}

Long distances, the financial burden of travel, and scheduling can present barriers to more regular and longer visits.⁶⁷ To reduce these issues, the Arizona Department of Corrections provides a guidebook for friends and families to understand the visitation process. They also provide family assistance services, which include coordinating parent-child visits and arranging carpooling or other transportation.⁶⁸ Nonprofit programs, like assisting Families of Inmates in Richmond, Virginia, also provides services that encourage visitation and reduce the burden of having a family member incarcerated. This program provides free transportation to correctional facilities across the state on visiting-day and educates visitors about visitation policies and procedures.⁶⁹

The Facility

The staff and facility also contribute to visitation quality. Interacting with kind, welcoming, and informative prison and jail staff improves the visitors' perceptions of the facility and overall experience.⁷⁰ The design, cleanliness, and environment of the visiting area also impacts the visitor experience, especially for children.⁷¹ Jail and prison visitation rooms can be crowded and are often undecorated without activities or furniture appropriate for children.⁷² The lack of child-friendly spaces can be a stressor for mothers and caregivers and can deter visitation.^{74 75} Research suggests that visiting areas and security procedures that are welcoming and developmentally appropriate can lessen the potentially negative effects of the prison environment on children.⁷⁶ Comfortable, private, and family-friendly visiting areas can encourage family bonding.⁷⁷

Type of Visitation

The type of visitation matters. Non-contact visits are associated with stress for children and caregivers. The lack of physical affection and forced separation can be

confusing and painful for children.⁷⁸ Contact visitation on the other hand, can provide reassurance to children and can mitigate feelings of anxiety and abandonment.^{79 80} A growing body of research supports the need for this type of visitation, and experts find that contact visits provided in private spaces can improve mother and child outcomes.⁸¹

Physical contact also appears to impact the effectiveness of parenting programs. Women's facilities currently provide more parenting programs than male facilities, but these programs vary significantly across institutions and most lack the parent-child contact incorporated in to traditional parenting programs.⁸² Research suggests that without contact visitation, these parenting programs are much less effective; and classes must incorporate child-parent contact to maximize benefits.⁸³

Intervention Programming

Visits tied to intervention programs, including therapy, parenting classes, and community support for children and caregivers, can enhance the positive effects of visitation. In a 2010 analysis of visitation research, Poehlmann et al. found that contact visitation that occurred with intervention was tied to more positive outcomes.⁸⁴ There are currently a number of intervention-based visitation programs at facilities across the United States. Although many of these programs lack formal evaluations, there are a number of model programs at facilities across the country that demonstrate the benefits of enhanced visitation.

Many intervention programs are managed by the facilities, while others, like Girl Scouts Beyond Bars, are managed in partnership with nonprofits. The Kentucky Correctional Institution for Women provides a 12-week parenting program that includes classroom work and bonding visits. A 2008 evaluation of this program found that mothers who participated in the program had improved parenting skills and felt more bonded to their children.⁸⁵ Mothers reported that extended contact visitation was a valuable aspect of the program experience.⁸⁶

Girl Scouts Beyond Bars serves girls whose mothers are incarcerated. Girls come in to facilities for special visitation programs. Mothers meet prior to visits to prepare for their daughters' visits and daughters meet within their communities to receive peer support.⁸⁷ Daughters are provided transportation to the correctional sites on visit days. Evaluations of the

Examples of Visitation at Women's Facilities Abroad

Germany: Each of the 16 German states manages its own prisons. Eight of these states have facilities with nursery units where children can remain with their mothers until age 3. Prisoners are guaranteed one visit per month but can request extra visits and family days. Further, prisoners receive up to 21 days off-site for visits and can request leave for special family events.⁸⁹

Australia: All federal correctional facilities have private family visitation units. These units are structured like homes with two bedrooms, a kitchen, and a living room. Visits are meant to encourage family bonding and community ties. Visits are up to 72 hours every two months.⁹⁰

Sweden: Under Swedish law, prisoners can receive as many visits as is possible to arrange. Most visits are during special visiting times and last one to hours. Open institutions allow cell visits, while closed institutions have child-friendly visiting areas. One of the large female closed prisons, Hinseberg, has a special apartment where mothers can receive overnight visits from their children. Prisoners can also go "on leave" to visit family. This leave is intended to help prisoner maintain familial ties. Children up to 12 months may remain in prison with their mothers.⁹¹

program have shown decreased parental stress and improved school and emotional health outcomes for the girls.⁸⁸

Community Works West is a local nonprofit program serving San Francisco County.⁹² This program provides parenting classes using the evidence-based curriculum *Parenting Inside Out*, offers one-on-one therapy, and supports contact visits between inmates and their children. Eligible inmates, those with a certain security level with minor children, are required to participate in parenting programs prior to contact visits. Contact visits, which are not permitted for other inmates, are hosted in child-friendly spaces and children and parents receive support and coaching from trained staff. Community West also has a staff person who serves as Child Protective Services (CPS) liaison and coordinates visits for children who are in CPS custody during their mother's incarceration. A longitudinal randomized controlled trial evaluating the *Parenting Inside Out* curriculum found better parental participation, reduced recidivism, and reduced post-release substance abuse.⁹³

Nursery Programs

Although these are not technically visitation programs, prison and jail nurseries encourage mother-child attachment and eliminate the barriers that might prevent visitation. The Children's Center and Nursery Program at Bedford Hills Correctional Facility for Women in New York has both a children's center and a nursery program, where infants are permitted to live with their incarcerated mothers for up to 18 months. The nursery, the first of its kind in the United States, houses mothers with their infants and includes rooms with cribs and a communal playroom. The children's center, is run by a nonprofit partner, and offers

parenting classes, transportation support, case management, and child friendly visitation spaces.⁹⁴ A survey conducted by the New York State Department of Correctional Services found lower rates of recidivism among program participants three years after release,⁹⁵ and an evaluation of the program by Byrne et al. in 2010 found that participating infants formed more secure attachments with their mothers.⁹⁶ This nursery is one of only eight at the 100 women's prisons in the United States.⁹⁷

Moving Forward with Gender-Responsive Visitation Programs

Gender Specific Programming Matters

A key component of the gender-responsive model developed by Directors of the Center for Gender and Justice Stephanie Covington and Barbara Bloom includes a guiding principle for relationships, which focuses on women's roles with their children and within their community.⁹⁸ This philosophy emphasizes developing strength-based programs that focus on women's need for interpersonal connections both inside and outside the facility.⁹⁹ The American Correctional Association released a policy guiding correctional agencies to practice gender responsiveness and to create programs that encourage ongoing family connections.¹⁰⁰ These gender-responsive techniques are important to the success of female inmates.

Each Aspect of Visitation Contributes to Its Effect

Visiting hours, facility environment, and visitation type can deter or encourage visitation and contribute to how visitation impacts outcomes. Making sure that visitors

can and want to get to the facility is the first step in the visitation process. Long distances, the financial burden of travel, intimidating security procedures, and scheduling present barriers to visitation.¹⁰¹ Fear of creating stress for a child can also deter visitation.¹⁰² Placing inmates closer to home, expanding visiting hours, and providing transportation support can encourage visitation while unclear rules and unpleasant environments may deter visitation.¹⁰³

The type of visit also impacts frequency and quality of visitation. Inmates and their families prefer contact visits and research demonstrates that contact visits produce better outcomes.^{104 105} Facilities have to balance the security and financial costs of visitation with the potential rehabilitative impact that comes from maintaining contact. If the goal of visitation is to improve outcomes, hosting a parent-child visit in a crowded institutionalized visitation space or having a visitor speak through plexiglass is unlikely to achieve this goal. Tying visitation to other interventions is important. Visits that include parenting support, visitation preparation and debriefs, and other therapeutic interventions are more likely to produce positive results.¹⁰⁶

Visitation Programs Can Support Relationships Beyond Parent-Child

Most special visitation programs focus only on the mother-child relationship; and thus, research about female visitation is limited almost exclusively to these interventions. However, there are a number of reasons to broaden the scope of visitation to include other relationships. Having strong, supportive relationships can support recovery, and strong ties to the community can help ease reentry.¹⁰⁷ Good relationships with a child's caregiver can help to reduce children's stress and improve the transition of the mother back to primary caregiver upon exit.¹⁰⁸ Further, research suggests that visitation, even from volunteers or distant relatives, can provide relief from the stress of prison and improve the incarcerated person's behavior.¹⁰⁹

Nonprofits are Important Partners in Visitation Programs

Nonprofit partnerships have been useful in expanding visitation programs at a number of jails and prisons. These partnerships have numerous benefits. They can enhance staffing resources that support multiple facets of visitation.¹¹⁰ Staff with social work and child-development expertise can assist in the creation of child

friendly environments and provide more appropriate and effective programs. These staff can also support the professional development of guards working with visitors.

Community partners can serve as a support system for caregivers and children, providing support either within the facility or in the community. They can also help with logistical issues related to visitation, including providing transportation or helping with those costs, sharing information and preparing visitors (making sure they follow the dress code, understand the application process, etc.), and providing the labor and materials to make waiting areas and visitation rooms more child-friendly.

The number one goal of correctional staff is safety. Nonprofits, however, can have goals that prioritize mother, family, and child relationships and outcomes. They can also support these familial units both within the prison or jail and in the community and have the ability to continue to support inmates and their families even after re-entry.

Need for Further Evaluation of Visitation

There is a lack of empirical evidence on what works best in visitation and the role that inmate characteristics play in visitation success. Most studies on visitation focus on whether visitation happens or not and do not examine other factors of visitation, including the frequency, experience, length, and type. Further, many of the intervention-based visitation programs have never been formally evaluated.¹¹¹ Researchers and experts recognize that future studies must continue to explore how different aspects of visitation affect outcomes.¹¹²

Recommendations

Make facility visiting procedures clear and create family-friendly visitation environments. There are many steps that facilities can take to improve the visitation experience for visitors, including improving accessibility of information and creating friendlier environments. Staff should receive training in customer service and working with children, and administrators should support and encourage a culture that values visitation as a rehabilitative tool. Facilities should collect feedback from families about the visitation experience and make adjustments when appropriate. They should direct resources to improve the overall visitation experience, investing in family-friendly furniture, toys, and other décor. Facilities should also

amend security practices that may traumatize children, including eliminating pat-downs of very young children.

Reduce financial and distance barriers to visitation.

Distance is one of the biggest barriers to visitation. Corrections agencies should place female offenders as close to home as possible. Courts should also expand their use of residential treatment diversion programs that allow women to live within the community while serving time. Facilities should also explore ways that they can support the financial burden of visitation by providing transportation or facilitating carpooling, such as the Arizona Department of Corrections Family Support Program, or by partnering with nonprofits that can provide these services.

Prison and jail administrators should invest resources in creating visitation programs that incorporate evidence-based interventions.

If facilities implement programs that have not been vetted, they may be expending resources on programming that will not serve its desired purpose. Administrators should replicate best practice visitation programming in use at other facilities and work with researchers and practitioners (therapists, child development specialists) to develop and implement enhanced visitation programs. Facilities should make sure these efforts support a range of relationships, not just the mother-child relationship. It is also important that nonprofit partners providing visitation and support services vet their programs and invest resources in regularly evaluating and improving the structure, content, and effectiveness of their programs.

Retain and expand contact visitation. High quality contact visitation is critical to achieving positive outcomes related to visitation and parenting programs. Although there are security risks and costs related to contact visitation programs, alternatives like non-contact and video visits, do not provide the same benefits. Prison administrators should encourage contact visitation as a rehabilitative tool. Facilities should look into expanding visitation hours and use other forms of communication (letters, phone, video) as a means to supplement the benefits of contact visitation.

Develop and support nonprofit and community partnerships. Nonprofit and community partners can focus on goals and programming that is outside the day-to-day purview of prison staff. This supplemental support can vastly improve the breadth and quality of

visitation programs that are provided. Administrators that currently have nonprofit partners should nurture these relationships and work with these partners to guarantee that programs are vetted. Administrators at facilities that do not have nonprofit partners should look to advocates, local nonprofits, and religious groups as potential avenues for developing these relationships. Facilities should also look to local universities for help with program evaluation.

Expand research and data collection on visitation.

There are many opportunities for researchers to fill gaps about visitation and its outcomes. Additional research should explore the interplay of factors that create meaningful visitation experiences. This should include examining the basics of visitation including length, frequency, and type, and also the quality of visits. Quality of visit indicators should include facility security guidelines, design of visitation space, the emotional state and experience of both the visitor and the person visited, and whether there were activities provided. Researchers should continue to evaluate the effects of enhanced visitation programming and examine what role inmate characteristics (race, age, mental health, etc.) play in program effectiveness. Facilities should support these efforts by collecting visitation data, including who visits, how often, and what type of visitation occurs. In order to evaluate and amend visitation programs, facilities also need to collect data on program participation and outcomes.

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APPENDIX E

Research Brief:

“Meeting Women’s Health Care Needs in Jail”

INTRODUCTION

Female incarceration rates are rising globally. Between 2000 and 2017, the number of women and girls in prison world

wide grew by 53 percent.¹ In the United States, the incarcerated female population increased by 700 percent between 1980 and 2016—double the growth rate of the incarcerated male population during this time (although the total female population remains smaller in absolute size).² Almost half of these women serve their time in local jails, and of that population, 60 percent are unconvicted and are awaiting trial.³

Women in jails have different health care needs than men. Women often have higher rates of physical illness, substance use disorder (SUD), and other infectious diseases, such as HIV, hepatitis C (HCV), and sexually transmitted infections (STI).⁴ Approximately six percent of women enter jails pregnant, and many of these women have not received proper medical care or have experienced abuse or abused substances.⁵ Women in jail also experience higher rates of mental health problems than women in prison, and men in jails and prisons.⁶ In jail, 67.9 percent of women reported a history of mental health problems versus 40.8 percent of men.⁷ Incarcerated women also have higher rates of a history of trauma and abuse. Approximately 86 percent of women in jail reported being victims of sexual abuse.⁸

A woman's past experiences with sexual and physical abuse, violence, mental illness, substance use, as well as socioeconomic status, relationships, and community shape her pathway

to jail and offending.¹⁰ These factors also affect a woman's health care needs. Experience with drugs, mental illness, or abuse requires targeted care for female inmates. However, women in jails find themselves in facilities designed for men and subject to jail health care systems developed to meet men's needs.¹¹ Jails and jail health care services have not adapted to the gender-specific needs of women and do not account for the differences between male and female jail inmates.¹²

Jails in the United States currently serve as the largest providers of psychiatric care.¹³ Given the growing female jail population, and their mental and physical health care needs, steps must be taken to create a gender-responsive system to serve women's needs. Jails provide an opportunity to care for vulnerable populations and diagnose and treat ignored or undetected health conditions.¹⁴ Creating a gender-responsive jail health care system allows jail administrators, correctional staff, and health care providers to better meet women's health care needs.¹⁵

This issue brief will address how jails can best meet the health care needs of women. First, it will review inmates' right to health care and the international standards set for detained women. Then it will examine how the health care needs of women in jail differ from those of men and the specific health care issues of women in jail. Finally, this brief will identify ways jails can make health care more gender-responsive and offer recommendations to improve intake procedures, hiring and training practices, gender-responsive strategies, and systems for continued health services.

"The health status of prisoners is generally much poorer than that of the general population, and women's health needs can be seriously neglected in a male-dominated prison system. Many women in prison have a background of physical and sexual abuse and of alcohol and drug dependence." – WHO⁹

HEALTH CARE IS A CONSTITUTIONAL RIGHT

Inmates have a right to health care

The 1976 United States Supreme Court ruling of *Estelle v. Gamble* protected inmates' right to health care, finding denial of medical care could result in cruel and unusual punishment and Eighth Amendment violations.¹⁶ This ruling dictates that prison staff cannot actively disregard a prisoner's serious medical needs, staff must acknowledge a prisoner's medical needs, and provide access to adequate medical treatment.¹⁷ According to the National Institute of Corrections (NIC), "deliberate indifference" in prison and jail health care can include the denial or delay of access to care, medical diagnosis or treatment, and failure to administer a medically prescribed treatment.¹⁸

"An inmate must rely on prison authorities to treat his medical needs; if the authorities fail to do so, those needs will not be met."
—*Estelle v. Gamble*¹⁹

Estelle v. Gamble (1976) establishes that an inmate's right adequate health care. However, the standard of deliberate indifference is difficult to prove. The ruling of *Farmer v. Brennan* (1994) increased the burden of proof to establish Eighth Amendment violations, stating a prison official must know conditions present "a substantial risk of serious harm" but fails to intervene.²⁰ This standard for adequate care fails to account for the medical needs of women, especially reproductive health, care given correctional officers often limited training on women's health needs.²¹ While the number of women under correctional care grows, understanding of women's health care needs and the appropriate jail health services available for women remains limited.

Women have a right to health care

Women in the criminal justice system find themselves in a system designed for men, ignoring their gender-specific health needs.²² Jails and prisons that use staffing and training models designed for men fail to provide a sufficient number medical staff capable of meeting women's health care needs.²³ Women in jail present with more health issues and require more health care services, making the cost of providing health care for women in jail more expensive than for men.²⁴ According to the World Health Organization (WHO), tackling the health needs of women in the criminal justice system must be part of any plan to improve national health.²⁵ Overlooking the needs of incarcerated women would result in a failure to adequately treat their serious health issues, including infectious diseases, mental health disorders, and SUD.

Given this knowledge, the WHO Regional Office for Europe released the Kyiv Declaration on Women's Health in Prison. The Kyiv Declaration aims to increase awareness of current health care issues incarcerated women face and highlights the need for a gender-responsive criminal justice system to meet women's needs.²⁶ Furthermore, the WHO guidance notes that correctional health care services should be of the same quality found in the community and available to all inmates.²⁷ Health care providers in prisons and jails should also plan for continued care after re-entry.²⁸ To prevent discrimination against the female prison and jail populations, international organizations like the WHO and United Nations (UN) advocate for gender-specific services that meet women's unique needs.²⁹

Women have a right to equitable care

In the United States, female prisoners want health services that meet their needs. Women at the Taycheedah Correctional

Institution in Wisconsin filed a class action lawsuit led by the American Civil Liberties Union (ACLU)

FIGURE 2: CURRENT MEDICAL PROBLEMS REPORTED BY JAIL INMATES

Number of current medical problems	WOMEN	MEN	TOTAL POPULATION
0	47.4%	65.2%	50.2%
1	28.3%	21.7%	14.3%
2	13.5%	8.1%	36.9%
3 or more	10.8%	5.0%	44.3%

SOURCE: "Medical Problems of Jail Inmates," *Bureau of Justice Statistics*

and the ACLU of Wisconsin in 2006.³⁰ The suit claimed prison conditions violated the women's Eighth and Fourteenth Amendment rights.³¹ The violations named in the suit include gender inequity in services, disability discrimination, and failure to provide adequate health, mental health, and dental care.³²

A settlement in 2010 resulted in the appointment of an independent correctional medicine expert to oversee the implementation and enforcement of performance standards for the medical facility at Taycheedah prison.³³ After eleven visits, the expert certified that the prison met the established targets in 2015.³⁴ This certification establishes that female prisoners at Taycheedah now receive healthcare services at the same level of quality, timeliness, and adequacy as male prisoners.³⁵

WOMEN IN JAIL

Understanding the social and medical history of a female inmate provides insight into her pathway to jail. Often, a female inmate's offense reflects her life experience. Trauma, addiction, and mental illness drive women's incarceration patterns.³⁶ Not treating the specific

mental, physical, and reproductive health needs of women in jail fails a population in need of a social safety net.³⁷

Women's unique health care needs

Women in jail reported higher rates of chronic disease, mental illness, and co-occurring medical problems, mental illness, and substance abuse than men in jail (Figure 1).³⁸ A study conducted with 822 inmates in Maryland and New York jails found 14.5 percent of men and 31 percent of women experienced a serious mental illness (SMI).³⁹ Women's histories of sexual and physical abuse, exposure to violence, and childhood adversity result in increased trauma. A study of 500 inmates in Connecticut's integrated jail and prison system found 41.8 percent of

FIGURE 1: MEDICAL CONDITIONS REPORTED BY JAIL INMATES

MEDICAL CONDITION	WOMEN	MEN	ALL INMATES
Prevalence of a chronic condition	66.6%	47.8%	50.2%
Prevalence of infectious disease	20.1%	13.4%	14.3%
Percent with a current medical problem	52.6%	34.8%	36.9%
Percent with asthma	19.4%	8.7%	9.9%
Percent with Diabetes	4.1%	2.5%	2.7%
Prevalence of a history of a mental health problem	67.9%	40.8%	44.3%
Percent experienced abuse before entering jail	47.6%	12.9%	16.4%
Number reporting ever having any type of cancer (per 10,000 inmates)	831	100	--

SOURCES: "Medical Problems of State and Federal Prisoners and Jail Inmates, 2011-12," *Bureau of Justice Statistics*; "Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12," *Bureau of Justice Statistics*; "Medical Problems of Jail Inmates," *Bureau of Justice Statistics*; "Prior Abuse Reported by Inmates and Probationers," *Bureau of Justice Statistics*

women experience PTSD during their lives, compared to 20 percent of men.⁴⁰ Women in jail reported more medical problems at higher rates than men (Figure 2).⁴¹ Overall, women in jail are sicker and at a greater disadvantage than men in jail.⁴²

Addressing women's health care needs

Providing health care for women in jail requires administrators and policymakers to consider women's experiences and backgrounds when training staff, performing intake screenings, and providing health care services. Gender-responsive health care targets the specific health needs of women while also considering their social, economic, and medical histories that resulted in their incarceration.⁴³

Gender-responsive policy and programs create a safe, respectful, dignified jail environment that recognizes women's pathways into the criminal justice system. Gender-responsive approaches account for women's social and cultural perspectives as well as their therapeutic and treatment needs.⁴⁴ In a gender-responsive environment, staff interact with inmates in a respectful manner, explain procedures, and allow women to ask questions.⁴⁵ A gender-responsive program in jail emphasizes support through building skills, recognizing the strength of women's relationships, and using trauma-informed practices.⁴⁶ Trauma-informed jail practices acknowledge women's past trauma and allow women to participate in programs without being triggered or re-traumatized.⁴⁷

WOMEN'S SPECIFIC HEALTH CARE NEEDS

Mental Health

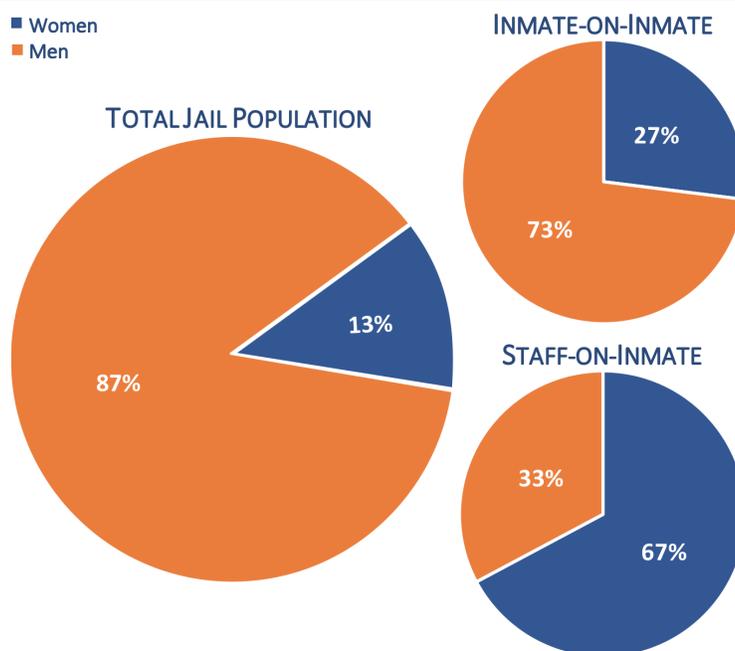
Today, the largest providers of psychiatric facilities in the United States are jails.⁴⁸ Compared to 12 percent of women in the general population, 75 percent of women in jail have symptoms of mental illness.⁴⁹ Women in jail suffer from serious mental illnesses (SMI) more often than men.⁵⁰ The federal definition of a SMI includes a diagnosis of a behavioral, mental, or emotional disorder within the

last year which impairs or limits daily activities.⁵¹ According to a report on women's correctional health care in Ohio, mental health staff found almost half of inmates with mental health issues had SMI, and women disproportionately represented the number of suicide attempts or incidents of self-harm in the Ohio corrections facilities.⁵²

Mental health disorders affect a person's thinking, mood, behavior, relationships, and decision-making.⁵³ The Substance Abuse and Mental Health Services Administration (SAMHSA) list of mental health disorders includes depressive disorders, anxiety disorders, psychotic disorders, and disorders on the schizophrenia spectrums.⁵⁴

Women in jail often experience sexual or physical abuse in their lives.⁵⁵ Incarcerated women frequently have past trauma or

FIGURE 3: THE JAIL POPULATION AND SUBSTANTIATED REPORTS OF SEXUAL VICTIMIZATION (2009-2011)



SOURCES: "Jail Inmates at Midyear 2011 - Statistical Tables," *Bureau of Justice Statistics*; "Sexual Victimization Reported by Adult Correctional Authorities, 2009-11," *Bureau of Justice Statistics*

victimization experiences and are susceptible to new abuse in jail.⁵⁶ The possibility of threats, violence, new sexual abuse, harassment, or active mistreatment of inmates can worsen existing health and mental health issues or cause new ones.⁵⁷ Women not only face mental health issues and trauma in prison and jail, but also have a higher risk of experiencing sexual abuse by staff or other inmates (Figure 1).⁵⁸ A Bureau of Justice Assistance report found a clear association between women with serious mental illness, trauma, or substance abuse disorder and involvement with the criminal justice system.⁵⁹

Rather than providing a rehabilitative environment, jail negatively affects a woman's mental health. Incarceration causes additional stress for women due to uncertainty, a lack of privacy, and barriers to accessing family and support systems.⁶⁰ To help women in jail, mental health screenings should be conducted at intake and to identify those in need and provide the appropriate treatment. However, a 1997 study of over 1,000 jails found a lack of uniform intake methods and mental health services in jails.⁶¹ Jails prioritize evaluation, suicide prevention, and crisis intervention services over treatment.⁶²

Substance Abuse

As the population of women in jail for drug charges grows, more incarcerated women require addiction treatment. Based on an analysis of data from the 2002 Survey of Inmates in Local Jails, 44.6 percent of women in jail met the criteria for co-occurring mental health and SUD.⁶⁴ Women who abuse substances commonly have histories of abuse, trauma, or mental illness.⁶⁵

women in urban and rural jails with SMI or SUD reported higher rates of risky behaviors like substance use, running away, and drug dealing.⁶⁷ These actions increase the likelihood women will commit an offense or be incarcerated. Substance abuse also increases the chance of infectious disease and STIs from needle sharing and risky behavior. Women in jail need treatment for SUD and other co-occurring conditions. However, substance abuse treatments provided in jail usually address substance use and addiction, but not the mental health, trauma, and other social factors that relate to women's substance use.⁶⁸

Chronic Conditions and Infectious Diseases

Compared to men in jail, female inmates reported higher rates of current medical problems, chronic conditions, and infectious diseases (Figure 1).⁶⁹ Many low-income women rarely interact with health care providers or seek medical services in the community due to financial constraints, childcare responsibilities, family obligations, and a general lack of accessible clinics and health care knowledge.⁷⁰ Women in jail report higher rates of chronic diseases such as diabetes, asthma, hypertension, and arthritis.⁷¹

To understand inmates' immediate health care needs, intake screenings should include information on past and current medical conditions, prescribed medications, allergies, dietary restrictions and test for HIV, HCV, tuberculosis (TB), and STIs. However, jails may not always conduct comprehensive health screenings. A national survey conducted in 2009

*Regardless of a female inmate's ethnicity or race, she is more likely to enter jail with a preexisting infectious disease and/or a chronic illness, such as HIV/AIDS, STIs, TB, diabetes, hypertension, cardiac disease, asthma, and cancer, than a male inmate*⁶³

The WHO calls drugs the "key to a woman's offending."⁶⁶ Lynch et al. found that

found 68.4% of jailed inmates with chronic medical issues reported not undergoing a medical

examination since arriving.⁷² Immediate screening alerts jail staff to inmates' health care needs and allows for timely the provision of health care services.⁷³

Most jails currently oversee inmates' daily medical needs and urgent care needs while providing limited care for more serious or chronic conditions.⁷⁴ Short stays in jail often result in

- Tests for STIs, HIV, pregnancy, and HCV

Women in jail need treatment for conditions diagnosed during intake and follow-up care. Women's gender specific health care needs may also include family planning counseling or contraceptive services. Pregnant women require pre- and post-natal exams, vitamins, and a nutritious diet.⁷⁸ If a woman does not want to continue her pregnancy, she will need abortion services. Figure 4 provides an overview of pregnancy care practices in jails. Women need sanitary napkins or tampons while menstruating and access to showers and bathrooms.⁷⁹ Finally, older women may require hormone therapy or osteoporosis screening and treatment.⁸⁰

FIGURE 4: PREGNANCY CARE PRACTICES IN JAILS

HEALTH CARE PRACTICE	Percent of Jails reporting "YES"
Screen for pregnancy at entry	37.7
Screen for infectious diseases at entry	68.0
Onsite medical care	41.2
Contracted medical care	58.8
Off-site OB/GYN care	31.4
Provide Ultrasounds	44.0
Shackle women during labor	17.4

SOURCE: Kelsey et al., "An Examination of Care Practices of Pregnant Women Incarcerated in Jail facilities in the United States"

referrals to community health care providers for the initiation and oversight of treatment.⁷⁵

Reproductive Health

Many jails fail to meet the reproductive health needs of female inmates. The American College of Obstetricians and Gynecologists (ACOG) supports increasing incarcerated women's access to hygiene products while menstruating and recommends incarcerated women receive regular gynecological care, mammograms, and pre- and post-natal care from a medical professional with obstetrics and gynecology training.⁷⁶ The ACOG suggests women's intake screening includes:⁷⁷

- Questions about a woman's medical history, sexual activity, contraceptive use, menstrual cycle, and past pregnancies
- Physical exam of breasts and pelvis, a pap smear, and mammogram

MAKING JAIL HEALTH CARE GENDER-RESPONSIVE

Gender-responsive healthcare for women in jail acknowledges women's pathways to jail as well as women's specific physical, reproductive and mental health care needs, strengths, relationships, and backgrounds. Gender-responsive health care does not imply creating a women's only group in a program intended for male inmates.⁸¹ A truly gender-responsive jail health care system recognizes and addresses women's comprehensive needs.⁸² Jails can accomplish this by creating a safe, respectful, dignified environment where women can receive health services and participate in programs that meet their health care needs.⁸³

Training and staffing jails for women's needs

Building an effective, gender-responsive jail and health care system begins with staff, training, and the jail's culture. The National Commission on Correctional Health care (NCCHC) emphasizes the need for properly trained and certified medical staff for women's health.⁸⁴ Hiring practices that prioritize applicants with advanced education in medicine or mental

"Staffing of the women prisons follow the male model...but women in prison go to doctors two and a half times the rate of men."⁹⁵

health, or people with experience working with women will contribute to a gender-responsive environment.⁸⁵ Additionally, staff focused on treatment will be better situated to serve women.⁸⁶ Women in jail often experience delays in receiving health care, cannot access a qualified health care provider, or have medical issues jail staff do not recognize or acknowledge.⁸⁷ Educating officers on women's pathways to jail, their communication styles, and their specific medical needs provides a foundation for a gender-responsive jail environment.⁸⁸

Training

Training correctional officers in basic health care allows them to identify women's health conditions, mental health problems, or substance abuse. Gender responsive approaches also include training on trauma-informed practices. Officers with trauma-informed training have improved officer-inmate interactions, can recognize and respond to trauma, and can foster a safe, respectful jail environment.⁸⁹ For example, officers with trauma-informed training would conduct an intake screening in a safe space, explain the questions being asked and why, and ask appropriate questions in a respectful manner to avoid re-traumatization.⁹⁰

Medical staff

Staff trained to care for women can better recognize their health needs.⁹¹ Women in jail also require qualified, certified healthcare providers, gynecologists, obstetricians, psychiatrists, and nurses for evaluation and treatment. Jails without the financial resources to employ in-house healthcare providers should arrange for health care in the community. A gender-responsive health care system also allows women with health conditions or sick complaints to visit health care staff or a community health provider whenever necessary. Telemedicine can also supplement jail health systems and increase women's access to medical specialists.⁹²

Implementation

Staffing and training for a gender-responsive jail health care system depends on leadership to implement training procedures and hire staff to meet health care demands.⁹³ Jail administrators' leadership and investment in adopting gender-responsive practices provides a model for all staff. Jail administrators must also evaluate the success of gender-responsive strategies in jails to ensure staff accept and comply with the jail's gender-responsive policies.⁹⁴

Screening for women's needs

A lack of comprehensive, coordinated screening in jails limits diagnosis and treatment for women with health issues.⁹⁶ Intake screening should provide information on an inmate's medical history and any health conditions, and test for infectious diseases, STIs, substance abuse, and TB.⁹⁷ Comprehensive screening for women in jail offers a cost-effective intervention for underserved women and an opportunity to improve health in the community as well.⁹⁸

Reproductive health tests

A survey of 53 jails in the U.S. found only 37.7 percent of jails screened for pregnancy and 68 percent screened for infectious diseases at intake.⁹⁹ Screening women for pregnancy or STIs can improve health outcomes for women and allow for treatment regimens to be implemented. Gender-responsive screening examines a woman's reproductive health (date of last menstrual period, date of last pap smear, any gynecological problems, pregnancy history and outcomes), family history of breast and ovarian cancer, history of substance abuse, experience with domestic violence or sexual abuse, past suicide attempts or risk, and the care and safety of any minor children at home.¹⁰⁰

The ACOG suggests women only receive a pap test or mammogram in jail if they will be able to receive the results or the jail has an adequate follow up system to relay results and treatment.¹⁰² Pap tests provide a valuable tool to identify cervical cancer and human papillomavirus (HPV) and an opportunity to offer treatment if for abnormal results or an HPV vaccination if needed.¹⁰³ Preventing future health problems for women improves their overall health and can positively impact the community.¹⁰⁴ The constant turnover of jail populations makes planning for health care services difficult. To balance the health care needs of women with jails' limited resources, medical professionals should conduct more extensive physical examinations on inmates not initially flagged for medical issues at intake within 14 days of entry.¹⁰⁵

Trauma-informed practices

Screenings should make women feel comfortable and safe. To achieve this, staff should conduct screenings in private, explain the questions being asked, why they need this information, and with whom the information will be shared; women should also be allowed to request a screening by a female staff member.¹⁰⁷ Screenings should also use multiple trauma-sensitive questions to elicit the same information and ascertain a comprehensive understanding of an inmate's health (i.e. to determine if a woman is pregnant questions about sexual activity, protection use, last menstrual period, etc.).

Using a validated mental health screening

Women's pathways to jail, backgrounds, and life experiences differ from men, making a

mental health screening tool validated for women essential to accurately screen women at intake. A validated screening tool allows jail staff to identify women with mental health issues and medical staff to quickly screen inmates and create a treatment plan. The National Institute of Justice identified two free, concise, easy to follow mental health screening questionnaires for women:¹⁰⁸

- Correctional Mental Health

HOW CAN JAILS BE GENDER-RESPONSIVE?

“[by] creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of women's lives and addresses the issues of the participants.”¹⁰⁶

*Screenings with comprehensive screening for mental health in jails have been the single largest diagnosis in men and women*¹⁰¹

Screen for Women (CMHS-W)

- Brief Jail Mental Health Survey (BJMHS)

The CMHS-W accounts for women's health history and current symptoms. The CMHS-W identifies a range of mental health disorders and performs better across varying races and ethnicities.¹⁰⁹ Correctional or medical staff can administer the CMHS-W.¹¹⁰ Using eight questions, the CMHS-W identifies mental illness in women with greater accuracy than the BJMHS (75 percent versus 55 percent).¹¹¹ To ensure detection of more women with mental illnesses, a cutoff of four positive answers on the CMHS-W should be the standard for referral for further mental health assessment and treatment.¹¹² This benchmark balances specificity and sensitivity; whereas a cutoff of three positives yields less accurate results and a higher false-positive rate.¹¹³

The BJMHS provides another tool for jail staff to assess and refer incoming inmates for mental health services. This screening tool includes six questions to evaluate current symptoms and two questions to address mental

health history.¹¹⁴ An inmate who responds yes to at least two current symptoms or either question regarding mental health history receives a referral for mental health services.¹¹⁵ Both screening tools take less than five minutes to conduct.¹¹⁶ However, the BJMHS had a false negative rate of over 34 percent among women

the treatment they need. For example, over 70 percent of women in Texas prisons have a SUD, but, only 21 percent of women reported receiving substance abuse treatment (excluding Alcoholics Anonymous and Narcotics Anonymous).¹²³

Gender-responsive mental health and

“The future for many of these women may well hinge on the jail’s commitment to treat them with respect and link them to the community services that will help them provide for themselves and their children”¹²⁴

(compared to 14 percent for men) and outcomes could be skewed based on the gender of the staff member conducting the screening with women making more referrals.¹¹⁷

Improve women’s socioeconomic conditions by improving women’s health

Good health impacts every aspect of a person’s life. Women often receive limited medical treatment due to instability, poverty, and family responsibilities. Diagnosis and treatment in jail can improve a woman’s future health outcomes and increase access to opportunities after jail.¹¹⁸ Comprehensive, integrated programs and treatments meet women’s multifaceted health care needs.¹¹⁹ Women need programs that address their overall health, including substance abuse, mental illness, chronic conditions, trauma, infectious diseases, and reproductive health.¹²⁰

Services and treatment for overall health

Gender responsive programs and policies address women’s health and well-being through supportive environments and integrated health services.¹²¹ Treatment for women’s chronic conditions, infectious diseases, and reproductive health needs should be complemented by holistic programs that address women’s co-occurring mental illness, SUD, and trauma issues.¹²² When jails and prisons fail to provide treatment, they position women to return to a cycle of abuse and reincarceration. Women do not always receive

substance abuse care acknowledges women’s roles as mothers and caregivers, past trauma, and abuse histories. Gender-responsive programs reflect the less violent nature of the offenses of women in jail.¹²⁵ Programs should make women feel secure and avoid aggressive, confrontational, or punitive tactics.¹²⁶ Common components of effective treatment programs for women include:¹²⁷

- Stabilization (for women in crisis) and/or substance detoxification
- Motivating women through education and understanding about trauma, addiction, abuse, and recovery
- Identifying triggers
- Focusing on women’s strengths (empathy, relationships with children), developing life skills (coping mechanisms, effective communication strategies, parenting, anger management)
- Establishing an aftercare plan with progress goals and plans for treatment in the community

Gender-responsive programs in jails and prisons for women with mental health and substance abuse issues include:

- **Seeking Safety (SS):** CBT program to treat PTSD and SUD; depression and PTSD have significantly decreased for participants.¹²⁸

- **Forever Free from Drugs and Crime:** aimed at treating SUD, past victimization, and parenting; found to reduce substance use and recidivism.¹²⁹
- **Motivational Interviewing:** aimed at improving inmates' motivations to change; the practice has been found effective and reduced substance use.¹³⁰
- **Sisters in Sober Treatment and Recovery (SISTER):** a separately housed, modified therapeutic community to treat SUD; provides life skills and education; found to reduce recidivism and substance use.¹³¹

These programs should be evaluated further to ensure the effective treatment of women. However, one established gender-responsive protocol is for the treatment of pregnant women with SUD.¹³² Methadone maintenance therapy (MMT) helps women stop abusing drugs and prevents withdrawal symptoms which protect the fetus from miscarriage or premature birth.¹³³ Women in jail may have difficulty accessing MMT as it requires oversight by specially certified doctors.¹³⁴

Education

Gender-responsive education programs offer an effective tool to teach women about basic sanitation, safe sex practices, drug use, the spread of infectious diseases, managing chronic diseases, and preventive care as well as information on parenting, domestic violence, sexual abuse, and healthy relationships.¹³⁵ Education programs empower women by helping them understand their health needs, prioritize self-care, and make informed decisions about their health and relationships.¹³⁶ Programs aimed at health promotion and prevention benefit women's health and are cost cost-effective by reducing recidivism, substance use, and disease transmission.¹³⁷

Planning for continued care

Preparing women who leave jail to continue health care programs improves their socioeconomic conditions. Establishing healthy behaviors in jail can motivate women to maintain their improved health status upon release.¹³⁸ With education and planning, jails can help women maintain their health. Coordination with community health care providers and social service agencies allows women to continue treatment for chronic medical conditions, mental health care, reproductive health, and SUD; in turn women's overall health will improve.¹³⁹ Jails can also improve women's health by assisting with health insurance. Enrollment in health insurance, or reenrollment when Medicaid has been discontinued due to incarceration, helps women access health services.¹⁴⁰

Jails can provide women with tailored guides that include resources for reproductive health care specialists, female primary care providers, mental health services, support groups, and organizations that offer childcare assistance and parenting support. A digital and hardcopy can increase the likelihood of a woman successfully continuing treatment in the community and reconnecting with her family. In Franklin County, Ohio, jail staff created a "Wallet of Resources" to aid inmates in maintaining treatment.¹⁴¹

POLICY RECOMMENDATIONS

1. New inmates should receive comprehensive intake screenings

Intake screenings should be conducted for all new inmates by medical staff or correctional staff trained to identify signs of mental health disorders, trauma, or SUD. Screenings should review a woman's medical history, test for substance abuse issues, address possible pregnancy or infectious diseases, and evaluate mental health. Screenings validated for women, like

the CMHS-W, and trauma-informed practices should be used to create a safe, dignified, and respectful jail environment. Screenings should be conducted within 24 hours of an inmate's arrival to allow for follow-up assessments and the initiation of treatment. Inmates with medical issues, referred for mental health services, or found to have substance abuse disorders should receive medical and physical examinations from a licensed health care provider as soon as possible, and no more than two days after admission. All other inmates should receive further health

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examinations from a licensed health care provider within 14 days of entering the jail.

2. Jails should have adequate medical staff and train correctional staff for working women and recognizing their health needs

Adequate medical staff should always be available to women in jail. Jails should develop community partnerships or telemedicine systems if fulltime medical staff cannot be employed. Jail staff should receive training regarding women in jail, their unique pathways, and health care needs. Informed staff can be more sensitive to the needs of women in jail, avoid traumatization, manage crises, and better recognize when a woman has a medical problem.

3. Treatment and programs should address a woman's overall health

Treatment and programs should address women's multiple health care needs and co-occurring disorders in supportive settings that recognize a woman's socioeconomic disadvantages, trauma,

mental health disorders, and substance use history. Providing women with health education, coping mechanisms, life skills, and support improves women's health.

4. Provide resources for women to continue to access health care and treatment upon reentry

Jails should connect women with community health care providers for follow-up and continued treatment. Integrated electronic medical record systems will also improve the continuity of care. Jails should also provide a reentry guidebook tailored to

women's needs. Jails should facilitate enrollment, or reenrollment, in Medicaid to remove financial barriers for women seeking health care in the community.

5. Oversight and evaluation of health services

In addition to jail administrator evaluation of health care services for women and adaptation of gender-responsive practices, an outside medical expert, county or state panel should monitor the provision of health care services for women in jail to ensure women receive adequate, timely, gender-appropriate treatment and programs.

CONCLUSION

The health care needs of women and men in jail differ beyond reproductive health care.¹⁴² Women's higher rates of chronic conditions, infectious diseases, mental health, and substance abuse warrant a comprehensive, targeted approach. Women in jail have poor health due to socioeconomic disadvantages, trauma, and abuse. Accounting for women's experiences allows for accurate screening, better treatment,

and a stable system of healthcare that results in improved outcomes for women and their communities.¹⁴³

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