



GENDER-INFORMED PRACTICES ASSESSMENT

Report of Findings & Opportunities

Washington Corrections Center for Women (WCCW)

Washington State Department of Corrections (WA DOC)

Conducted October 2021 - January 2022



March 31
2022

Submitted by

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Acknowledgements

The process of implementing the Gender-Informed Practice Assessment (hereafter, GIPA) is extensive and transformative. Departments that elect to participate in such a process are demonstrating a commitment to engaging in a challenging but deeply rewarding process of self-reflection and building gender responsive, evidence-based, and trauma-informed policies and practices for and with justice-involved women.

Washington State Department of Corrections (WA DOC)

We would like to thank the Washington State Department of Corrections (hereafter, WA DOC) leadership for requesting this assistance and commend the department for its commitment to advancing gender responsive approaches with justice-involved women. We are grateful to the department leaders who participated in the GIPA process.

Specifically, we express our appreciation to the following individuals:

- Cheryl Strange, Secretary
- Sean Murphy, Deputy Secretary
- Jeannie Darneille, Assistant Secretary, Women's Prison Division
- Deborah Jo Wofford, Gender Responsive Administrator
- Danielle Armbruster, Assistant Secretary of Reentry

(WCCW) Leadership & Staff

We would also like to thank the Washington Corrections Center for Women (hereafter, WCCW) leadership team for their commitment to the GIPA process, in particular, former superintendent Jeneva Cotton. Members of WCCW's leadership team engaged in a variety of activities, from planning and scheduling onsite assessment activities to debriefing outcomes, to ensure a meaningful process. They accommodated various needs and ensured that the GIPA Team had adequate access to departmental policies, facility operations and programs, staff and incarcerated women.

We would also like to sincerely thank two exceptional WA DOC staff members, Melissa Johnson and Paula Byrne, for their assistance throughout the GIPA process. These individuals helped the GIPA team to gather needed data and coordinated many logistics, often working long hours to ensure that the team had the most helpful information possible.

WCCW Staff

We would also like to express our thanks to the numerous staff at WCCW who participated in the GIPA process. They welcomed us, supported all data collection activities, and shared their experiences and ideas. Corrections work is hard, and staff accommodated the GIPA team with patience and interest while also managing their ongoing responsibilities.

Justice-involved Women

We would like to express our deep gratitude to the residents of WCCW who courageously and generously shared their experiences and ideas. So many residents shared personal and insightful perspectives, all while navigating the complexities of incarceration. Regardless of their sentence length, residents showed a powerful interest in improving outcomes among those currently incarcerated and those returning home. The GIPA team was deeply moved by their resilience, innovation, and commitment to offering solutions to their concerns.

Stakeholders and Community Partners

There are a number of community partners who participated in the GIPA and offered valuable insight. These include, but are not limited to:

- Disability Rights Washington (DRW)
- Office of Corrections Ombuds
- The IF Project
- Statewide and Local Family Councils
- Puget Sound Education Service District Early Head Start (PSESD)
- Freedom Education Project of Puget Sound (FEPPS)

Structure of this Report

This report is organized into the following sections:

Executive Summary

The Executive Summary provides an overview of the report's content. It does not include all findings and recommendations; rather, it highlights key points and findings from the body of the report.

Section 01

Section 01 describes the GIPA assessment and includes information on the formation of the historic Women's Prison Division, women in custody and on community supervision, women's unique pathways into the criminal justice system, and preliminary data on targeted outcomes among women at WA DOC.

Section 02

Section 02 includes the top 5 opportunities for department-wide advancement of gender responsive, evidence-based and trauma-informed practices. These department-wide opportunities are designed to not only support facility-level actions, but facilitate implementation of essential policies and practices for women across the department's divisions.

This section also includes facility-level findings; specifically, strengths, challenges and opportunities to improve gender responsive policies, practices and programs at WCCW. Findings are presented for each of the 12 domains explored by the GIPA:

1. Leadership and Philosophy
2. External Support
3. Facility
4. Management and Operations
5. Staffing and Training
6. Facility Culture
7. Resident Discipline (Motivation & Empowerment)
8. Classification and Assessment
9. Case and Transitional Planning
10. Research-Based Program Areas
11. Services
12. Quality Assurance and Evaluation

As the GIPA instigates and supports immediate improvements to policies, practices and programs, Section 02 also includes information on departmental progress and actions taken throughout the GIPA that address findings and implementation recommendations.

The **Appendices** include references, and the results of the staff and resident surveys.

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EXECUTIVE SUMMARY

Impetus for the WCCW GIPA

The Washington Department of Corrections (hereafter, WA DOC or department) has been a leader and innovator in corrections, implementing a variety of policies, practices and programs designed to improve outcomes among staff and the incarcerated. The department has also taken specific steps to respond to the unique needs of justice-involved women by implementing gender responsive programs that address their research-based needs, including model, nationally significant peer leadership and support programs. Sustaining this work has been challenging for a variety of reasons, including leadership changes that have disrupted efforts, lack of a department-wide understanding of and commitment to gender responsive approaches with women, and an insufficient policy and operational scaffolding to support implementation and oversight of needed gender responsive policies, practices and programs.

In an effort to course correct and create a sustainable, gender responsive prison model for women, the WA DOC engaged CORE Associates to conduct a Gender-Informed Practices Assessment (hereafter, GIPA). CORE Associates, a psychology and justice consulting firm, has over two decades of experience in criminal justice, and is a national leader and innovator in the development and implementation of gender responsive policies and practices with women throughout the justice continuum.

By implementing the GIPA, the department is positioning itself to improve outcomes among the women in the department's custody, enhance public safety and become a national leader in the advancement of gender responsive, evidence-based and trauma-informed practices.

What is the GIPA?

The GIPA provides prisons with a measured assessment of their adherence to sound principles of gender responsive, evidence-based, and trauma-informed policies, programming and practices, from admission to release. Specifically, it explores the degree to which a facility has implemented these approaches in 12 domains. These domains include:

1. Leadership and Philosophy
2. External Support
3. Facility
4. Management and Operations
5. Staffing and Training
6. Facility Culture
7. Resident Discipline (Motivation and Empowerment)
8. Assessment and Classification
9. Case and Transitional Planning
10. Research-Based Program Areas
11. Services
12. Quality Assurance and Evaluation

By implementing the GIPA, the WA DOC is positioning itself to improve outcomes among the women in the department's custody, enhance public safety and become a national leader in the advancement of gender responsive, evidence-based and trauma-informed practices.

The standard GIPA protocol includes a variety of virtual and in person activities, including five days of onsite data collection. As part of the process, the GIPA team observed operations and programs; reviewed reports, policies, and related materials; interviewed staff, residents and stakeholders; conducted staff, resident and stakeholder focus groups and surveys; and observed a range of programs, operations and activities.

Because the GIPA process produces such comprehensive information, it also provides an opportunity to identify ways to enhance correctional practices for justice-involved women department-wide.

Leveraging the GIPA to Create a Blueprint for a National Model Women's Prison Division

In May 2021, WA DOC Secretary Cheryl Strange launched a visionary initiative to establish the state's first Women's Prison Division governed by a comprehensive set of gender responsive policies, practices, programs and principles. With strong support from the Governor, she has engaged national, state and local leaders to help design, build and implement the new division with the goal of becoming a national model.

Under the Secretary's direction, the department engaged with CORE Associates to conduct a GIPA at WCCW. CORE's dynamic, holistic and practical approach to facility assessment has offered the department a unique opportunity to solidify and pursue its vision to become a national leader in the custody and care of justice-involved women. Indeed, the goal of conducting the GIPA at WCCW is to leverage the findings to build a blueprint

and strategic plan to guide the design and implementation of gender responsive and trauma-informed programs and operations at the facility and department levels.

The needs of women intersect across all divisions...and it will be critical for each of the divisions to continue working together holistically to support the objectives of the new Women's Prison Division in order to ensure its success.

Since its inception in 1971, WCCW has served as the state's largest and only multi-custody level facility and Reception Diagnostic Center for women and currently houses an average daily population of 600 women (2019 pre-pandemic levels were 960); MCCCW is a minimum security level facility that currently houses an average daily population of 129 women (pre-pandemic levels were 260).

The creation of the new Women’s Prison Division represents a powerful opportunity for change; however, it should be noted that only 22% of the 3,000 women involved with the department (as incarcerants or parolees) are incarcerated (18% of the department’s women’s population is housed at WCCW and 4% is housed at MCCCW). The majority of women (75%) are under the supervision of the Community Corrections Division, and all policies governing their interactions with the department are within this division. A smaller percentage of women are housed at the state’s Reentry Centers (formerly referred to as “Work Release Centers”) (1.4%), are on Electronic Home Monitoring (0.6%) or occupy State Rented Beds (0.06%), all of which are managed by the Reentry Division of the department.

While prisons may appear to operate in isolation, they influence and are influenced by the larger corrections ecosystem (Benedict & Benos, 2021). For example, prison operations have a profound impact on women’s reentry planning and outcomes. Thus, implementation of gender responsive policies and practices across divisions is needed to ensure success and will require holistic planning and cross-division collaboration.

Charting a New Course: A Unique Opportunity

From a national perspective, because women are a smaller population, their needs are chronically unmet by corrections systems. In the wake of this neglect, their numbers have skyrocketed for years in most states, even in cases where the population of men has declined. Washington has mirrored these national trends.

In Washington, the number of women in jail increased by 655% and the number of women in prison increased by 810% from 1980-2017.¹

Beyond the harmful and cascading impacts on women, their children and families, increases in incarceration have also carried an array of infrastructure and budgetary challenges, including overcrowding of women’s facilities, staffing shortages and reductions in services and programming.

While the state’s prison population began to decline prior to the pandemic among both women and men, the crisis-driven responses to the pandemic, as well as recent legislative reforms, accelerated them in dramatic ways that benefitted women at higher rates than men – a reverse of previous trends.

The momentum surrounding the creation of the new Women’s Prison Division, combined with a 65% decline in women’s prison admissions (compared with a 54% decline among men) between 2019-2021, has presented the WA DOC with an unprecedented opportunity: To not only create a national model, but to chart a transformational

In Washington, the number of women in jail increased by 655% and the number of women in prison increased by 810% from 1980-2017.¹

1 Vera Institute. (2018) Incarceration Trends in Washington. Retrieved from <https://www.vera.org/downloads/pdfdownloads/state-incarceration-trends-washington.pdf>

new course that reduces harm and improves well-being and outcomes among justice-involved women, their children, families and communities.

This opportunity is not without potential barriers, as administrators and staff expressed concerns that a historically high court backlog, also resulting from the pandemic, has the potential to increase admissions and replicate previous overcrowding. It is essential for the WA DOC to closely examine the often overlooked, gender-specific data and unique trending surrounding women’s unique risks, strengths, needs and pathways – all of which impact them before, during, and after incarceration - in order to get ahead of these challenges and ensure success.

Charting a new course is a shared, statewide responsibility that requires multiple systems including, but not limited to, WA DOC. It also requires direct attention to inequities among historically marginalized groups. According to a 2021 report from the Washington State Supreme Court Gender and Justice Commission, Black, Indigenous, and women of color are convicted and sentenced at rates two to eight times higher than white women. Additionally, data collected during the GIPA revealed that the recent women’s prison admission reductions since the onset of the pandemic from 2019-2021 have been significant across-the-board, but have disproportionately benefitted white women. For example, there was a 71% decline among white women, a 58% decline among American Indian/Alaskan Native women, a 52% decline among Black women, and a 54% decline among Hispanic women.

The momentum surrounding the creation of the new WA DOC Women’s Prison Division, combined with a 65% decline in women’s prison admissions... between 2019- 2021, has presented the WA DOC with an unprecedented opportunity... to chart a transformational new course that reduces harm and improves well-being and outcomes among justice-involved women, their children, families and communities.

A Powerful Lens: Women’s Unique Pathways into the Criminal Justice System

While the criminal justice system landscape has been changing in the most dramatic ways since America first got “tough on crime” in the 1980s, one group has been consistently left behind throughout the reform process: women, particularly women of color. In part, this phenomenon has been attributed to the fact that, historically, a far greater number of men have been incarcerated compared to women.

While the criminal justice system landscape has been changing in the most dramatic ways since America first got “tough on crime” in the 1980s, one group has been consistently left behind throughout the reform process: women, particularly women of color.

Consequently, corrections systems have been designed to assess, manage and house men and attend to male-specific risks and needs.

However, research and experience has shown that failure to implement gender responsive policies and practices can have far-reaching effects on women at multiple points of the criminal justice system. For example, according to a January 2018 Prison Policy Institute study (pre-pandemic), Washington State experienced an increase in the women’s prison population (while the men’s prison population declined) between 2009 and 2015. Furthermore, states such as Washington have been working over the years to design and implement prison population reduction strategies; however, these are reportedly gender neutral and some have disproportionately benefitted men.

Attending to the unique and often ignored needs of justice-involved women offers a critical opportunity to reduce the prison and jail populations, save money, rebuild communities, and break the cycle of inter-generational incarceration. Women follow unique pathways into crime and present risk factors that signal different needs and interventions than men. One of the key findings from the literature is that justice-involved women have experienced higher rates of significant and ongoing gender-based violence, abuse and trauma, and this victimization often progresses into substance use and mental health issues among a greater percentage of them. The lack of gender responsive and trauma-informed practices and programming in prison serves to perpetuate these challenges, more deeply entrench women in the criminal justice system, and increase the likelihood of recidivism and intergenerational harm.

Top 5 Opportunities for Department-Wide Advancement of Evidence-based, Gender Responsive and Trauma-informed Practices

Facilities like WCCW are situated within and influenced by the larger system of which they are a part. Thus, in addition to identifying opportunities to enhance facility-level programs and operations, the GIPA presents two additional opportunities for WA DOC:

- To enhance and implement gender responsive policies and practices across divisions to both support facility-level efforts and ensure a unified continuum of care for women from custody to community.
- To facilitate cross-sector discussion and identify ways to leverage resources to ensure women’s access to gender responsive and trauma-informed supports.

While improving services for justice-involved women is the formal responsibility of a state corrections agency, it cannot happen without multi-sector, multi-stakeholder discussion and support, both from within the corrections system, and among agencies, elected officials, and communities throughout the state.

It is recommended that the WA DOC leverage the GIPA report to launch a multi-year effort including the following five actions:

1. Fortify the Women’s Division as the essential organizational, leadership and accountability structure at the department with responsibility, authority, and appropriate resources and training.
2. Develop a multi-year Gender Responsive Strategic Plan that promotes public safety, facilitates women’s growth and healing, and supports healthy communities.
3. Establish a seamless, gender responsive continuum of care by implementing and leveraging gender responsive approaches to classification, risk/strengths/needs assessment, case management, and reentry, supported by effective programs and services.
4. Expand the availability of evidence-based, gender responsive and trauma-informed programs for women in facilities and as part of reentry and community supervision.
5. Engage with stakeholders to build a comprehensive strategy to reduce incarceration among women, and promote community-based alternatives that help sustain and expand recent declines in the women’s prison population that were accelerated in recent years by the pandemic and recent legislative reforms.

WCCW:

Top Findings and Opportunities by Domain

Domain # 1 Leadership and Philosophy

While WA DOC has a long history of implementing innovative and evidence-based practices, there have been various barriers to sustaining gender responsive operations and programs. Until the recent creation of the Women's Prison Division, these included a pervasive disconnect between headquarters and the facilities, multiple changes in leadership, especially at the facility level (and thus changing priorities), and the persistent use of a "corrections" model that is anchored in male-centered research.



Recommendations:

iven the clear and ever-expanding research and evidence on women's pathways into and through systems - including salient gender-specific risk, strength and need factors, and a robust and growing evidence-base on effective interventions for women - there is a need to create a comprehensive strategy to implement gender responsive policies, practices, and programs for and with women throughout the department. Also, convene agency leaders and stakeholders across sectors to instigate resource sharing, innovative partnerships, and shared responsibility to address women's needs throughtout the justice continuum.

Domain # 2 External Support

Several external entities are invested in the success of the Women's Prison Division including, but not limited to, the Governor's Office, various elected officials, representatives of the court, the Office of the Corrections Ombuds and the Family Council. These entities have actively supported the department's efforts to implement a gender responsive corrections system. Despite historical successes, community partnerships are a critical, underutilized resource that have been harmfully reduced. Before COVID, many providers were "pushed out" by facility leaders who, in the absence of receiving gender responsive training and supervision, viewed women's

prison operations through a male operational lens. Community-supported programs were already declining pre-COVID and pandemic-related barriers, as well as unnecessarily restrictive security practices, have created additional insularity and inhibited needed programming.



Recommendations:

Ensure that a budgetary scaffolding is built to support the Women's Prison Division and that external stakeholders (e.g. legislators, Governor's office, women's commissions, task forces, mental health, housing) that influence budget decisions are aware of the department's goals and support adequate funding for women's operations, programs and services. Mobilize existing resources and cultivate new, creative partnerships at the department and facility levels.

Domain # 3 Facility

Despite the fact that WCCW is generally clean and well maintained and includes essential privacy features, it largely has the qualities of a carceral setting and reflects a design that is more suited to a higher risk population, rather than a high need population that requires therapeutic spaces. Various features of the environment can be highly triggering for women, most of whom are survivors of trauma. The facility lacks space for essential activities, including programming. Several staff and residents reported that the outdoor space is inequitable compared to men's facilities, which have large outdoor areas, running tracks, and superior equipment and activities.



Recommendations:

To become a national model, it is essential that WCCW develop into a human-centered, gender responsive, trauma-informed and growth fostering space. In addition, the department, in conjunction with other state entities, should identify ways to move toward smaller regionalized and more therapeutic settings by leveraging existing properties and contractual arrangements and pursuing creative alternatives to incarceration (e.g., scattered site work release, community justice centers for women).

Domain # 4 Management and Operations

Changing philosophies and inconsistent leadership, coupled with insufficient staff training, has prevented WCCW from implementing and sustaining gender responsive approaches across facility operations and enacting essential staff communication, supervision, and accountability protocols. Because the leadership has been so inconsistent, the expectations of both staff and residents have been chronically conflicting and ambiguous. This has created a situation in which there is significant inconsistency between staff and shifts, as well as ineffective interventions.



Recommendations:

Select and support a facility leadership team that is committed to gender responsive and trauma-informed practices and is equipped to implement a philosophy and approach to management and operations that integrates relational and dynamic security, staff and resident wellness, and therapeutic justice. Enact a comprehensive set of gender responsive and trauma-informed policies, practices, and procedures that govern the operations of all women's facilities, including WCCW, MCCCW and reentry centers, and provide implementation and oversight support. Also, immediately improve the operations of Restrictive Housing areas to ensure alignment with the principles of gender and trauma informed care.

Domain # 5 Staffing and Training

The department has a track record of investing in training programs for staff and seeking out opportunities to expand access to gender responsive offerings; however, these have not been sustained or integrated into operational practices. The department lacks a comprehensive gender responsive and trauma-informed training program for both management and staff at the women's facilities. Consequently, many staff do not understand women's development or their unique pathways into and through the criminal justice system. From the academy to facility specific training, the current approach to staff training, coaching and supervision is inadequate and must be improved to facilitate meaningful and sustainable culture change at WCCW and throughout the department.



Recommendations:

Improve hiring protocols for women and design and implement a gender responsive and trauma-informed staffing model that accounts for the needs of women residents and staff. Launch a comprehensive, Gender Responsive Staff Training and Support Protocol that supports staff wellness and is required for all management and staff at both women's facilities, as well as those making decisions that impact women's facilities at headquarters. Introduce more training and wellness activities to program and custody staff to mitigate the impacts of stress and vicarious trauma.

Domain # 6 Culture

Many WCCW staff are incredibly hardworking, dedicated and committed to doing what is needed to improve the facility. However, high rates of turnover and the lack of a cohesive set of gender responsive policies, practices, supported by staff training and coaching programs has resulted in an inconsistent and fractured culture. In the absence of implementing and maintaining an intentional culture at WCCW, harmful trends have taken hold. Staff, stakeholders and residents routinely highlighted the powerful ways in which the residents have contributed to WCCW (e.g., through The Women's Village and the Tier Rep Program, and efforts by long-term women to be of service to their peers), yet their strengths and talents are under-utilized. These challenges are reinforced by a carceral, para- military atmosphere that is antithetical to human-centered, gender responsive and trauma-informed principles. With the recent creation of the Women's Prison Division, there is a significant opportunity to build on facility strengths and create a powerful, growth-fostering culture at WCCW that supports women's agency, healing and well-being.



Recommendations:

Take immediate steps to create a nationally significant human-centered, gender responsive and trauma-informed culture. Transform WCCW from a carceral, punitive, para-military environment into a dynamic, responsive environment that supports growth, healing, wellness, and community. Build on residents' strengths and create opportunities for women to connect in healthy ways, to lead, and to hone skills that are essential for their success in and outside of prison.

Domain # 7

Resident Discipline (Motivation and Empowerment)

The WA DOC policy to end use of disciplinary segregation at all facilities is helping to lead the nation on needed reforms. However, the overall approach to discipline was designed for men and is neither gender responsive nor trauma-informed. Women have dramatically higher rates of disciplinary infractions compared to men and this corresponds to higher rates of sanctions. Additionally, women of color have higher rates of discipline. Disciplinary practices have numerous short- and long-term impacts on women (e.g., can impact access to programs, education, Correctional Industries (CI), reentry, earned time and good time), and, in many cases, are causing harm instead of inspiring behavior change and growth.



Recommendations:

Provide staff with the training and information they need to enact proactive approaches to discipline with women, including gender responsive and trauma-informed communication, discipline prevention strategies, and effective responses to both successful and concerning behavior. Implement a nationally significant, gender responsive behavior motivation and empowerment system for women, and reduce over-reliance on punitive sanctions. Improve staff-staff communication (all levels) about resident expectations and rules, as well as best practice approaches to discipline with women..

Domain # 8 **Assessment and Classification**

The department and therefore, WCCW, does not currently utilize validated, gender responsive classification or assessment tools. The use of these tools is critical to ensuring the safe and effective operations of a women's facility – impacting women's security levels, housing unit placements, access to programming and services, as well as decisions regarding reentry and community supervision requirements. The lack of gender responsive classification and assessment tools is undermining operations and represents a missed opportunity to be fully gender responsive and improve outcomes.



Recommendations:

Implement a gender responsive classification system that ensures women are placed in the least restrictive environment. Introduce a gender responsive risk/strengths/needs assessment tool that is based on the research on women and has been validated with women. Provide training and coaching to staff to ensure they have the knowledge and skills they need to conduct effective assessment with women (e.g., relational interviewing skills) and ensure seamless integration and use of gender responsive classification and assessment processes throughout the justice continuum, including re-entry and community corrections.

Domain # 9 **Case and Transitional Planning**

While WCCW uses a computerized case management system with helpful features, it lacks a comprehensive, gender responsive case management process from prison admission to successful reentry that is supported by effective programs and meaningful interventions. A robust gender responsive assessment and case management system is essential for women and their families and should serve as a valuable tool to support a well-informed and supported reentry plan. At WCCW, the entire process is disconnected, inconsistent and bifurcated. Reentry planning does not begin at reception (or early enough to plan effectively for essentials such as housing and treatment), and there is a significant lack of reentry planning and integration of resources overall.



Recommendations:

Expand the content of the Case Plan beyond predefined targets and goals to include gender responsive targets. Improve the Case Plan process to ensure that it is gender responsive (e.g., engages women as experts of their lives). Ensure that the Case Planning process is initiated at the beginning of the woman's involvement with the facility and ensure that women are given credit for completing activities so they can earn early release. Utilize the Case Plan and OMNI case management system as tools to support reentry and monitor progress and needs as women transition from the facility into the community.

Domain # 10 Research-based Program Areas

Historically, WCCW has offered innovative and evidence-based core, educational, and vocational programs that are highly valued by incarcerated women, staff and external stakeholders. However, facility leaders reduced programs pre-COVID (this began as early as 2008) for a variety of reasons such as recession-related budget cuts, space limitations, or a belief that that many of the offerings were not well-attended, effective/evidence-based, or were duplicative. Informal estimates suggest that an estimated 40% of the program offerings listed on the WA DOC web page are no longer available at WCCW.



Recommendations:

Immediately rebuild programming for women at all stages of their incarceration and develop a formal suite of essential gender responsive programs that begins during custody and can be accessed through reentry. Reintroduce volunteer-led programs, implement a plan to expand access to peer-led programming, expand mental health and programs and services and address program access barriers, including those related to the requirement for women to work in the facility.

Domain # 11 Services

WCCW provides a range of medical services to women. Telehealth has improved access to providers and peer support protocols enable visits to women who are isolated due to the nature of their illness. Reported concerns regarding medical services center on availability of gender responsive care, women being taken seriously when they report symptoms or a need to be seen by a provider, and being seen in a timely manner. There is a reported lack of competence among medical providers to provide gender responsive care to women and specific concerns about the delivery of quality care to transgender and gender non-conforming residents. The Mental Health department contains highly knowledgeable clinical staff and a suite of important mental health service/program

offerings. Unfortunately, this program is significantly limited in its capacity. Additionally, staff and women reported concerns about residents accessing humane and dignified emergency mental health services. Uniformed staff lack training on women's wellness and mental health needs and thus either miss or respond ineffectively to signs of mental health issues or decompensation. Restrictive Housing protocols are not gender responsive or trauma-informed, and may exacerbate mental health issues among residents.



Recommendations:

Ensure all medical and mental health staff (direct providers and managers of all ranks) are trained in and offer gender-specific and trauma-informed services. Explore and remedy delays in medical care and implement proactive and responsive communication protocols to provide women with needed information and support. Implement mechanisms to provide ongoing mental health support to women, including those who don't qualify for intensive mental health interventions but are struggling. Improve how women in Restricted Housing areas are treated by all staff, including custody staff, supervisors and administrators, and create seamless and consistent supports that facilitate women's stabilization, coping, and meaningful skill development.

Domain # 12 Quality Assurance & Evaluation

WA DOC has a history of engaging in evaluation and quality assurance activities that ensure quality and alignment with evidence-based practices, however gender responsive metrics that align with the research on women are absent. Additionally, WCCW does not utilize quality assurance methods to audit and improve each functional unit/department.



Recommendations:

Utilize quality assurance methods that attend to gender responsive measures to audit and improve all functional units/departments. Utilize empirical methods to evaluate and improve programs and services that include women-centered metrics. Implement formal, regular qualitative data collection, including feedback loops that provide information on the quality and outcomes of programs, services, and operations. Ensure comprehensive and accessible department and facility level data collection on women's pathways, risks, strengths, needs and outcomes to guide the design and delivery of programs, services, and interventions. Ensure quality assurance efforts are informed by residents and families, and closely linked to a multi-year strategic plan, providing continual feedback to the designated planning team about progress toward stated goals and areas in need of improvement.

“Prisons cannot be separated from the larger social, political, and economic landscape, which disadvantages women - especially women from marginalized communities - and carves their pathways to the criminal justice system. A key and persistent research finding is that justice-involved women have experienced higher rates of significant and ongoing gender-based violence and trauma, and that these and other oppressive experiences are often tied to substance use issues, mental health challenges and coerced involvement in crime that increase the likelihood of justice system contact.

In environments where it is often difficult to access needed supports, the violence women endure ultimately impacts multiple areas of their lives, including, but not limited to, their ability to secure employment and maintain safe, stable housing. Women are more likely to serve as the custodial parent to young children; therefore, they are navigating these oppressive conditions all while trying to provide and care for their children.

The complexity of issues that justice-involved women face makes clear the need for gender responsive approaches in prison and throughout the justice continuum. Research shows that gender responsive approaches are not only effective for women, but yield superior outcomes to those identified as gender-neutral. Given the multitude and complexity of factors that influence women’s entry into - or repeated cycling through - the criminal justice system, gender responsive approaches can and should be applied both at the macro level in terms of how justice systems are designed and function, as well as at facility and community corrections levels in terms of how they operate and deliver services.

By addressing the underlying issues that often compel women’s involvement in the justice system, gender responsive approaches can interrupt women’s pathways into and within the system, create opportunities to divert them from the system, reduce incarceration and recidivism, and increase health and safety at the individual, family, and community levels.

**Excerpt from Redefining the Narrative, Women’s Justice Institute
(Benos & Benedict, 2021)**

SECTION

01

- GIPA Process
- Formation of the Historic Women's Prison Division
- Women in Custody and on Community Supervision
- A Powerful Lens: Women's Unique Pathways

GIPA Process

Impetus for the WCCW GIPA

The Washington Department of Corrections (hereafter, WA DOC or department) has been a leader and innovator in corrections, implementing a variety of policies, practices, and programs designed to Improve outcomes among staff and the incarcerated. These efforts include, but are not limited to, launching initiatives to enhance prison cultures and operations, implementing evidence-based risk/need assessment, and designing reentry programs that focus on decarceration and recidivism and reduce barriers to successful reentry.

The department has also taken specific steps to respond to the unique needs of justice-involved women by accessing training and technical assistance and implementing gender responsive programs that address the unique, research-based needs of women, including model peer leadership and support programs. Sustaining this work has been challenging for a variety of reasons, including leadership changes that have disrupted efforts, lack of a department-wide understanding of and commitment to gender responsive approaches with women, and an insufficient leadership, policy, and operational scaffolding to support implementation and oversight of needed gender responsive policies, practices, and programs.

In an effort to course correct and create a sustainable, gender responsive prison model for women, the WA DOC engaged CORE Associates to conduct a Gender-Informed Practices Assessment (hereafter, GIPA). CORE Associates, a psychology and justice consulting firm, has over two decades of experience in criminal justice, and is a national leader and innovator in the development and implementation of gender responsive policies and practices with women throughout the justice continuum.

By implementing the GIPA, the State of Washington is positioning itself to improve outcomes among the women in the department's custody, enhance public safety, and become a national leader in the advancement of gender responsive, evidence-based and trauma-informed practices.

What is the GIPA?

The GIPA is intended to facilitate facility-level efforts to enhance gender responsive, evidence-based, and trauma-informed approaches to the support and supervision of justice-involved women with the ultimate goal of

improving the safety and welfare of staff and women, enhancing outcomes, reducing recidivism, and increasing community safety. It provides prisons with a measured assessment of their adherence to sound principles of gender responsive, evidence-based, and trauma-informed policies, programming and practices, from admission to release.

Specifically, it explores the degree to which a facility has implemented these approaches in 12 domains. These domains include:

1. Leadership and Philosophy
2. External Support
3. Facility
4. Management and Operations
5. Staffing and Training
6. Facility Culture
7. Resident Discipline (Motivation and Empowerment)
8. Assessment and Classification
9. Case and Transitional Planning
10. Research-Based Program Areas
11. Services
12. Quality Assurance and Evaluation

The GIPA facilitates a deep facility-level analysis that is designed assist facilities in improving policies and practices across these 12 operational and programmatic areas. Because the GIPA process produces such comprehensive information, it also provides an opportunity to identify ways to enhance correctional practices for justice-involved women department-wide.

As part of this important initiative, and inspired by the dynamic GIPA that was implemented by CORE and the Women’s Justice Institute (hereafter, WJI) in Illinois, the WA DOC sought a GIPA process that would provide information and insight about department-wide opportunities to advance implementation of gender responsive and trauma-informed policies, practices, and programs. Therefore, the WA GIPA methodology included a preliminary and high-level inquiry into department-wide strengths, challenges and opportunities.

By implementing the GIPA, the State of Washington is positioning itself to improve outcomes among the women in the department’s custody, enhance public safety and become a national leader in the advancement of gender responsive, evidence-based and trauma-informed practices.

The GIPA Process, Team & Methodology

The GIPA process involves a series of meetings with facility and department leaders designed to: 1) provide foundational information on the research and evidence regarding justice-involved women and the evidence-based, gender responsive approaches that yield improved outcomes among women, their families, and communities, and 2) prepare the department and facility for data collection activities.

The GIPA assessment team was comprised of the following individuals:

Alyssa Benedict, MPH, PhD

Executive Director, CORE Associates

Co-founder, Women's Justice Institute

Federal Partner, National Resource Center on Justice Involved Women

Deanne Benos

Co-founder, Women's Justice Institute

Colette Payne

Reclamation Project Director, Women's Justice Institute

Leticia Longoria-Navarro

Executive Director, The Pathfinder Network

Margaret Burke

Client Services Manager, Center for Women in Transition

Marilyn Van Dieten, PhD

Director, National Resource Center on Justice Involved Women

Senior Advisor, Center for Effective Public Policy

Following extensive preparation, and delays due to the pandemic, data collection began in 2021 and included a dynamic blend of in person and virtual data collection, including a comprehensive site visit, which took place October 11-15, 2021. As part of the process, the GIPA team spent five days at WCCW: observing operations and programs, with coverage of all three shifts; reviewing reports, policies, and related materials; interviewing staff and stakeholders; conducting staff, resident and stakeholder focus groups and surveys; and observing programs, services, and other activities. Specific data collection included (see Table 1 for a summary of GIPA Data Collection Outcomes):

Document Review

Over 50 documents were reviewed including, but not limited to, organizational charts, department and facility level mission statements, facility schedule and handbook, profile of facility staff, resident profile and data (e.g., demographics, length of stay), classification tool, assessment tool, case management protocol, sample case plan, and targeted policies, programs, and procedures.

Interviews

Over 50 interviews were conducted with facility leaders, managers, department heads and staff; targeted headquarters staff; union representatives; and targeted stakeholders (e.g., Office of the Corrections Ombuds, Family Council, Disability Rights Washington).

Focus Groups

16 Focus Groups were held with residents, staff and stakeholders. Specifically, 8 staff focus groups were conducted with facility staff and stakeholders, including: supervisory uniform staff; supervisory non-uniform staff; correctional/line officers focus group; program staff, case management staff and counsellors. 8 focus groups were conducted with residents, including residents with diverse levels of participation in programming, levels of security/classification, lengths of stay, and disciplinary histories, and residents from different housing units within the facility.

Surveys

Surveys were distributed to staff and residents, and a total of 330 were completed. Specifically, 215 residents completed surveys and 115 staff completed surveys.

Observations

Observations included, but were not limited to: morning muster, Therapeutic Community, count, all living units, Restrictive Housing, Residential Parenting Program, discipline hearing, intake and release processes, Correctional Industries, recreation, movement, Mental Health Team meeting, Mainline, Medline, shift changes, Health Services staff meeting, Freedom Education Project Puget Sound (FEPPS), Facility Risk Management Team (FRMT), scanner and dry cell protocols, Executive Leadership Team meeting (facility), mailroom, warehouse, classification meeting, visitation, recreation (indoor/outdoor), use of automated case management and data analysis systems, case planning, treatment groups, and meals/food service.

Table 1. Summary of GIPA Data Collection Outcomes

GIPA DATA COLLECTION METHODS AND OUTCOMES	
Interviews (Facility and Agency and Stakeholders)	53
Focus Groups: Residents	8
Focus Groups: Staff and Stakeholders	8
Surveys: Women Residents	215 (39%)
Surveys: Staff (Uniform and Non-uniform)	105 (23%)
Observations	30
Document Review	50+

Purpose and Use of this Report

This report identifies strengths, challenges, and opportunities for improving gender responsive, evidence-based, and trauma-informed practices in all aspects of WCCW’s operations and management, including post release planning and reentry preparation. Findings are designed to inform a multi-year strategic plan that includes specific actions that can and should be taken to enhance correctional practices with women at the facility and department levels.

Documentation of Progress

As the GIPA instigates and supports immediate improvements to policies, practices, and programs, the GIPA team documented progress and actions taken throughout the GIPA to address findings and implement recommendations.

Note on Language

Throughout this report we refer to those who identify as women as “justice-involved women”, “incarcerated women” or, simply, “women.” WCCW also houses individuals who identify as transgender, nonbinary, gender non-conforming and intersex. To ensure inclusivity and to honor the various ways in which individuals incarcerated at WCCW identify, this report also refers to individuals housed at WCCW as “residents” and “individuals.”

Formation of the Historic Women’s Prison Division



“As we have long known, research and experience show us that the needs of incarcerated women are different than those of men. We also know that serving the needs of women in correctional settings pose unique challenges to current practices designed without these gender differences in mind. To strengthen our resources for all individuals under our custody and care, we must align our operations to support the distinct needs of incarcerated women. I am pleased to announce that the department is creating a separate Women’s Division within the Department of Corrections. This move will support the development of a gender responsive focus that will better address the unique needs of our female incarcerated population. The department will conduct an extensive recruitment effort in the weeks ahead and we hope to have its leader in place by mid fall.”

**Secretary Cheryl Strange, Washington Department of Corrections
(Agency-wide Memo, July 29, 2021)**

Formation of the Historic WA DOC Women’s Prison Division

Shortly after her appointment by Governor Jay Inslee in May 2021, Washington State Department of Corrections Secretary Cheryl Strange launched a visionary initiative to establish the state’s first Women’s Prison Division governed by a comprehensive set of gender responsive policies, practices, programs and principles.

Secretary Strange issued a department-wide memo on July 29, 2021 to announce the new division. Having previously served as the state’s Secretary of Human Services, Secretary Strange has brought a unique understanding of the state’s human services infrastructure to the WA DOC, as well as first-hand knowledge on building a humane and equitable organizational culture. With strong support from the Governor, she has engaged national, state and local leaders to help design, build and implement a new Women’s Prison Division with the goal of becoming a national model.

Confronting Longstanding Challenges with a New Vision for Change

The Secretary's historic plan came on the heels of tenacious efforts to pass legislation to require the creation of a dedicated Women's Prison Division from community advocates seeking to address the historic pattern of intermittent implementation of gender responsive practices throughout WA DOC women's facilities.

The legislation was modeled after the 2017 Illinois Women's Correctional Services Act, a sweeping state law that established a permanent Women's Division at the Illinois Department of Corrections (IDOC) guided by a comprehensive set of standards requiring implementation of gender responsive policies, practices, programs and procedures throughout the state's women's prisons and parole system.

Leveraging the GIPA Protocol to Create a Blueprint for a National Model Women's Division

Under the Secretary's direction, the department engaged with CORE Associates to conduct a GIPA at WCCW, the state's largest and most complex women's facility. CORE's dynamic, holistic and practical approach to facility assessment has offered the department a unique opportunity to solidify and pursue its vision to become a national leader in the custody and care of justice-involved women. Indeed, the goal of conducting the GIPA at WCCW is to guide facility-level improvements and leverage the findings to build a blueprint and strategic plan to inform the design and implementation of the division in a manner deeply rooted in gender responsive practices, principles, and innovation.

Appointing a Leadership Team

Secretary Strange appointed Washington State Senator Jeannie Darneille to serve as first Assistant Secretary of the Women's Prison Division. A 20-year veteran of the Washington State legislature, Darneille brings extensive experience to this role as a leading voice for women, as well as juvenile and criminal justice reform.

In her role, Assistant Secretary Darneille is not only managing all operations of the new division, but is also leading the creation of the new charter that will formally establish the gender responsive policies, practices and procedures that will govern it. In addition, Darneille has been charged with leading a robust strategic planning process to support the design and development of a national model Women's Prison Division.

Secretary Strange also appointed Deborah Jo Wofford to serve as the Gender Responsive Administrator. Wofford formerly served as the Superintendent of WCCW and brings over 20 years of experience working in corrections and human services, as well as deep knowledge regarding gender responsive approaches.

In addition, Secretary Strange has appointed a dedicated Project Manager to support the firm establishment of the Women's Prison Division, including the development of its charter and strategic plan.

Finally, the Women's Prison Division is strongly supported by the WA DOC Executive Strategy Team, which includes Secretary Strange, Deputy Secretary Sean Murphy, Chief of Staff Julie Martin, the department's other five Assistant Secretaries, and key directors that manage the administration and operations of the department.

Overview:

Women in Custody and on Community Supervision²

The new Women's Prison Division is comprised of the state's two women's correctional centers, including Washington Correctional Center for Women (WCCW), the largest women's prison in the state, and Mission Creek Correctional Center for Women (MCCCW), a small, minimum security facility.

Since its inception in 1971, WCCW has served as the state's largest and only multi-custody level facility and Reception Diagnostic Center for women and currently houses an average daily population of 600 women (2019 pre-pandemic levels were 960); MCCCW is a minimum security level facility that currently houses an average daily population of 129 women.

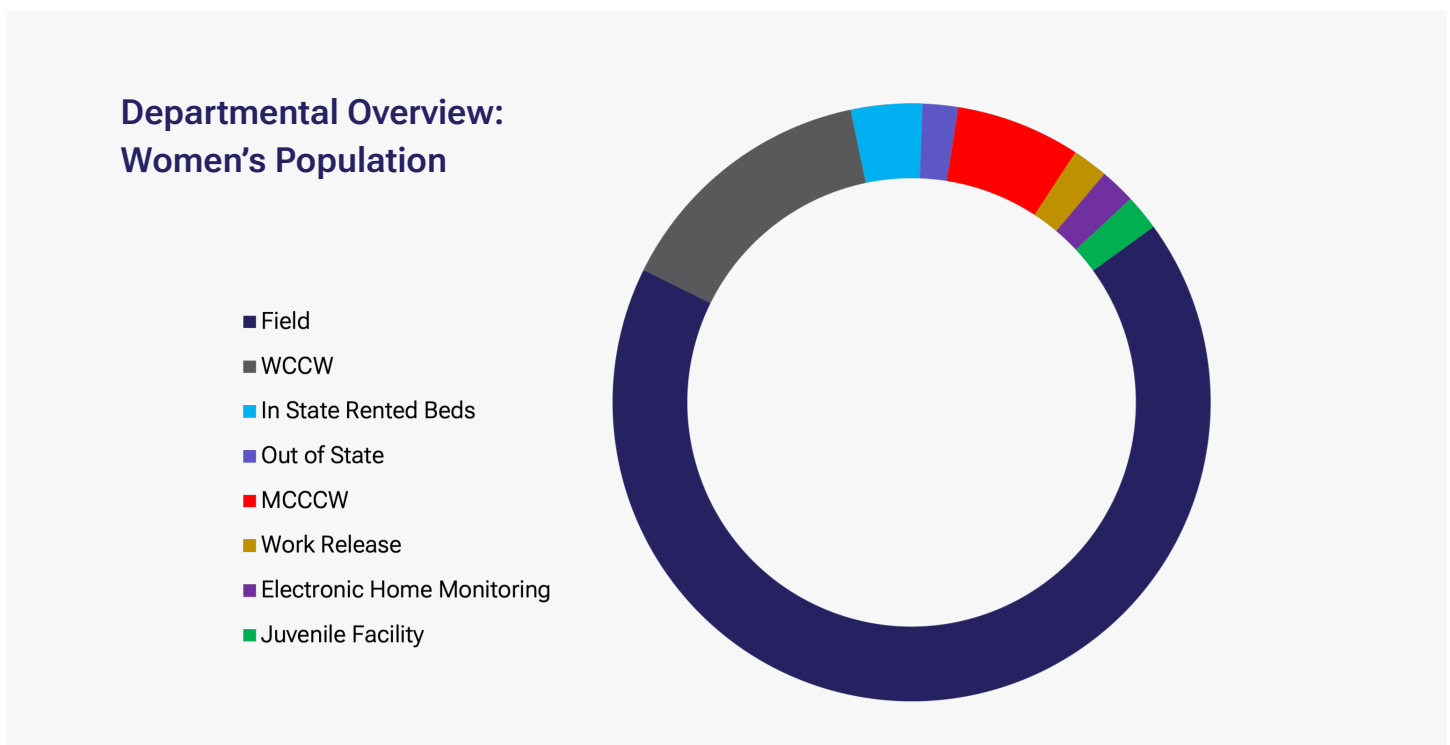
Table 2. WA DOC Women's Population

WA DOC WOMEN'S POPULATION (JUNE 30, 2021)		
LOCATION	COUNT	PERCENTAGE
WCCW	582	18.79%
MCCCW	129	4.16%
Field	2313	74.66%
Work Release	44	1.42%
In State Rented Beds	2	0.06%
Electronic Home Monitoring	19	0.61%
Out of State	2	0.06%
Juvenile Facility	7	0.23%
Total	3098	100.00%

² As part of the GIPA, various kinds of data were requested by the GIPA Team to support the creation of a robust profile of women and provide important information on the impact and outcomes of various policies, programs, and procedures on women. Requests included data on diverse groups of women, including those who have been historically marginalized. The WA DOC was able to provide some, but not all, requested data. It is recommended that the department develop a data analytics approach that allows for comprehensive data collection on women to facilitate data-driven strategic planning and decision-making and enable regular and efficient reporting on key metrics and indicators across divisions to support the ongoing work of the Women's Prison Division.

The creation of the new Women’s Prison Division represents a powerful opportunity for change; however, it should be noted that only 22% of the 3,000 women involved with the department are incarcerated (18% of the department’s women’s population is housed at WCCW and 4% is housed at MCCCW). The majority of women (75%) are under the supervision of the Community Corrections Division, and all policies governing their interactions with the department are within this division. A smaller percentage of women are housed at the state’s Reentry Centers (formerly referred to as “Work Release Centers”) (1.4%), are on Electronic Home Monitoring (0.6%) or occupy State Rented Beds (0.06%), all of which are managed by the Reentry Division of the department.

Table 3. Departmental Overview of Women’s Population



The needs of women intersect across all divisions...and it will be critical for each of the divisions to continue working together holistically to support the objectives of the new Women’s Prison Division in order to ensure its success.

While prisons may appear to operate in isolation, they influence and are influenced by the larger corrections ecosystem (Benedict & Benos, 2021). For example, prison operations have a profound impact on women’s reentry planning and outcomes. Thus, implementation of gender responsive policies and practices across divisions is needed to ensure success and will require holistic planning.

With the appointment of Assistant Secretary Darneille, the WA DOC now has 6 Assistant Secretaries who oversee all operations statewide, including the Reentry, Community Corrections, Men’s Prisons, Women’s Prisons, Health Services, and Administrative Operations divisions. The

needs of women intersect across all divisions, particularly as it relates to the sizable Community Corrections and Reentry populations, and it will be critical for each of the divisions to continue working together holistically to support the objectives of the new Women’s Prison Division to ensure its success.

Where possible, this report includes recommendations that address these intersections and key opportunities for collaboration, particularly as it relates to the Community Corrections and Reentry divisions.

Custodial Profile of the Population at WCCW

The following table offers a preliminary custody profile of the women at WCCW.

Table 4. Custody Profile of the Population at WCCW

RACE/ ETHNICITY	<ul style="list-style-type: none"> The majority of women at WCCW are white (69.9%), followed by Hispanic (14.8%), Black (11.9%), American Indian/Alaska Native (7.6%), Asian/Pacific Islander (5%), Other/Unknown (5.7%).
AGE	<ul style="list-style-type: none"> At WCCW, the average age is 40, the highest percentage age group is 31- 35 (19.2%), and 6.8% are over the age of 60 and a very small percentage is under age 22 (1.2%). The average age among women on Community supervision is slightly lower (37).
ASSESSED RISK LEVEL CLASSIFICATION (RISK TO REOFFEND)	<ul style="list-style-type: none"> Data from the WA ONE Risk Assessment of women at WCCW, which measures the risk of an individual to reoffend, demonstrates that the vast majority of women incarcerated do not present a risk of violence (86%) and carry a low risk of reoffending in general (38.3%). In addition, the greatest risks among women are tied to Drug (21.3%) and Property (17%) crimes. <p><i>Note: Includes those not classified with the current risk tool (WA ONE)</i></p>
HOLDING OFFENSE	<ul style="list-style-type: none"> At WCCW, the majority of women are incarcerated for Robbery (23.7%), followed by Assault (18%), Sex Crimes (9.1%), Property Crimes (7.4%), Murder 1 and 2 (5.8%), Manslaughter (5.7%), and Drug Crimes (5.2%); 11.7% of women are incarcerated for crimes listed as Other/Unknown. As would be anticipated, a higher percentage of women at the minimum security MCCCW, a considerably smaller facility, are incarcerated for Drug Crimes (15.5%) and Property Crimes (31.8%). <p><i>Note: Active status only; total sentence count may be larger than individual count reported</i></p>

<p>TOTAL SENTENCE LENGTH ORDERED</p>	<ul style="list-style-type: none"> At WCCW, women are serving a wide range of sentences: 11.7% less than 2 years, 23.5% from 2-5 years, 22% from 5-10 years, 35.6% over 10 years, 2.6% life with the possibility of parole, and 3.1% life without parole. <p><i>Note: May not sum to 100% due to new admissions with missing data</i></p>
<p>SECURITY LEVEL</p>	<ul style="list-style-type: none"> None of the women at WCCW (or at any facility) are classified as maximum security, 15.5% were classified as Close Custody, 51% as Medium/Long-term Minimum, 27.1% as Camp/Short-term Minimum, and 3.3% as Partial Confinement Eligible Minimum. <p><i>Note: May not sum to 100% due to new admissions with missing data</i></p>
<p>RECIDIVISM</p>	<ul style="list-style-type: none"> Data on FY17 exits demonstrates that the average three-year recidivism rate for men and women is 30.7%, but is lower for women (21.1%) than men (32%).

Charting a New Course: A Unique Opportunity

In Washington, the number of women in jail increased by 655% and the number of women in prison increased by 810% from 1980-2017.¹

From a national perspective, because system-impacted women are a smaller population, their needs are chronically unmet by corrections systems. In the wake of this neglect, their numbers have skyrocketed for years in most states, even in cases where the population of men has declined. Washington has mirrored these national trends.

In Washington, the number of women in jail increased by 655% and the number of women in prison increased by 810% from 1980-2017.³

Beyond the harmful and cascading impacts on impacted women, their children and families, increases have also carried an array of infrastructure and budgetary challenges for systems ill-equipped to manage them, including overcrowding of women’s facilities, staffing shortages and reductions in clinical services and programming.

While the state prison population began to decline prior to the pandemic among both women and men, the crisis-driven responses to the pandemic, as well as recent legislative reforms, accelerated them in dramatic ways that benefitted women at higher rates than men – a reverse of previous trends.

3 Vera Institute. (2018) Incarceration Trends in Washington. Retrieved from <https://www.vera.org/downloads/pdfdownloads/state-incarceration-trends-washington.pdf>

The momentum surrounding the creation of the new Women's Prison Division, combined with a 65% decline in women's prison admissions (compared with a 54% decline among men) between 2019-2021, has presented the WA DOC with an unprecedented opportunity: To not only create a national model, but to chart a transformational new course that reduces harm and improve well-being and outcomes among justice-involved women, their children, families and communities.

This opportunity is not without potential barriers, as a historically high court backlog, also resulting from the pandemic, has the potential to increase admissions and replicate previous overcrowding. It is essential for the WA DOC to closely examine the often overlooked, gender-specific data and unique trending surrounding women's unique risks, strengths, needs, and pathways – all of which impact them before, during and after incarceration - in order to get ahead of these challenges and ensure success.

Charting a new course is a shared, statewide responsibility that requires multiple systems including, but not limited to, WA DOC. It also requires direct attention to inequities among historically marginalized groups. According to a 2021 report from the Washington State Supreme Court Gender and Justice Commission, Black, Indigenous, and women of color are convicted and sentenced at rates two to eight times higher than white women. Additionally, data collected during the GIPA revealed that the recent women's prison admission reductions since the onset of the pandemic from 2019-2021 have been significant across-the-board, but disproportionately benefitted white women. For example, there was a 71% decline among white women, a 58% decline among American Indian/Alaskan Native women, a 52% decline among Black women, and a 54% decline among Hispanic women.

The momentum surrounding the creation of the new WA DOC Women's Prison Division, combined with a 65% decline in women's prison admissions [due to the pandemic and recent legislative reforms]... between 2019-2021, has presented the WA DOC with an unprecedented opportunity... to chart a transformational new course...

A Powerful Lens: Women's Unique Pathways into the Criminal Justice System

Nationwide, the call for criminal justice system reform and decarceration, particularly among individuals convicted of low-level, non-violent crimes, has brought about a landmark shift in state and local justice systems. In the years prior to the COVID-19 pandemic, many states began making some promising strides: Arrests trended downward, prison and jail populations decreased, incarceration rates among juveniles significantly declined, and policymakers at all levels of government began to realize the impact of mental health and substance use treatment and view these and other therapeutic interventions as viable - if not necessary - strategies in their attempts to curb recidivism, improve individual and agency outcomes, cut costs, and improve public safety.

While the criminal justice system landscape has been changing in the most dramatic ways since America first got “tough on crime” in the 1980s, one group has been consistently left behind throughout the reform process: Women, particularly women of color.

Yet, while the criminal justice system landscape has been changing in the most dramatic ways since America first got “tough on crime” in the 1980s, one group has been consistently left behind throughout the reform process: Women, particularly women of color. In part, this phenomenon has been attributed to the fact that, historically, a far greater number of men have been incarcerated compared to women.

Consequently, corrections systems have been designed to assess, manage, and house men and attend to male-specific risks and needs. However, research and experience has shown that failure to implement gender responsive policies and practices can have far-reaching effects on women at multiple points of the criminal justice system. For example, according to a January 2018 Prison Policy Institute study (pre-pandemic),

Washington State experienced an increase in the women's prison population (while the men's prison population declined) between 2009 and 2015. Furthermore, states such as Washington have been working over the years to design and implement prison population reduction strategies; however, these are reportedly gender neutral and some have disproportionately benefitted men.

National Data on Women

Attending to the unique and often ignored needs of justice-involved women offers a critical opportunity to reduce the prison and jail populations, save money, rebuild communities and break the cycle of inter-generational incarceration. Women follow unique pathways into crime and present risk factors that signal different needs and interventions than men. One of the key findings from the literature is that justice-involved women have experienced higher rates of significant and ongoing gender-based violence, abuse and trauma compared to men, and this victimization often progresses into substance use and mental health issues among a greater percentage of them.

A larger proportion of justice-involved women:

- have experienced sexual abuse and/or other forms of victimization;
- have engaged in substance use to cope with past and current trauma;
- have engaged in criminal behavior while under the influence, to support their drug use, and/or in the context of relationships;
- are more likely to experience co-occurring issues, in particular substance abuse problems interlinked with trauma and/or mental health challenges;
- are more likely to have experienced poverty, underemployment and employment instability;
- are more likely to experience homelessness, housing instability or coercive housing situations; and
- come from neighborhoods that are entrenched in poverty and lacking in viable systems of social support.

After experiencing serious physical and/or sexual abuse as children, many women progress into adulthood plagued with physical and mental health issues, as well as substance abuse issues. In addition, the majority of justice-involved women are also more likely than their male counterparts to be the sole support and caregivers for their children, who also face a greater risk of justice involvement as a result of having an incarcerated parent. These factors are more prevalent among women, play a significant role in their pathways into the justice system and must be addressed.

Women's Justice Pathways

Research consistently shows that justice-involved women are managing the impacts of having multiple unmet needs and few, if any, opportunities to meet them before, during and after incarceration. The Women's Justice Pathways (WJP) Model, developed by the Women's Justice Institute (WJI), identifies 5 Fundamental Rights & Needs for Women. An integrated circle conveys how they are interrelated and are best addressed in a holistic manner: Relationship Safety, Health & Well-being, Supported Families, Safe & Stable Housing and Economic Security & Empowerment (Benedict & Benos, 2021).

The Women’s Justice Pathways (WJP) Model

Benedict and Benos, 2018



Having one chronically unmet need frequently impacts women’s opportunities to address other needs and increases their risk of incarceration and/or recidivism. For example, mothers from economically and socially marginalized communities, particularly communities of color and rural communities with historically high unemployment rates, may struggle to find livable wages and remain in housing situations with an abusive partner to keep a roof over their children’s heads. Consequently, they can develop trauma-related substance use issues and/ or experience economic or sexual coercion that eventually results in their incarceration. From there, the lack of trauma-informed, gender responsive practices and programming in prison serves to perpetuate these challenges, more deeply entrench women in the criminal justice system, and increase the likelihood of recidivism and intergenerational harm (Benedict & Benos, 2021).

Importantly, the WJP Model acknowledges women’s **intersectional identities** and the reality that women with marginalized identities (e.g., gender, race, ethnicity, immigration status, class, LGBTQ+, age, and ability) often experience multiple forms of inequality and disadvantage that combine and create unique experiences and obstacles that are not understood within conventional ways of thinking. For example, race and gender discrimination combine in the lives of women of color, creating unique axis of disadvantage that must be seen, understood, and addressed (see Kimberle Crenshaw).

The WJP Model also integrates the **collateral consequences** that criminal justice contact, and incarceration create for women. The mere experience of justice system contact, and incarceration in

particular, is a powerful risk factor during reentry, and can have lifelong impacts on all areas of women's lives and severely restrict their access to the 5 Fundamental Rights & Needs. The prison system itself has a significant influence on women's recidivism and overall well-being. For example, the lack of gender responsive, trauma-informed policies and programs exposes many women to harmful practices while in prison that compromise their mental health. Consequently, they often reenter their communities with additional trauma while also facing various system-created barriers to housing and employment (Benedict & Benos, 2021).

Mapping the WA DOC Women's Population

The following section offer salient national and, where available, Washington-specific data on the 5 Rights & Needs identified in the WJP⁴.

Note: This section is adapted from Benos, D. & Benedict, A. (2021), which includes all references; references regarding Washington data are offered in Appendix A.

Relationship Safety

Globally, women experience higher rates of sexual violence compared to men; this is also true within the United States. Staggering numbers of women experience gender-based violence (GBV) throughout their lives, including in their homes, schools, and communities. Economically and socially marginalized women experience violence at extremely high rates and experience significant obstacles when seeking help. Instead of having access to support in surviving their experiences of violence, many women are criminalized and incarcerated, and their criminalization is often directly linked to how they have coped with and survived GBV.

- Since 2014, murders of women due to domestic violence have risen to the point that nearly four women are killed by an intimate partner every day, while the number of men killed by an intimate partner has declined.
- Women of color experience higher rates of GBV; for example, 53.8% of multi-racial women, 46% of Native American or Alaskan Native women, 43% of African American women, and 37.1% of Latina women have been victims of rape, physical violence, and/or stalking by an intimate partner in their lifetime.

⁴ While a formal WJP data analysis is beyond the scope of the GIPA protocol, preliminary data on the WJP 5 Rights & Needs was requested by the GIPA team to support the creation of a robust profile of women to inform and establish a baseline for strategic planning and implementation of the GIPA recommendations. This baseline will help the WA DOC identify data trending, as well as critical gaps in data collection, that should be addressed as the department moves forward with the goal of creating a national model correctional system for women. As stated previously, it is recommended that the department develop a data analytics approach that will enable regular and efficient reporting on key metrics and indicators across divisions to support the work of the Women's Prison Division.

- Transgender individuals experience extremely high rates of GBV; nearly half of all transgender individuals will be sexually abused or assaulted at some point in their lives.

WA DOC: HIGHER RATES OF GENDER-BASED VIOLENCE AMONG WOMEN

During the GIPA, it was regularly reported by the WCCW leadership and staff that women at the facility have experienced high rates of gender-based violence (GBV) and related trauma; however, statistical data could not be supplied in time for the publication of this report. This information presents a meaningful opportunity for the WA DOC to begin collecting data on the extent of GBV among the women’s prison and community corrections populations to inform policies and protocols and target needed services.

Health & Well-being

Women in the justice system have unique, gender-specific, and often unmet health needs. For example, incarcerated women report histories of alcohol and drug use, sexual and physical abuse, and associated mental health issues, with rates of these conditions higher than those of incarcerated men. High rates of trauma among incarcerated women combined with the lack of gender responsive, trauma-informed practices often results in coping mechanisms and behaviors that are treated with dramatically higher rates of discipline, rather than meaningful interventions. Moreover, the majority of incarcerated women are younger than 50 and therefore have specific reproductive health needs, including pregnancy.

- Women are uniquely and disproportionately impacted by Adverse Childhood Experiences (ACEs), which are generated by structural conditions, including racism, sexism, genderism, homophobia, transphobia and income inequality. (ACEs are traumatic events occurring before age 18 that compromise health and well-being and increase the risk of criminal justice system involvement.)
- Women and girls are 50% more likely than men and boys to have experienced multiple ACEs; African American women and Latinx women have higher ACE scores than White and Asian women, which contributes to worse health outcomes; and transgender and gender-nonconforming persons and LGB groups report higher number of ACEs than heterosexuals or gender-conforming individuals and worse mental health outcomes.
- Women are more likely than men to be imprisoned for drug-related offenses, and many chronic medical and mental health conditions are more prevalent among women.
- Discipline practices in women’s prisons adversely impact women’s health and well-being, and disproportionately impact those with mental health conditions in deeply harmful ways; incarcerated women are disciplined at significantly higher rates than men for mostly minor, subjective infractions.

- Women diagnosed with mental health issues tend to experience the most severe and harmful sanctions.
- Disciplinary infractions carry the risk of a woman spending more time in prison than is necessary should she be punished with revocation of Good Conduct Credits (GCC) or access to credit-earning programs.
- After release, formerly incarcerated women have higher rates of overdose and suicide than noninstitutionalized women.

WA DOC: HIGHER SUBSTANCE USE AND MORTALITY RATES AMONG WOMEN

Consistent with national data showing higher rates of substance use among incarcerated women, a cohort study of prisoners released from the Washington State Department of Corrections (WA DOC) between 1999 and 2009 revealed that the overdose mortality rate was higher among women than men, including opioid-related death.⁵

WA DOC: DISPROPORTIONATE DISCIPLINE AMONG WOMEN

- A preliminary review of data regarding discipline across all WA DOC facilities requested by the GIPA team showed that incarcerated women have dramatically higher rates of disciplinary infractions compared to men, and this corresponds to higher rates of sanctions.
- Women experience twice the rate of confinement to their cell, lose day room access three times the rate of men, and lose good time at a higher rate than men, which in many cases corresponds to longer prison stays.
- Women of color have considerably higher rates of nearly all forms of discipline across-the-board.

Supported Families

Research powerfully shows that women’s criminalization and incarceration have a harmful impact on their children, families, and communities that can persist for a lifetime and affect future generations. It has been well documented that children experience “a shared sentence” when one or both of their parents is incarcerated. Given that 80% of incarcerated women are mothers, there is an urgent need to make the policy and practice changes that eliminate the unnecessary and significant harms that incarceration is inflicting on their children and families.

5 Binswanger, I.A., et al. (2013). Mortality after prison release: Opioid overdose and other causes of death, risk factors, and time trends from 1999 to 2009. *Annals of Intern Medicine*, 159(9): 592-600.

- Seven million, or one in ten, of the nation's children have a parent under criminal justice supervision—in jail or prison, on probation, or on parole.
- The intergenerational risks of incarceration are particularly harmful among children of justice-involved mothers.
- An estimated 80% of incarcerated women in prisons and jails across the nation are mothers separated from their children. Nationally, mothers are far more likely than fathers to care for their children in single-parent households, increasing the risk that their children will experience disruption in their living arrangements following maternal incarceration. According to national data, 77% of mothers in state prison who lived with their children just prior to incarceration provided most of the children's daily care, compared to 26% of fathers. 88% of incarcerated fathers identified the child's other parent as the current caregiver, compared to 37% of mothers.

WA DOC: CHILDREN AND FAMILIES IMPACTED BY INCARCERATION

- Washington State ranks 7th in the nation for the number of children (109,000) who have experienced the incarceration of a parent, in either jail or prison.⁶
- According to a Washington State Children and Families of Incarcerated Parents Advisory Committee Annual Report, it was estimated that over 83% of individuals incarcerated at the WA DOC were parents with more than 29,000 dependent children.⁷ However, the data did not differentiate between mothers and fathers.⁸
- During the GIPA, it was regularly reported by the WCCW leadership and staff that the majority of incarcerated women are mothers at the facility, however specific data about the number of impacted mothers and children could not be supplied in time for the publication of this report. This information presents a meaningful opportunity for the WA DOC to begin collecting data on the impact of incarceration and community supervision on mothers, as well as their children and families, to inform policies and protocols and target needed services.

6 A Shared Sentence: KIDS COUNT Policy Report, Ann E. Casey Foundation: April 2016

7 Children and Families of Incarcerated Parents Advisory Committee Annual Report, January 2010.

8 Retrieved from https://www.governor.wa.gov/sites/default/files/exe_order/eo_16-05.pdf

Safe & Stable Housing

The lack of safe, affordable, and non-coercive housing for women is a national crisis that deeply undermines their well-being, creates cycles of vulnerability, and paves the way to their incarceration and system entrenchment. According to the data, many women experienced a profound lack of access to permanent, safe, and affordable housing before their incarceration. Deeply rooted in economic and social inequities, housing instability dramatically undermines women's safety, health, and well-being, and compromises their ability to care for their children and support communities. These challenges are only exacerbated by the collateral consequences of a criminal record, and pose significant barriers to safe, successful reentry upon release from prison.

- Among industrial nations, the United States has the largest number of homeless women and the highest number on record since the Great Depression.
- Women and families are the fastest growing segments of the homeless population in the United States. It has been estimated that 84% of all homeless families are headed by women.
- Women's lack of affordable housing can entrap them in abusive situations and create a greater risk of homelessness if they leave. Nationally, domestic violence disproportionately affects women and is a major cause of homelessness among women; it can become so severe that women leave their homes, even when they have no place to go. In one study, half of all homeless women and children reported experiencing physical violence, and 92% of homeless mothers reported experiencing physical or sexual assault.
- Nationally, homelessness and housing insecurity create more significant barriers to reentry for women than men, and a perpetuate a vicious cycle of victimization and criminalization.
- In general, formerly incarcerated individuals across the nation are almost 10 times more likely to be homeless, however the greatest risks are most profoundly experienced by women of color, women experiencing homelessness in rural areas, those who identify as LGBTQ+, those who have been incarcerated more than once, and those just released from prison.
- African American women face severe barriers to housing after incarceration; in one study from the Prison Policy Initiative, African American women experienced the highest rate of sheltered homelessness - nearly 4 times the rate of white men and twice the rate of African American men.

WA DOC: WOMEN EXPERIENCE PROFOUND AND PERSISTENT HOUSING INSECURITY

- According to an Annual Homeless Assessment Report from the U.S. Department of Housing and Urban Development, Washington State experienced a 6.2% increase in homelessness – the third largest estimated increases in homelessness in the nation - between 2019 and 2020.⁹
- While the HUD report data did not specifically address the needs of incarcerated women, during the GIPA, WCCW staff and leadership regularly reported ongoing challenges expressed by women in their custody to identify safe and stable housing, particularly as it relates to housing for mothers and their children. As housing insecurity is considered a major risk factor among justice-involved women, collecting more robust data on the housing risks and needs among women at WA DOC facilities and on community corrections supervision could help with targeting resources and improving outcomes.

Economic Security & Empowerment

Poverty, inequality, and discrimination systematically disadvantage marginalized women, their economic prospects and their families' stability. This creates a pathway to criminal justice system involvement and its cycle of harmful collateral consequences. A lack of economic security is a leading risk factor for justice involvement among women, who face greater economic challenges than men, and have much higher rates of unemployment after contact with the criminal justice system. Their risks are compounded by intersecting oppressions regarding race, ethnicity, gender identity, sexual orientation, and disability. Once incarcerated, these conditions are replicated in prison and perpetuated by limited access to economic supports and paid jobs combined with Prison Survival Costs¹⁰, such as exploitive commissary, technology and communication costs that create profound deprivation and isolation.

- Justice-involved women experience a more disproportionate economic burden than men. In addition to structural economic inequities for women in general, this is also compounded by the collateral consequences of incarceration such as licensing barriers impacting the kinds of occupations women typically pursue, as well as access to fewer vocational programs while incarcerated.
- Employment burdens upon reentry are higher among formerly incarcerated women, who experience unemployment rates five-to-six times higher than women in the general population.

9 Retrieved from <https://www.usnews.com/news/best-states/washington/articles/2021-03-20/report-washington-state-homelessness-increased-62>

10 Prison Survival Costs are the commissary, medical, communications, and other costs that incarcerated women in both jails and prison must pay to meet their basic needs. These include, but are not limited to, nutritious food, medical services (e.g., copays), warm clothing, and phone calls and emails with their children, families and social service providers. (see Prison Survival Costs: An Invisible Toll on Women, Children and Families. The Women's Justice Institute).

- Among all formerly incarcerated people nationally, African American women experience the most severe rate of unemployment (43.6%), followed by Hispanic women (39.4%); comparatively, white women experience an unemployment rate of 23.2% and white men experience the lowest unemployment rate (18.4%).
- Nationally, incarcerated women are not only more likely than their male counterparts to be the primary caregivers of minor children, but are less likely to have been employed prior to their period of incarceration.
- Incarceration among women can lead to a downward financial spiral, including loss of employment, public benefits, and housing, as well as the imposition of various fines and fees during and after incarceration. This causes women to incur a debt burden that can have devastating and long-term impacts on their credit, economic opportunities and ability to care for their children.

WA DOC: WOMEN EXPERIENCE PROFOUND AND PERSISTENT ECONOMIC INSECURITY

- Women’s economic insecurity in the community may be perpetuated at WA DOC facilities. For example, residents reported that limited access to paid jobs combined with fines, fees, and unnecessarily high prices (price-gouging) for commissary and communication creates considerable challenges for them to address their basic needs, to stay in contact with children and family, and generate the savings they need to support their reentry. It is noteworthy that the Department has continually lowered prices over the past few years and now offers all feminine sanitary items at no cost.
- Data requested by the GIPA team indicated that at any given time in 2021, anywhere from 25-42 incarcerated women had zero funds on their accounts, while 42% had less than \$100 (of which 6% had less than \$10, 20% had between \$10-\$50, and 17% had between \$50-\$100).
- A key challenge reported by the women at WCCW was staying in contact with children and family. While a limited number of kiosks are available on nearly all housing units, women may purchase Jpay tablets from \$69.99-\$129.99 (plus tax) to email children and family; they must then purchase a series of “stamps” to send each one-way email.
- Women also reported that regardless of how much money they earn or that family may lend to them to help them get by, there are a series of debilitating, automatic deductions pulled from their accounts. In addition to Costs of Incarceration paid to the WA DOC, issues like Legal Financial Obligations (LFO’s) can present particular challenges.

SECTION

02

- Top 5 Opportunities for Agency-Wide Advancement of Gender Responsive, Evidence-based and Trauma-informed practices
- WCCW Findings: Strengths, Challenges, Opportunities and Actions Taken by Domain

1. Leadership and Philosophy
2. External Support
3. Facility
4. Management and Operations
5. Staffing and Training
6. Facility Culture
7. Resident Discipline (Motivation and Empowerment)
8. Assessment and Classification
9. Case and Transitional Planning
10. Research-Based Program Areas
11. Services
12. Quality Assurance and Evaluation

Top 5 Opportunities for Department-Wide Advancement of Gender Responsive, Evidence-based and Trauma-informed Practices

While the GIPA facilitates a deep facility-level analysis that is designed assist facilities in improving policies and practices across 12 operational and programmatic areas, it also offers an opportunity to engage a wide angle lens when viewing opportunities to advance gender responsive, evidence-based and trauma- informed policies and practices with and for women. As noted in the Methodology section of this report, WA DOC specifically engaged CORE Associates to complete the GIPA because CORE utilizes a systemic approach. Facilities like WCCW are situated within and influenced by the larger system of which they are a part. Thus, in addition to identifying opportunities to enhance facility-level programs and operations, the GIPA presents two additional opportunities for WA DOC:

- To enhance and implement gender responsive policies and practices across divisions to support facility-level efforts and ensure a unified continuum of care for women from custody to community.
- To facilitate a broad-based, cross-sector discussion about the unique risks, strengths and needs of women and identify ways to leverage resources to ensure women’s access to gender responsive and trauma-informed supports. While improving services for justice-involved women in its care is the formal responsibility of a state corrections agency, it cannot happen without multi-sector, multi-stakeholder discussion and support, both from within the corrections system, and among agencies, elected officials and communities throughout the state.

While improving services for justice-involved women is the formal responsibility of a state corrections agency, it cannot happen without multi-sector, multi-stakeholder discussion and support, both from within the corrections system, and among agencies, elected officials and communities throughout the state.

It is recommended that the WA DOC leverage this report to launch a multi-year effort that addresses identified strengths, challenges and opportunities and includes the following 5 actions:

1. **Fortify the Women’s Division** as the essential organizational, leadership and accountability structure at the department with the responsibility and authority, and appropriate resources (e.g., budget and staffing) needed to: 1) implement gender responsive and trauma-informed policies, practices and programs, 2) support ongoing assessment and monitoring of strengths and gaps regarding work with women, and 3) ensure necessary oversight of action strategies designed to implement and sustain quality programs, services, and interventions for women.
2. **Develop a multi-year Gender Responsive Strategic Plan for the development and implementation of gender responsive policies and practices that promotes public safety, facilitates women’s growth and healing, and supports healthy communities.** Guided by the GIPA report, this plan should include broad stakeholder input, including the voices, perspectives and leadership of directly impacted women and families, and promote as well as operationalize a clear gender responsive vision and mission. This strategic plan can also serve as a roadmap for the next five+ years as WA DOC works to advance department-wide, gender responsive policies and practices for the management and supervision of justice-involved women.
3. **Establish a seamless, gender responsive continuum of care by implementing and leveraging gender responsive approaches to classification, risk/strengths/needs assessment, case management and reentry, supported by effective programs and services.** The vision of a gender responsive continuum of care can only be achieved by unifying prison, reentry and community corrections; accordingly, WA DOC should develop a more deliberate connection between these functions so that all women can seamlessly progress through a system of gender responsive assessment, case management and programming, including expanded access to gender responsive, evidence-based reentry supports. This can include trained Community Corrections Officers who manage special caseloads of women.
4. **Expand the availability of evidence-based, gender responsive and trauma-informed programs for women in facilities and as part of reentry and community supervision.** The WA DOC should conduct a gap analysis of the need versus the delivery of essential programs for women, and devise a resource leveraging plan with community-based partners. This can be pursued through the aforementioned strategic plan and supported by a network of providers.
5. **Engage with stakeholders to build a comprehensive strategy to reduce incarceration among women, and promote community-based alternatives to incarceration that help sustain and expand recent declines in the women’s prison population that were accelerated by the pandemic and legislative reforms. This strategy should include proactively addressing the potential impacts of pandemic-related county-level backlogs.** Prior to the pandemic, WCCW struggled with overcrowding and lack of space to operate efficiently, which created harmful conditions. The Women’s Prison Division can lead the nation by establishing a firm foundation for gender responsive practices state-wide and inspiring targeted investments into front-end, local diversion strategies proven to push low-risk women away from deeper system involvement at the earliest possible opportunity.

DOMAIN 1:

Leadership and Philosophy

Domain 1 examines the extent to which executive leadership and facility management demonstrate commitment to both evidence-based and gender-informed practices for justice-involved women in critical ways. Key indicators include:

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

FINDINGS

Summary

While WA DOC has a long history of implementing innovative and evidence-based practices, there have been various barriers to sustaining gender responsive policies, practices and programs. These include a pervasive disconnect between the department (also referred to as headquarters) and the facilities, multiple changes in

leadership, especially at the facility level (and thus changing priorities), and the persistent use of a “corrections” model that is anchored in male-centered policies and practices.

Given the clear and ever expanding research on women’s pathways into and through systems - including salient gender-specific risk, strength and need factors, and a robust and growing evidence-base on effective interventions for women - there is a need to create a comprehensive strategy to implement gender responsive policies, practices and programs for and with women throughout the department.

...there is a need to create a comprehensive strategy to implement gender responsive policies, practices and programs for and with women throughout the department.

The executive leadership of the department is committed to building a strong Women’s Prison Division, and developing a strategy to implement gender responsive policies and practices at WCCW (and MCCCW) is a top priority. Importantly, the current leadership of the Women’s Prison Division has the commitment and capacity to move things forward and build a sustainable gender responsive continuum of care from the facilities and through reentry and community corrections. This commitment must be supported by a comprehensive training and strategic planning strategy to guide the work and ensure success. Being gender responsive is not something that can be achieved by one leader at the top or by a few programs, it must be embraced at every level of leadership and integrated into all levels of facility and departmental operations.

Strengths

The executive leadership of WA DOC is committed to building a strong Women’s Prison Division, and to developing a strategy to implement gender responsive policies and practices at WCCW (and MCCCW) is a top priority.

- The executive leadership of WA DOC has a strong human-centered vision and its commitment to implementing evidence-based, gender responsive practices and trauma-informed approaches with women is a key part of that vision.
- The executive leadership has demonstrated a steadfast commitment to the GIPA process and has clear plans to use the GIPA report to inform immediate enhancements and a multi-year strategic plan designed to improve policies, practices, and programs with and for women, and position WA DOC as a national leader.

- As a result of the GIPA process and engagement with consultants, the department has already taken important steps to improve policies and practices with women and create a sustainable infrastructure for ongoing implementation and innovation. These actions are noted throughout this report.

A high-level executive has responsibility for oversight of women’s services; specifically, WA DOC has established a Women’s Prison Division to oversee broad implementation of gender responsive policies and practices throughout the facilities and department.

- The Women’s Prison Division is in the process of establishing an organizational structure to guide and direct its work.
- The leadership of the Women’s Prison Division has the commitment and capacity to build a sustainable gender responsive continuum of care from the facilities and through reentry and community corrections.

The WA DOC has a history of implementing innovative and evidence-based correctional programs and practices. The WA DOC has been a leader and innovator in corrections, implementing a variety of policies, practices and programs designed to improve outcomes among staff and the incarcerated.

- These efforts include, but are not limited to, launching initiatives to enhance prison cultures, implementing evidence-based risk/need assessment, and designing reentry programs that focus on decarceration and recidivism, and reduce barriers to successful reentry.
- The department has also taken specific steps to respond to the unique needs of justice-involved women by accessing training and technical assistance and implementing gender responsive programs that address the unique, research-based needs of women.

“We need the right people in place. There is a lot of science out there about what women in prison need...the will is missing.”

- Department-level staff member

Challenges

The department lacks a comprehensive strategy to implement gender responsive policies, practices and programs for and with women throughout the department. This is essential given the clear and ever-expanding research and evidence-base on women’s pathways into and

“We need right people in the right place. There is a lot of science is out there about what women in prison need the will is missing.”

through systems - including salient gender-specific risk, strength and need factors, and a robust and growing evidence-base on effective interventions for women.

- The department lacks a strategic plan for implementation of gender responsive policies, practices and programs, including essential components such as short, term and long-term actions, responsible persons/workgroups, and accountability functions.

The reported lack of communication between department leaders and facility leaders and staff has created barriers to implementation and sustainability of gender responsive policies and practices. There were multiple reports from facility staff, across departments and functions, that headquarters leaders do not solicit their ideas, make decisions in isolation and generally embody a “top down” (versus collaborative) approach. This appears to be, in part, a carryover from previous department administrations and can be addressed creatively and swiftly by the current administration.

- The following data is noteworthy: 80% of staff survey respondents reported that the communication between headquarters (the department’s leadership) and staff at WCCW is not sufficient and 76% reported that they do not feel respected by headquarters (the department’s leadership).
- Staff at the department and facility levels are concerned with the department’s historical lack of commitment to implementation of gender responsive policies and practices with women. There were numerous reports of women-centered initiatives being started and either discontinued or not supported.
- Written policies and procedures (prison, reentry and community corrections), including requests for proposals, contracts and memoranda of understanding (MOU’s), do not consistently reflect clear expectations regarding gender-informed principles and practices.

While WCCW has a women-centered vision and history of implementing innovative and evidence-based programs for women, persistent barriers threaten success and sustainability. Barriers to sustaining gender responsive policies, practices, and programs include a historically pervasive disconnect between headquarters and the facilities, changes in leadership, including multiple and frequent changes at the facility level (and thus changing priorities), and the persistent use of a “corrections” model that is anchored in male-centered operations and programs. In the absence of consistent commitment and leadership regarding implementation of gender responsive operations and programs, important programs for women – programs that are nationally unique and significant – have been reduced, under-resourced and in some cases, eliminated.

Opportunities

Department-level

1. **Maintain a wide-angle lens on women and justice.** Ensure implementation and oversight of gender responsive policies and practices throughout the department, including strategic partnerships and collaborations across divisions to ensure a continuum of custody and care for women.
2. **Explore opportunities to implement evidence-based and innovative programs and interventions for and with women and families.** It is important that the department invest in evidence-based and innovative programs for women and families. Historically, evidence-based programs were developed based on male-centered research; thus, the department should intentionally select programs that are evidence-based for women. There is also an opportunity to invest in and implement innovative programs that are responsive to the woman's population in Washington. Such innovative programs improve outcomes for women, families, and communities, inspire transformative approaches, and expand the evidence-base regarding "what works" with women (e.g., gender responsive navigators and work release centers, including redesign of current centers and exploration/implementation of scattered site models).
3. **Convene agency leaders and stakeholders across sectors to instigate resource sharing, innovative partnerships and shared responsibility addressing the unique risks, strengths and needs of justice-involved women.** WA DOC cannot do this work in isolation; multiple sectors and agencies can and must come to the table to share resources. This can begin with the creation of Women's Prison Division Advisory Council, comprised of public officials, university partners, researchers, business leaders, advocates, providers, and directly impacted women and families.
4. **Create a department-level Advisory Council composed of directly impacted women. This Advisory Council should inform, guide, and support the department's efforts to enhance policies and practices with women.** The Advisory Council should include both formerly and currently incarcerated women, and a targeted number of meetings should be hosted at WCCW and MCCCW.
5. **Maintain open communication and transparency between headquarters and stakeholders, facility leadership and staff, and residents.** This is particularly important given strong perceptions and reports that the department leadership does not respect or sufficiently engage with staff, and lacks transparency. The current leadership of the department has an opportunity to create a healthy and productive relationship with staff across divisions, and with the leadership and staff at WCCW and MCCCW. This is a key embodiment of gender responsive and trauma-informed practices.
6. **Fortify the Women's Prison Division as the essential departmental authority for the advancement of quality of programs, services, and interventions for women department-wide.** This includes ongoing

assessment and monitoring of strengths and gaps with regard to work with women and the development, implementation, and oversight of action strategies.

- Ensure the Women’s Prison Division leadership has the knowledge, authority, and training needed to create a national model for women’s justice.
- Develop a multi-year Gender Responsive Strategic Plan for the development and implementation of gender responsive policies and practices that promotes public safety, healthy communities and decarceration. This plan should be properly resourced and be developed and guided by the GIPA report with input from the women’s facilities, impacted women and families, community providers, and stakeholders.
- Create a designated set of gender responsive policies and procedures that govern the operations of the women’s facilities and connect them to key departmental functions, including reentry and community corrections.
- Develop a gender responsive quality assurance and evaluation plan and continue to build partnerships with academia and others who can provide external research support.
- Ensure implementation and sustainability of gender responsive practices across the department’s key functions (e.g., health services, reentry, and community corrections) and at the facilities.

Facility-level

1. **Establish a leadership infrastructure at WCCW (and MCCCW) to guide and oversee implementation of facility-level gender responsive policies, protocols and programs.** This infrastructure should engage facility level leaders, department heads, and managers, and be supported by key committees, councils, and workgroups. It should ensure immediate and multi-year implementation and ongoing quality improvement, and align with the Women’s Prison Division’s vision, mission, goals and strategic plan.
 - Establish a Gender Responsive Work Group at each women’s facility (including representation from all units/departments, impacted women, external partners, and service providers) to develop and carry out multi-year implementation and ongoing quality improvement plans related to the GIPA.
 - Ensure that each unit/department has a workplan designed to enhance gender responsive policies, practices, and programs in its purview; this should include intentional and creative linkages with other departments.
 - Collect data regularly (qualitative and quantitative) to inform facility and unit/departmental work group efforts and ensure responsiveness to emergent issues. Use dynamic data collection methods to explore and effectively respond to emergent issues raised by incarcerated women, families, staff, providers, and other stakeholders. These include, but are not limited to surveys, focus groups, listening sessions, and testimonials.

- Use the above noted data collection methods to inform evaluations of successful implementation and support quality assurance.
 - Utilize and expand the Tier Rep initiative to support the above efforts.
- 2. **Provide immediate gender responsive training to the WCCW (and MCCCW) facility leadership.** Ensure that the Superintendent and facility leadership team have the knowledge, authority, and support (from the Women’s Prison Division and larger department) needed to facilitate implementation of gender responsive policies and practices.
- 3. **Immediately improve communication and transparency between facility leadership, staff, and residents.** This is particularly important given strong perceptions and reports that the facility leadership does not respect or sufficiently engage with staff and lacks transparency. The current leadership of the facility has an opportunity to create a healthy and productive relationship with staff across departments as a key embodiment of a gender responsive and trauma-informed approach.

PROGRESS

Since the GIPA, the department has reported that it has taken the following actions:

- The Women’s Prison Division now has a Project Manager focused on pulling together a multi-year plan with established priorities, focus, goals, and action plans. This strategic plan will be dynamic and informed by the GIPA team and other subject matter experts in the field.
- The Women’s Prison Division Charter includes plans to implement “listening focus groups” in response to the GIPA; these will focus on the Resolutions process, disciplinary hearings and sanctions, as well as programming fails and successes.
- The Women’s Prison Division has submitted budget requests to build out staffing and programs.
- WA DOC made a technical assistance request to National Institute of Corrections (NIC) to receive the Gender Responsive Leadership training. The request was approved and training is scheduled for April 2022.

DOMAIN 2:

External Support

Domain 2 examines the external support from system stakeholders, funders, and community partners for the department's mission regarding gender-informed and evidence-based practices for women. This support can be reflected in a number of ways, for example:

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

FINDINGS

Summary

Departments of Corrections exist within a larger resource landscape. Improving services and interventions for and with women and diverse groups of residents cannot be achieved without collaboration with external community providers and stakeholders. Several external entities are invested in the success of the Women's Prison Division including, but not limited to, the Governor's Office, various elected officials, representatives of the court, the Office of the Corrections Ombuds and the Family Council. These entities have actively supported the department's efforts to implement a gender responsive corrections system. The department has also cultivated valuable partnerships with organizations such as the Vera Institute of Justice and Amend.

WCCW is also nested in the hub of the most highly populated and resourced urban center in the state. This has catalyzed opportunities, but the department and WCCW have not been able to fully capitalize on community partnerships. There are some powerful examples of successful community partnerships that have thrived despite setbacks. For example, the IF Project has provided women with valuable opportunities and resources, the Women’s Village helped build connections to education (e.g., Freedom Education Project of Puget Sound (FEPPS) and reentry services for women, some counselors have made specific efforts to identify and connect women to reentry supports, and, through its attention to the Prison Rape Elimination Act (PREA), WCCW has established partnerships with local hospitals and advocates.

Despite these successes, community partnerships are a critical, underutilized resource that, over the years, have been harmfully reduced. There were several reports of community providers not being permitted to run programs in the facility. Before COVID, many providers were “pushed out” by facility leaders who, in the absence of receiving gender responsive training and supervision, viewed women’s prison operations through a male operational lens. Indeed, while community-supported programs were already declining pre-COVID, pandemic-related barriers as well as unnecessarily restrictive security practices, have created additional insularity and inhibited needed programming.

Strengths

Several external entities are invested in the success of the WCCW and the newly created Women’s Prison Division and have actively supported the department’s efforts to implement a gender responsive corrections system. These include, but are not limited to, the Governor’s Office, various elected officials, representatives of the court, the Office of the Corrections Ombuds, and the Family Council.

- The governor’s office and legislature are aware of the department’s goals with regard to women’s services and support adequate funding for women’s services.
- The department has cultivated valuable partnerships with the Vera Institute of Justice and Amend.

The agency has a powerful history of community partnerships, and some community partnerships have persisted despite setbacks. Historically, dynamic and varied community partnerships have served an important role at WCCW.

- For example, The IF Project is a collaboration of current and formerly-incarcerated women, community partners, and law enforcement focused on holistic intervention and the reduction and prevention of incarceration and recidivism; its work is inspired by and built upon women sharing their personal life experiences around incarceration.

- The Women’s Village, a dynamic group of incarcerated women at WCCW, has helped build connections to education and reentry services for women.
- FEPPS and the Rotary Club have provided important education and reentry resource for women, and, through PREA, WCCW has established partnerships with local hospitals and advocates.

Challenges

Historically, the departmental budget has not supported a targeted investment into women’s correctional services, and has not been rooted in equitable distribution of resources.

- At the time of the onsite portion of the GIPA (October 2021), the department’s budget process did not account for the fact that women require different levels of funding to address their unique needs and circumstances. However, the department is in the process of building a specific budgetary scaffolding to support the Women’s Prison wDivision (for SFY 2023-2025).
- External stakeholders such as state human service agencies (e.g., substance abuse and mental health services, child welfare, housing) have varying knowledge of the department’s goals to improve the lives of incarcerated women and support adequate funding for women’s services.
- Some of the most gender responsive and effective programs for women are externally funded (e.g., the Residential Parenting Program is 100% federally funded).
- There is a chronic and pervasive lack of investment in staff training, programs and reentry supports that are needed to improve policies, practices, and outcomes among women.

Community partnerships are a critical, underutilized resource that, over the years, have been harmfully reduced. The value placed on cultivating and expanding community partnerships has been inconsistent and dependent on leadership preferences and commitment. While some extremely valuable partnerships have been cultivated, many are underutilized, and several have been eliminated.

- WCCW is nested in the hub of the most highly populated and resourced urban center in the state. This has catalyzed opportunities, but the department and WCCW have not been able to fully capitalize on community partnerships.
- There were several reports of community providers not being permitted to run programs in the facility. Before COVID, many providers were “pushed out” by facility leaders who, in the absence of receiving gender responsive training and supervision, viewed women’s prison operations through a male operational lens.

- ➔ Community partnerships and programs were already declining pre-COVID; however, pandemic-related barriers as well as unnecessarily restrictive security practices, have created additional insularity and inhibited programming.
- ➔ Of note, it was reported that under previous leadership community providers were held accountable to deep partnership standards and metrics, and custody staff understood the value of these collaborations.

“This is not just about COVID... programs were being taken away before the pandemic... leaders didn’t believe in them and wanted to make this facility run like a male facility.”

–WCCW staff member

Opportunities

1. **Ensure that a budgetary scaffolding is built to support the Women’s Prison Division.** Such dedicated funding is essential to support implementation of evidenced-based, research-based and innovative gender responsive programs and practices.
 - ❑ Leverage the findings of the GIPA to establish priorities for SFY 2023-2025, taking into account the fact that women require different levels of funding to address their unique needs and circumstances.
 - ❑ Ensure that the department’s budget has dedicated needed funds to support evidence-based and gender-informed programs and services for women and that the budget process allows for a periodic review of funding for women’s services.
 - ❑ Ensure equitable distribution of resources (e.g., programs, reentry supports, staffing ratios).
2. **Ensure that external stakeholders (e.g. legislators, governor’s office, women’s commissions, task forces, mental health, housing) that influence budget decisions are aware of the department’s goals with regard to women so that they can support adequate funding for women’s operations, programs and services.**
 - ❑ Engage the governor’s office and legislature in a series of convenings to educate them about the findings of the GIPA, including the vision of creating a national model of women’s corrections, in order to maximize funding commitments that are necessary to build a sustainable Women’s Prison Division.
 - ❑ Engage with and educate external stakeholders such as state human service agencies (e.g., substance abuse and mental health services, child welfare, housing) and explore opportunities to partner and leverage resources and create seamless models of care for women, their children and their families (e.g., community-based supported reentry centers for women that support basic needs and co-locate child welfare and social services).

3. **Mobilize existing resources and cultivate new, creative partnerships at the department and facility levels.** These partnerships are essential to build a gender responsive continuum of custody and care that prepares women for a successful, sustainable reentry back to their families and communities from the day they are admitted.
- Ensure facility leaders value and encourage community partnerships as demonstrated by formalized relationships with state agencies and local organizations, use of a Community Advisory Group, and regular efforts to engage and educate local groups regarding the facility’s mission, the strengths and needs of women, and partnership opportunities.
 - Create a concrete vision and strategy to rebuild and expand community partnerships.
 - Hold a *Community Partnerships Summit* to bring providers, families, and stakeholders together to discuss the needs of women, families, and staff at WCCW. Include potential employers from high impact regions, elected officials, court representatives, other human service agencies (e.g., substance abuse and mental health services, housing) and women’s commissions. Engage the Women’s Village in planning and facilitating this event.
 - Conduct a review of policies and practices that may pose barriers to community partnerships and volunteer activities.
 - Strengthen, and, where needed, repair relationships with community partners and stakeholders.
 - Create a network of community partnerships that matches women’s risks, strengths and needs and is supported by policy; actively coordinate community and stakeholder interests and efforts regarding enhancement of services for women.

PROGRESS

Since the GIPA, the department has reported that it has taken the following actions:

- The department has begun building a strong relationship with the University of Washington – Tacoma Campus Chancellor, who is interested in facilitating a collaboration with the School of Social Work and Corrections. The Women’s Prison Division is exploring a variety of strategies (e.g., speaking to classes, recruiting interns, and providing educational opportunities for senior management).
- The Women’s Prison Division is developing relationships with other academic institutions and programs, including The Evergreen State College and Tacoma Community College.
- The department intends to collaborate with the criminal justice system by participating in panel discussions, work groups, committees and forums to share the importance of gender responsive and trauma-informed care for justice-involved women.

- The Women's Prison Division is producing concept papers and a Strategic Plan, which will be a front facing document outlining the Division's needs and goals.
- The Division is building/strengthening relationships with the WA LGBTQ Commission.
- WCCW and MCCCW volunteers have not had the opportunity to be active through the pandemic. The Division plans to engage in discussions focused on how to activate some of the volunteer activities while maintaining safety given COVID-related risks and vulnerability to outbreaks.
- The department is working on a partnership with DCYF (Department of Children, Youth, and Families); this will include work with young women who start their sentence with juvenile rehabilitation and must transition to adult women's facilities.
- The Women's Prison Division is pulling together influential community members to assure that the community is invested in the Division's growth and development.

DOMAIN 3:

Facility

Domain 3 examines multiple aspects of a facility's location, physical design, and conditions with regard to their gender-appropriateness for women. Among the primary considerations are:

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

FINDINGS

Summary

As is typical across the country, where women represent a significantly smaller percentage of prison population, corrections departments tend to house women with multiple needs in one large setting so they can leverage and coordinate services. At the same time, since over 80% of women in prison are mothers and are returning to their

communities, this presents significant challenges to maintaining healthy family and community connections and reentry preparation. Additionally, maintaining large facilities over time is extremely costly to corrections departments, and makes it difficult to sustain consistent staffing levels needed to operate and address the needs of a complex population.

WCCW is generally clean and well maintained, yet largely has the qualities of a carceral setting and reflects a design that is more suited to a higher risk population, rather than a high need population that requires therapeutic spaces. Various features of the environment can be highly triggering for women, most of whom are survivors of trauma. There is also lacking space for essential activities, including programming. Several staff and residents reported that the outdoor space is inequitable compared to men's facilities, which have large outdoor areas, running tracks, and superior equipment.

If the department is seeking to become a national model for women's services, it is essential that WCCW develop into a more human-centered, gender responsive, trauma-informed and growth fostering space. At the same time, the department should identify ways to move toward smaller regionalized and more therapeutic settings by leveraging existing properties and contractual arrangements and creative alternatives to incarceration (e.g., scattered site work release, community justice centers for women).

If the department is seeking to become a national model for women's services, it is essential that WCCW become a more human-centered, gender responsive, trauma-informed and growth fostering space.

Strengths

WCCW is in a location that is accessible to community services and resources. WCCW is at a unique advantage to other states in that it is located near the most highly populated and resourced urban center in the in the state and is therefore accessible to critical community services (e.g., medical, mental health and social services).

Steps have been taken to uphold women's privacy and safety. WCCW is generally clean and well maintained and includes essential features that address the safety and privacy needs of women. For example:

- Showers and toilets have doors or curtains for privacy and windows in the crisis cell area have "frosted" films for coverage.
- Housing, showers and restrooms, and booking and admission areas appear adequate for the number of women (when the facility is not over capacity) and the facility provides reasonable levels of privacy and safety for women.
- Privacy considerations include the assignment of female staff persons to each shift and housing unit, and policies require female staff to conduct pat and strip searches, except in emergency situations.
- There is space for physical exercise.

The Family Trailer offers dedicated, private space to families for extended visits. Staff, women, and stakeholders reported that the family trailer is a vital part of WCCW's visiting policy.

Challenges

Due to its singular location, for many women and their families who are not from the area, WCCW is inaccessible. While there are some advantages to centralizing prison operations and programs at one location, this poses challenges and barriers related to family connection, reunification, reentry planning, and preparation.

There is lacking space for essential activities, including confidential assessment and treatment and diverse programming, including spiritual expression. Several staff and residents reported that the outdoor space is inequitable compared to men's facilities, which have large outdoor areas, running tracks, and superior equipment and activities. Booking and admission areas do not offer sufficient privacy for women (e.g., women who are completing sensitive screening and assessment tasks can be viewed by other women through windows). There is also insufficient space for spiritual or creative expression (e.g., chapel/reflective space) and larger group interactions (e.g., unit/community meetings). While it is laudable that the department created space for overnight family visitation, the visitation spaces within the facility need improvement.

WCCW's facility design and operations do not match the security requirements of the women. While attention is paid to the adequacy and appropriateness of basic living conditions, the facility design and operations do not match the security requirements of the women; thus, WCCW functions as a higher security environment than is warranted by women's behaviors. (It should be noted that there were various reports that MCCCW is not functioning as a minimum-security camp given lack of programming and missed opportunities to provide women with opportunities to exercise autonomy).

Despite clear efforts to ensure a gender responsive space for residents, WCCW largely has the qualities of a carceral setting. While in some locations there is beautiful artwork and displays (some created by the women), and targeted areas have appealing visual spaces that include bright colors, positive images, and holiday décor (e.g., Psychology, Medical), WCCW largely has the qualities of a carceral setting and reflects a design that is more suited to a higher risk population, rather than a high need population that requires therapeutic spaces.

- Various features of the environment can be highly triggering for women, most of whom are survivors of trauma. For example, while there is a plethora of signage regarding PREA; there are comparatively fewer materials that address themes that are important for women (e.g., resilience, hope, ability) and provide information on how they can pursue growth and healing while incarcerated and upon reentry.

Opportunities

1. **Work with community groups to assist families with transportation for visitation.** For example, the Reunification Ride in Illinois brings children to see their mothers in prison. Facilitated by Chicago Legal Advocacy for Incarcerated Mothers/Cabrini Green Legal Aid, Moms United Against Violence and Incarceration, and Nehemiah Trinity Rising, the Reunification Ride facilitates essential connection between children and their mothers, increases the probability of family reunification, and decreases recidivism.
2. **Make immediate improvements to the current facility space so that it reflects a more human-centered, gender responsive and trauma-informed atmosphere.** Explore creative and cost-effective ways to structure existing unit spaces, including the Close Custody Unit (CCU), Medium Security Unit (MSU), and Restrictive Housing areas (Close Observation Area and Administrative Segregation).
 - Enhance and create opportunities for privacy and personal space within basic safety and security parameters (e.g., provide safe spaces for women to engage in wellness and self-care in addition to that provided by their rooms).
 - Implement visual enhancements in all units, common spaces, and program spaces. Consider a facility-wide effort to make WCCW a “community” that supports the safety and growth of women and staff (e.g., place things on the walls that offer hope and encouragement).
 - Ensure visual space and materials are co-designed by/with women.
 - Display resident work (within confidentiality parameters); important program information (e.g., facility values and expectations, basic schedule, visiting hours); important program values (e.g., resident rights); empowering and strength-based images and words about women (e.g., self-advocacy); and culturally diverse images and words.
 - Work with the women in each unit to create a plan for enhancing the visual space. Form standing committees, run by the women, that attend to visual space and beautification needs throughout the year; these committees can plan decorations for holidays and key observances. Engage women in hands-on and self-reflective activities that will allow them to create artwork. Such activities function to improve the visual space and offer women opportunities to engage in productive activities.
 - Enhance visiting spaces to better support productive and nurturing visits with family, children, and other approved individuals. Ensure space allows for private conversations (within basic safety and security parameters), is child-friendly (e.g., toys and activities for children are provided, changing area for infants/toddlers), and that residents have sufficient access to their children.

3. **Using gender responsive tools and analyses, conduct a security review, paying special attention to the profile of the women at WCCW (and their actual security requirements) and plan housing and overall space use accordingly.** Use data on women’s risks, strengths and needs to create a clearer, more efficient process by which women can be safely housed. Consider mission-based housing and specialty pods (e.g., there are veteran’s pods in the male facilities) and ensure that WCCW does not become a functionally medium security environment (adding a double fence to the minimum side has introduced this risk).
4. **Conduct a space utilization review, maximize productive use of spaces, and address reported inequities in relation to male facilities.** Create a plan to designate sufficient space for programming, including the possible use of trailers. While expanding space may not be possible, current space could be made more adequate for programming (e.g., by removing stored items and extra furniture).
 - Explore opportunities to designate creative spaces for women on the units and in targeted areas within the facility (e.g., for artistic expression, spiritual activity, and reflection).
 - Create a plan to increase available outdoor recreational/exercise space.
 - Improve visiting spaces to be more family friendly (e.g., offer healthy, low cost and child friendly snack options in vending machines).
5. **Assess current residential alternatives to incarceration contracts and underutilized state facilities in high impact regions throughout the state that might serve as regional justice centers for women.** Maintaining large facilities over time is extremely costly to corrections departments, and makes it difficult to sustain consistent staffing levels needed to operate and address the needs of a complex population.

Additional Opportunities

- Implement recommendations from the camera assessment that was conducted years ago, but not implemented due to funding. Staff reported that quality High Definition (HD) cameras are needed to facilitate safety and security and ensure robust PREA and other investigations.
- Ensure that women using the phone have needed privacy (e.g., to communicate with Office of Corrections Ombuds, make PREA reports).
- Remedy barriers to equitable access to Spanish speaking television (Univision) and new programs.
- Explore and remedy any concerns related to heating and cooling; women reported that there is no AC on some units and that some women have passed out during hot days due to heat exhaustion.

PROGRESS

Since the GIPA, the department has reported that it has taken the following actions:

- The department intends to continue pre-pandemic work that included the VERA Institute and The Evergreen State College to create healing spaces. The department is also identifying opportunities through the University of Washington to create Tranquil Gardens designed to provide meditative spaces for women (e.g., students at the university provided design ideas for the facility).
- The department is reopening the Bear Unit at MCCCW, a newer residential building that was closed when the census dropped due to courts closing during COVID and the release of persons with only drug possession felonies.
- WCCW will remove the concertine wire that surrounds the J unit, where the Residential Parenting Unit is housed, and reduce the height of fencing around the children's outside play area at the Early Head Start building.

DOMAIN 4:

Management and Operations

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

- Effective institutional management begins with strong leadership that understands gender-informed policy and practice and has a clear strategy for their implementation.
- Leadership effectively communicates gender-informed principles to managers and staff and holds them accountable for effective practices.
- There is a management structure for the oversight and implementation of gender-informed operational and security practices in all areas: security, programming, medical, mental health, other services, contractors, and volunteers.
- There are established (written) policies and procedures for implementation of gender-informed practice in critical areas such as the women's property list, hygiene products, transportation of pregnant women, cross gender supervision, privacy, pat and strip searches, and sexual harassment/PREA.
- Gender-informed practices are part of the day-to-day operations in post orders and both formal and informal communications.
- Facility managers are accessible to staff and women through informal and formal avenues (e.g., grievance procedures, surveys, listening sessions and other forms of data collection).

FINDINGS

Summary

Changing philosophies and inconsistent leadership, coupled with insufficient staff training, has prevented WCCW from implementing and sustaining gender responsive approaches across facility operations and enacting

essential staff communication, supervision, and accountability protocols. WCCW needs a strong leadership team that understands gender responsive, evidence-based and trauma-informed practices, and can create a clear strategy for their implementation. Because the leadership has been so inconsistent, the expectations of both staff and residents have been chronically conflicting and ambiguous. This has created a situation in which there is significant inconsistency between staff and shifts. Pockets of promising gender responsive practices and interventions are occurring, but there is a wide range of ineffective practices being employed that are not gender responsive, evidence-based or trauma-informed.

While some operations appear to be running smoothly and key programs/departments at WCCW - including the Residential Parenting Program, Mental Health Program/Services, and targeted Correctional Industries - operate from a strong gender responsive and trauma-informed philosophy. Unfortunately, this philosophy is not impacting the larger prison environment, which is largely carceral.

An overarching gender responsive strategy is needed to contain various efforts, including those related to meeting the needs of diverse, historically underserved populations, including residents of color, those who identify as LGBTQ+, those who are gender diverse, and those with significant mental health needs. A strong leadership and management structure can facilitate the development and implementation of gender-informed policies and practices that will enhance safety and security for both women and staff while also contributing to successful intermediate and ultimate outcomes for women.

WCCW needs a strong leadership team that understands gender responsive, evidence-based, and trauma-informed practices, and can create and implement a clear strategy for their implementation.

Strengths

Some basic operations appear to be running smoothly. The facility schedule is followed, movement is smooth, and residents and staff generally know what to expect. It was reported that mail is typically processed the same day (although resident survey results note some lapses), which is especially important for residents who are parents.

Targeted programs/departments have high quality management and operations. For example, the Residential Parenting Program, Mental Health Program/Services, and targeted Correctional Industries (CIs) operate from a strong gender responsive and trauma-informed philosophy.

Implementation of body scan technology has reduced the number of strip searches and in many ways has increased psychological safety among women. In February 2019, WCCW installed a body scanner in the facility's visitation room. This technology was put in place to prevent dangerous contraband from entering the prison (e.g.,

suboxone, heroin, meth) and provides a more gender responsive and trauma-informed approach to maintaining safety and security. Importantly, this technology has dramatically reduced the use of strip searches, which can be extremely triggering for women, most of whom are survivors of gender-based violence, abuse, and trauma.

The department has a long history of leading reforms that are designed to enhance prison operations. For example, over the last several years, the department has significantly reduced the use of Restrictive Housing and improved conditions within Restrictive Housing. These efforts have been supported by the department's engagement with the Vera Institute, which began in 2019. Ensuing improvements reflect the department's commitment to improving the safety and health of incarcerated individuals through effective collaboration, transparency, and strategic resource allocation.

The department has taken specific steps to meet the needs of transgender, intersex, and non-binary residents. Specifically, DOC Policy 490.700 was established to ensure the equitable treatment of transgender, intersex, and/or non-binary individuals when determining housing, classification, programming, and supervision. This has included, but is not limited to, updating targeted policies related to housing and supervision, PREA, searches, legal name change, drug/alcohol testing, intakes, and state issued clothing, The department has coordinated efforts with and been responsive to the Office of the Corrections Ombuds to better address the needs of LGBTQ+ residents. It has also communicated its value of diversity, equity, inclusion, and respect.

The department has taken steps to transform the grievance process by implementing a Resolution Program. The goal of the Resolution Program is to promote effective communication between employees, contract staff, volunteers, and individuals under the department's jurisdiction to resolve concerns at the lowest possible level and facilitate a positive, prosocial environment.

Challenges

There is a lack of effective and consistent implementation of gender responsive management and operations. Changing philosophies and inconsistent leadership, coupled with insufficient staff training, has prevented WCCW from implementing and sustaining gender responsive approaches across facility operations and enacting essential staff communication, supervision, and accountability protocols.

- Facility leaders/managers who operate from a male prison operational philosophy, which is counter to best practices with women, have actively dismantled previously implemented gender responsive operations, initiatives, and programs.
- The facility leadership does not have a clear understanding of gender responsive principles and practices and there is not a clear facility vision/strategic plan regarding the development and implementation of

gender responsive practices; therefore, facility leadership cannot direct managers to be gender responsive or hold them accountable.

- Because the leadership has been so inconsistent, the expectations of both staff and residents have been chronically conflicting and ambiguous. This has created a situation in which there is significant inconsistency between staff and shifts.
- An influx of new, inexperienced staff combined with a lack of training and communication skills has created inconsistent operations and application of policies, and has resulted in troubling and harmful interactions with residents. This is exacerbated by the lack of staff accountability practices.
- Pockets of promising gender responsive practices and interventions are occurring, but there is a wide range of ineffective practices being employed that are not gender responsive, evidence-based or trauma-informed.

There is not a management structure for the oversight and implementation of gender-informed operational and security practices in key areas, including operations/security, programming, medical, and mental health. Custody and non-custody staff do not operate according to a common set of principles regarding gender responsive approaches with women, and key departments do not understand what gender responsiveness is or how to operationalize it in their scope of practice.

- Security practices (e.g., disciplinarys, movement, Restrictive Housing) are not reviewed/monitored for congruency with the risk level of the population; management/supervisory staff do not review and update policies and procedures regularly (e.g., annually) to reflect changes in important and emergent gender-specific operational issues.
- There were pervasive reports that changes in operational practice are not communicated and that the facility management does not seek or effectively respond to suggestions from staff regarding improved practices with women.
- The department lacks a formal management process to ensure consistency and program continuity across facilities.

WCCW operates according to a set of policies that were largely designed for men. There is an overall lack of established (i.e., written and disseminated) gender responsive policies/procedures in several areas. For example:

- Discipline protocols do not account for the unique risks, strengths, and needs of women.
- There were several reports that staff responses to women's mental health needs are either unsupportive or traumatizing.

- There were several reports that staff conduct room searches and pat downs in an aggressive and traumatizing manner. While on site the GIPA team directly experienced significant inconsistency in how pat downs and searches were conducted with visitors.

Key operations may involve inequities for women. The following were identified during the GIPA as being potentially problematic and warrant further exploration:

- Concerns about **property** lists and the availability of hygiene and commissary products that are relevant to women and diverse cultural groups. These included concerns regarding recent departmental changes in clothing distribution, including bras, and reports of insufficient access to clothing and shoes designed for women.
- While it is commendable that the department recently began offering free tampons for residents (maxi pads were already provided at no cost), findings suggest that there may be problems with **commissary inventory and costs**. Specifically, there were reports that commissary costs are high, items are geared toward men, and items are not culturally responsive. It was reported that when items are out of stock they are more quickly filled at men’s facilities.
- Reports that there is limited and **possibly inequitable access to better paying jobs**. This includes reports that women receive lower wages and have fewer job opportunities compared to men (e.g., there are more Correctional Industries (CI) jobs, which seem to be the most in demand and highest wage positions, at the men’s facilities).
- Reports that **high fines and fees** pulled from women’s accounts, including legal financial obligations (LFOs), are having a harmful impact and undermine women’s ability to meet basic needs. Some women are reportedly violating rules to make money, such as selling suboxone prescriptions to other residents (while there is insufficient data to confirm the motivation, repeated reports reflected a level of nancial desperation/crisis among residents).
- **Potential price gouging** may be associated with email, data, and device costs which has an impact on communication with children and families.

“We have the same policies here as they do in men’s. They need to be different for women.”

-WCCW staff member

Table 5. Prison Survival Costs

PRISON SURVIVAL COSTS

FINES AND FEES CREATE BARRIERS

Residents reported that limited access to paid jobs combined with fines and fees (some of which are required by law and can lead to automatic deductions as high as 20% from their accounts), as well as high prices (price-gouging) for commissary and communications (e.g. email), creates considerable challenges for them to address their basic needs, to stay in contact with children and family, and generate the savings they need to support their reentry.

These costs, defined as “Prison Survival Costs” (PSC’s) by the Women’s Justice Institute (see Benos & Benedict 2021), are the commissary, medical, communications, and other costs that incarcerated women must pay to meet their basic needs. These include nutritious food, medical services (e.g., co-pays), clothing, and phone calls and emails with their children, families, and social service providers.

Data requested by the GIPA team indicated that at any given time in 2021, 25-42 women had zero funds on their accounts, while 42% had less than \$100 (of which 6% had less than \$10, 20% had between \$10-\$50, and 17% had between \$50-\$100).

A high-level analysis of transactions conducted by the GIPA team revealed that approximately \$1.9 million was deposited into the accounts of incarcerated women statewide in 2021, while nearly the same amount (over \$1.9 million) was withdrawn or deducted (for fines and fees) from those accounts during that same period for items, including, but not limited to:

- Commissary: \$834,752 (including, but not limited to postage, hygiene products, detergent, and food)
- Cost of Incarceration, Supervision, and Work Release (including debt): \$300,335
- Legal Financial Obligations: \$175,000
- Jpay Email and Media: \$52,755
- Child Support: \$19,801
- Crime Victim Compensation: \$73,735
- Co-pays and Glasses: \$11,180 (medical), Dental (\$1,064), Mental Health (\$292), Glasses (\$15,192)

PRISON SURVIVAL COSTS

COMMUNICATIONS CHALLENGES

A key challenge reported by women was staying in contact with children and family. While a limited number of kiosks are available on nearly all housing units, women may purchase Jpay tablets from \$69.99-\$129.99 (plus tax) to email children and family; they must then purchase a series of “stamps” to send each one-way email. Residents with more funds on their account can incur savings by purchasing larger packages of 60 stamps for \$10, while those with less funds pay more premium rates for smaller packages, such as 6 stamps for \$2.

LEGAL FINANCIAL OBLIGATIONS

Women reported that earnings and deposits from families to help them get by are subjected to a series of debilitating, automated deductions from their accounts that undermine their ability to address their basic needs. In addition to Costs of Incarceration paid to the WA DOC, fines and fees and deductions for Legal Financial Obligations (LFO's) can present particular challenges.

- Of note, the average LFO deduction (per transaction) among women is lower (\$14) than men (\$18). However, when applying the total average prison population (June 2021 levels, not accounting for turnover) by the total LFO deductions in 2021, it shows a higher average deduction for women (\$224) than men (\$181).

Facility managers are not sufficiently accessible to staff and women through informal and formal avenues (e.g., grievance procedures, surveys, and data collection/analysis). It was reported that while some leaders/managers walk through the facility, they do not engage with staff or women in meaningful ways. Data strongly indicates that there is a lack of communication between facility leaders and facility staff.

- The following data is noteworthy: 63% of staff survey respondents reported that they cannot share their thoughts and ideas openly with management at WCCW, and 73% reported that the management of WCCW does not seek their input about the strengths and challenges of the facility and opportunities to improve it.

There is a significant lack of communication between staff at all levels (e.g., between shifts and departments), and, consequently, inconsistent operations and application of policies. This causes inconsistent application of rules and miscommunication, has undermined staff morale and has been a source of trauma among residents (e.g., shifts interpret and apply policies differently with no accountability).

- Several staff reported that they find out about new policies or decisions from the residents before they do from their own supervisors.

- Musters, while held regularly, lack substance, and function more as a department roll call.
- There were various reports that staff implement policies differently, including those that relate to basic operations, discipline, and response to women’s mental health needs.

Implementation of body scan technology has dramatically reduced the number of strip searches; however, it is not supported by trauma-informed policy or staff training. The use of a body scanner has reduced the number of invasive body searches; however, dry cell protocols are a concern. Staff who use the scanner need training on how to move through the protocol in an effective, gender responsive and trauma-informed manner (including how to interpret scans more accurately).

“Women are degraded after visits...visit staff are not trained in the body scanner...it becomes a weapon, yet the whole point was to increase dignity and decrease trauma.”

-WCCW stakeholder

Table 6. WCCW Body Scanner Technology Data

WCCW BODY SCANNER TECHNOLOGY: SUCCESSFULLY REDUCES TRAUMATIC STRIP SEARCHES, BUT ONGOING CHALLENGES WITH DRY CELL POLICY & CULTURE OF SCARCITY MUST BE ADDRESSED

YEAR	2018	2019	2020	2021
Strip Searches	23,871	2083	2273	533
Scans	0	11986	4575	1537
% Reduction	0	85%	66.8%	74%

DRAMATIC REDUCTIONS IN STRIP SEARCHES

Since the launch of body scanner technology in 2019, the number of strip searches has been reduced from 23,871 in 2018 to 533 in 2021. Even when taking into account the over 50% decrease in the women’s prison population during that period, this data demonstrates that the body scanner has dramatically reduced the number of strip searches among women.

WCCW BODY SCANNER TECHNOLOGY: SUCCESSFULLY REDUCES TRAUMATIC STRIP SEARCHES, BUT ONGOING CHALLENGES WITH DRY CELL POLICY & CULTURE OF SCARCITY MUST BE ADDRESSED

CONCERNS ABOUT NATURE OF DRY CELL POLICIES & PRACTICES

Despite the overwhelming success of the body scanner in reducing traumatic strip searches, repeated reports and concerns were raised throughout the GIPA regarding the use of a so-called “dry cell” process to address cases where the body scanner identifies contraband. In those instances, women are placed into a “dry cell” where they are held under constant observation until they either willingly provide the contraband item, or they naturally release it into a toilet in the cell. In order to prevent women from attempting to retrieve, destroy or even re-ingest the alleged contraband, the facility places them in a suit with a locked zipper that requires the assistance of staff to unzip it in order for them to relieve themselves – while under watch – in a small toilet in their cell. Concerns were repeatedly raised about the seemingly draconian nature of this process, and issues were raised by both staff and several residents about allegations of traumatic cases where erroneous findings of contraband, linked to the lack of proper staff training, resulted in women being placed into a dry cell for a period of several days, during which no contraband was ultimately found.

The GIPA team requested data on the use of the dry cell process that revealed the following:

OVERALL REDUCTIONS IN DRY CELL USAGE

- From 2019-2021, there was a significant reduction in the number of dry cells used overall, as well as the average number of days women were held in dry cells. While women were held in dry cells for an average of four days in 2019, they were only held for an average of one day in 2021.

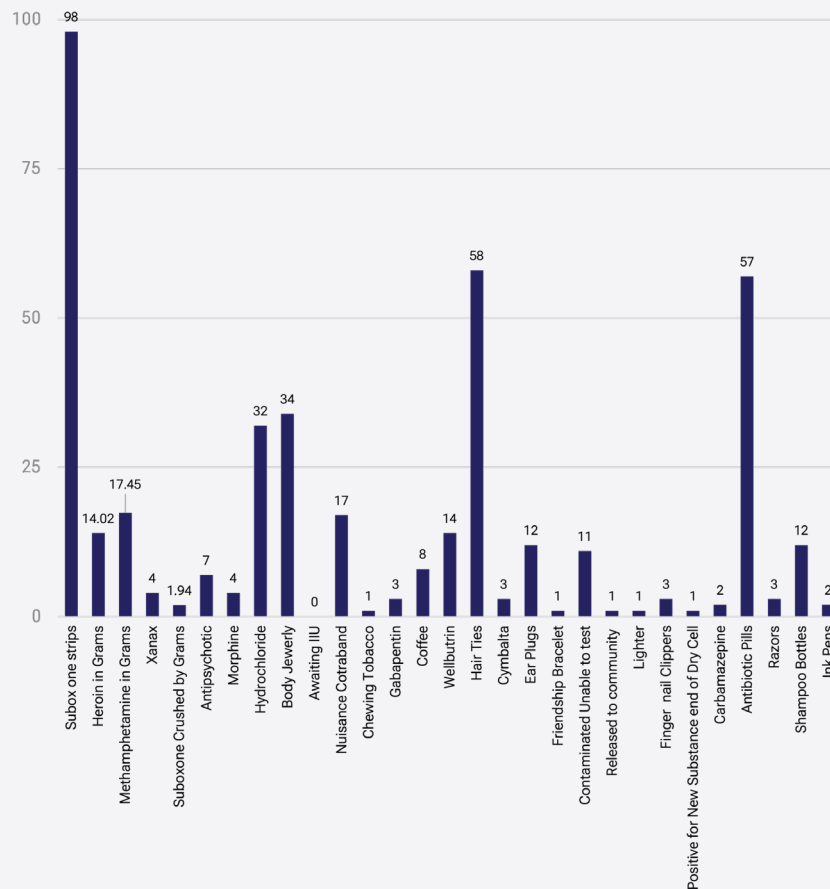
HIGHER PERCENTAGE OF CASES WHERE NO CONTRABAND WAS RETRIEVED DURING DRY CELL PROCESS

- While the number of dry cells was dramatically reduced from 135 in 2019 to 13 in 2021, a pattern was revealed in the data showing an increasingly lower percentage of cases where no contraband was retrieved: In 2019, only 50.3% of dry cell searches resulted in retrieval of contraband, (68 cases of 135), in 2020 only 20% of dry cell searches resulted in retrieval of contraband (4 cases of 20), and in 2021 only 15.38% of dry cell searches resulted in retrieval of contraband (2 cases of 13).
- While the reduction in the use of dry cell searches is significant, given the traumatic and invasive nature of the dry cell process, it is recommended that these patterns be further explored and that staff who oversee use of the body scanner receive additional training in reading scans. It is also recommended that dry cell protocols be reviewed and improved to maximize women’s psychological safety and dignity.

WCCW BODY SCANNER TECHNOLOGY: SUCCESSFULLY REDUCES TRAUMATIC STRIP SEARCHES, BUT ONGOING CHALLENGES WITH DRY CELL POLICY & CULTURE OF SCARCITY MUST BE ADDRESSED

- Data from 2019 contraband retrieval, showed that Suboxone strips were the number one item identified by the scanner, but that the second highest item was hair ties.
- While drugs were regularly intercepted by the body scanner each year from 2020-2021 (ranging from 5-26% of all recoveries), a much higher percentage of items defined as “personal items” by WCCW were recovered each year (ranging from 38-56% of all recoveries).
- The effort put forth by women to smuggle in a high percentage of personal items, such as hair ties, toiletries, photos, jewelry, and coffee, reinforces ongoing reports of a culture of scarcity at WCCW, where women are fearful of not accessing some of their basic needs for hygiene, and where women seem to be willing to expose themselves to risk to hold onto personal items tied to their dignity.

Chart 1. Contraband Retrieved During Body Scanner Process Reveals Challenges with Drugs and a Culture of Scarcity



While the Resolutions process was designed to transform the grievance process, it is not functioning effectively and needs immediate attention. While the goals of the program are promising, there were several reports that it is not working as planned due to inadequate staffing support and training. There is also a need to explore trending among women.

- It is noteworthy that the total number of grievances increased during 2020-2021 among women, not men. Staff and administrators reported that women request appeals less than men because they have fewer concerns, while women indicated that they do not report because the system is broken (e.g., issues are not resolved). Data also revealed that medical and mental health concerns are common. Additional exploration of trending among women residents is needed to guide effective responses and improvement efforts.

The PREA office is under-resourced and the facility cannot support a holistic, comprehensive protocol to perform PREA investigations. While there is consistent attention to PREA, various dynamics prevent the comprehensive investigation of reports, which further erodes safety and security. For example, residents are cast as manipulative and PREA is being used in a manner that it was not intended (e.g., to facilitate housing moves). Staff, residents, and external stakeholders reported concerns with the quality of PREA investigations, and it was reported that the discipline system and PREA system apply unnecessarily different standards of evidence. It was also reported that PREA and its implementation is framed as transphobic and homophobic.

While the department has taken steps to reduce the use of and improved conditions within Restrictive Housing, there is a need to enhance protocols for women. At the time of the onsite assessment, there was a small number of women in Restrictive Housing; however, observations revealed that Restrictive Housing practices are neither gender responsive nor trauma-informed. It was also reported that staff do not have a consistent approach to Restrictive Housing, and that there are staff conflicts around how to treat women in Restrictive Housing. For example:

- Women and staff reported that staff who treat women “like human beings and not animals” and “with dignity” are subjected to bullying by other staff.
- Women and staff reported that residents “get worse” in Restrictive Housing and that the conditions of Restrictive Housing and the way they are treated negatively impact residents’ mental health.
- Staff do not appear to be implementing any meaningful or substantive interventions with women in Restrictive Housing, including those that support relational repair and restoration, those that create psychological and behavioral stability and those that facilitate self-regulation and conflict resolution skills that support successful reintegration into the general population.
- Assessors observed oppressive practices in Restrictive Housing, including disrespectful and dehumanizing treatment (making negative comments about the women) and shackling women outside of their cell doors for the purposes of walking them 15 feet to a small group room for an activity.

Staff reported that there is a lack of operational practices that assist staff in managing job-related stress. The following data is noteworthy: 50% of staff survey respondents indicated that they are not encouraged to practice self-care (e.g., engage in activities that help them to manage the stress of the job) and another 23.7% neither agreed nor disagreed.

“How we show up for the work impacts the outcomes we get.”

-WCCW staff member

Opportunities

1. **Select and actively support a facility leadership team that includes individuals committed to gender responsive, evidence-based, and trauma-informed practices.** WCCW needs a strong leadership team that understands gender responsive, evidence-based, and trauma-informed practices, and can create and implement a clear strategy for their implementation.
 - Ensure that individuals: Are provided department-level support; commit to being at WCCW for a minimum of 3-5 years; are able and willing to take on current challenges; develop a clear vision, mission and strategic plan for implementation of gender responsive, evidence-based and trauma-informed practices consistently across all aspects of WCCW’s operations; and are able and willing to adopt a leadership approach that is supportive and inclusive and reflects the principles of gender responsive and trauma-informed practice, including shared leadership and accountability.
 - Build the capacity of facility managers and supervisors (including department heads) to understand and implement gender responsive, evidence-based, and trauma-informed policies and practices. Under the direction of a stable leadership team, managers, and supervisors can cultivate knowledge about cutting-edge practices with women and better support their staff in implementing gender responsive policies, practices, and programs.

2. **Implement an overarching gender responsive strategy to contain various efforts, including those related to meeting the needs of diverse, historically underserved populations.** An overarching gender responsive strategy is needed to contain various efforts, including those related to meeting the needs of diverse, historically underserved populations, including residents of color, those who identify as LGBTQI+, those who are gender diverse, and those with significant mental health needs.
 - Implement a communications and culture strategy regarding the unique needs of transgender and gender diverse residents. Efforts to address the unique needs of transgender and gender

“When it became clear that trans people were coming to WCCW, people were outraged... trans women moved from men’s facilities to WCCW...staff were overtly against it and told the incarcerants; training and preparation was not good... many women were afraid... and many still are.”

-WCCW staff member

diverse residents are laudable, however there is a need to launch a communication and culture strategy to correct misconceptions among staff and residents in order to cultivate community learning and psychological safety.

3. **Implement a gender responsive and trauma-informed philosophy and approach to management and operations that integrates relational and dynamic security, staff and resident wellness, and therapeutic justice principles.** Ensure a commitment to and implementation of gender responsive management and operations across the facility leadership and departments.

- Ensure this philosophy and approach contains various efforts, including those related to meeting the needs of diverse, historically underserved populations.
- Ensure broad departmental initiatives that are being rolled out, including Amend and Restrictive Housing reform, are implemented within this larger gender responsive and trauma-informed philosophy and approach.

4. **Enact a comprehensive set of policies, practices and procedures that govern the operations of all women’s facilities, including MCCCW and reentry centers, and provide implementation oversight and support.** Department policies were designed to meet the operational requirements of a largely male population and do not sufficiently account for women’s unique risks, strengths and needs. While facility-level OMs (i.e., facility-specific instructions that specify how a policy will be implemented) provide guidance on how to apply agency policy within a facility, they cannot conflict with departmental policy. To ensure gender responsive policies and practices at WCCW (and MCCCW), it is recommended that the department pursue one or more of the following:

- Add language and protocols to each department-level policy that address the needs of women (i.e., make department policies gender- and trauma-informed).
- Utilize facility-level OMs to ensure gender-informed implementation of department-level policies at WCCW (and MCCCW); where local needs conflict with departmental policy, the department must either adjust department-level policy or create a waiver for the Women’s Prison Division.
- Create a unique set of policies and practices through the Women’s Prison Division that can govern operations and programs at all women’s facilities.

Additionally, as policy reviews happen on a continuous timeline at WA DOC, there is a need to design a clear, formal process for the ongoing development of gender responsive and trauma-informed policies, protocols, and OMs to ensure that WCCW is on the cutting-edge of best practices with women.

The policy review process should attend to gender responsive principles and, at minimum:

- Include a review of security practices for congruency with the risks, strengths, and needs of the women.
 - Identify static and dynamic gender responsive operational practices for each housing unit at WCCW. Static operational practices should be implemented broadly and not change across units; dynamic operational practices should be more specific to the population and needs of individual housing units and programs (e.g., Residential Parenting Program).
5. **Create a management structure for the implementation and oversight of gender-informed and evidence-based operational and security practices that is supported by comprehensive training (see Domain 5) and implement gender responsive policy and practice enhancements in a deliberate, sequenced manner.** Given WCCW’s tumultuous history and reports from staff and residents that change is constant and not thoughtfully planned, new policies and practices should be implemented in a deliberate, sequenced manner.
- Formally and regularly seek suggestions from staff and women on operational challenges, the impact of current policies, needed changes, and possible solutions.
 - Actively involve staff in the development of policies and practices for women and consult them on the best ways to implement changes. If policy and practice changes are not implemented thoughtfully and alongside staff communication and training, they could compromise safety and security at WCCW.
 - Communicate policy and procedure changes and enhancements to staff and residents using various means. While memos are important, changes and enhancements should also be communicated through roll call, formal staff-supervisor communications, in-service trainings, etc.
6. **Enhance the visibility and accessibility of the facility leadership and managers and implement diverse methods for obtaining information, ideas, and feedback from staff and women.** Hold scheduled and unscheduled tours (several times per week) to make important observations and facilitate communication between the facility leaders, managers, staff, and women (e.g., develop a schedule that will specify when different levels of management will visit different areas of the facility).
- Increase visibility of the facility leadership, including during movement, on housing units, and in all departments and develop benchmarks for the time facility leaders and managers spend “on the floor”.
 - Seek input/data from staff and women about facility strengths and challenges regarding implementation of gender responsive practices, using discussions, ad-hoc meetings, and surveys.
 - Analyze disciplinary actions, grievances, and mental health and medical requests to identify trends and inform communications and corrective actions.
 - Ensure that the Tier Rep Program is fully functional (e.g., is used to facilitate productive discussions about facility/unit strengths and challenges to draw out ideas and solutions; ensure that Tier Reps can bring issues to management and that real action steps will follow identified needs).

- Act on information gained from staff and women via written corrective action plans and memos. Communicate steps taken and evaluate results.
7. **Implement a facility-wide communication protocol that supports gender responsive and trauma-informed approaches to management and operations, including more productive musters and shift changes.** This should include a staff communication process for all levels of the chain of command and include:
 - Regular, scheduled, formal communication between the facility leadership and department heads, managers, staff, and labor.
 - Regular, scheduled, formal communication between department heads and the staff they oversee.
 - A restructured, positive, and robust shift change process to set a positive, motivating tone for staff; reinforce expectations regarding gender responsive, evidence-based, and trauma-informed practice; celebrate accomplishments; address operational challenges and needs; and alert staff to salient issues regarding the population.
 - Please add a 4th bullet under this one: Work with residents to design a robust, gender responsive mainline process that engages the leadership and support of Tier Reps.
 8. **Create a high functioning, gender responsive unit management structure across units and explore opportunities to implement mission-based housing.** Unit management teams can be powerful vehicles for case planning and effective access to needed programs and services, facilitate essential communications across staff functions, and ensure safe and productive operations on each unit.
 9. **Enhance the schedule so that it facilitates productivity for staff and women and addresses women's gender-specific needs.** Enhance the unit schedule to allow for more out of cell time, productivity, and programming. For example: replicate real life routines as much as possible; ensure productive activities throughout the day; and have a basic structure for down time. Ensure that staff and women are engaged in meaningful activities and interactions to reduce problems. The absence of a purposeful schedule contributes to boredom and other psychological phenomena that can lead to fights, self-harm, and other behaviors that create safety and security issues and distract women from goal setting and skill building that are essential for success in the facility and in the community upon release.
 10. **Actively work with the Mental Health Services leadership and staff to integrate essential gender responsive and trauma-informed management and operational practices into the larger facility.** The mental health team is an important, underutilized asset and should be intentionally engaged to help design and enhance key operations for women and all residents throughout the facility.
 11. **Improve approaches to Restrictive Housing for women (Close Observation Area and Administrative Segregation).** Ensure that all staff adopt therapeutic and strengths-based approaches that uphold each

woman's value and dignity. Specifically, design and implement gender responsive and trauma-informed Restrictive Housing protocols, including a step-down process that supports each woman in developing the self-regulation and interactional skills they need to be safe with themselves and others.

12. Explore key operations that may involve inequities for women and improve as needed. The following were identified as being potentially problematic and should be explored:

- Property lists and the availability of clothing, hygiene and commissary products that are relevant to women and diverse cultural groups
- Commissary inventory and costs
- Job opportunities and wages
- Fines and fees, including legal financial obligations (LFOs) and potential price gouging associated with email, data and device costs and its impact on communication with children and families

13. **Improve the recently established Resolutions program.** While the goals of the program are promising, there were several reports that it is not working as planned due to inadequate staffing support and training. Conduct an audit of all types of grievances issued by women and outcomes, as well as an analysis of the recent increases among women. Also conduct focus groups with women and staff to identify strengths and challenges with this program and opportunities to improve it (strengthen peer-support protocols as part of the process) and establish a CQI cycle that involves both women and staff.

14. **Improve policy and practice regarding housing placement and transfers for cisgender and transgender identified residents.** There were several reports that the current approach reinforces the narrative that transgender residents are getting special treatment. This can be remedied, in part, by addressing the recommendations in the Culture section of the report (e.g., implementing Community Conversations with qualified staff to co-lead).

15. **Improve implementation of PREA, accounting for the unique issues that arise in women's facilities as well as those that relate to housing transgender and gender diverse residents.** Provide education to staff and residents about PREA and facilitate unit-level dialogues to answer questions and reinforce concepts.

16. **Implement operational practices that support staff wellness.**

17. **Develop a plan to proactively address the potential population surge due to backlog of cases at county court level that were stalled due to the pandemic.** A population surge could dramatically disrupt operations and create harmful conditions. Prior to the pandemic, the staff reported that WCCW struggled with overcrowding and lack of space to operate efficiently and that this dramatically impacted programming and operations due to space limitations.

PROGRESS

Since the GIPA, the department has reported that it has taken the following actions:

- There has been a higher degree of communication with the new superintendent sending out informative emails to all staff on a consistent basis.
- The department is in the process of implementing Dynamic Security training across the agency by the Amend, a Norwegian dynamic model that focuses on humanistic and individualized treatment.
- The department is completing urgent reviews of targeted policies to address inclusive and gender responsive language revisions.
- The Women's Prison Division has secured the Secretary's support for revisions and possible separate policies for the Division to ensure gender responsivity goals are achieved and memorialized.
- The Women's Prison Division plans to implement "listening focus groups" in response to the GIPA; one of the planned focus groups is intended to address the Resolutions program.
- The department engaged a consultant to assist with meeting with the population at WCCW to help them adjust and understand the need to house humans according to their gender identity.

DOMAIN 5:

Staffing and Training

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

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

FINDINGS

Summary

The department has a track record of investing in training programs for staff and seeking out opportunities to expand access to gender responsive offerings; however, these have not been sustained and integrated into operational practices. While many staff are committed to their work and want to do the right thing, the department lacks a comprehensive gender responsive and trauma-informed training program for both management and staff at the women's facilities. Training for staff and volunteers regarding the unique needs of women and diverse groups of residents, including women of color, residents with significant mental health needs, those

who identify as LGBTQI+ and those who are gender diverse, is reportedly poor in quality and includes offensive content.

There were a variety of reports and observations of staff not implementing gender responsive and trauma-informed practices, and an influx of new, inexperienced staff who lack essential gender responsive and trauma-informed communication skills has contributed to inconsistent operations and troubling and harmful interactions with women. From the academy to facility specific training, the current approach to staff training, coaching and supervision is inadequate and must be improved to facilitate meaningful and sustainable culture change.

There is also a need for a gender responsive and trauma-informed staffing model that accounts for the needs of women residents and women staff. While staffing analyses have been routinely conducted, they tend to reflect carceral norms and do not account for women's unique needs, including those related to their role as primary caregivers and disproportionate trauma histories (and unique responses to trauma). Additionally, while it is laudable that the department is committed to having a majority of female staff, WCCW has experienced considerable challenges maintaining these levels. It is essential that the department work with female staff to identify and overcome related challenges (e.g., overtime mandates, disruptions to caregiving and other responsibilities).

Strengths

The staffing pattern/model has, in important ways, been intentionally designed to uphold safety of women and staff. In the wake of operational practices that allowed male staff to perform random, clothed body searches of women residents and widespread allegations of sexual abuse of women residents, which was confirmed by a WA DOC internal investigation, the WA DOC submitted a request to the Washington Human Rights Commission to approve the identification of 110 female-only staff post assignments at the two female prisons.

WA DOC identified these female-only post assignments as necessary to reduce the risk of sexual misconduct, reduce allegations of sexual misconduct (founded or unfounded), protect male staff exposed to vulnerable situations and protect the privacy and dignity of women residents. The Commission approved the requests in 2009. After a challenge from the Teamsters, the Ninth Circuit Court upheld sex is a bona fide occupational qualification (BFOQ) for certain staff positions at WCCW (and MCCCW).

The department has taken steps to provide gender responsive and trauma informed training (the "Pathways and Perspectives" training has been required of all of the staff who work in women's prisons since 2014) and has a track record of investing in training programs for staff and seeking out opportunities to expand access to gender responsive offerings.

Challenges

The hiring process is not designed to identify staff with adequate awareness, commitment, education, and experience to work effectively with women and contribute to the mission of the facility. The hiring process is the same for all facilities; there is no emphasis on prior experience or aptitude for working with women.

While the staffing pattern/model has, in important ways, been intentionally designed to address the needs of women, it generally does not support the operational and programmatic requirements for working with women. While staffing analyses have been routinely conducted, they tend to reflect carceral norms and do not account for women's unique needs, including those related to their role as primary caregivers and disproportionate trauma histories (and unique responses to trauma).

- Critical functions of the institution are not adequately staffed (medical, mental health, security, programming, case management).
- There are staffing shortages at both women's facilities. WCCW has a shortage of 40 FTE custody staff as of February 2022 and 17 FTE non-custody staff (out of 298 total positions), which is equivalent to a 19% staffing shortage.
- MCCCW has a shortage of 21 custody staff and 7 non-custody staff (out of 99 total positions), which is equivalent to a 28% staffing shortage.

Staffing for women's facilities is not equitable or equal in relation to men's facilities. It was reported that there is a lack of equality in staffing positions between the women's and men's facilities (i.e., men's facilities have positions that are not represented in the women's facilities). This means there is both a lack of equity (see above) and equality as it relates to the staffing of women's prisons.

While the department has a track record of investing in training programs for staff and seeking out opportunities to expand access to gender responsive offerings, these have not been sustained or integrated into operational practices. While many staff are committed to their work and want to do the right thing, the department lacks a comprehensive gender responsive and trauma-informed training program for both management and staff at the women's facilities. For example:

- Many staff do not understand women's development or their unique pathways into and through the criminal justice system.
- There is a general awareness of trauma and its impacts; however, this awareness is not translated into improved operational practices "on the ground" and not extended to diverse groups of residents.
- Training for staff and volunteers regarding the unique needs of women and diverse groups of residents, including women of color, residents with significant mental health needs, those who identify as LGBTQI+

and those who are gender diverse, is reportedly poor in quality and includes offensive content (e.g., women are described as manipulative, discussions about residents being “gay for the stay”). How these trainings and discussions are framed is critically important to culture building and to the prevention of stereotypical, discriminatory and harmful treatment of women residents, including those from historically marginalized groups.

From the academy to facility specific, the current approach to staff training and coaching is inadequate, lacks attention to key concepts and practices with women, and must be improved to facilitate meaningful and sustainable culture change.

- The training provided to all staff and volunteers, including the “Pathways and Perspectives” training does not include content areas critical to successful work with women. Post-training coaching, which has been identified as essential by implementation science, is scant. Staff have limited if any opportunities to access coaching to address difficult situations and reinforce effective skills and practices.
- There were a variety of reports and observations of staff not implementing gender responsive and trauma-informed practices.
- An influx of new, inexperienced staff who lack essential gender responsive and trauma-informed communication skills has contributed to inconsistent operations and troubling and harmful interactions with women. This lack of critical skills is exacerbated by the aforementioned gender responsive policies and disjointed facility communication.

“You can’t hold staff to a standard they have not learned; you need to know better before you can do better.”

- Department staff member

“Some staff are cool people and care about us, but others are disrespectful..”

-WCCW resident

Staff supervision and accountability is lacking. Current labor policies make it difficult to hold staff accountable, and management repeatedly stated that their effectiveness is impaired when they try to hold staff accountable because the process is so arduous.

Opportunities

1. **Improve hiring protocols for staff who work with women.** Led by the Women’s Prison Division, the department should define the knowledge, attitudes, skills, and competencies required to work with women and incorporate these elements into hiring and screening procedures.

- Enhance the hiring process to identify candidates with aptitude, interest and experience in working with women.
 - Department-level: Develop and implement a screening process for new employees prior to employment to gauge whether the employee will be able to appropriately interact/work with women.
 - Facility level: Develop and implement pre-employment screening tool to help the facility identify staff who are suitable/unsuitable for working with women.
 - Enhance/develop job descriptions to reflect expectations regarding effective work with women, including those with diverse racial, ethnic and social identities, and residents who are gender diverse. In general, define professionalism to include treating all residents with dignity and respect. Emphasize the importance of viewing women’s behaviors in the larger ecological context in which they developed and acknowledge the role of trauma-informed approaches in preventing the re-victimization of women, enhancing facility safety and security, and improving facility and community-based outcomes.
2. **Design and implement a gender responsive and trauma-informed staffing model that accounts for the needs of women residents and women staff.** This should involve intentional work with female staff to identify and overcome challenges, including those related to overtime mandates and disruptions to caregiving and other responsibilities. While it is laudable that WA DOC is committed to having a majority of female staff, WCCW has experienced considerable challenges maintaining these levels.
- Conduct a comprehensive staffing analysis and identify staffing goals that align with gender responsive and trauma-informed principles and practices. Staffing goals should take into account gender-responsive principles and practices (e.g., women’s need for positive interactions with staff, facility limitations, program requirements, safety and security).
 - Considerations include, but are not limited to, ensuring the availability of: female staff on each shift and each unit; ensuring that the staff reflect the ethnic, social and cultural diversity of residents; adequate staffing in each functional area - medical, mental health, case management, programming, and security; volunteers; adequate female supervisory staff to ensure that all aspects of security can be adequately trained and monitored; and staffing (and space use) protocols for dealing with over-capacity.
3. **Address staffing challenges and build a gender responsive staffing plan that leverages creative solutions to staffing such as use of non-uniform support staff, social work and mental health practitioners and interns.** There were several reports about the department experiencing short-staffing and high overtime costs due, in part, to rules requiring them to hire female employees. Low staffing at WCCW, particularly among counselors and program staff, presents unique barriers to implementation

of holistic gender responsive programs and operations. Staff cited that women in their custody are more communicative and often have complex and different needs than men, and that women’s facilities need more staff to address their gender-specific issues.

- Add an additional assistant superintendent to enhance leadership staffing.
- Launch an internship program within each department through intentional collaborations and Memorandas of Understanding (MOUs) with local universities and colleges.
- Collaborate with institutions of higher education to provide staffing for ongoing and ad hoc programs. These collaborations are vital and can support WCCW in its efforts to provide specialized and other services to women. They also offer important opportunities to educate students and others about the work taking place in the justice system. Ultimately these collaborations have two-way benefits and bring in innovative thinking and programming that keeps facility programs and operations fresh and cutting-edge.
- Strengthen the volunteer program.
- Consider special appointments for positions that are require a specific skill set (e.g., visiting sergeant).

“Staff need training on communication and mental health.”

–WCCW resident

4. **Communicate and collaborate with the union on implementation of gender responsive and trauma informed practices.**
5. **Launch a comprehensive, Gender Responsive Staff Training and Support Protocol that supports staff wellness and is required for all management and staff at both women’s facilities as well as those making decisions that impact women’s facilities at headquarters.** The protocol should provide managers and staff across departments with the information, skills, support and accountability needed to 1) implement gender responsive policies and practices and 2) create a gender responsive environment that upholds the dignity of all residents, staff and stakeholders. Ensure that the training protocol includes a robust curriculum on gender responsive and trauma-informed communication skills.
 - Enhance the **academy-level training** to provide accurate information on women and build staff skills. Eliminate misogynist content and bolster the skill set of all trainees regarding evidence-based, gender responsive and trauma-informed correctional practice. This will solidify the value of these topics and address and reduce negative attitudes about women, debunk myths and working in a women’s facility, and begin to dispel attitudes that working with women is a lesser job and tantamount to a demotion. It will also provide essential introductory training to staff that will, at some point, work in a women’s facility. Include essential topics noted in Table 7 and ensure alignment with facility training regarding effective work with women.

- Enhance the **facility-level training** to ensure comprehensive understanding of women’s development and pathways, women’s risks, strengths and needs, and application of gender responsive and trauma-informed approaches, including essential topics noted in Table 7.
- Provide **booster and in-service training** on special topics.
- Implement **training requirements for all contact staff** (persons that have ANY contact with women should receive adequate training), including, but not limited to dietary staff, transportation staff, clerical staff, correctional officers, counselors, volunteers and contracted providers. This inclusive training approach has been recommended by various national organizations and federal entities.
- Provide specialized **training for supervisors** to prepare sergeants and other managers to conduct on-the-job coaching of staff and reinforce core gender responsive and trauma-informed practices.
- Implement a **staff coaching protocol** to ensure transfer of content from the classroom to the floor.

Table 7. Essential Training Topics

LEVEL 1: ACADEMY TRAINING SHOULD, AT MINIMUM, INCLUDE:

- Women’s Prison Division vision, mission and values
- Overview of women’s development and socialization
- Common myths and stereotypes about working with women
- Overview of women’s pathways into the criminal justice system and rationale for gender responsive and trauma-informed practices with women
- Evidence-based correctional practices with women
- Overview of culturally responsive correctional practices
- Overview of women and mental health, including links between trauma and behaviors such as substance abuse, self-harm, and aggression
- Staff wellness and self-care

LEVEL 2: FACILITY TRAINING (WCCW AND MCCCW) SHOULD, AT MINIMUM, INCLUDE:

- WCCW vision, mission and values
- Women's development and socialization, including family and community roles
- Profile of women served, including: women's pathways into, within and out of the criminal justice and other systems; women's risks, strengths and needs; pregnancy/parenting issues
- Gender responsive principles and practices, including: relational theory and practice; trauma theory and practice; strengths-based approaches; women and substance use; women and mental health; evidence-based practices with women; gender responsive communication and professional boundaries; and balancing support and accountability
- PREA standards and their application to women
- Trauma-informed care: principles and practices
- Supporting women's mental health and effective approaches with women who have significant mental health needs
- Cultural responsiveness and intersectionality
- Understanding the unique strengths and needs of those who identify as LGBTQI+
- Operational practices with women, including: creating a safe and effective facility culture; effective discipline with women and crisis intervention
- Understanding women's relational dynamics, including: encouraging safe and healthy interactions between women; addressing relational aggression; facilitating conflict resolution with women
- Staff wellness and self-care
- Applying gender responsive and trauma-informed principles to specific functions, including: assessment, case planning, education/vocational, mental health and medical

LEVEL 3: BOOSTER AND IN-SERVICE TRAINING ON SPECIAL TOPICS

- Booster training offered biannually to reinforce the content of Level 2 training.
- In-Service training to address special or emerging topics such as effectively dealing with self-harm, managing women's relational dynamics, supporting pregnant and parenting women, effective group facilitation with women, and working with women who have complex mental health needs.

Note: Training that focuses on effective interventions with women can be accessed, sometimes at no cost, from the following federal organizations: NRCJIW; NIC; SAMHSA, GAINS, NCTIC; TASC; and others.

6. **Develop a staff coaching, supervision and accountability strategy.** This strategy should support implementation of gender responsive approaches with women and include a specific protocol and schedule. Also:
 - Develop a staff accountability strategy (especially during implementation of the recommendations contained in this report). While there are many staff members that will respond to training and coaching on how to appropriately treat and interact with women, it is possible that some will not. It is essential to have a clear mechanism to address this that includes corrective action and accountability.
 - Integrate expectations regarding effective application of gender responsive principles and practices in staff competencies (e.g., maintaining effective boundaries; healthy relationship building; trauma-informed practice; listening skills; implementation of gender-responsive operational practices) and ensure the annual performance appraisal process includes a review of these competencies.
7. **Enhance training, communication and supervision protocols for external providers and volunteers regarding gender-responsive expectations and practices.** Ensure a robust orientation to and adequate training in gender-responsive principles and practices.
 - Select contractors, volunteers and special event themes/ providers using gender-responsive criteria.
 - Ensure a formal feedback loop exists regarding interactions between external providers and facility staff (e.g., external providers communicate with facility staff about goals and outcomes of their work/ interactions with women).
8. **Introduce more training and wellness activities to program and custody staff to mitigate the impacts of stress and vicarious trauma.** Staff indicated that they need more training on trauma-informed care and staff wellness and formal support from the leadership and management in these areas.

PROGRESS

Since the GIPA, the department has reported that it has taken the following actions:

- The department is working on updating the introductory gender responsive training “Pathways and Perspectives”, and will be including a module on transgender and non-binary individuals as well as the different pathways to prison for women.
- The agency contracted with the Transgender Resource Center of New Mexico to give staff a better understanding of transgender individuals’ challenges, barriers, and needs.

DOMAIN 6:

Facility Culture

Domain 6 examines the facility environment and assesses the extent to which women and staff feel physically and emotionally safe and respected, including issues of cultural competence that acknowledge the disproportionate impact of incarceration on women of color. It also explores the “reporting culture” of formal and informal methods to report sexual, physical, and emotional abuse. Emerging research funded by PREA legislation supports the development of gender-informed practice in women’s facilities and points to the direct impact of a positive and respectful culture on the reporting of sexual abuse. There are several considerations including:

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

FINDINGS

Summary

Throughout the GIPA process, staff were identified as both the facility's greatest strength as well as its greatest challenge. Many WCCW staff are incredibly hardworking, dedicated and committed to doing what is needed to improve the facility. However, high rates of turnover and the lack of a cohesive set of gender responsive policies, practices and staff training and coaching programs has resulted in an inconsistent and fractured culture, as well as a clash between high numbers of new, less experienced staff and those that have longer histories working with the department.

A pattern of changing leadership, priorities and direction for many years at WCCW has been a great source of frustration and distrust among staff, and the lack of consistent direction and meaningful engagement with staff has often resulted in them feeling frustrated, concerned, angry and ill-equipped to work with women skillfully and effectively. This sentiment has also created skepticism about current plans to implement gender responsive practices facility-wide, as well the recent efforts to improve engagement with transgender and gender diverse individuals.

In addition to staff, one of the most powerful and underutilized resources at WCCW is the women. Staff, stakeholders and residents routinely highlighted the powerful ways in which the residents have contributed to WCCW (e.g. through The Women's Village and the Tier Rep Program, and efforts by long-term women to be of service to their peers), yet their strengths and talents are under-utilized. Furthermore, a climate of scarcity (e.g. resources, programming, jobs, commissary) pits residents against one another; and has been a particularly challenging issue since the facility began housing transgender residents.

These challenges are reinforced by a carceral, para-military atmosphere that is antithetical to human-centered, gender responsive and trauma-informed principles – all of which impact culture among staff and residents. There are some powerful exceptions to this, including the Residential Parenting and Mental Health Programs. There is a significant opportunity to build on facility strengths and create a powerful, growth fostering culture at WCCW that supports women's agency, healing and growth.

Strengths

Many WCCW staff are incredibly hardworking, dedicated and committed to doing what is needed to improve the facility. Interviews, focus groups and observations revealed that there are a number of staff, across units/ departments, who are committed to implementing best practices with women. These include staff who have been working at WCCW for many years, and hold deep institutional knowledge, and newer staff who want to implement interventions and programs that are useful for women and residents who have been historically marginalized.

There is a long history of women-led efforts that have contributed to a safe, productive and innovative culture at WCCW. The Women's Village and the Tier Rep Program are powerful examples of gender responsive and trauma-informed initiatives that create a supportive and growth-fostering culture.

The Mental Health Department and related programs and interventions appear to actively create a safe, humane, dignified and growth fostering culture among and between the women, and between women and staff. This department has taken specific steps to define and implement gender responsive and trauma-informed approaches with women.

There is a strong culture of mutual support among the women. This was evident during focus groups, observations of programs and operations, and during walks through the units. For example, women identified several examples where they have offered one another comfort in times of grief and assisted one another in addressing immediate and basic needs. Women also provided substantive feedback during focus groups and demonstrated a genuine interest in improving the culture at WCCW.

RESTORATION OF THE WOMEN'S VILLAGE AS A CRITICAL NEXT STEP IN BUILDING THE CULTURE AT WCCW

The Women's Village was created by incarcerated women and supported by staff and management in response to cuts in programming. Women realized the need to tap existing resources to foster a sense of growth, collaboration and commitment. Staff and residents reported that when the Women's Village was fully functional, it contributed significantly to the WCCW culture.

The mission of the Women's Village is: To encourage and foster an atmosphere of change by harnessing our unique strengths together as individuals and to create a new culture based on the pursuit of personal excellence. We offer the women a unique opportunity to share their personal experiences and knowledge to inspire each other to change and make positive contributions to the community in which they all live.

When it was fully functional, the Women's Village included a village council, comprised of about 10 women, that provided leadership and direction. As the project evolved, women identified their passions and formed sub-councils that provided incarcerated women with opportunities to engage in meaningful activities. These included:

- **Violence Reduction Team** – Gauging the prison environment and identifying ways to reduce violence.
- **Health and Wellness Team** – Facilitating wellness classes to include women's health, nutrition and daily health routines.
- **Educational Team** – Assisting women with their educational needs and working with women who have learning disabilities to help them achieve their goals.
- **Environmental Team** – Creating sustainable programs and getting women involved in creating a sustainable environment.
- **Peer Support Team** – Helping women who need assistance in dealing with the realities of prison life. Peer mentors also work directly with mental health staff.
- **Morale Building Team** – Bringing back a sense of order and respect within the prison by promoting a positive change in the way women deal with their feelings.
- **Reentry Team** – Facilitating programs that will help with the reentry process including, but not limited to, job readiness classes, resume workshops and dressing for success.
- **Spirituality Team** – Giving women a chance to explore a variety of beliefs and become more in tune with their own, whatever they may be.
- **Family Support** – Facilitating parenting groups, creating positive ways to build on family relationships, and hosting workshops centered on family dynamics.

RESTORATION OF THE WOMEN'S VILLAGE AS A CRITICAL NEXT STEP IN BUILDING THE CULTURE AT WCCW

Each team was led by a council member who had a sincere passion for the work required. Women interested in the Women's Village were required to attend three orientations and participate in two accountability circles, and committed to engage in two self-help groups or classes offered at the prison.

The orientations were led by the council members and staff, and gave an overview of the purpose and values of the Women's Village. The women were also given an opportunity during orientation to develop personal goals that will enable them to create a vision of who they are and who they are becoming. Accountability circles provided the women with an opportunity to meet regularly to discuss issues or problems they are facing, to set goals to address these issues, and to brainstorm ways to accomplish the goals. The values of the program included respect, honesty, compassion, diversity, self-empowerment, and education.

Adapted from The Sustainability in Prisons Project

Challenges

The majority of women reported that they do not feel emotionally safe or respected by staff and experience discrimination and harassment. This was evident across data collection methods. For example:

- 53% of the residents surveyed reported that they do not feel emotionally safe at WCCW, and another 19% neither agreed nor disagreed.
- 56% of the residents surveyed reported that staff do not treat them with respect, and another 24% neither agreed nor disagreed.
- 57% of residents reported that staff do not see their strengths or help them to develop them, and another 29% neither agreed nor disagreed.
- 58% of the residents surveyed reported that they are not free from harassment and discrimination based on their race/ethnicity; 55% reported that they are not free from harassment and discrimination based on their gender and sexuality.
- Residents with diverse racial and cultural identities reported that they are ignored and experience discriminatory treatment. For

Hispanic residents reported that they are regularly told by staff and residents that “this is America” when they are speaking in Spanish or make requests for materials in Spanish or request Univision.

example, Hispanic residents reported that they are regularly told by staff and residents that “this is America” when they are speaking in Spanish or make requests for materials in Spanish or request Univision.

Staff and residents have different perceptions about various aspects of WCCW’s safety, programs and operations. This was evident across data collection methods. For example:

- While 56% of the residents surveyed reported that staff do not treat women with respect, 59% of the staff surveyed reported that staff do treat women with respect.
- While 53% of the residents surveyed reported that they do not feel emotionally safe at WCCW, 46% of the staff reported that the facility is emotionally safe for women.

Staff are the facility’s greatest strength as well as its greatest challenge. Throughout the GIPA process, staff were identified as both the facility’s greatest strength as well as its greatest challenge. Many WCCW staff are incredibly hardworking, dedicated and committed to doing what is needed to improve the facility. However, high rates of turnover and the lack of a cohesive set of gender responsive policies, practices and staff training and coaching programs has resulted in an inconsistent and fractured culture, as well as a clash between high numbers of new, less experienced staff and those that have longer histories working with the department. Women reported being mistreated by staff, including experiencing retaliation when they raise concerns. The following is noteworthy:

- 60% of the residents surveyed reported that they cannot disagree with (have a different opinion than) staff without being punished, and another 23% neither agreed nor disagreed.

A pattern of changing leadership, priorities and direction for many years at WCCW has been a great source of frustration and distrust among staff. Staff described the facility as having a “flavor of the month” culture. The lack of consistent direction and meaningful engagement with staff has often resulted in them feeling frustrated, concerned, angry and ill-equipped to work with women skillfully and effectively. This sentiment has also created skepticism about current plans to implement gender responsive practices facility-wide, as well the recent efforts to improve engagement with the transgender population.

“Officers have more drama than the inmates.”
-WCCW staff member

While many staff work hard and try to do their job with integrity, these conditions have produced unchecked, toxic staff subcultures that create a harmful environment for both staff and residents. In the absence of implementing and maintaining an intentional culture at WCCW, other harmful trends have taken hold. It was reported by staff and residents that fringe groups of staff actively bully other staff members who attempt to implement gender responsive and trauma-informed approaches, target staff and residents of color, target transgender residents, and practice bigoted, verbal abuse with impunity.

Women residents are reportedly one of the most powerful yet underutilized resources at WCCW. Staff, stakeholders and residents routinely highlighted the powerful ways in which the residents have contributed to WCCW (e.g. through The Women’s Village and the Tier Rep Program, and efforts by long-term women to be of service to their peers), yet their strengths and talents are under-utilized.

Powerful peer-led programs have been reduced or eliminated. For example:

- It was reported by numerous staff, residents and stakeholders that the Women’s Village was a hugely beneficial initiative that yielded great benefits; however, it has been under resourced and is not functioning.
- It was reported that the facility leadership and staff are not responsive to concerns brought by Tier Reps, and that they are “not treated properly” and “not empowered” to use their voice, skills and talents to contribute to and enhance the WCCW community.
- Peer-led initiatives that build the WCCW culture have been reportedly deprioritized due to a perception that they are not valuable or evidence-based.

A climate of scarcity (e.g. resources, programming, jobs, commissary) is weakening the culture and creating distrust among some groups of residents.

As programs and resources have decreased, and the culture at WCCW has weakened, residents are becoming increasingly concerned about addressing their basic needs across multiple areas. Women reported frustration with long wait lists and limited access to programs, medical care and mental health support. Concern about the lack of supplies revealed themselves in 2019 data showing that one of the leading types of contraband found among women included personal items such as hair ties, ear plugs, and coffee. Also, cisgender women reported concerns that they are not getting access to needed medical care and believe that their needs are being side-lined in order to address the needs of transgender residents. (A gender responsive facility should be able to balance all of these needs and effectively address, and where needed correct, any perceptions of disproportionate access.)

“Women’s strengths are not being lifted up.”

“Give women a voice...there is a system in place through tier reps, but it’s all a lie...they have no control, no voice, and no one is listening to them.”

-Statements from WCCW staff members

Challenges are reinforced by a carceral, para-military atmosphere that does not work for any justice-involved individuals, and is uniquely harmful to women, and antithetical to human-centered, gender responsive and trauma-informed principles – all of which impact culture among staff and residents. There are some powerful exceptions to this, including the Residential Parenting and Mental Health Programs. Staff reportedly yell at women and belittle them and “come’ from a position of authority. The following data is noteworthy:

- 77% of residents surveyed reported that staff do not ask their opinion about the facility.
- 60% of residents reported that they cannot disagree with (have a different opinion than) staff without being punished.

While there is broad awareness about the Prison Rape Elimination Act (PREA), it is being misused and weaponized by staff and residents. There were several reports from staff and residents that PREA is being used as a weapon. In the absence of a legitimate concern about adherence to PREA, staff “call a PREA” on their colleagues and residents as a form of retaliation. Similarly, residents “call a PREA” on staff and one another. This makes it difficult to identify and address real concerns. There are reportedly “no consequences” for these “fake PREAs”, and it appears that these actions are both a consequence and a product of the culture at WCCW.

“Staff can be domineering and antagonistic and that harms our mental state.”

“[Some officers] are extremely condescending and belittling. Everyone avoids them out of fear of unnecessary harassment and consequences. They consistently treat every inmate with sarcasm and contempt and try to embarrass us.”

–Statements from WCCW residents

Opportunities

There is a significant opportunity to build on facility strengths and create a powerful, growth fostering culture at WCCW that supports women’s agency, healing and growth.

1. **Take immediate steps to create a nationally significant human-centered, gender responsive and trauma-informed culture.** Transform WCCW from a carceral, punitive, para-military environment into a dynamic, responsive environment that supports growth, healing, wellness, and community. Build on residents’ strengths and create opportunities for women to connect in healthy ways, lead, and hone skills that are essential for growth and success in and outside of prison.
2. **Implement an operational scaffolding for staff wellness and enhance physical and psychological safety for staff.** For example, offer opportunities for staff self-care (e.g., mindfulness breaks); provide immediate training and coaching in addition to designing and implementing a long-term staff training strategy; and redesign shift change as a critical opportunity to reinforce expectations, anchor to WCCW’s new mission and approach, complement staff who demonstrate gender responsive competency and boost morale.
3. **Implement a culture of respect and dignity, including procedures that are specifically designed to enhance physical and psychological safety for residents.** For example:

- Create Unit (Community) identities that include a shared purpose, thoughtful and productive schedule and programming.
 - Use terms, references, and names that create a humane and motivating culture (e.g., eliminate use of the word “offender” and “incarcerant” in all communications and replace these terms with more human-centered and dignifying references such as “resident” and “person”).
 - Engage the women in renaming the units and other spaces using more motivating and trauma-informed terms.
 - Create a change of shift communication with women that is designed to create stability, increase physical and psychological safety, and enhance motivation (e.g., engage women as leaders by having them make important announcements).
 - Implement gender responsive and trauma-informed population-level debriefs following a critical incident (e.g., if there is a fight, once safety has been restored communicate with the women and use such communication as a way to offer information, reassurance, and prevent more incidents).
 - Implement regular, weekly unit “community” meetings that reflect the principles of gender responsive and trauma-informed practices with women; implement morning/afternoon/evening rituals on each unit that are stabilizing, mobilizing and set a positive tone.
 - Make immediate improvements to the culture of MSU given multiple reports that it is “chaotic” and stressful for women.
4. **Restore and expand gender responsive, peer-led programming, including the Women’s Village and Tier Rep Program.** First, WCCW should immediately restore the peer-led programs that have contributed so significantly to a positive and gender responsive culture. Second, steps should also be taken to expand peer-led programs and initiatives. For example, there is a need to create opportunities for women serving long sentences to hold roles that build their skills and also contribute to the facility culture and programs. These steps should be architected and led by directly impacted women (currently and formally incarcerated). Third, allow women to participate in facility decision-making. Implement standing and ad hoc resident committees, expand the availability of suggestion boxes (include a suggestion box in each unit instead of select areas only). Note: Participation in the above programs and activities can be tied to an earned privilege system and function as a great motivator.
 5. **Create a safe, healthy environment for diverse groups of residents,** including residents of color, those who identify as LGBTQI+, those who are gender diverse, and those who struggle with serious mental illness.
 6. **Implement a comprehensive staff training and coaching strategy, as well as clear supervision and accountability protocols (see Domain 5).** Immediately establish/reinforce a zero-tolerance policy for staff misconduct.

7. **Provide staff and residents with additional, high-quality education and training on PREA** (e.g., improve education and understanding of PREA violations versus other violations). Take steps to enhance approaches to PREA and provide training to staff and women to ensure proper understanding of expectations. Create a culture at WCCW that proactively meets staff and resident needs and has human-centered, effective protocols for addressing relational and other concerns (e.g., work with resident leaders to design group and other processes that encourage growth and skill building in managing relational needs and conflicts).
8. **Enhance the orientation process according to the principles of gender responsive and trauma-informed practices with women.** Revise the handbook; enhance the orientation process (involve women in content and/or delivery based on safety and security parameters); create a tracking mechanism to ensure all women go through orientation; ensure gender responsive and PREA based content (e.g., definitions of safety, healthy relationships, and relational aggression), and create a quality assurance mechanism.
9. **Enhance the efficiency and credibility of all grievance processes, including those that relate to medical and mental health.** Ensure that women have clear and consistent access to reporting mechanisms (including anonymous reporting options) and communicate the grievance process to all staff and women regularly (through roll call, unit meetings, etc.).
 - Formally monitor and track staff adherence to these processes, especially while they are being corrected/enhanced (e.g., meet with women and staff regularly, distribute surveys). Implement confidential and anonymous methods of reporting for women and staff.
 - Create a routine process for the tracking of trends in grievances, disciplines, and medical and mental health requests, and the sharing of this information with staff on a regular basis. Explore opportunities to safely share lessons learned with women (i.e., related to identified trends) so that women know that they are being heard.
 - Identify types of data that should be collected that will provide important information on the experiences, perceptions, and behaviors of women (e.g., data related to medical/mental health, grievances, and disciplines), how often such data should be collected, and how such data will be used to guide any needed enhancements.
10. **Immediately improve staff culture and enhance professionalism and respect.** Adopt a zero-tolerance policy for behavior that is unprofessional, disrespectful, dehumanizing and lacking in basic respect and civility (with women and other staff). Ensure consistent use of humane, dignified and strengths-based language across departments and units.
 - Communicate expectations to all staff (through the chain of command) regarding basic communication and interventions with women. Implement a zero-tolerance policy regarding the use of derogatory language and terms, swearing, yelling and use of racist, sexist, misogynist, homophobic, and transphobic language. Be clear on consequences and hold staff accountable.

- Introduce specific language alternatives to those phrases that are dehumanizing and can trigger trauma-based reactions.

11. **Solidify a facility identity regarding work with women that is anchored to mission of the Women's Prison Division.** There is a need to create a unified culture at WCCW, including facility-wide buy-in regarding overarching principles of a gender responsive, evidence-based, and trauma-informed approach, and specific efforts to operationalize those principles on ALL units and in all departments.

- Ensure department heads and unit supervisors work together to unify their mission regarding work with women.
- Update the facility mission and ensure that it is broadly understood and applied on all units. While some units may have specialized goals and objectives, these should be seen as additive to a basic, foundational facility mission.
- Have unit supervisors work on the recommendations contained in this report together to enhance consistency across units and support one another in needed practice adaptations.
- Maintain the interest in implementing and enhancing gender responsive and trauma-informed practices by attending to more straight forward and easy to implement recommendations in this report.
- Document successful outcomes of a gender responsive approach (e.g., through memos, emails, shift change announcements, a facility newsletter) to boost morale and strengthen the culture.
- Enhance staff consistency through clarification and, as needed, documentation of procedures (especially those unique to women), training, on the floor coaching, staff communication, staff supervision, and staff accountability.
- Cultivate staff strengths by documenting, evaluating, and, where appropriate, scaling creative interventions that embody a gender responsive and trauma-informed approach.
- Increase staff consistency throughout the facility. This can be addressed through the implementation of recommendations noted in Domains 4 and 5. This is essential to culture building and will disrupt the institutionalized behaviors among staff and residents that are compromising safety and productivity and functioning as barriers to healing and growth.

12. **Implement management and operational/security practices that promote a safe and productive culture.** Implement processes that will create stability for women (and staff) and motivate them to engage in safe, effective and supportive behaviors. This requires that WCCW develop and implement routine operational practices as part of each shift that are gender responsive and trauma-informed.

- Ensure staff encourage respect and civility among women. This requires that WCCW develop and implement protocols that provide women with the opportunity to interact in healthy, purposeful and

productive ways (e.g., unit committees). It also requires that WCCW develop clear protocols about how to deal with women’s conflicts and train staff in these protocols (e.g., conflict resolution, peer support). It is recommended that WCCW consider implementing/ piloting a Peer Support protocol on every unit (e.g., see NTIC’s Peer Support program) to strengthen the culture and build relevant and transferable skills among residents.

- ❑ Reduce “down time” on the units and increase productivity.
- ❑ Improve access to programs, including educational programs and employment opportunities (see Domain 10).
- ❑ Provide staff with immediate training and support regarding how to handle complex behaviors. While a long term training and support plan is required to ensure effective interventions with women who have mental health challenges and/or illnesses and those who have been identified as Seriously Mentally Ill (SMI), staff need immediate direction on how to respond to common behaviors (e.g., women who are self-harming).

PROGRESS

Since the GIPA, the department has reported that it has taken the following actions:

- ➔ The department has made a commitment to restore the Women’s Village and reinvigorate its committees and sub-committees.
- ➔ The Women’s Prison Division is strategizing with the Equity and Inclusion Director and staff regarding implementation of “listening sessions” with the women.

DOMAIN 7:

Resident Management/Discipline (Motivation and Empowerment)

Domain 7 examines the gender-appropriateness and clarity of rules and expectations, the methods for motivating positive behaviors, and the disciplinary practices of the facility. Some of the key indicators in this area include:

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

FINDINGS

Summary

The WA DOC policy to end use of disciplinary segregation at all facilities is helping to lead the nation on needed reforms. However, there are important enhancements that can and should be made in discipline and sanctions

at WCCW. A preliminary review of data requested by the GIPA team shows that that women have dramatically higher rates of disciplinary infractions compared to men and that this corresponds to higher rates of sanctions. Higher disciplinary rates among women, and women of color in particular, are linked to inadequate staff training, supervision and accountability, lack of gender responsive and trauma- informed policies and practices, and the persistence of carceral approaches.

WCCW's discipline system includes language and practices that are not gender responsive or trauma- informed, and upholds a carceral, para-military culture. It was broadly reported that routine inquiries and concerns raised by residents are either disregarded, minimized, or distorted and women are often, "infracted" by staff for talking too much and asking too many questions. Staff are not using positive reinforcement and sanctions can be quite lengthy, causing women to lose privileges for unnecessarily long periods of time.

The hearing process has some noteworthy strengths, including the recently implemented Serious Mental Illness Hearings, however hearings reportedly run 4-5 weeks behind, and there are missed opportunities to intentionally structure hearings to be gender responsive, strengths-based and trauma-informed. This is essential as guilty findings impact a range of outcomes including classification, custody points, housing placement, visits, access to programs and jobs, earned time, and good time.

Strengths

The WA DOC policy to end use of disciplinary segregation at all facilities is helping to lead the nation on needed reforms. In 2021, WA DOC created a policy to end the use of disciplinary segregation. This is a powerful example of the ways in which the department is leading the nation on needed reforms.

The hearing process has some noteworthy strengths, including the recently implemented Serious Mental Illness Hearings. Protocols allow teaming with mental health staff to evaluate a resident's ability to understand their alleged infraction and the hearing process, dismiss infractions for cases where the alleged infraction is directly associated with an act of self-harm or a suicide attempt, identify if the resident's mental health status contributed to the alleged violation, and determine if sanctions should be modified (e.g., if they are contraindicated) based on a resident's mental health status.

"We must continue to examine our processes and make meaningful changes that are both safe and humane. The data shows that the use of disciplinary segregation has many shortcomings, including failing to improve negative behavior."

–Secretary Cheryl Strange
(Press Release announcing nationally significant policy to eliminate disciplinary segregation, 9-30-21)

Challenges

WCCW lacks a gender responsive and trauma-informed approach to resident management and discipline.

WCCW's discipline system does not reflect evidence-based, gender responsive, or trauma-informed principles and practices. For example:

- It does not include rules and expectations that are particularly important in women's facilities.
- Rules do not address topics such as psychological safety and indirect/relational and are not enforced consistently by staff.
- Expectations of appropriate resident behavior are not maintained across shifts, and responses to women's behaviors (including violations/infractions) are not consistent among staff within or across shifts, creating high levels of unpredictability. The following data is noteworthy:
 - ☐ 78% of residents surveyed reported that the rules and expectations change each shift.
 - ☐ 82% of residents surveyed reported that staff do not interact with residents in the same way.
- Many staff members do not maintain order or reinforce rules in a respectful and safe manner, and are not held accountable to do so.
- There is limited communication regarding disciplinary and related issues between shifts and specific situations are poorly communicated, thus escalating many problems.

WCCW's discipline system includes language and practices that are not gender responsive or trauma-informed, and upholds a carceral, para-military culture. For example:

- Staff are not using positive reinforcement and the sanction matrix allows for loss of privileges when the infraction does not involve the privilege (e.g., loss of recreation for something that was not related to recreation).
- Sanctions can be quite lengthy, causing women to lose privileges for unnecessarily long periods of time.
- Staff talk about "infracting" women and women internalize this oppressive language by saying "I got infringed". It was broadly reported that routine inquiries and concerns raised by residents are either disregarded, minimized, or distorted and women are often, "infracted" by staff for talking too much and asking too many questions.

Women receive disproportionate discipline compared to men, and this disproportionality is more pronounced for women of color. A preliminary review of data requested by the GIPA team shows that women have dramatically higher rates of disciplinary infractions compared to men; this corresponds to higher rates of sanctions (e.g., twice the rate of confinement to their cell; loss of day room access three times the rate of men; loss of good time at a higher rate than men, which in many cases corresponds to longer prison stays). Additionally, women of color have higher rates of discipline.

- Higher disciplinary rates among women are linked to inadequate staff training, supervision and accountability, lack of gender responsive and trauma-informed policies and practices, and the persistence of carceral approaches.

Chart 2. Women Experience More than Double the Rate of Infractions than Men Statewide (2019-2021)

Average # of Infractions per Individual by Gender - All WA DOC Facilities

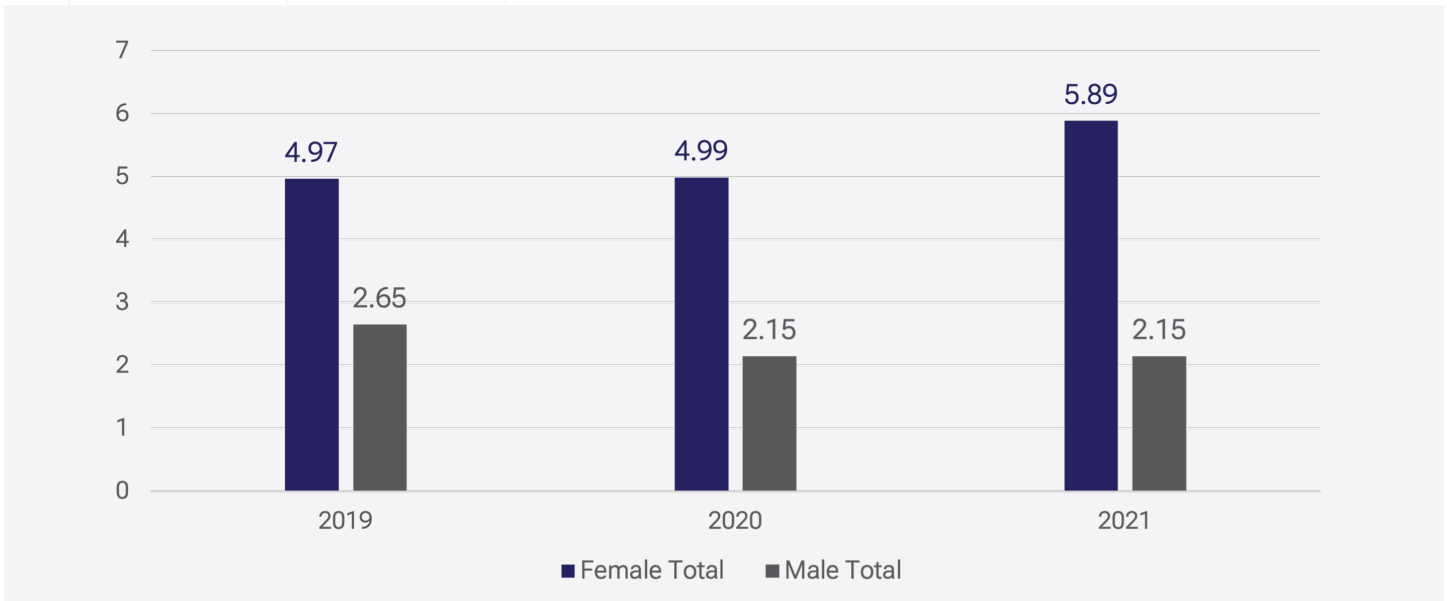


Chart 3. WCCW has the Highest Rates of Infractions Among All WA DOC Facilities Statewide (2019-2021)

Average Number of Infractions per Individual by WA DOC Facility

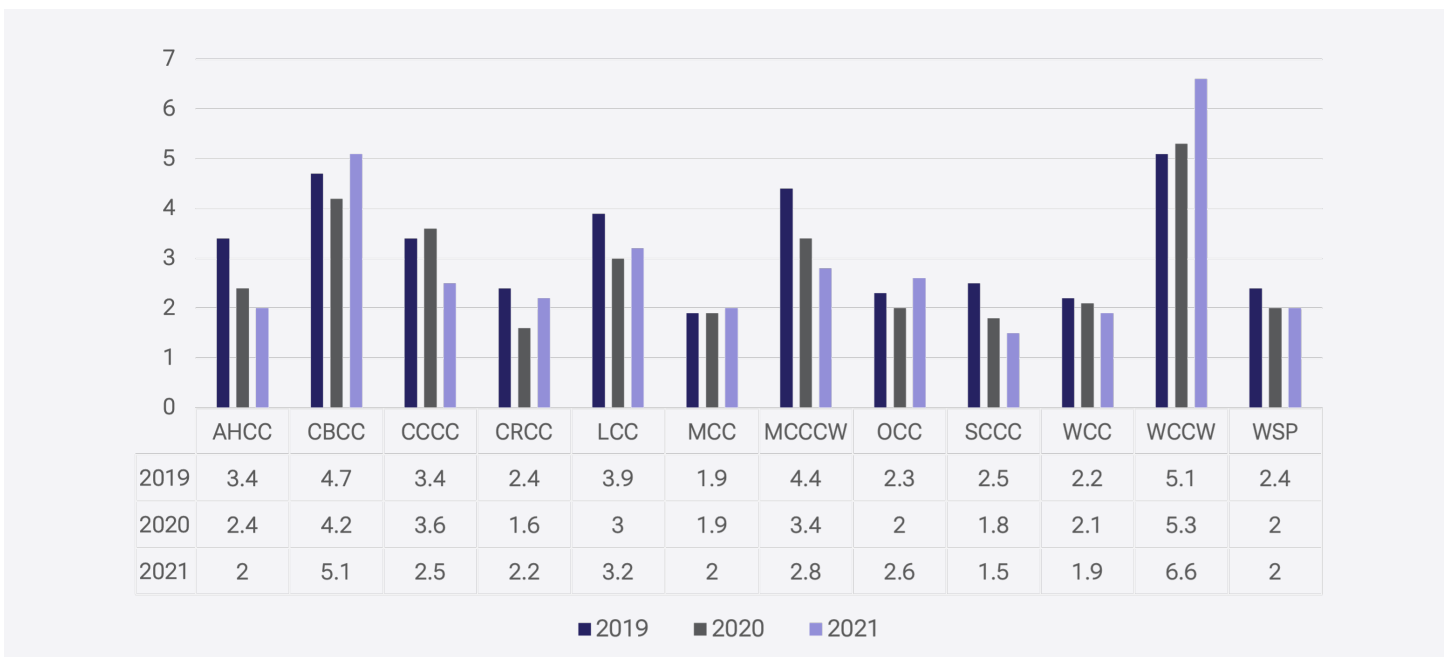
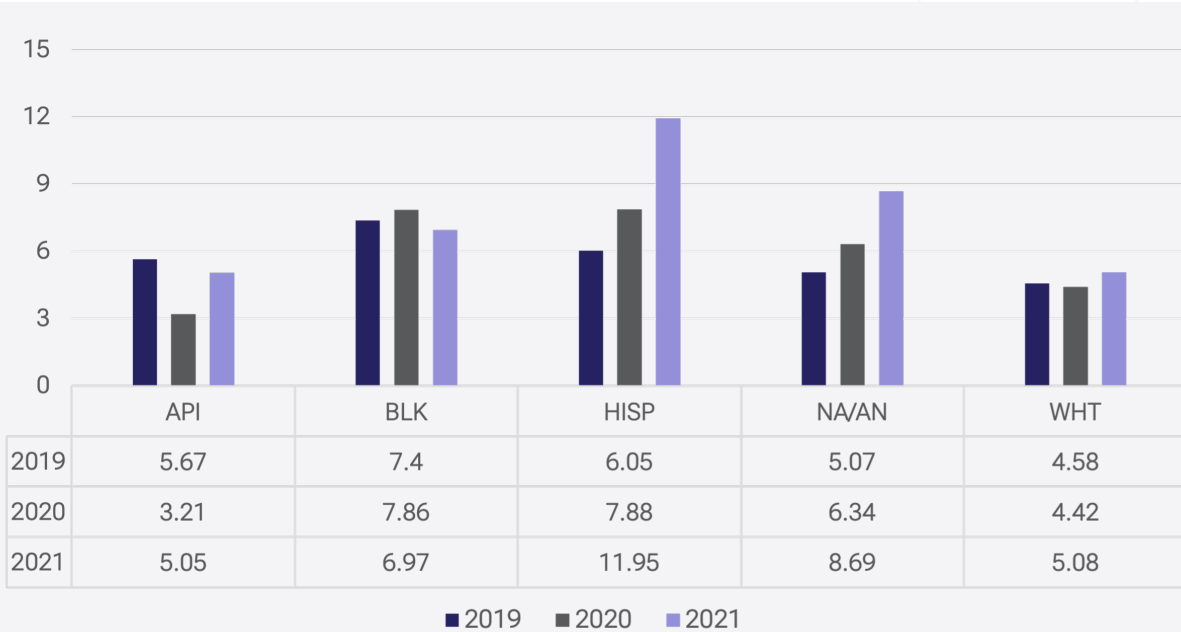


Chart 4. Women of Color are Disproportionately Impacted by Infractions Statewide (2019-2021)

WCCW Avg. # of Infractions per Individual by Race



Punitive sanctions are over-used. Staff lack training and direction about effective work with women and therefore rely on a few discipline tools to respond to various behaviors, including those that signal mental health needs.

Disciplinary practices have numerous short- and long-term impacts on women (e.g., can impact access to programs, education, correctional industries (CI), re-entry, earned time and good time). While eliminating the use of disciplinary segregation is an important step, there is a critical and immediate need to provide staff with the training and information they need to enact proactive approaches to discipline with women, including gender responsive and trauma-informed communication, discipline prevention strategies, conflict resolution, peer mediation and support and effective responses to concerning behavior.

Formal procedures to proactively motivate women are underutilized. WCCW lacks an adequate incentive system for women in general, and specific incentive systems for special populations (e.g., long-term women). Affirmations, reinforcers, and/or encouragers are lacking, and women’s strengths/ assets are not highlighted. Collaborative problem solving and other tools are under-utilized to prevent and deescalate problems.

Protocols to support women who are struggling are underutilized and insufficient. Due to a lack of training and support, staff are misunderstanding women’s behaviors, including those related to PTSD and other conditions. It was also widely reported that women who are struggling with difficult mental health symptoms are not receiving needed supports, making them vulnerable to ineffective discipline responses.

- ➔ As noted in Domain 11, WCCW has high quality mental health programs and interventions that are gender responsive and trauma-informed, however, capacity is limited. Women who do not qualify for more intensive mental health intervention lack needed support managing day to day concerns and symptoms. Data indicates that this is creating a situation wherein women have chronically unmet mental health needs, their symptoms worsen, and their attempts to get relief are either dismissed or punished. It was also reported that staff respond in ways that are contraindicated and cause more harm.

With some exceptions (Mental Health programs, Residential Parenting Program, Therapeutic Community), gender responsive incentives, privileges and motivators are not utilized. There are few, if any incentives or rewards for safe, effective and supportive behavior.

The hearing process has some noteworthy strengths, however hearings reportedly run 4-5 weeks behind, and there are missed opportunities to intentionally structure hearings to be gender responsive, strengths-based and trauma-informed.

Opportunities

1. **Implement a nationally significant, gender responsive behavior motivation and empowerment system that promotes growth, healing, learning and skill acquisition (e.g., that is anchored in positive reinforcement, restoration, self-determination).** Transform the way in which staff approach discipline at WCCW, including, but not limited to viewing women’s behaviors more accurately (e.g., through a gender responsive and trauma-informed lens). Components of a gender responsive behavior motivation and empowerment system include, but are not limited to (see the CORE Gender Responsive Behavior Motivation Model):
 - Positively stated expectations alongside basic facility rules that highlight important concepts for women such as self-care, relational aggression and emotional and physical safety and contact
 - Circle processes and other restorative approaches that safely and effectively utilize peer mediation/ support
 - Formal procedures to proactively motivate women, and gender responsive motivators and incentives that are low cost but yield high rewards
 - Utilization of affirmations, reinforcers, and encouragers instead of confrontation
 - Acknowledgement of strengths/ assets of women as often as challenges
 - Setting a positive tone for each shift and utilizing collaborative problem-solving techniques to prevent and de-escalate problems

2. **Reduce over-reliance on punitive sanctions.** Reduce the use of Good Conduct Credits (GCC) as a disciplinary tool & improve processes that will allow women to earn time back. Any revocations should be accompanied by an incentivizing process for women to earn privilege restoration or days back through productive activities that ultimately do not push back the day of their release.
3. **Work with clinical staff to implement mechanisms to provide ongoing mental health support to women, including those who don't qualify for intensive mental health interventions but are struggling (see Domain 11).**
4. **Create a gender responsive resident handbook for WCCW.** Engage the Women's Village, Tier Reps and long-term women as partners in this effort. Include content that is important for women and diverse cultural groups, including positively stated expectations and rules that highlight important concepts for women such as self-care and mutual support.
5. **Improve staff-staff communication (all levels) about expectations and rules, as well as required discipline, sanctions and supports.** Develop a method in which ALL staff can be apprised of ongoing issues/situations identified in their work area by a previous shift. Mandate the frequency and type of communication that is required to facilitate appropriate discipline and sanctions, including following through on supports and/or consequences during subsequent shifts. Communicate individual and population level strengths, challenges and needs to the oncoming shift.
6. **Implement a gender responsive and trauma-informed hearing process.** Hearings are not intentionally designed or facilitated to be trauma-informed (e.g., taking trauma into account as part of review, analysis and decision-making; implementing trauma-informed hearing procedures). Where possible and indicated, incorporate mental health into this process.
7. **Develop a basic privilege and incentive system for all women.** Develop an incentive system that can be applied to all women, including those who adjust well and adhere to expectations. Ensure that each unit utilizes an incentive system. Also, implement an incentive system for women with longer sentences and other special populations. For example, develop a system whereby women with longer sentences can "earn" their privileges and security levels back if lost early in their incarceration. Those who display safe, supportive and effective behavior should have access to identified gender responsive privileges and responsibilities, including opportunities to provide peer to peer programming.
8. **Immediately implement a more human-centered, gender responsive and trauma-informed approach to Restrictive Housing** (see Domain 4), including gender responsive and trauma-informed step-down protocols.
9. **Implement a communication and culture strategy regarding the new policy to eliminate disciplinary segregation.** This is essential as there were several reports by staff that while the policy was approved, they were not invited to share their ideas about it, not told when it became "official" (some reported being told by residents before their supervisors), and not given direction on how to implement it safely. Training

on new policies such as those that impact discipline is essential. Without such training, even the most well intended policies will not have their intended impact, and could be applied in a manner that causes harm.

10. **Interface with key programs and departments.** For example, ensure that expectations and discipline protocols are not at odds and have a reasonable level of consistency. For example, it was reported that moms in the Residential Parenting Program can be infraacted for parenting behavior deemed acceptable by that program (e.g., allowing the baby to sleep in bouncy chair, which is considered by the facility to be a minor infraction). A mother's participation in the program could be jeopardized if she receives four infractions (as four 4 minor infractions equal a major infraction). The Therapeutic Community (TC) program has its own guidelines; consequently, women reportedly receive double sanctions" for one behavior (e.g., having to wriyte an "awareness" for the TC program, which is perceived by the women as a punishment, and also receiving an infraction based on the facility's discipline policy).

DOMAIN 8:

Classification and Assessment

Domain 8 examines procedures for determining custody level, assessing dynamic risks and needs, and identifying vulnerable and predatory residents (PREA draft standard). Research and prevailing guidelines recommend the use of actuarial assessments over subjective judgments alone. It is important that the tools be valid (predictive) for women and relevant to women's needs and pathways to offense-related behavior.

Historically, most correctional assessments were developed for men, validated on male populations, and applied to women with little concern for their relevance or validity. This has contributed to over-classification of women, and resulted in issues such as inappropriate housing and supervision conditions that may be more austere than their behavior warrants. It can also impact decarceration opportunities by limiting access/eligibility for diversion, accelerated release programs or alternatives to incarceration. Poorly designed assessment tools also result in missed opportunities to target limited resources as effectively as possible in order to address programming/clinical needs that are most relevant to reducing future risk of offending among women. In recent years, a number of gender responsive assessments have been developed for assigning custody levels, predicting risk of community recidivism and determining needs.

Key indicators in this domain include:

- The facility uses an objective tool for custody (external) classification that has been validated on a sample of women in the facility. The tool includes items relevant to women, ensures placement in the least restrictive environment possible (including community-based options) and is dynamic (can reflect changes in a woman's behavior and circumstances).
- An objective tool and process exists to conduct a PREA assessment that identifies those who exhibit either predatory behavior or vulnerability to aggressive sexual behavior.
- The facility uses an objective and valid assessment of risk of reoffending, needs, and strengths that includes items relevant for women (i.e., references recent research).
- The assessment of risk, needs, and strengths guides the development of an individual case plan, and recommends access and referral to critical services from prison (or alternatives) through to parole and a successful community reentry.

FINDINGS

Summary

WCCW does not currently utilize validated, gender responsive classification or assessment tools. The use of these tools is critical to ensuring the safe and effective operations of a women's facility – impacting security levels, housing unit placements, access to programming and services, as well as decisions regarding reentry and community supervision requirements. Thus, the lack of these tools is undermining operations at WCCW, and represents a missed opportunity to be fully gender responsive and improve outcomes.

The classification tool currently used at WCCW has been under review for many years, and external consultants have advised the department to discontinue using this tool with women because it has not been validated on women and its focus is limited to criminal history and static items. Research suggests that tools with similar characteristics tend to over-classify women and do not capture the dynamic changes that often occur in women's circumstances. This may result in placing women in more restrictive settings than necessary and may prevent them from accessing vocational, educational and program opportunities.

While WCCW (along with all WA DOC facilities state-wide) currently utilizes the Washington ONE assessment, a robust tool designed to address risks and needs related to recidivism, the tool was not developed specifically for women and has not been validated with women. In fact, several critical items salient to women are not assessed by the Washington ONE, including childhood victimization and trauma, specific mental health issues, and important life need areas for women. As a result, numerous staff and managers expressed concern that the assessment fails to address the needs of incarcerated women and that the results do not align with the expressed needs of women.

Strengths

Classification

During intake, there is an effort to identify women with chronic and severe mental health issues for placement in the mental health unit. This represents an important and proactive protocol that meets the needs of women with serious and chronic mental health needs.

All women are assessed at intake using the OMNI PREA Risk Assessment. The PREA Risk Assessment is outlined in DOC Policy 490.820 Prison Rape Elimination Act (PREA). The OMNI PREA Risk Assessment (PRA) Assessors Guide clarifies policy for the administration of the tool, scoring rules and reassessment. This assessment is designed to reduce incidents of sexual assault and abuse at WCCW. The assessment results are used to guide decisions with respect to housing, work, education and program assignment decisions.

Assessment

Policies and procedures have been established to assess all women at intake, with a reassessment scheduled every 6 months and then prior to release. The Washington ONE, the actuarial tool that is used across facilities by DOC, includes static and dynamic risk factors, needs and protective factors. This assessment was not developed specifically for women but includes some items that align with the research on women.

- Classification Counsellors complete the Washington ONE when women are classified and placed in their housing units.
- The results of the Washington ONE assessment are computerized; this provides a summary of scores (e.g., Static and Dynamic Risk; Static and Dynamic Protective) and a graphic display of need areas.
- This tool contains a number of dynamic items that are sensitive to changes in behavior and needs.
- Assessment results populate the case plan in OMNI. This process was designed to ensure that information from the assessment is used to inform the case plan and constantly updated during reassessment or when significant changes have occurred (e.g., completion of a program).

Challenges

Classification

WCCW does not currently utilize a validated, gender responsive classification tool. The use of a validated, gender responsive classification tool is critical to ensuring the safe and effective operations of a women's facility – impacting security levels, housing unit placements, access to programming and services, as well as decisions regarding reentry and community supervision requirements. Thus, the lack of a gender-informed tool is undermining operations at WCCW and represents a missed opportunity to be fully gender responsive and improve outcomes.

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- Research suggests that tools with similar characteristics tend to over-classify women and do not capture the dynamic changes that often occur in women's circumstances. This may result in placing women in more restrictive settings than necessary and may prevent them from accessing vocational, educational and program opportunities.

Assessment

WCCW does not currently utilize a validated, gender responsive assessment tool. The use of a validated, gender responsive assessment tool is critical, as it is an essential component of case planning and facilitates decision regarding needed programs, services and re-entry supports. It also represents a critically important process of self-reflection for women, where they can be empowered to reflect on their experiences, create a vision for their lives, and set concrete goals to facilitate healing, recovery, and skill building. Thus, the lack of a gender-informed tool is undermining care at WCCW and represents a missed opportunity to be fully gender responsive and improve outcomes.

- While WCCW (along with all WA DOC facilities state-wide) currently utilizes the Washington ONE assessment, a robust tool designed to address risks and needs related to recidivism, the tool was not developed specifically for women and has not been validated with women.
- Several critical items salient to women are not assessed by the Washington ONE, including childhood victimization and trauma, specific mental health issues, and important life need areas for women. As a result, numerous staff and managers expressed concern that the assessment fails to address the needs of incarcerated women and that the results do not align with the expressed needs of women.

Several Classification Counsellors reported that it is often difficult to validate the information provided by the women because criminal history information is often not available until months after her arrival. It was reported that the paperwork from CCR does not arrive on time to verify women's self-report information.

Classification Counsellors expressed concern regarding their confidence in completing the Washington ONE assessment. Though Classification Counsellors are provided with training in Motivational Interviewing to augment their interviewing and case planning skills, they expressed the need for additional training to complete the Washington ONE in a more efficient and gender responsive manner. Specifically, the counsellors struggle when women refuse to answer questions or when they are unable to manage the flow of the sessions. The following survey data is noteworthy:

- 63% of the residents surveyed reported that staff do not seem to understand their unique needs as incarcerated women.

Assessment results populate the case plan in OMNI to ensure that information from the assessment is used to inform each woman's case plan; however, this is frequently not occurring (see Domain 9). The results of the Washington ONE assessment are entered into OMNI, a computerized data system that was designed to capture assessment (and reassessment) results and provide a record of progress over time. While assessment results populate the case plan in OMNI to ensure that information from the assessment is used to inform each woman's

case plan (and updated during reassessment or when significant changes have occurred such as completion of a program), this is frequently not occurring (see Domain 9). Additionally:

- A number of staff questioned the usefulness of the assessment and related policies, given the lack of available programs to address women's identified needs. For example, women with a sentence longer than 5 years are not eligible for programming, regardless of their assessment results.

Opportunities

Classification

1. **Implement a gender responsive classification system that ensures women are placed in the least restrictive environment.** Discontinue using the current classification tool and replace it with either 1) a gender responsive classification tool or 2) a risk/strengths/needs assessment tool that was designed for and validated with women and can be dually used for classification and assessment (e.g., the WRNA). Option #2 offers the opportunity to create a seamless, efficient and unified approach to classification and assessment for women.
 - Ensure the classification process does not unnecessarily restrict women's access to needed programming.
 - Remove barriers to the development of a comprehensive, holistic individualized case plan. The classification tool and Washington ONE assessment tool are completely independent; the information gathered as part of classification is not transferred into OMNI. This creates duplication in efforts and may delay and create barriers to the development of a comprehensive, holistic individualized case plan.
 - Establish staff accountability measures to ensure appropriate housing placements based on security classifications.
2. **Conduct a review of all housing units to determine an improved operations plan for more appropriate housing based on women's security/risk levels and clinical needs.**

Assessment

3. **Introduce a gender responsive risk/strengths/needs assessment tool that is based on the research on women and has been validated with women** (e.g., WRNA, SPIn-W). As noted above, is an opportunity to implement a gender responsive risk/strength/need assessment tool that was designed for and validated with women and can be dually used for classification and assessment (e.g., the WRNA).

4. Provide **training and coaching to staff** to ensure they have the knowledge and skills they need to conduct effective assessment with women (e.g., relational interviewing skills).
5. **Reinforce confidentiality protocols.** This is important given reports from women that staff do not protect their privacy.
6. **Maximize the usefulness of assessment by providing women with relevant and accessible program options and opportunities (see Domain 10). This is essential as assessments are designed to connect women with needed supports and identify when additional or new supports are needed as they grow and change.**
7. **Use the assessment tool to support alternatives to incarceration and accelerated release programs.** Serious consideration should be provided to implementing a gender responsive risk, strengths and needs assessment tool as soon as possible to help identify women who have been previously overclassified for eligibility for community-based alternatives to incarceration that could begin immediately upon admission or earned throughout their prison term.
8. **Ensure seamless integration and use of gender responsive classification and assessment processes throughout the justice continuum,** including re-entry and community corrections.
9. **Improve the language and terms used throughout the classification and assessment processes to be human-centered, gender responsive and trauma-informed.**

PROGRESS

Since the GIPA, the department has reported that it has taken the following actions:

- The Classification Director and Gender Responsive Administrator are currently engaged in a process to implement the Women’s Risk Needs Assessment (WRNA) and are contracting with a consultant to create an updated Classification tool that is gender responsive and trauma-informed and specific to Washington demographics.

DOMAIN 9:

Case and Transitional Planning

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

Key considerations in this domain include ensuring that:

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

FINDINGS

Summary

While WCCW has access to a computerized case management system (OMNI) and targeted reentry programs, it lacks a comprehensive, gender responsive case management process from prison admission to successful reentry that is supported by effective programs and meaningful interventions.

OMNI offers many important features that track each woman's progress with case planning and credits, however the entire system is supplied with information from the Washington ONE, which is not gender responsive. While OMNI helps the counselor identify priority needs and targets, the lack of available program options and services (see Domains 10 and 11) prevents them from ensuring that women have the opportunity to participate during the course of their incarceration. Data entry issues, as well as insufficient staffing and high caseloads, result in counsellors lacking the time to meet with the women regarding the Case Plan in a meaningful way.

The potential of the OMNI system is also not being realized during the transition and reentry planning process, an issue which is further undermined by the lack of a gender responsive pre-release process supported by trained Community Corrections Officers. While a robust gender responsive assessment and case management system should serve as a valuable tool to support a well-informed and supported reentry plan for each resident, the entire process is disconnected, inconsistent and bifurcated.

Despite promising programs, such as the Graduated Reentry Program (GRE) and Community Parenting Alternatives (CPA), as well as targeted reentry services (e.g., the Mental Health Unit, The Therapeutic Treatment Program, the Education program, TRAC and ORCS), reentry is addressed in programmatic siloes, and not delivered as part of a holistic, coordinated process. Work release programs offer opportunities for women to receive supported transition back to the community, however there are only two programs that serve a small population of women.

Staff and residents report that there is a significant lack of gender responsive reentry planning and integration of essential resources for women. There is not a continuity of care for most women being released from WCCW; consequently, their release is not successful as they face barriers to employment and safe, non-coercive housing.

Strengths

OMNI, the department's computerized case management system, is a comprehensive tool that offers many important features that track each woman's progress with case planning and credits. OMNI provides a computerized case management system with the potential to record progress throughout a woman's incarceration and discharge to the community. For example, OMNI provides information on time served, and retains a summary of strategies completed. Women are given extra credits for completing these activities and can earn early release or stay in prison longer.

The Case Plan is populated from information elicited for the Washington ONE and updated regularly. By policy, information entered in OMNI is updated every six months by the assigned Classification Counsellor. Counsellors are also encouraged to update OMNI if there has been a significant change (e.g., completion of a program, disciplinary reports).

There are a number of reentry services offered by specific departments including mental health, vocational and educational programs. For example, the Mental Health program, the Therapeutic Community program, the Education program and the TRAC vocational program, work with women to prepare for their release to the community. Women who receive services from these departments are eligible for these resources however, the vast majority of women at WCCW are not provided with a comprehensive reentry plan. The following data is noteworthy:

- 62% of residents surveyed reported that staff members do not provide them with resources and information on services in the community, and an additional 23% neither agreed nor disagreed.
- 54% of residents surveyed reported that the facility is preparing them for success, and an additional 24% neither agreed nor disagreed.

A small number of women at WCCW who have been diagnosed with a serious mental illness and are determined to be a high risk to public safety or self are eligible for the Offender Reentry Community Safety Program (ORCS). Before release, a multi-system care planning team meets with each woman to develop a transition plan that continues into the community. After release, clients meet with a designated case manager in the community to assist with stabilization. This program has been evaluated by the Washington State Institute of Public Policy (WSIPP) and demonstrated positive outcomes. Components of this model including individualized case planning, continuity of care, team meetings, and agency collaboration are critical to the success of this program and could be replicated.

Women benefit from alternatives to incarceration. While access is limited to community-based alternatives to incarceration, such as Graduated Reentry (GRE), Community Parenting Alternatives (CPA) and Family & Offender Sentencing Alternatives (FOSA), women have disproportionately benefitted from them. While women represent only 6% of the WA DOC population, from 2018-2021, they represented 23% (209) of all CPA participants. In addition, from 2016-2021, women represented 32% (100) of Graduated Reentry participants; and from 2016-2021, they represented 59% of all FOSA participants.

Challenges

While WCCW has access to a computerized case management system with helpful features and targeted reentry programs, it lacks a comprehensive, gender responsive case management process from prison admission to successful reentry that is supported by effective programs and meaningful interventions. The department's computerized case management system, OMNI, is a comprehensive tool that offers many important features that track each woman's progress with case planning and credits, however the entire system is supplied with information from the Washington ONE, which is not gender responsive.

- As a result, the information that is fed into the OMNI case management system perpetuates the use of insufficient information to guide the resident’s entire trajectory through the system – infiltrating critical decisions impacting prison operations, transitional planning and community corrections.
- Furthermore, the lack of gender responsive programming hampers the WCCW’s ability to respond to identified risks, strengths and needs in meaningful ways that, at times, may perpetuate harm.

The lack of gender responsive metrics and procedures for delivering the Washington ONE has a direct impact on targeting relevant items (e.g. risks, strengths and needs) and motivating women to complete the plan.

Once the Washington ONE assessment is complete, OMNI provides the user with an automated summary of target areas assessed and a series of predefined goals. For example, the plan reflects goals and target areas that were not chosen in collaboration with the woman and do not necessarily correspond to the woman’s prioritized needs. The pre-defined goals are statements that include terminology that may be difficult to translate (e.g., goals include statements such as “maintain a positive attitude” and “find pro-social outlets when stressed”).

The promise of OMNI as a tool to monitor progress is not currently realized. There appears to be a number of barriers that prevent this from occurring, including the ability of staff to populate and update the case plan, the content of the case plan, and the case planning process.

Ability to Populate and Update the Case Plan

- Counsellors lack the time to meet with the women regarding the Case Plan in a meaningful way. Caseload sizes for the Correctional Counsellors are high, with most staff reporting 70+ women. Many of the counsellors reported that they have difficulty meeting workload responsibilities. These include assessment, developing a case plan, and monitoring and updating the case plans every 6 months. They are also required to respond to all requests made by the women in real time. The following survey data is noteworthy:
 - ❑ 56% of residents surveyed reported that staff do not see their strengths and help them to develop them., and an additional 29% neither agreed nor disagreed.
 - ❑ 55% of residents surveyed reported that they do not work together with staff to identify their personal strengths and needs, and an additional 28% neither agreed nor disagreed.
- The Correctional Counsellors reported that they do not have time to meet with the women regarding the case plan, as most of their day focuses on crises and requests, rather than working collaboratively with residents on their goals.
- A number of staff reported that many of the Correctional Counsellors lack the education, experience and training to prepare a dynamic, gender responsive and collaborative case plan. This perspective was echoed by several of the Correctional Counsellors who expressed concern regarding the lack of training and coaching needed to complete the assessment and case plan.

Content of the Case Plan

- OMNI generates a summary of need and target areas assessed using the Washington ONE Assessment. Unfortunately, some of the salient items identified in the research for women are not included in this tool (See Domain 8). This can have a direct impact on targeting relevant items and motivating women to complete the plan.
- Once the assessment is complete, OMNI provides the user with a summary of targets and a series of pre-defined goals. This means that goals and target areas are not chosen in collaboration with the woman and do not necessarily correspond to the woman's prioritized needs.
- The pre-defined goals are statements that include terminology that may be difficult to translate. For example, under social influences, the goals include statements such as, "maintain a positive attitude", "find prosocial outlets when stressed" and "maintain a positive pro-social attitude and pro-social interactions with staff and volunteers."

Case Planning Process

- OMNI helps the counsellor identify priority needs and targets however, the lack of available program options and services (see Domains 10 and 11) prevents them from ensuring that women have access during the course of their incarceration.
- There are very few options (programs and services) available for women who have a sentence exceeding 5 years, which can perpetuate coping mechanisms related to trauma (which disproportionately impacts incarcerated women) and that realize themselves as disruptive behaviors that result in disciplinary infractions. The counsellors reported that for these women, there is "nothing new to enter into the system."
- A considerable reduction in the availability of programs and services starting before and worsened by the pandemic, has led to confusion regarding available options. A number of staff indicated that they have insufficient information regarding the programs that are currently available at WCCW, when they are offered, and the eligibility criteria.
- OMNI provides information on time served, and retains a summary of strategies completed. Women are given extra credits for completing these activities and can earn early release or stay in prison longer. Unfortunately, this information is not systematically entered by the counsellors which means that women may actually be serving unnecessarily long prison sentences.

The potential of the OMNI system is not being realized during the transition and reentry planning process. This issue is further undermined by the lack of a gender responsive pre-release process supported by trained Community Corrections Officers. While a robust

There is a severe lack in communication between inmates and counselors. Release plans aren't done when they're supposed to be done. Most inmates don't know if they're getting out on their ERD or know where they will live. There is a lack of re-entry courses and preparations.

-WCCW resident

gender responsive assessment and case management system should serve as a valuable tool to support a well-informed and supported reentry plan for each resident, the entire process is disconnected, inconsistent and bifurcated.

Reentry is addressed in programmatic siloes, and not delivered as part of a holistic, coordinated process.

Despite promising programs, such as the Graduated Reentry Program (GRE) and Community Parenting Alternatives (CPA), as well as targeted reentry services (e.g., the Mental Health Unit, The Therapeutic Treatment Program, the Education program, TRAC and ORCS), reentry is addressed in programmatic siloes, and not delivered as part of a holistic, coordinated process.

“Reentry is not good – women are ignored while they relapse.”

–WCCW staff member

While more exploration is required, reentry planning does not begin at admission (or early enough to plan effectively for housing, treatment, child care and other essentials for women), and there is a significant lack of reentry planning and integration of resources overall. As a result, there is not a continuity of care for most women being released from WCCW; consequently, their release is not successful as they face barriers to employment and safe, non-coercive housing.

Work release programs are not gender responsive. While work release programs offer opportunities for women to receive supported transition back to the community, there are only two programs that serve a small population of women; and a few other locations that serve a co-ed population (which is not optimal).

The Community Corrections Division does not have gender responsive policies, practices, procedures or caseloads, and officers do not engage women at WCCW during the pre-release process.

Opportunities

OMNI offers the potential to update and monitor a woman’s progress from intake to discharge into the community. To maximize the potential of this system, WCCW is encouraged to implement a gender responsive process that addresses salient factors for women, leverages peer support and facilitates a continuum of custody and care that supports women from admission, through successful reentry.

1. **Review the roles and responsibilities for the Correctional Counsellor position, provide needed training and reduce caseload sizes to enable gender responsive case planning.** The case management function requires considerable time, training and coaching to ensure that it is delivered in a gender and trauma-informed manner.
 - Provide staff with training, coaching and ongoing supervision in evidence-based, gender responsive and trauma-informed case planning such as writing goals that include the women and are achievable within a short time frame, written in a simple, positive way, and updated on a regular basis (weekly or biweekly).

- Ensure that staff utilize professional language and jargon to write case/treatment goals and use language that is understandable to and motivating for women.
- 2. **Expand the content of the Case Plan beyond predefined targets and goals to include gender responsive targets.** Consistent with a gender responsive approach, invite women to work in collaboration with their Correctional Counsellor to identify individualized targets of intervention and set personal goals. This is essential to build intrinsic motivation, promote behavioral change and build efficacy. Ensure the Case Plan is attentive to the basic needs of women (e.g., basic survival and stability needs including safe housing).
- 3. **Improve the Case Plan process to ensure that it is gender responsive.** Ensure that the case planning process is initiated at the beginning of the woman’s involvement with the facility and ensure that women are given credit for completing activities so they can earn early release. Also:
 - Review and update the Case Plan with women regularly.
 - Ensure that information from other assessments is readily accessible.
 - Ensure the case planning process is collaborative with women and actively involves them in the plan’s creation and review.
 - Ensure that the case manager or case management team works deliberately to monitor progress and reinforce all successes.
 - Ensure that women are directly involved in the development of the Case/Transition plan and in setting the targets of intervention.
 - Make efforts to include informal supports into the case management team (e.g., non-professionals such as family members, friends, clergy/spiritual mentors who are identified by the women as sources of support).
 - Maintain a record of progress to ensure that women earn incentives critical for discharge.
- 4. **Ensure available programs and services to support the Case Plan and ensure staff and women are updated with information on availability and accessibility.** There has been a dramatic reduction in the availability of programs and services both prior to and during COVID. Staff and women would benefit from receiving updated information about each of the various programs and services offered a WCCW. A digital resource board could be updated weekly and updated in each unit.
- 5. **Utilize the Case Plan and OMNI case management system as a tool to support reentry and monitor progress and needs as women transition from the facility into the community.** Utilize the OMNI case management system, in combination with a gender responsive risk, strengths and needs assessment (Domain 8), as a tool to monitor progress as women transition from the facility into the community. Consistent with the research on reentry, individualized needs should be identified using a gender responsive assessment at intake and then updated as women transition from prison to the community.

6. **Ensure that all women have access to critical resources prior to release.** A reassessment of needs twelve months prior to release is essential to work with women to identify community-based mental health and substance use treatment providers, healthcare coverage providers (e.g., Medicaid), housing and other social supports, and advocacy organizations. Critical reentry needs include, but are not limited to:
- Address substance use recovery needs
 - Build links to mental health care
 - Address physical and reproductive health care
 - Provide culturally competent services
 - Provide trauma-informed services
 - Build healthy, trusting relationships
 - Reestablish family relationships
 - Facilitate payment of justice system fines and fees
 - Increase self-efficacy through certified peer support
7. **Develop a Community Resource Center so that all women have access to information with respect to agencies, services, and supports that are available in the communities to which they are discharged.** Staff, volunteers and women can be invited to submit information to a coordinator to contribute to the development of the Center.
8. **Launch a gender responsive reentry process that includes pre-release planning and engagement with trained reentry staff, peer navigators, and community corrections staff.** It is well known that reentry planning should begin from the moment a person is incarcerated. This has unique importance for women, many of whom are caregivers for dependent children, face chronic barriers to safe and stable housing and employment and are often forced to navigate extensive histories with gender-based violence that is not easy to share with staff until a rapport has been established. The department should overhaul the pre-release process and ensure that reentry planning and community connects begin from the day of admission and that reentry staff, peer navigators and community corrections officers, who have been trained on gender responsive practices, engage women prior to release so that they can build trust and a greater understanding of ways to support their success, well-being and outcomes.
- Improve collaboration and communication with reentry and community corrections.** Build a gender responsive system as part of community corrections. 97% of incarcerated individuals are released back to the community.
 - Create a gender responsive reentry protocol** that empowers each resident to architect a meaningful, individualized plan, leverages community resources and ensures continuity of care and support from admission through successful reentry.

- **Launch a specialized gender responsive community corrections unit** that receives the necessary training to manage dedicated caseloads of women state-wide. A set of policies, procedures and programming to support the unit should be created in alignment with the Women's Prison Division, and should include a six-month pre-release engagement and planning process.
 - **Ensure/facilitate continuity to community supervision.** Make efforts to introduce the women directly to service providers when making community referrals. Provide detailed information about the program/service.
 - **Promote a team approach** (including the woman and members from a variety of disciplines) to ensure continuity of care from institution to community and across referral sources.
 - **Communicate information from the assessment results and Case Plan** to relevant professionals before the woman is transferred or immediately following her transfer.
 - **Make deliberate efforts to link each woman directly with natural supports** in the community to which she is returning prior to leaving the facility.
 - **Make deliberate efforts to motivate each woman using assessment results** so that they are aware of their needs and the services/supports necessary to decrease future criminal justice involvement and enhance connections and well being
 - **Ensure communication across providers as women move through and transition from the institution.** Information stored in software systems should be updated and reviewed during the team conference to ensure that it is useful, timely, relevant, and accessible to all disciplines
9. **Improve and expand gender responsive work release opportunities for women and other alternatives to incarceration for women to serve their sentences state-wide.**
- **Overhaul existing programs to ensure they are gender responsive** and align with best practices for women.
 - **Expand the number of work release centers dedicated to women state-wide, as well as other innovative alternatives to incarceration** (scattered site work release) to help reduce the women's prison population, as well as keep women closer to home, children, families and services needed to support successful reentry.
 - **Evaluate programs currently serving co-ed populations** for effectiveness and explore potential resource allocation to support expansion of women-centered programs and services.
10. **Increase resources for women.** Collaborate with counties and diverse sectors (social services, behavioral health) to increase resources for women. There are 39 counties in the state; while all need additional resources that address women's specific needs, there are disparities in resources (e.g., smaller counties are resource starved).

11. **Improve collaboration across departments regarding women’s reentry to ensure needs are identified and addressed and that recommendations made throughout incarceration and at discharge are entered into OMNI.** Currently, a number of women and staff reported that women are leaving the facility without access to safe and stable housing; adequate finances to meet survival needs; and the resources to succeed. Cross disciplinary meetings across departments occur for specific cases however, there is a need for more collaboration to ensure that recommendations throughout her incarceration and at discharge are made and entered into OMNI.
12. **To bridge reentry needs, develop a formal and collaborative partnership between DOC staff and programs in the community.** Cross training across facility and community staff will assist in clarifying roles, responsibilities and best practices in working with women.

PROGRESS

Since the GIPA, the department has reported that it has taken the following actions:

- The department has officially rebranded work release as “Reentry Centers.”
- The department has made a commitment to pursue a seamless continuum of care for women by ensuring constant collaboration across divisions. “These divisions are already engaging and excited to work with us to assure they are prepared to support a gender responsive and trauma-informed model for the community.”
- The department has started meetings and conversations across DOC Divisions and other state agencies about seamless transitions for women, including inside out programming and strategies.



DOMAIN 10:

Research-Based Program Areas

Domain 10 examines each of the core programs of the facility along six dimensions: gender responsive intent, evidence-based foundation, availability of manuals and treatment guides, use of clear criteria for program eligibility, efforts to monitor outcomes, and quality assurance.

The program review includes areas relevant to women such as:

- Employment and education;
- Healthy relationships with children, family and partners (including parenting skills and domestic/interpersonal violence);
- Trauma-informed services;
- Substance abuse treatment;
- Emotional expression (managing anger, anxiety, depression, grief and loss);
- Cognitive/problem solving and coping skills; and
- Life needs (e.g., hygiene, nutrition, financial budgeting, exercise, spiritual well-being)

Review of programs in this domain is informed by a large and growing body of research on both evidence-based and gender-informed interventions for women.

FINDINGS

Summary

Historically, WCCW has offered a number of innovative and evidence-based core, educational and vocational programs that are highly valued by incarcerated women, staff and external stakeholders. However, facility leaders reduced a number of the programs pre-COVID (this reportedly began as early as 2009). These reductions

only deepened during the pandemic. Consequently, gender responsive and trauma-informed programming is lacking, and staff lack a complete and accurate list of all programs currently offered.

The Residential Parenting Program and Mental Health Program are among the strongest programs at WCCW, yet the smallest; they should be immediately expanded so that more women can receive these high-quality supports.

While insufficient staffing, resources and programming space were frequently cited as challenges to program implementation and expansion, several barriers have been created by internal policies. For example, policies restrict access to programming based on arbitrary factors, such as length of stay, rather than a woman's actual risks, strengths and needs, preventing the majority of women at WCCW from accessing needed programming and services until they are close to release. Waiting lists are prevalent and a number of culturally specific and responsive programs are no longer being offered at WCCW.

Impacted women carry untapped expertise and knowledge, as has been demonstrated in the past by WCCW programs they established in partnership with volunteers, such as the Women's Village. However, peer led programs continue to be limited for a variety of reasons, including the belief that they are not useful, perceived conflicts with labor agreements and policies that require staff to be present for such programs. Due to WCCW's history with successful peer-led programs, there is an opportunity to not only re-establish them, but create a holistic peer-led programming and service delivery model, and engage resident leaders to support it. Tier Reps, the Women's Village and long-term women can and should be important partners and allies in designing and delivering these programs.

Strengths

WCCW has implemented highly regarded educational, vocational and Correctional Industries (CI) programs. Some of the most highly regarded educational, vocational and CI programs at WCCW include FEPPS, and Braille, Horticulture, TRAC, Screen Printing and Embroidery, Pro-Cad, and the Prison Pet Partnership. Many provide women with practical employable skills, certificates and access to better paying jobs.

The Residential Parenting Program and Mental Health Program are among the strongest programs at WCCW, yet the smallest; they should be immediately expanded so that more women can receive these high-quality supports. For example, the mental health team is highly attuned to the principles of gender responsive and trauma-informed care, delivers a thoughtfully designed, best practice suite of programs to residents, and engages in a high level of quality assurance and teaming. Unfortunately, they only have the capacity to serve approximately 25 women. The Residential Parenting Program offers an impressive combination of supports, including robust, woman and family centered case management, however these supports are only available to parenting women

who are accepted into the program, including many who are from out of state.

WCCW has a track record of leveraging the knowledge and expertise of residents, as well as community volunteers, to deliver needed programs in innovative ways. WCCW's legacy of resident and volunteer supported programs is strong and sets it apart nationally.

Historically, the facility leadership at WCCW has invited community partners to reach into the facility to provide a variety services. A large number of volunteers and external stake holders from the community provided these services. Pre-pandemic, the number of programs and services within the facility were reduced, in part due to issues with space and concerns that the offerings were not well-attended, not effective, or were duplicative in nature.

There are strong educational opportunities for women at WCCW. Tacoma Community College offers a variety of courses to the women at WCCW. Initially the focus was on developing the GED program, but seven years ago they started to bring in credentialed programs with certificates (e.g. AAS Business degree). The following is noteworthy:

- Over the years the education department has been working to identify the need of upcoming industries and provide women with options that will translate to work in their communities. The teachers offer the women reentry and support services such as housing and financial aid. For example, they have assisted a number of students to address issues with student loans.
- The education department has started to work more collaboratively with Correctional Industries (CI) to provide women with certificates that qualify them for work on the inside. For example, the education department has started to offer courses in technical design and women who participate can be offered design work with CI.
- In addition to the services provided by Tacoma Community College, the Women's Village coordinated a group of volunteers from the University of Puget Sound who currently offer a BA program and a Cosmetology Program.
- Despite the challenges of COVID and a drop in GED enrollment (fewer women enter the system without a High School Diploma), the education department believes everyone should have the opportunity to advance their education and develop the technical skills necessary to thrive in the community. Each woman in their program has a laptop to complete aspects of their course work.

“The Residential Parenting Program is extraordinary – we should serve more than 20 women and extend it beyond the fence.”

–WCCW staff member

“Education Staff is excellent”

–WCCW resident

- Education is valued by public stakeholders. For example, legislation was recently passed in Washington State to support more courses and opportunities for direct transfers. This will help to subsidize a variety of different degrees and certificates. Pell grants have also been reinstated. Pell Grants are federal subsidies awarded on the basis of financial need and, unlike student loans, do not have to be repaid except in rare instances.

Correctional Industries (CI) offers a variety of opportunities for women to earn certificates and develop marketable work skills that can be used in the community, including the Braille Transcription program, PRO-CAD Drafter, TRAC and others. One of the most successful vocational programs offered through CI at WCCW is TRAC, a pre-apprenticeship program that orients women to the trades over a four-month period. The primary goal of this program is to give women tools and skills to find work that will earn a living wage. Women learn to prepare for an apprenticeship, how to manage themselves in the work setting, and how to navigate the trades. They also learn life skills such as money management.

- Upon completing TRAC, the women receive a certificate and a work portfolio. Women in TRAC are provided with reentry assistance to ensure that they have access to safe and affordable housing, that they have identification needed to apply for a job and that other barriers that would prohibit them to apply for work are removed. For example, this program has access to grants from the Urban League that provide women the clothing, footwear and equipment that they need on site.
- It is noteworthy that during COVID, this program received a grant to purchase a Smart Board. This has enabled virtual instruction and is also used to provide women with the opportunity to conduct virtual visits of job sites. This practice helps to reduce the anxiety that many women feel about applying for work and entering a job site for the first time.
- There has been no formal evaluation of this program, however there is considerable evidence to suggest that women who complete TRAC do better at finding and maintaining work than individuals in the general population. They also score higher when tested by the unions to enter the trades on the outside. Further, women transferred to work release in Seattle can arrange to start their apprenticeship and begin to earn money.
- The success of this program has led to the development of TRAC II – which focuses on manufacturing jobs. TRAC II is a virtual program offered over 10 weeks where women learn the basics of manufacturing. This program is grant funded working to create employment opportunities for women once they complete this program.
- While participating in TRAC I and II, women complete Making it Work a program designed to help women deal with conflict in the workplace. This is a mandatory class attended by all CI participants.

There are opportunities for substance abuse treatment. The Therapeutic Community Program (TC) is offered to women identified with a serious substance use disorder. Generally, the women come to the program 18 months before release (this can vary). They are in the program until they leave to work release or community supervision. The program has recently been reduced in size and function. This is related to COVID and other issues occurring within the facility, including space limitations for programming (see challenges below).

There is evidence that, historically, valuable programs were offered that addressed important topics for women, including Substance Abuse, Healthy Relationships, Trauma, Emotional Expression and Cognitive Skills, and Living Skills.

- Programs such as AA and NA addressed substance use.
- Evidence-based programs such as Beyond Violence and Moving On addressed family and intimate partner violence.
- Women were provided with skills to tolerate and manage extreme stress and emotions such as anger, depression and anxiety in several of the core programs including: Parenting Inside Out, Beyond Violence, and Moving On. These programs also provided women with the opportunity to enhance executive functioning skills such as problem-solving, decision-making, goal setting, cognitive reappraisal and perspective taking, etc.
- Women in TC, TRAC and some of the education programs receive assistance with finances, budgeting and learn to identify community resources that will assist them to cope with challenges upon reentry.
- There were opportunities for women to participate in spiritual programs.
- Beyond Trauma was offered to women by correctional staff prior to COVID. This program is no longer available and a number of people commented on the loss of this resource.

Challenges

Data reveals that the Mental Health Department lacks the capacity needed to provide needed care to women at WCCW. Specifically, women's treatment needs cannot be addressed within the current staffing and resource framework. For example, as of 10/8/21, 78% of incarcerated women were not engaged in treatment. It was also reported that there are a maximum of 25 slots for the most comprehensive mental health treatment offered by the department. It is noteworthy that while COVID reduced the prison census and decreased caseload, it did not impact treatment need.

There is a significant lack of access to programs. Despite efforts to bring gender and evidence-based programs to WCCW, women who participated in focus groups and responded to the surveys consistently commented on the lack of opportunity to attend. The pandemic created layers of difficulty for women to access services, however, the dramatic cuts in volunteer programs and services that occurred before the pandemic appeared to have a significant and negative impact on available options.

- The core programs offered by Reentry (including Moving On, Beyond Violence, and Parenting Inside-Out) are not easily accessed by women. For example, the core programs offered by Reentry have extensive waiting lists. The pandemic clearly exacerbated this problem but prior to the pandemic there were not enough facilitators to meet the demands.

Protocols prevent women from accessing programs in a timely manner. There were numerous reports made by women and staff regarding the need to provide programming earlier in the carceral process.

There is inadequate and inequitable space for programs. It was reported that program facilitators are often competing for space and that this is one of the greatest reasons that WCCW cannot continue to add more programming. In comparison with the men, women have significantly less space for recreation and physical activity. WCCW has a very small yard that has slowly being taken over by other programs (e.g., kennel, Medical Unit).

Eligibility criteria and work requirements pose a barrier to women’s access to programs. There was considerable concern expressed regarding eligibility criteria for women to enter programs.

- Over the last two years, WCCW has seen a significant reduction in population size. This means that there are fewer women who meet eligibility criteria for programming. It was also reported that programs are constantly fighting for the same client.
- Another challenge related to the reduction in population size is identifying a sufficient number of women to fulfill work force requirements within the facility. Policy currently states that all women must work for 3 months after placement in their housing unit. During this time, they are not eligible for programming. Pre-pandemic, Classification Counsellors, would offer women a list of options and give them the opportunity to choose. Now however, with reductions in numbers, women must fill positions as needed. For women with a short release date, the opportunity to focus on education and reentry is reduced.

“There used to be so many programs...it’s terrible...it makes me sad.”

–WCCW resident

“So many women struggle with intimate partner violence and emotional regulation. The strategies introduced in programs like Moving on and Beyond Violence could help them throughout their stay. They would be particularly helpful in ensuring that women recognize the signs of an unhealthy relationship and learn to build more healthy connections with women and staff while incarcerated.”

–WCCW staff member

Facilitators lack support in managing stress and vicarious trauma related to delivery of programs. According to several of the facilitators, another significant challenge for staff delivering programs (across all curriculum) is secondary trauma. Facilitators report experiencing symptoms that are similar to PTSD (e.g., anxiety, sleep issues).

Historically, WCCW has offered a number of innovative and evidence-based core, educational and vocational programs that are highly valued by incarcerated women, staff and external stakeholders; however, facility leaders reduced a number of the programs pre-pandemic. Reductions reportedly began as early as 2009 for a variety of reasons such as space limitations, a belief that many of the offerings were not well-attended, not effective/evidence-based, or were duplicative.

These reductions only deepened during the pandemic. Consequently, gender responsive and trauma-informed programming is lacking and staff lack a complete and accurate list of all programs currently offered. In fact, informal estimates suggest that an estimated 40% of the program offerings listed on the WA DOC web page are no longer available at WCCW.

While insufficient staffing, resources and programming space were frequently cited as challenges to program implementation and expansion, several barriers have been created by internal policies. For example:

- WCCW staff are prohibited from directly enrolling women into certain programs, including two evidence-based gender responsive programs (i.e., Moving On and Beyond Violence); approvals and waiting lists are managed by a different division (Reentry), which causes confusion, delays and missed opportunities.
- A disjointed system of program management and enrollment barriers make it difficult for staff to identify open slots or enroll residents in programming outside of their departments.
- Policies restrict access to programming based on arbitrary factors, such as length of stay, rather than a woman’s actual risks, strengths and needs, preventing the majority of women at WCCW from accessing needed programming and services until they are close to release.
- Despite high rates of trauma histories and gender-based violence among residents, individual counseling/trauma therapy opportunities are primarily restricted to women in the mental health program, which has extremely high caseloads that make it difficult for those in the general population to access them.

“...if programs were delivered toward the beginning of their sentence, rather than at the end, women would have the opportunity to practice the skills taught while incarcerated. It would also help to ensure that they are not overwhelmed with multiple programs right before they are released from the facility.”

–WCCW staff member

Estimates suggest that an estimated 40% of the program offerings listed on the WA DOC web page are no longer available at WCCW.

- Despite losses suffered during the pandemic and fears about safety among their family and friends, most women reported not being able to access grief and loss groups. Policies restrict residents from gaining access to needed mental health services, including grief and loss support/counseling, if they lack a mental health diagnosis. This prevents residents from building coping skills to address trauma and getting the treatment they need to not only navigate the impacts of being in prison, but to prepare for successful reentry.
- Waiting lists are prevalent (e.g. It was reported that there is a 2-year waiting list for the highly regarded FEPPS program).
- A number of culturally specific and responsive programs are no longer being offered at WCCW (e.g., Native spiritual experiences such as sweat lodges, pipe ceremonies, and talking circles), and with the exception of the Mental Health Program, culturally specific conceptualizations of health and healing are not integrated into programs and services.

Impacted women carry untapped expertise and knowledge, as has been demonstrated in the past by WCCW programs they established in partnership with volunteers, such as the Women’s Village; however, peer led programs continue to be limited for a variety of reasons, including the belief that they are not useful, perceived conflicts with labor agreements and policies that require staff to be present for such programs.

Decisions to cut peer-led programs because they are not evidence-based directly conflict with best practices. Due to WCCW’s history with successful peer-led programs, there is an opportunity to not only re-establish them, but create a holistic peer-led programming and service delivery model, and engage resident leaders to support it. Tier Reps, the Women’s Village and long-term women can and should be important partners and allies in designing and delivering these programs.

The Therapeutic Community Program (TC) has not integrated the latest research on women and trauma. Women reported that the program could be more useful if it was modified to meet the needs of women. Others reported that the program is not run fairly. For example, several residents reported that they have to talk about their lives, including traumatic experiences, in order to “phase up”. They also reported having serious mental health challenges as a result. Others reported that if they refuse to disclose personal information they receive harsh discipline, including major infractions loss of good time. This is counter to the principles of trauma-informed care.

“We just don’t have enough space.”

“At the moment every inch of available space is being used.”

-Statements from WCCW staff members

“In TC they dig up bones from your past and then try to use behavior modification to fix you...they make you dig up your garbage, then don’t provide you with mental health support.”

-TC resident

Opportunities

1. **Review spatial requirements for programs** and create ways to increase needed space (e.g., trailers, renovations to create multi-functional spaces).
2. **Immediately rebuild programming for women at all stages of their incarceration and develop a formal suite of essential gender responsive programs that begins during custody and can be accessed through reentry.** There is an immediate need to rebuild programming (including that which focuses on successful reentry for women).
 - This can be accomplished thoughtfully by conducting a thorough review of program offerings through a gender lens, and engaging residents and staff across departments as well as community stakeholders in an assessment of gaps and opportunities. These programs should support women's transition into custody, personal wellness and growth, true healing and recovery, and educational and vocational interests so that they leave the facility prepared to successfully re-enter their families, communities and the workforce.
 - Appoint a multi-disciplinary team to conduct an audit of all currently available programs at WCCW, and build a regularly updated Menu of Programs and Support Services that is accessible to staff from all departments. Incorporate surveys of residents about their needs and experiences with current programming and services.

Reintroduce volunteer-led programs that were well-received by women and ensure a robust protocol to review programs and services offered by volunteers from the community. WSIPP has a protocol that was used by WA DOC to identify programs as research-based, promising and evidence-based. This is useful for core programs; however, a hybrid of this model could be used to identify innovative and promising services and practices offered by volunteers.

Implement a plan to expand access to peer-led programming that leverages women's expertise and knowledge. Due to WCCW's history with successful peer-led programs (e.g., Women's Village), there is an opportunity to not only re-establish them, but create a holistic peer-led programming and service delivery model, and engage resident leaders to support it.

- Launch a Peer Support Specialist Program for residents with longer sentences. [There is an emerging body of research to support the introduction of Peer Support Specialists. Many agencies have developed protocols to certify women who face life or longer sentences as Peer Support Specialists and there are currently protocols available to identify, train, supervise and support the delivery of a variety of such programs.]
- Work with the union to implement practical solutions to expanding access to programs, including those that can be peer-led such as Moving On.

Invest in virtual programming opportunities such as no cost tablet-based programs and self-directed programs such as interactive journaling that are designed to be completed independently and require minimal guidance from trained staff.

- Tablets which offer computer-based programs have been piloted and used successfully in many facilities. Some of these programs are quite sophisticated and offer hundreds of educational and psycho-educational options.
- There are a number of interactive journals currently available for women to address a range of need areas that are frequently identified for women such as relationships, emotion regulation, and managing stress. The journals are designed to be completed independently and require minimal guidance from trained staff. Women are able to set their own goals, collect certificates, and earn incentives such as music or movies when actions steps have been completed.

Address critical gaps in programming for women. Specifically, staff and residents identified the following as critically important:

- Programs that address the extensive impact of gender-based violence on women.
- Programs that address self-regulation and stress management.
- Programs that provide opportunities to participate in a trauma awareness group upon entry into the facility. Currently, only women with a mental health designation are likely to receive programs and services to address trauma and its impacts. This was a need area identified by women and staff as an essential service for all women.
- Opportunities to address intimate partner violence and prepare to be self-sufficient upon release.
- Introduce Stress management and programs that assist women to manage and regulate emotions. These were raised as critical to “survive” prison, particularly to facilitate adjustment upon entry into prison.
- Opportunities to engage with the community and to participate in social action projects.

3. **Ensure women are connected to programs as early as possible and remove policy and other barriers to program enrollment.** Allow women to engage in programming earlier in their sentence to facilitate growth, healing and skill development.

- Address conflicts between prison jobs and participation in programming. Many women and staff feel that while working in the facility, they are not given the opportunity to attend programs and address identified needs.

- A sufficient number of women to fulfill work force requirements within the facility.
- 4. **Establish cross-disciplinary meetings between WCCW program and services staff and community corrections to identify gaps and bridge reentry needs.** Currently, a number of women and staff reported that women are leaving the facility without access to safe and stable housing, adequate finances to meet survival needs, and the resources needed to succeed.
- 5. **Improve the Therapeutic Community Program (TC) model to ensure alignment with the research on women.** Research suggests that TC models have a different impact with women and must be implemented in a gender responsive and trauma-informed manner.
- 6. **Create a plan to expand programming space options (see Domains 3 and 10).** Some states have installed trailers and other innovative structures to address physical plant limitations.
- 7. **Expand the Residential Parenting Program.** This program should be accessible to a larger number of women.
- 8. **Expand the Mental Health Program.** The Mental Health Department is a powerful resource at WCCW, offering evidence-based and innovative treatments and supports that are anchored in the principles of gender responsive, trauma-informed and culturally responsive care. Expand mental health and programs and services, such as counselling, to all residents, regardless of designation. Currently, only women with a mental health designation receive programs and services to address trauma and its impacts.

THE MENTAL HEALTH DEPARTMENT IS A POWERFUL RESOURCE AT WCCW AND SHOULD BE EXPANDED TO BETTER MEET THE NEEDS OF INCARCERATED WOMEN

The Mental Health Department is a powerful resource at WCCW, offering evidence-based and innovative treatments and supports that are anchored in the principles of gender responsive, trauma-informed care and culturally responsive care. These include, but are not limited to:

- Outpatient mental health services that are provided in primarily group setting, offering a variety of supports and treatments including, but not limited to, DBT skills Healing Trauma, and Restorative Retelling.
- Residential treatment, including an Acute Unit which provides individual diagnosis and assessment, intensive daily and individual complex trauma treatment and daily groups; and a Residential Unit that includes groups such as Emotions, Goals and Processing (EGP) and Dialectical Behavioral Therapy (DBT); and individual case management and trauma-focused therapy.

These programs are facilitated by a team that is deeply committed to the staff and women incarcerated at WCCW, and engage in a variety of activities that are designed to 1) ensure the quality of programs and treatment, and 2) develop staff competencies in meeting the unique needs of women.

Data reveals that the Mental Health Department lacks the capacity needed to provide needed care to women at WCCW. Specifically, women's treatment needs cannot be addressed within the current staffing and resource framework. For example, as of 10/8/21, 78% of incarcerated women were not engaged in treatment. It was also reported that there are a maximum of 25 slots for the most comprehensive mental health treatment offered by the department. It is noteworthy that while COVID reduced the prison census and decreased caseload, it did not impact treatment need.

9. **Ensure transparency regarding eligibility and access to core programs and services.** Ideally the information entered into OMNI would ensure that women are provided with access to programs that address their needs, however, this information does not appear to determine entry into programs and services.
10. **Address program access barriers, including those related to the requirement for women to work in the facility.** Many women and staff feel that while working in the facility, they are not given the opportunity to attend programs and address identified needs.
 - Remove obstacles or barriers to program entry to ensure immediate access to programs. For example, most of the women do not have access to educational transcripts, social security cards and other documentation. This process should be initiated while women are in reception so that they do not prevent or delay their entry into Education and Vocation Programs.
 - Make work detail more meaningful and attractive to women. This can be achieved by giving women the choice to pick a work detail (efforts are currently made to do this but with smaller numbers of women, this is not always possible). Help to make work detail more attractive by using all work experiences as an opportunity to build a work portfolio which can be used on the outside to apply for work and demonstrate skills and competencies to potential employers.

PROGRESS

Since the GIPA, the department has reported that it has taken the following actions:

- ➔ A bill passed in 2021 (House Bill 1044) that addressed restrictions on eligibility to receive post-secondary education opportunities, even for persons sentenced to death. As a result, educational opportunities were greatly expanded across the system, with additional funding and removal of barriers.

DOMAIN 11:

Services

Domain 11 explores six critical service areas with regard to important attributes of gender-informed practice: medical, mental health, transportation, food, legal services, and victim services. **Due to the scope of the WA GIPA, which was designed to emphasize assessment, case planning, operations, programs, culture and discipline, the scope of work regarding this domain was limited to a higher-level review of the availability of gender responsive services.**

It is not uncommon for correctional agencies across the nation to be plagued with challenges related to the provision of medical and mental health care and navigating related lawsuits. As such, it is important to note that the GIPA was not designed to be an audit of any service, a comprehensive assessment of any service, or a form of accreditation. Instead, data collection was designed to identify areas that require additional exploration, specifically as it relates to the alignment of services with gender responsive and trauma-informed principles and practices.

Summary

Overall, there is a need to improve women's access to gender responsive and trauma-informed medical and mental health services. It will also be important to provide custody staff with training on effective responses to women who are managing and/or struggling with mental and/or physical health needs.

“Mental health staff do their best. Medical services are bare minimum. Especially dental and oncology services. We all fear ever having a serious medical issue because we know that very little will be done to help us in time.”

- WCCW resident

Medical

WCCW reportedly provides a range of medical services to women, telehealth has improved access to access to providers, and peer support protocols support visits to women who are isolated due to the nature of their illness.

Reported concerns regarding medical care centered on availability of gender responsive care, women being taken seriously when they report symptoms or a need to be seen by a provider, and being seen in a timely manner.

- The following data is noteworthy:
 - ❑ 49% of residents surveyed reported that the facility has not provided them with support in dealing with their physical health needs; an additional 18% indicated that they neither agreed nor disagreed.
 - ❑ 48% reported that medical services are not available when they need them; an additional 16% indicated that they neither agreed nor disagreed.
- Some women reported delays in care that resulted in worsening of conditions, including cancer.
- Women reported experiencing trauma related to lengthy wait times for medical appointments to address frightening symptoms. This trauma extends to family members who are reportedly unable to reach staff to advocate for their loved ones to be seen by a provider.
- There were numerous reports of cisgender women not having access to needed care (e.g., related to menopause) and transgender residents being denied or delayed access to needed care, including hormone replacement therapy, and being subjected to transphobic treatment by medical providers.
- Significant numbers of women expressed concerns about health/medical care. The GIPA team could not follow up on the validity of all complaints; however, it is clear that there is a strong perception among most of the women with whom assessors spoke that medical and dental care is not being consistently delivered in a timely manner.

Data revealed troubling attitudes about women deserving quality health care. There was a troubling attitude among managers and staff, including those delivering health care, that implied incarcerated women are less deserving of quality health care than those who are not incarcerated, a perception that fails to acknowledge the significant health care disparities that incarcerated women - many of whom are economically and socially marginalized - have experienced in the community. Also, due to the culture of scarcity in the facility, there were numerous reports from cisgender women that transgender residents receive superior health care services.

- “I suffer every day in pain due to neglect on my medical needs.”
 - “I have been prejudiced over and over again and ignored and demeaned.”
 - “I have not had surgeries [that I need] and the specialists on the outside are not happy with this.”
 - “Health care sucks for women overall... we can barely get an allergy pill, ankle brace or proper dental care.”
- Statements from WCCW residents

There is a reported lack of competence among medical providers to provide quality care to women and specific concerns about the delivery of quality care to transgender and gender non-conforming residents.

Staff, residents and stakeholders reported that medical providers need training, coaching and supervision on effective implementation of gender responsive and trauma-informed approaches. Such approaches are an essential aspect of quality health/medical care.

Opportunities

1. **Expand peer support.** Peer support can dramatically enhance how women experience health/medical care and navigate their experiences. It also provides powerful skill building opportunities for those in the helping role.
2. **Expand telehealth opportunities.** Staff, residents and stakeholders reported that telehealth has expanded access to care in important ways. It should be expanded to improve access to care and leveraged to facilitate and support health education and other important aspects of health/medical care.
3. **Ensure that all medical staff receive essential training, coaching and supervision regarding effective work with women and diverse groups of residents, including those who have been historically marginalized.** Ensure that their responsibilities include delivering gender responsive, trauma-informed and culturally responsive care to residents, and that clinical supervision processes are in place to provide them with needed support and accountability to humane and women-centered standards of care.
4. **Implement immediate training and teaming across functions.** Provide custody, case management/program staff and volunteers with immediate training and guidance on how to effectively respond to women who communicate medical concerns. Enhance teaming across roles and functions to ensure consistent quality of care.
5. **Implement proactive and responsive communication protocols regarding medical care.** Communicate with residents about medical needs and the ways in which medical services are being provided and enhanced, and clarify protocols proactively and when feedback from women and staff indicate the need for additional communication and reassurance. Implement protocols to provide women with opportunities to share medical and concerns such as mainlines and open houses; these kinds of processes create additional opportunities to engage in and proactive communication and problem solving.
6. **Ensure medical clinics that address the unique needs of women and diverse groups of residents.** For example, ensure clinics that address relevant medical issues for women, including preventive care, wellness, diabetes, reproductive and prenatal care, menopause and perimenopause, cardiovascular disease, cancers, HIV/AIDS, sexually transmitted diseases, eating disorders, and osteoporosis.

7. **Ensure that medical requests/kites and grievances are tracked to identify and respond to trends.** Explore opportunities to safely share responses and lessons learned with residents (i.e., related to identified trends) so that they know that they are being heard and responded to. Share trends with staff so that they can address concerns proactively and according to established protocols.

Mental Health

The Mental Health department, contains a highly knowledgeable clinical staff and a suite of important mental health service/program offerings. Unfortunately, this program is significantly limited in its capacity. Additionally, staff and women reported concerns about residents accessing humane and dignified emergency mental health services.

Concerns regarding mental health care centered on timely access to mental health support for women who are not enrolled in Mental Health programs/services, crisis response protocols and Close Observation Area practices, and triage practices among direct care staff (e.g., women being taken seriously when they report symptoms and/or a need to be seen by a provider). The following resident survey data is noteworthy:

- 29.5% of women reported that the facility has not provided them with support in dealing with their physical health needs; an additional 16% indicated that they neither agreed nor disagreed.
- 35.4% of women reported that the facility has not provided them with support in dealing with their mental health needs; an additional 30.6% indicated that they neither agreed nor disagreed.
- 42% of residents surveyed reported that mental health services are not available when needed.

Uniform staff lack an understanding of women's wellness and mental health needs and thus either miss or respond ineffectively to women's pre-cursive signs of mental health issues or decompensation. For example, custody staff who work in the Close Observation Area (COA) are not afforded the opportunity to receive specialized training on how to effectively interact with women who are experiencing a mental health crisis, nor are they permitted to participate in multidisciplinary team meetings. Similarly, custody staff in administrative segregation lack the training and supervision needed to effectively interact with residents. There are important opportunities to improve how women in these Restricted Housing areas are treated by all staff, managers including custody staff and administrators, and create seamless and consistent supports to maximize their stabilization, coping and meaningful skill development.

With some exceptions, there is a persistent schism between mental health and custody staff that negatively impacts management and operations, undermines gender responsive and trauma-informed care, and is harmful to residents and staff. Custody staff reported feeling that they are not respected for their security knowledge and expertise; likewise, mental health staff reported that they struggle to ensure residents receive

appropriate care by all staff (e.g., staff support of clinical interventions and treatment protocols). This was particularly notable in restrictive housing areas (COA and administrative segregation). This creates harmful levels of inconsistency and confusion and undermines women’s effective stabilization, intervention and treatment. It will be important for WCCW to enhance mutuality and support between medical, mental health, custody and program/case management staff overall.

“We need another way to get to mental health providers more quickly without having to call a mental health emergency.”

“How quick you are seen [by mental health] depends on who you are.”

- Statemnts from WCCW residents

There were numerous reports that emergency mental health services are inadequate. There were several reports that women who have immediate mental health needs are subjected to protocols they find traumatizing. Data also suggests that women are confused about the various mechanisms (e.g., “13420”, “Bridges”) that are in place that enable to access immediate mental health supports, including in emergency situations. For example, women reported that they can call a mental health emergency (“a 13420”) if they need to see a provider right away; however, calling a mental health emergency reportedly requires that women be placed in a “turtle suit” and given a suicide blanket which “leaves you feeling more violated.”

“Women need more mental health support; it cannot just be for those who have high needs.”

- WCCW staff member

There is a serious lack of capacity regarding the provision of mental health services for women. Data suggests that women with acute mental health issues have access to more comprehensive services than those who are not identified as acute. In the absence of needed capacity, women reported that they are subjected to a “one size fits all” approach.

Opportunities

1. **Ensure that all mental health staff receive essential training, coaching and supervision regarding effective work with women and diverse groups of residents, including those who have been historically marginalized.** Ensure that their responsibilities include delivering gender responsive, trauma-informed and culturally responsive care to residents, and that clinical supervision processes are in place to provide them with needed support and accountability to humane and women-centered standards of care.
2. **Implement immediate training and teaming across functions.** Provide custody, case management/program staff and volunteers with immediate training and guidance on how to effectively respond to women who communicate mental health concerns. Enhance the teaming across roles and functions to ensure consistent quality of care.

3. **Implement proactive and responsive communication protocols regarding mental health care.** Communicate with the women about mental health needs and the ways in which mental health services are being provided, enhanced, etc. Implement protocols to provide women with opportunities to share mental health interests, needs and concerns such as mainlines and open houses. These kinds of processes create additional opportunities to engage in and proactive communication and problem solving.
4. **Provide women with information on mental health support protocols.** Specify protocols for residents who have various levels of need, including those that are urgent and who are experiencing a mental health emergency.
5. **Implement mental health clinics that address the unique needs of women and diverse groups of residents.** Ensure clinics that address relevant mental health issues of mental health topics for women, including topics such as wellness and self-care, managing difficult symptoms, aging, eating disorders, trauma and resilience, understanding and managing post-traumatic stress, coping with and learning from depression and anxiety, and health technology for women.
6. **Create a routine process for the tracking of trends in mental requests/kites and grievances.** Explore opportunities to safely share responses and lessons learned with residents (i.e., related to identified trends) so that they know that they are being heard and responded to. Share trends with staff so that they can address concerns proactively and according to established protocols.
7. **Expand peer support.** Peer support can dramatically enhance how women experience mental health care and navigate their experiences. It also provides powerful skill building opportunities for those in the helping role.
8. **Explore opportunities to improve emergency protocols, including revisiting criteria for placement in a “turtle suit.”** It will be important to explore alternatives to the use of a “turtle suit”, including those that have been successfully used in non-corrections settings (e.g., accredited psychiatric facilities).
9. **Implement mechanisms to provide ongoing mental health support to women, including those who do not qualify for intensive mental health interventions but are struggling.** Consider creating a “Care Level System” (linked to unit management processes and supported by peer-led programs) that ensures women have timely access to mental health supports by offering guidelines for regular contact and graduated care that corresponds to the research on women.
10. **Improve Close Observation Area (COA) protocols to be gender responsive or trauma-informed.** Such protocols should engage custody and clinical staff, reflect the teaming and coordinated care that is essential for effective immediate and long-term outcomes, and incorporate gender responsive, clinically appropriate incentives and motivators.

Other Services

Food Services

Improve food services to better meet the unique needs of women (e.g., daily access to fresh fruit and vegetables, access to food lower in fat and calories, sodium, and sugar; avoidance of pre-packaged foods as part of daily meal offerings (e.g., packaged muffins, cookies) and offer clinics on healthy eating and food preparation.

Women reported a lack of nutritious foods, including lack of vegetables and healthy options like salad, rice and beans (salad bar, rice and beans, tons of veggies). Staff and women reported that women's unique dietary and nutritional needs are not sufficiently assessed and accommodated. It was also reported that food options do not address women's unique dietary needs throughout the lifespan.

Legal Services

Improve women's access to legal services, including those that address the unique needs of women, by advertising and offering regularly scheduled legal clinics. Ensure clinics cover issues of particular importance for women, such as child custody and access, parental rights and restraining orders, equal protection, access to programs and services, staff misconduct and other PREA related issues, and due process rights.

- Ensure legal materials are available to the women and easily accessible, and ensure that women are clear on their legal rights regarding access to children and visitation.
- Ensure services that provide ongoing support for issues related to personal abuse, as well as programs for women as perpetrators of crime. Programs should be gender-informed, and use evidence-based and gender responsive research and knowledge as a foundation.

Note: Women have more child custody cases in the two prisons that than men have in the whole system. WCCW has implemented important processes to support legal services, including virtual and telephone hearings and meetings. WCCW also has a committee that includes external stakeholders such as DCYF to address and better support family connections.

Victim/Survivor Services

Overall, there is a need to improve women's access to victim/survivor services and supports. Ensure that information is available regarding community resources, that information about victim assistance is posted throughout the facility, and that materials regarding victim assistance are made available as part of the orientation process.

DOMAIN 12:

Quality Assurance

Domain 12 examines the extent to which the department and facility use quality assurance methods to review and improve all functional units. Considerations include:

- Audits and process evaluations are conducted in each functional area to measure adherence to correctional standards and the fidelity of treatment programs.
- Outcomes are examined to assure that the facility and its programs are having a favorable impact on the lives of women.
- The facility makes use of process and outcome evaluation findings to guide decision-making and improve programs, operations, and services rather than making decisions on hunches or preferences and without good information and analysis.

Summary

Audits and process evaluations provide the opportunity for a prison to ensure that operations are efficient, standards are being met, and goals are being achieved. A process of auditing and evaluation of operations and programs also helps ensure consistency in an environment that may experience changing management or philosophies. While WA DOC has a number of clear quality assurance procedures that have been established, they are not sufficiently gender responsive or trauma-informed.

Despite consistent feedback from residents, staff and external stakeholders on facility operations and services, no comprehensive action plans for improvement were developed or implemented. This likely has been impacted by the frequent changes in leadership and inconsistent commitment and attention to implementation of gender responsive and trauma-informed policies, practices and programs.

WCCW is encouraged to establish an ongoing quality assurance effort. This effort should be closely linked to a Gender Responsive Strategic Plan (see Domain 1), and provide continual feedback to the designated planning team about progress toward stated goals and areas in need of improvement. The quality assurance plan should be carried out objectively and routinely by a designated person or team that has skills in this area and focuses on those activities and services that are central to improved outcomes among women.

Strengths & Challenges

The department has accessed outside assistance to improve targeted programs and operations. This includes its work with the Washington State Institute for Public Policy (WSIPP), the National Institute of Corrections (NIC), the Vera Institute, CORE Associates and Amend. The department's engagement with CORE Associates to conduct the GIPA represents a commitment to improving the quality of programs, services and operations for women throughout the department.

WA DOC has a history of conducting evaluations of programs to ensure quality and alignment with evidence-based practices. WA DOC has engaged in substantive evaluation projects designed to evaluate the effectiveness of programs. For example, in 2015, WA DOC started a system wide review of programs across facilities. Specifically:

- The programs were ranked according to criteria developed by WSIPP and rated as research-based, promising, and evidence-based. Several gender responsive programs met the criteria specified by WSIPP and were retained under Reentry Programs. These included Moving On, Beyond Violence and Parenting Inside-Out (the most recent program available at WCCW).

WA DOC has a history of conducting evaluations of programs to ensure quality and alignment with evidence-based practices, however gender responsive metrics that align with the research on women are absent. Additionally, evaluations of programs have been limited to those identified as "core programs." The lack of program evaluation means that the facility is not making concrete improvements to programs and services based on evaluation results.

WA DOC recognizes the importance of maintaining program fidelity and has implemented substantive quality assurance processes designed to support and improve effective delivery of programs. For example, the Reentry Division has a protocol for implementing and monitoring the delivery of core programs (which are delivered by facilitators from the Reentry Division). Specifically:

- A quality assurance specialist observes one class every month and fills out a quality assurance form with a Likert rating of 1-4 (with high scores indicating effective facilitation). The QA specialist provides feedback to the facilitator and provides coaching if the facilitator requires additional support or the ratings indicate difficulties with program delivery and content.
- The Reentry Division recognizes that the approach used by facilitators is essential to the success of programs offered to the women. A trauma-informed, relational and strength-based facilitation style is encouraged. According to the Reentry staff, there is a need for facilitators to develop a relationship with the women and ensure they have opportunities to talk and share.

The Mental Health department engages in substantive data collection and quality assurance activities. These activities ensure that women are receiving high quality, evidence-based care that aligns with the gender responsive and trauma-informed principles.

WCCW does not utilize quality assurance methods to audit and improve other functional units/departments and there is a particular lack of quality assurance regarding assessment and case management processes. For example, metrics that are used to determine the quality of prison operations are not gender responsive. Therefore, the facility cannot make concrete improvements to operations, programs and services based on evaluation results.

While WA DOC collects a wide range of data on individuals in its custody and care, there is a lack of accessible data on women that is specific to their pathways before, during and after their incarceration.

Opportunities

11. Utilize quality assurance methods that attend to gender responsive measures to audit and improve all functional units/departments.
12. Utilize empirical methods to evaluate and improve programs and services that include gender responsive metrics.
13. Implement formal, regular qualitative data collection, including feedback loops that provide information on the quality and outcomes of programs, services and operations.
14. Ensure comprehensive and accessible department and facility level data collection on women's pathways, risks, strengths, needs and outcomes to guide the design and delivery of programs, services and interventions.
15. Utilize surveys, focus groups, listening sessions and other processes that provide opportunities for staff, residents and stakeholders to provide ongoing feedback to WCCW on programs, operations and outcomes, and facilitate data-driven decision making.



APPENDICES

APPENDIX A:

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APPENDIX B: Survey Data

Table 1. Staff Survey Data

Question Number	Question	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	TOTAL Disagree	TOTAL Agree
1	Women's pathways into the criminal justice system are different than men's.	1.9%	9.4%	20.8%	34.0%	34.0%	11.3%	67.9%
2	Justice-involved women pose a higher public safety risk than justice-involved men.	8.6%	24.8%	60.0%	3.8%	2.9%	33.3%	6.7%
3	Justice-involved women present different risk and need factors compared to justice-involved men.	2.9%	6.7%	7.7%	49.0%	33.7%	9.6%	82.7%
4	Men and women tend to respond to trauma in similar ways.	32.1%	50.0%	5.7%	10.4%	1.9%	82.1%	12.3%
5	Justice-involved women have unique challenges associated with securing a job compared to justice-involved men.	2.9%	11.5%	34.6%	33.7%	17.3%	14.4%	51.0%
6	Justice involved women have unique challenges securing safe and affordable housing compared to justice-involved men.	5.7%	17.1%	27.6%	32.4%	17.1%	22.9%	49.5%
7	Justice-involved women are equally as likely to be the primary caretakers of dependent children as justice-involved men.	20.8%	23.6%	17.9%	25.5%	12.3%	44.3%	37.7%
8	Overall I feel physically safe at my job (protected from physical harm).	6.8%	10.7%	19.4%	46.6%	16.5%	17.5%	63.1%
9	Overall I feel psychologically safe at my job (I feel like I can speak openly about my thoughts and Ideas).	27.6%	27.6%	17.1%	23.8%	3.8%	55.2%	27.6%
10	Staff treat incarcerated women with respect.	0.9%	15.1%	25.5%	48.1%	10.4%	16.0%	58.5%
11	Incarcerated women treat staff with respect.	11.3%	25.5%	38.7%	22.6%	1.9%	36.8%	24.5%
12	Incarcerated women treat other incarcerated women with respect.	6.7%	26.7%	44.8%	21.9%	0.0%	33.3%	21.9%
13	I have been given the skills I need to work effectively with incarcerated women.	3.8%	10.4%	17.0%	54.7%	14.2%	14.2%	68.9%
14	In this facility, staff are free from harassment and discrimination based on their race/ethnicity.	16.0%	23.6%	22.6%	25.5%	12.3%	39.6%	37.7%
15	In this facility, staff are free from harassment and discrimination based on their gender and sexuality.	17.1%	24.8%	17.1%	32.4%	8.6%	41.9%	41.0%
16	I can share my thoughts and ideas openly with the management at this facility.	27.4%	34.9%	14.2%	19.8%	3.8%	62.3%	23.6%
17	Overall, I have good relationships with the staff at this facility.	0.0%	8.5%	19.8%	60.4%	11.3%	8.5%	71.7%
18	The management of this facility seeks my input about the strengths and challenges of this facility and opportunities to improve it.	33.3%	38.1%	15.2%	11.4%	1.9%	71.4%	13.3%
19	I feel like the communication between Headquarters (the agency's leadership) and the staff at this facility is sufficient.	50.5%	29.5%	17.1%	2.9%	0.0%	80.0%	2.9%
20	I feel valued and respected by Headquarters (the agency's leadership).	51.6%	24.7%	18.3%	5.4%	0.0%	76.3%	5.4%
21	Staff teach incarcerated women useful ways to handle conflict (e.g., with other women, with staff).	1.9%	17.9%	40.6%	37.7%	1.9%	19.8%	39.6%
22	Incarcerated women know what to do if they don't feel safe.	0.0%	7.5%	30.2%	57.5%	4.7%	7.5%	62.3%
23	Overall, I think this is a physically safe facility for incarcerated women (they are protected from physical harm).	3.8%	11.4%	17.1%	55.2%	12.4%	15.2%	67.6%
24	Overall, I think this is an emotionally safe facility for incarcerated women (their feelings are respected and understood).	6.5%	20.4%	26.9%	39.8%	6.5%	26.9%	46.2%
25	Incarcerated women can disagree with staff without being punished.	2.8%	12.1%	33.6%	39.3%	12.1%	15.0%	51.4%
26	Incarcerated women like the groups/programs provided at this facility.	0.9%	6.6%	33.0%	52.8%	6.6%	7.5%	59.4%
27	Incarcerated women know what the schedule is every day.	1.9%	6.5%	20.6%	60.7%	10.3%	8.4%	71.0%
28	This facility builds useful skills among the incarcerated women while they are here, regardless of their length of stay.	11.3%	18.9%	23.6%	43.4%	2.8%	30.2%	46.2%
29	This facility is preparing incarcerated women for success when they are released.	11.2%	16.8%	36.4%	30.8%	4.7%	28.0%	35.5%
30	This facility provides support to women who are dealing with substance use issues.	6.7%	12.4%	27.6%	47.6%	5.7%	19.0%	53.3%
31	This facility provides support to women who have mental health needs.	4.7%	8.4%	17.8%	54.2%	15.0%	13.1%	69.2%
32	This facility provides support to women who are dealing with physical health issues.	2.2%	17.6%	19.8%	53.8%	6.6%	19.8%	60.4%
33	This facility has clear protocols to support women's access to their children and other key supports.	2.8%	11.3%	34.9%	47.2%	3.8%	14.2%	50.9%
34	The rules/expectations for incarcerated women are the same with each shift.	20.0%	36.2%	27.6%	16.2%	0.0%	56.2%	16.2%
35	There is consistency across staff here in how they interact with incarcerated women.	27.6%	34.3%	28.6%	9.5%	0.0%	61.9%	9.5%
36	Incarcerated women preparing to transition to the community are provided with resources and information on services available.	4.8%	11.5%	35.6%	39.4%	8.7%	16.3%	48.1%
37	The women incarcerated at this facility are provided with information regarding their right to be protected from physical, psychological and sexual abuse.	0.0%	0.0%	13.5%	54.8%	31.7%	0.0%	86.5%
38	Incarcerated women are willing to report an incident of physical, psychological or sexual abuse if/when it happens.	1.0%	11.5%	24.0%	46.2%	17.3%	12.5%	63.5%
39	I know how to respond to incidents and allegations of physical, psychological or sexual abuse.	0.0%	0.9%	4.7%	44.3%	50.0%	0.9%	94.3%
40	In response to physical, psychological or sexual abuse incidents and allegations, investigators conduct thorough and fair investigations.	1.0%	9.5%	40.0%	36.2%	13.3%	10.5%	49.5%
41	Management actions following an investigation are fair and consistent.	13.2%	21.7%	43.4%	19.8%	1.9%	34.9%	21.7%
42	Incarcerated women are free from harassment and discrimination based on their race/ethnicity.	8.5%	17.0%	28.3%	39.6%	6.6%	25.5%	46.2%
43	Incarcerated women are free from harassment and discrimination based on their gender and sexuality.	9.4%	17.9%	31.1%	36.8%	4.7%	27.4%	41.5%
44	The different departments at this facility (e.g., medical, mental health, custody) work together effectively.	17.2%	37.6%	23.7%	21.5%	0.0%	54.8%	21.5%
45	The staff here are encouraged to practice self-care (e.g., engage in activities that help them to manage the stress of the job).	28.0%	21.5%	23.7%	26.9%	0.0%	49.5%	26.9%

Table 2. Resident Survey Data

Question Number	Question	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	TOTAL Disagree	TOTAL Agree
1	Overall, I feel safe here physically (I feel protected from physical harm).	10.7%	12.1%	23.3%	38.1%	15.8%	22.8%	54.0%
2	Overall, I feel safe here emotionally (I feel like my feelings are respected and understood).	27.4%	25.1%	18.6%	24.7%	4.2%	52.6%	28.8%
3	I felt safe and respected during the intake process when I first arrived here.	17.4%	17.4%	22.5%	33.3%	9.4%	34.7%	42.7%
4	Staff treat incarcerated women with respect.	30.4%	25.2%	24.3%	17.8%	2.3%	55.6%	20.1%
5	Incarcerated women treat each other with respect.	19.5%	30.2%	36.3%	10.7%	3.3%	49.8%	14.0%
6	The staff members here seem to understand my unique needs as an incarcerated woman.	33.5%	29.3%	22.3%	13.0%	1.9%	62.8%	14.9%
7	I have learned useful skills here.	12.2%	11.7%	22.5%	42.3%	11.3%	23.9%	53.5%
8	Staff ask me my opinion about this facility.	46.0%	31.2%	13.0%	8.8%	0.9%	77.2%	9.8%
9	I get along with the other women incarcerated in this facility.	1.4%	2.8%	29.8%	50.2%	15.8%	4.2%	66.0%
10	I have been taught useful ways to handle conflict (e.g., with other incarcerated women, with staff).	24.7%	21.4%	27.4%	20.0%	6.5%	46.0%	26.5%
11	I have regular opportunities to connect with the other women here.	7.4%	19.1%	23.3%	42.8%	7.4%	26.5%	50.2%
12	I know how to get support from staff if I don't feel safe.	16.7%	15.8%	17.2%	44.7%	5.6%	32.6%	50.2%
13	Staff see my strengths and help me to develop them.	29.4%	27.1%	28.5%	13.6%	1.4%	56.5%	15.0%
14	I can disagree with (have a different opinion than) the staff here without being punished.	32.1%	27.9%	22.8%	15.3%	1.9%	60.0%	17.2%
15	I like the groups/programs that are offered here.	12.2%	15.5%	25.4%	34.3%	12.7%	27.7%	46.9%
16	I know what the schedule is every day and what is expected of me.	5.6%	11.6%	14.8%	53.2%	14.8%	17.1%	68.1%
17	This facility has provided me with support in dealing with my substance use issues.	16.7%	18.8%	30.6%	26.4%	7.6%	35.4%	34.0%
18	This facility has provided me with support in dealing with my mental health needs.	13.5%	16.0%	16.0%	39.5%	15.0%	29.5%	54.5%
19	This facility has provided me with support in dealing with my physical health needs.	28.3%	20.2%	17.7%	26.8%	7.1%	48.5%	33.8%
20	I can connect with my children and/or other important people in my life while I am here.	10.3%	16.0%	20.7%	39.0%	14.1%	26.3%	53.1%
21	This facility is preparing me for success.	32.7%	21.5%	23.8%	18.2%	3.7%	54.2%	22.0%
22	I work together with staff to identify my personal strengths and needs.	30.8%	24.2%	28.0%	15.2%	1.9%	55.0%	17.1%
23	The rules/expectations are the same with each shift.	55.6%	22.4%	7.5%	13.1%	1.4%	78.0%	14.5%
24	Staff members interact with all of the women incarcerated in this facility in the same way.	61.4%	20.5%	10.7%	6.5%	0.9%	81.9%	7.4%
25	The staff provides me with resources and information on services in the community.	31.3%	29.9%	22.9%	12.6%	3.3%	61.2%	15.9%
26	I have been provided with information on my right to be protected from physical, emotional, and sexual abuse.	12.3%	9.5%	20.9%	40.3%	17.1%	21.8%	57.3%
27	I know how to report an incident of physical, emotional, or sexual abuse.	2.3%	4.7%	10.8%	59.6%	22.5%	7.0%	82.2%
28	Medical services are available when needed.	24.3%	23.8%	15.9%	28.5%	7.5%	48.1%	36.0%
29	Mental health services are available when needed.	19.2%	22.4%	15.0%	33.6%	9.8%	41.6%	43.5%
30	Management actions following an investigation are fair and consistent.	38.7%	23.6%	23.6%	10.4%	3.8%	62.3%	14.2%
31	Residents are free from harassment and discrimination based on their race/ethnicity.	34.7%	23.5%	19.7%	16.9%	5.2%	58.2%	22.1%
32	Residents are free from harassment and discrimination based on their gender and sexuality.	34.9%	20.1%	23.9%	14.4%	6.7%	55.0%	21.5%

