



Gender-Responsive Programming in Women's Prisons

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Women represent one of the fastest-growing groups among incarcerated people in the United States. Although prison populations have decreased since 2011 as local jurisdictions and state departments of corrections have implemented legislation and other strategies (Carson 2022), these decreases have been less notable for women. Research has shown that there are gendered pathways to criminal legal system involvement and that women are more likely than men to commit crimes in response to trauma and victimization (Bloom, Owen, and Covington 2003; Swavola, Riley, and Subramanian 2016). Researchers and practitioners have developed gender-responsive prison programming to address incarcerated women's unique experiences,* including co-occurring substance use and mental health disorders (which they are more likely than men to have) (Fedock and Covington 2017), the challenges of parenting minor children while incarcerated, and post-traumatic stress disorder (PTSD) and other trauma. In this brief, we provide an overview of gender-responsive programming, share

* In this brief, we often use the phrase "people incarcerated in women's prisons" to acknowledge the experiences of people of all gender identities who may be incarcerated in designated women's prisons. To accurately reflect the research we are citing, however, we sometimes use "incarcerated women." We recognize that the research on gender-nonconforming people in prisons is limited.

program examples and evidence-based outcomes, and suggest considerations for effectively implementing this type of programming.

Introduction

By year-end 2021, more than 83,000 women were being held under the jurisdiction of state or federal corrections departments in the United States and women represented a rapidly growing group in the prison population (Carson 2022).[†] Fewer than half of incarcerated women are sentenced for violent offenses; they are more than twice as likely as men to be sentenced on drug offenses and slightly more likely to be sentenced on property offenses (Carson 2022). These crimes are often committed in response to needs driven by substance abuse or poverty (Bloom, Owen, and Covington 2003; Carson 2022), indicating a need for programs that are responsive to the socioeconomic and psychological factors that drive crime among this population.

Such programs have been implemented in carceral facilities across the country. They have been designed to provide interventions that address issues at the intersection of trauma and mental health disorders, substance abuse, and socioeconomic inequity for people incarcerated in women’s prisons (Bloom, Owen, and Covington 2003). These programs are effective for targeting co-occurring substance use disorders and mental health disorders (Saxena, Messina, and Grella 2014), improving emotional resilience (Petrillo, Thomas, and Hanspal 2019),¹ and lowering rates of recidivism among participants (Gobeil, Blanchette, and Stewart 2016). In the rest of this brief, we dive in to the types of programs available, the evidence supporting their effectiveness, and some areas practitioners and policymakers should consider when implementing gender-responsive programming (e.g., the prison environment as a source of trauma, the lack of resources at many prison facilities, and the limited research available on LGBTQ+ women in prison).

Profile of People Incarcerated in Women’s Prisons

As the number of people incarcerated in the United States has grown dramatically over the past five decades, women have been one of the fastest-growing incarcerated groups. Between 1980 and 2020, the number of incarcerated women increased by more than 475 percent, twice the rate of growth for men (Sentencing Project 2022). Furthermore, significant decreases in prison populations between 2011 and 2021 (Carson 2022), which owed largely to the significant decreases during the COVID-19 pandemic, were more notable for men (a decrease of 31 percent) than women (a decrease of roughly 29 percent). Whereas the number of men sentenced to state and federal prisons decreased in 37 states from 2020 to 2021, the number of women sentenced to those facilities decreased in only 30 states, and whereas 13 states incarcerated men at higher rates than the average national incarceration rate among

[†] Some of the underlying data in the studies we cite use categories of sex. In discussing the incarceration of women and programming for people in women’s prisons, we use categories of gender identity, but we acknowledge the distinctions between sex and gender and the identities they comprise.

men, 23 states incarcerated women at higher rates than the average national incarceration rate among women (Carson 2022).

Women who are incarcerated are likely to be young, be nonwhite, have children, and have low levels of educational and economic attainment (Haywood et al. 2000). The incarceration rates among Black women (62 per 100,000 in 2021) and Hispanic women (49 per 100,000) are significantly higher than those among white women (38 per 100,000) (Carson 2022). Notably, Carson (2022) found that racial disparities increased when analyzed by age group; for instance, American Indian or Alaska Native women and Black women between the ages of 18 and 19 were incarcerated at more than six times the rate of white women in that age group.

Seventy-two percent of women in state or federal correctional facilities are between the ages of 18 and 44 (Carson 2022). This is important because these tend to be the years in which people who menstruate or can become pregnant may need access to important obstetric and gynecological resources (i.e., regular access to menstrual products, reproductive health care services, or family planning). Research on reproductive health care in prisons is limited; however, what is known is that access to resources is limited and that those that are available are often inadequate (Gulaid and McCoy 2022). Research indicates that incarcerated people often do not get access to routine reproductive health care such as checkups, pelvic exams, pap tests, and mammograms, and acquiring basic menstrual products can be expensive. People who are pregnant in prison also experience significant challenges in accessing basic prenatal, delivery, and postpartum care (Gulaid and McCoy 2022).

More than half the women in state and federal prisons have children younger than 18 (Maruschak and Bronson 2021). In fact, since 1980 the number of children with incarcerated mothers has increased 100 percent, while the number of children with incarcerated fathers has increased 75 percent (Martin 2017). Mothers in prison are most often their children's primary caregivers, and being in prison drastically disrupts the parent-child relationship (Glaze and Maruschak 2008; Martin 2017). It can be challenging for parents to maintain relationships with their children while incarcerated because children's contact with incarcerated parents is limited, and prison environments are not conducive to family visits (Cramer et al. 2017). Children of incarcerated parents may need to abruptly move to the home of another family member or, if no kinship care alternative is possible, may be placed in foster care (Glaze and Maruschak 2008). Having a parent who is incarcerated during childhood is considered an adverse childhood experience; the presence of four or more of such experiences has been shown to be correlated with challenges in physical and mental health later in life (CDC 2019). Parental incarceration is associated with increased prevalence of other major traumatic life events, more emotional difficulties and low school engagement for children between the ages of 6 and 11, and a greater likelihood of problems in school for those between the ages of 12 and 17 (Murphey and Cooper 2015).

Incarceration has devastating effects on women's ability to earn income after release, and these effects are worse for women of color. Women's chances of receiving responses to their résumés from employers have been shown to be negatively correlated with race and prison record; Black women who have been incarcerated are less likely to be considered "employable" and receive fewer interview requests than their white counterparts (Decker et al. 2014). Further, having a criminal record can make

many women ineligible for welfare programs in most states, including Temporary Assistance for Needy Families and the Supplemental Nutrition Assistance Program (OCRE 2020).² This disproportionately impacts women of color, who represent the majority of program participants (OCRE 2020). All of this makes reentering the community more challenging and recidivism more likely for women of color (Hartney and Vuong 2009).

Gendered Pathways to Incarceration

The paths to criminal legal system involvement are markedly different for men and women, as incarcerated women have experienced preincarceration abuse and victimization at higher rates than men (Swavola, Riley, and Subramanian 2016).³ Lynch and coauthors (2014) found that 53 percent of incarcerated women from their sample had a lifetime prevalence of PTSD, compared with 10 percent of the general population. People incarcerated in women's prisons are more likely than men to have been convicted of nonviolent offenses involving drugs or property crimes, which are often committed in response to needs driven by substance abuse or poverty (Bloom, Owen, and Covington 2003; Carson 2022). Conversely, men are nearly 10 times more likely than women to be convicted of violent offenses, and of the women convicted of violent offenses, more than half had relationships with the victims as relatives or intimate partners (Bloom, Owen, and Covington 2003; Motivans 2022). Experiences of childhood trauma (such as sexual abuse, physical abuse, and neglect) are often predictors of criminal legal system involvement and recidivism in both men and women (Dalsklev et al. 2021). Lastly, Beck, Rantala, and Rexroat (2014) found that women were more likely to experience victimization while incarcerated.

Risk Assessment for People in Women's Prisons

It has been argued that using gender-neutral risk assessment tools (which are administered to people when they come under correctional control and are intended to measure a person's level of risk for recidivism and criminogenic behavior) that have not been tested or designed for women leads to women being put in more restricted custody levels despite their engaging in fewer acts of misconduct than men (Fedock and Covington 2017). If these tools are not trauma-informed and gender-responsive, they may lead to administrative officials missing critical areas of need that can be targeted through prison programming. Some validated criminogenic assessments that identify the risks and needs of women include Northpointe's Correctional Offender Management Profiling for Alternative Sanctions for Women, the Service Planning Instrument for Women,^a and the Women's Risk and Needs Assessment (Fleming et al. 2021).

Note:

^a The Bureau of Justice Assistance's Public Safety Risk Assessment Clearinghouse notes that the Correctional Offender Management Profiling for Alternative Sanctions and the Service Planning Instrument for Women are both proprietary risk assessment tools. For more information on these and other risk assessment tools, see "Public Safety Risk Assessment Clearinghouse," Bureau of Justice Assistance, accessed April 10, 2023, <https://www.bja.ojp.gov/program/psrac>.

Incarcerated women have higher rates of mental health disorders than nonincarcerated women (Zlotnick et al. 2008), the most common of which include substance use disorders, depression, and PTSD (Bloom, Owen, and Covington 2003). Further, women who are incarcerated are more likely to have co-occurring substance use and mental health disorders that require more complex treatment needs than incarcerated men (Fedock and Covington 2017; Zlotnick et al. 2008). Substance abuse among people in women's prisons is particularly high; Maruschak, Bronson, and Alper (2021) found that women incarcerated in state and federal prisons are more likely to meet the DSM-IV criteria for substance use disorders in the 12 months prior to admission to prison than men. One reason for this may be that people often use substances to cope with past traumas (Sonne et al. 2003).

Gender-Responsive Programming

Because the pathways to criminal legal involvement differ by gender, scholars have argued that prison programming must be gender-responsive and reflect the complex and unique needs of people in women's prisons. Gender-responsive programming is designed to provide interventions that address issues at the intersection of trauma and mental health disorders, substance abuse, and socioeconomic inequity (Bloom, Owen, and Covington 2003). This programming incorporates elements of gender-neutral programming, such as cognitive behavioral and skills-based methods, but is trauma-specific and considerate of the gendered pathways to criminal behavior (Gobeil, Blanchette, and Stewart 2016).

Characteristics of Gender-Responsive Programming

Gender-responsive programming is underpinned by four theoretical perspectives: pathways theory, relational theory, trauma theory, and addiction theory (Petrillo, Thomas, and Hanspal 2019).

Pathways theory suggests that women's paths to incarceration are often triggered by gendered experiences of abuse and socioeconomic disadvantage rather than criminogenic behavior (Brennan et al. 2012).

Relational theory posits that women's experiences in the criminal legal system are more likely than men's to be based on violence and exploitation, and that gender-responsive practice should therefore work to build a sense of connection with others (Covington 2007).

Trauma theory argues that because incarcerated women are more likely than incarcerated men to have experienced physical and sexual trauma in adolescence and adulthood, programs must take that trauma into account and understand the impact of trauma on people's thoughts, feelings, and behaviors (Bloom and Covington 2008). Programs should therefore strive to be trauma-informed, trauma-responsive, and trauma-specific (Covington and Bloom 2018).

Addiction theory understands that addictions are not inherently criminal behaviors, but rather diseases that reflect complex emotional, psychological, and sociocultural problems, and that gender-responsive programming must target the person holistically to eliminate the substance abuse behavior (Bloom and Covington 2008).

Validated Programs

Dozens of evidence-based, gender-responsive programs have been developed for or adapted to serve people in correctional settings, focusing on a variety of needs. These programs have been validated through research evaluations in carceral facilities across the country. A few are described in table 1; this list is not comprehensive of all gender-responsive programs in correctional settings.⁴

TABLE 1

A Selection of Programs That Use Gender-Responsive Mechanisms to Address Trauma in Women’s Prisons

Program	Description	Intervention
Beyond Violence: A Prevention Program for Criminal Justice–Involved Women	A model designed for women with histories of violence (as survivors or perpetrators) to understand how violence plays out in their lives and how to make changes to prevent or respond to violence in the future (Covington 2013).	Twenty group sessions divided into four parts: the self, relationships, community, and society.
Healing Trauma: A Brief Intervention for Women	A brief, trauma-informed intervention for incarcerated women that adopts a strengths-based, empowerment approach to help women understand the abuse they have experienced and how it has affected them (Petrillo, Thomas, and Hanspal 2019).	The program uses a psychoeducational, cognitive behavioral approach over six peer-facilitated sessions.
Helping Women Recover: A Program for Treating Addiction	A comprehensive, integrated approach that considers addiction one part of a holistic health plan rooted in theories of trauma and psychological development (Covington 2000).	Seventeen sessions covering four modules, including the self, relationships, sexuality, and spirituality (Covington 2008).
Moving On: A Program for At-Risk Women	A strengths-based intervention designed to help participants understand how to improve communication skills and emotion regulation using resources in their communities. The program is targeted toward women who have identified having unhealthy interpersonal relationships and difficulty expressing emotions appropriately. ^a	The program is based on cognitive behavioral theory, relational theory, and motivational interviewing. It is delivered in a group format for 26 sessions over 12 weeks and uses writing exercises and role-playing as well as a rewards/punishment system to reinforce progress and diminish disruptive behavior.
Seeking Safety	A highly flexible model designed to help people seek safety from trauma and/or substance abuse and develop coping skills. The goal of the program is to help clients attain safety in their relationships through integrated substance abuse and trauma treatment (Najavits 2009).	The program uses a cognitive behavioral approach and can be conducted in multiple formats (individual or group), for varying amounts of time depending on need, and across 25 topics (e.g., interpersonal, cognitive, and behavioral).

Note: ^a Grant Duwe, “Program Profile: Moving On,” Crime Solutions, National Institute of Justice, June 27, 2016, <https://crimesolutions.ojp.gov/ratedprograms/476#relatedpractices>.

PROGRAM EXAMPLE: HEALING TRAUMA

Healing Trauma: A Brief Intervention for Women is a brief (six-session), trauma-informed intervention for incarcerated women that adopts a strengths-based, empowerment approach to help women understand the abuse they have experienced and how it has affected them (Petrillo, Thomas, and Hanspal 2019). The program uses a psychoeducational, cognitive behavioral approach over six peer-facilitated sessions to improve mental health and emotional regulation and reduce instances of anger and what may be considered violent or aggressive behavior (Messina and Zwart 2021).⁵

Evaluators have used pre- and posttest surveys to measure Healing Trauma's impact on mental health outcomes (e.g., depression, anxiety, PTSD), trauma-related problems (e.g., feelings of anxiety, sleep disturbances, episodes of dissociation), and emotion regulation (e.g., anger, aggression, resiliency; Petrillo, Thomas, and Hanspal 2019). In evaluations of the program in the United States and the United Kingdom, all measures of mental health and emotion regulation saw statistically significant decreases between pre- and posttest surveys of program participants; the largest improvements were seen in measures of depression, anxiety, and PTSD symptoms (Messina and Calhoun 2018; Petrillo, Thomas, and Hanspal 2019). Women who have participated in Healing Trauma have reported being able to overcome their shame regarding their experiences, reconnect with their emotions and form more stable and connected relationships with others, and feel safe in the prison environment (Petrillo 2021).

Evidence-Based Outcomes

Gender-responsive programming has been shown to produce positive outcomes for people in substance use and mental health, emotion regulation, parenting, and recidivism.

SUBSTANCE USE AND MENTAL HEALTH

Research has shown that gender-responsive programming has been effective for targeting co-occurring substance use disorders and mental health disorders. Women who participate in gender-responsive substance use treatment programs have significantly lower odds of depression and lower rates of substance use than women receiving gender-neutral treatment (Saxena, Messina, and Grella 2014). In one evaluation, 16 out of 17 women with co-occurring substance use disorders and PTSD who participated in a gender-responsive program at a correctional facility were found to no longer meet the criteria for PTSD three months after completing the program (Zlotnick et al. 2003).

EMOTION REGULATION

Among people who have experienced trauma, emotional suppression is a common coping mechanism for avoiding feeling painful emotions.⁶ This behavior can typically include numbing (e.g., using drugs or overeating) or distracting (e.g., mindless scrolling, excessive exercising), and for women who are incarcerated, suppressed emotions can eventually manifest as violent behavior (Laws 2019). Women who have participated in gender-responsive programming while incarcerated have reported feeling able to begin reconnecting with their emotions, which can help curb maladaptive coping mechanisms and improve interpersonal relationships (Petrillo 2021). Gender-responsive programming has been

shown to reduce instances of violent behavior and improve emotional resilience (Petrillo, Thomas, and Hanspal 2019).⁷

PARENTING

The impact of gender-responsive programming on the perceived quality of parenting is hard to measure, but parenting is often a critical part of gender-responsive programming curricula because half of the women in prisons have minor children (Maruschak and Bronson 2021). Parenting programs are important for helping women who are incarcerated get the tools they need to be more effective parents and build or sustain positive relationships with their children (Kates, Mignon, and Ransford 2008). For parenting programs to be made gender-responsive, they can include therapeutic elements that address trauma parents and their children have experienced, help parents work through emotions in healthy ways to reduce instances of child abuse and neglect, and provide resources to strengthen family and community connections for emotional support (Kates, Mignon, and Ransford 2008).

RECIDIVISM

A recent meta-analysis found that participation in gender-responsive programming resulted in a 10 to 30 percent reduction in recidivism rates for women compared with what the authors defined as gender-neutral programs (Gobeil, Blanchette, and Stewart 2016). Research has shown, however, that programs may become less effective at lowering rates of rearrest and curbing recidivism when not implemented with fidelity to their design (Duwe and Clark 2015). Thus, it is crucial that the people implementing programs do so fully and as designed, and that they have proper training.

Other Considerations in Gender-Responsive Programming

Though evidence shows these gender-responsive programs are effective when implemented fully and properly, there are other factors practitioners and policymakers should consider before implementing them in carceral facilities. These include the fact that carceral environments can be sources of trauma, the current lack of resources for staffing and programming in these facilities, and the need for further research on the complex needs of LGBTQ+ women.

Incarceration as a Source of Trauma

The experience of incarceration is often traumatizing for incarcerated people and their families. During incarceration, people may have limited privacy, be constantly surveilled, be separated from their children, and even experience physical, sexual, and emotional violence from other incarcerated people and staff. Research indicates that people who enter the criminal legal system have long histories of trauma, and prison environments can inflict or exacerbate existing psychological trauma. For example, standard operations and occurrences in a prison (such as loud noises, body searches, the banging of doors, yelling, cell extractions, segregation, and restraints) may be perceived as threatening by someone who has experienced trauma (McCoy et al. 2020).

Sexual abuse continues to be pervasive in carceral facilities. Isolated facility locations and the power structures inherent in these facilities make people more vulnerable to sexual violence. The National Inmate Survey-3 (part of the National Prison Rape Statistics Program) from 2011–2012 estimated that 80,600 people incarcerated in prisons and jails had experienced sexual victimization (Beck et al. 2013). Some groups experience disproportionate rates of sexual victimization during incarceration, including survivors of previous sexual victimization, people with behavioral health needs, and LGBTQ+ people (Beck et al. 2013; Just Detention International 2018). Nearly 40 percent of incarcerated transgender people reported experiencing sexual victimization during incarceration, compared with 4 percent of all incarcerated people; Black, Latina, and mixed-race transgender women are even more likely to experience sexual victimization while incarcerated (Reisner, Bailey, and Sevelius 2014).⁸ The National Inmate Survey-3 found that, among incarcerated people who had been sexually victimized by another incarcerated person, 12 percent had also been victimized before their incarceration. In addition, nearly 7 percent of incarcerated survivors of sexual violence from carceral staff had previously experienced victimization. Incarcerated people with victimization histories were much more likely to report sexual abuse during incarceration than other incarcerated people (Beck et al. 2013).

Though gender-responsive programming can reduce the effects of trauma and equip people with coping skills, prisons ultimately continue to be traumatizing environments. This is important to understand when considering gender-responsive programming, when considering what is feasible and reasonable to achieve with that programming, and when considering what programming is safe to conduct in a prison setting.

The Lack of Resources in Carceral Facilities

Globally, community organizations that work with women and girls in the criminal legal system are facing a funding crisis (Cordua and Mahtani 2021). In a recent evaluation of services and programming for people incarcerated in women’s prisons, Ervin and colleagues (2020) found that operational and budget challenges were major barriers in state departments of corrections’ ability to administer programming to everyone who needs it. These departments acknowledged the difficulty in finding staff to facilitate programs and a lack of the institutional resources needed to conduct programs in a healing and productive manner.

Part of this problem is the nationwide staffing shortages in prison systems. Turnover among corrections officers has risen significantly, and one-third of federal corrections-officer jobs remain vacant.⁹ Work in prisons can be dangerous and stressful and can involve greater risks of physical injury and exposure to secondary trauma than in other fields.¹⁰ Because of these shortages, remaining staff are often required to work long shifts (sometimes 12 hours or longer) and to work overtime to fill the gaps. To deal with these shortages, prisons often enter extended lockdown periods, which further isolate people who are incarcerated.¹¹ Program and administrative staff may also be pulled in to fill the roles of corrections officers in prison blocks,¹² leaving less time and fewer staff members for programs. Though this problem is not specific to gender, staffing shortages may delay staff responses to

incarcerated women's medical and mental health care needs and may jeopardize workplace safety, leaving staff and incarcerated people vulnerable to abuse or exploitation.

Staff members' willingness to implement trauma-informed curricula is also a concern. Some staff do not want to discuss trauma with people who are incarcerated because they have their own unresolved traumas and the conversations can be triggering for them (Covington et al. 2008). It is important for gender-responsive programming to take the trauma of the clients and the staff responsible for leading programs into account, and to provide resources (e.g., psychoeducation, coping skills) for everyone participating at all levels.

More Research Is Needed on LGBTQ+ People Incarcerated in Women's Prisons

LGBTQ+ people are vastly overrepresented in the criminal legal system and in women's prisons. Lesbian and bisexual women are four times more likely to be arrested than heterosexual women.¹³ One-third of women in prisons identify as lesbian or bisexual (Meyer et al. 2017), which is almost seven times more than the 5 percent of people in the US adult population who identify as lesbian or bisexual.¹⁴ Given the size of this population in carceral facilities, more research is needed to identify how their needs differ from those of heterosexual women.

Transgender women and nonbinary people experience high rates of violence and isolation outside and inside prison environments. In a recent survey of LGBTQ+ people incarcerated in prisons, 79 percent of transgender women and 68 percent of nonbinary people reported being sexually assaulted by other incarcerated people (Lydon et al. 2015). Transgender women are placed in solitary confinement at higher rates than cisgender women, which puts them at greater risk for suicide, self-harm, and sexual abuse (ACLU 2019). Moreover, many transgender women are confined in men's facilities, which increases their risk of violence and victimization while incarcerated.¹⁵ Many transgender women are not allowed to be transferred to women's facilities until they have received gender-affirming surgery, yet transgender women are often denied requests for such surgery.¹⁶

The gender-responsive approach to prison programming has been criticized for ignoring the compounding factors of sexual orientation and gender identity. Although Bloom and colleagues (2003) acknowledge that the experiences of LGBTQ+ women and pathways to criminal legal system involvement are different than those of non-LGBTQ+ women (e.g., higher rates of victimization, homelessness, and child welfare system involvement; Kahle and Rosenbaum 2020), little work has been done in the field to adapt gender-responsive programming to the needs of LGBTQ+ people in women's prisons, and further, for LGBTQ+ women of color. Kahle and Rosenbaum (2003) recommend focusing on training prison staff in cultural competence and responses to sexism and homophobia to help them be more sensitive and responsive to the needs of LGBTQ+ women.

Conclusion

Recent efforts among corrections departments and prison administrators to implement evidence-based programming have been apparent, as gender-responsive programming has begun making its way into women's prisons across the country. But more research is needed on this programming's effects on people's lifetime prevalence of co-occurring disorders, parent/child relationships, and rates of rearrest and reincarceration. Key areas for future research include the unique needs of LGBTQ+ people and the impacts of staffing shortages on facilities' ability to implement programming effectively. Although prisons are traumatic environments that can be challenging for healing trauma, officials must consider how programming can best promote successful reentry and improve outcomes for people who are incarcerated. Expanding gender-responsive programming is one way to do so.

Notes

- ¹ Grant Duwe, "Program Profile: Moving On," Crime Solutions, National Institute of Justice, June 27, 2016, <https://crimesolutions.ojp.gov/ratedprograms/476#relatedpractices>.
- ² Ali Zane, "Remaining States Should Lift Racist TANF Drug Felony Bans; Congress Should Lift it Nationwide," Center on Budget and Policy Priorities, June 30, 2021, <https://www.cbpp.org/blog/remaining-states-should-lift-racist-tanf-drug-felony-bans-congress-should-lift-it-nationwide>.
- ³ It is important to note that the prevalence of sexual abuse and victimization for men is known to be vastly underreported, and men are less likely to self-identify as victims or survivors of sexual abuse (Depraetere et al. 2020). in part because of harmful gender norms which often conceptualize men as incapable of being victimized because of the dominant position of masculinity in Western society (Hine, Bates, and Wallace 2022). It is also important to note that these perspectives are generally heteronormative and largely ignore the experiences of individuals in same-gender and/or queer relationships.
- ⁴ For a longer list of gender-responsive programs, see the CSG Justice Center's August 2021 guide "Gender-Responsive Programming," available at https://csgjusticecenter.org/wp-content/uploads/2021/08/Adopting-GR-Approach_Gender-Responsive-Programming.pdf.
- ⁵ The term "aggressive behavior" is used in Messina and Zwart (2021) and is based off the Buss-Warren Aggression Questionnaire, a 34-item instrument used to assess instances of anger and aggression. We acknowledge the racist connotations and assumptions that this term can elicit, particularly as it relates to perceptions of Black women, but we refer to it to remain true to the methodology used in Messina and Zwart's evaluation of the Healing Trauma program.
- ⁶ Claudia M. Elsig, "The Dangers of Suppressing Emotions," CALDA Clinic, January 24, 2022, <https://caldaclinic.com/dangers-of-suppressing-emotions/#:~:text=Suppressed%20emotions%20stay%20in%20the,to%20alcohol%20and%20substance%20abuse>.
- ⁷ Duwe, "Program Profile: Moving On."
- ⁸ National Inmate Survey 2007, 2008–2009, and 2011–2012, Bureau of Justice Statistics, <https://bjs.ojp.gov/data-collection/national-inmate-survey-nis>.
- ⁹ Katherine LeMasters, Morgan Maner, Meghan Peterson, and Lauren Brinkley-Rubinstein, "Staff Shortages in Prisons and Jails Highlight Opportunities for Decarceration," *Health Affairs Forefront*, Health Affairs, January 21, 2022, <https://www.healthaffairs.org/doi/10.1377/forefront.20220119.329328/full/>.
- ¹⁰ Keri Blakinger, Jamiles Lartey, Beth Schwartzapfel, Mike Sisak, and Christie Thompson, "As Corrections Officers Quit in Droves, Prisons Get Even More Dangerous," *The Marshall Project* (blog), November 1, 2021,

<https://www.themarshallproject.org/2021/11/01/as-corrections-officers-quit-in-droves-prisons-get-even-more-dangerous>.

- ¹¹ Blakinger, Lartey, Schwartzapfel, Sisak, and Thompson, “As Corrections Officers Quit in Droves, Prisons Get Even More Dangerous.”
- ¹² LeMasters, Maner, Peterson, and Brinkley-Rubinstein, “Staff Shortages in Prisons and Jails Highlight Opportunities for Decarceration.”
- ¹³ Alexi Jones, “Visualizing the Unequal Treatment of LGBTQ People in the Criminal Justice System,” Prison Policy Initiative, March 2, 2021, <https://www.prisonpolicy.org/blog/2021/03/02/lgbtq/>.
- ¹⁴ Jeffrey Jones, “LGBT Identification in U.S. Ticks Up to 7.1%,” *Gallup News*, February 12, 2022, <https://news.gallup.com/poll/389792/lgbt-identification-ticks-up.aspx>.
- ¹⁵ Cassandra Moore, “LGBTQ+ Individuals at the Intersection of Mental Health and Criminal Justice,” Policy Research Associates, July 16, 2021, https://www.prainc.com/gains-lgbtq-mental-health-criminal-justice/#_ftn12.
- ¹⁶ Kate Sosin, “Trans, Imprisoned – and Trapped,” *NBC News*, February 26, 2020, <https://www.nbcnews.com/feature/nbc-out/transgen-der-women-are-nearly-always-incarcerated-men-s-putting-many-n1142436>.

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