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The Gender Informed Practice Assessment (GIPA)

SUMMARY OF FINDINGS & RECOMMENDATIONS

*LOGAN CORRECTIONAL CENTER,
ILLINOIS DEPARTMENT OF CORRECTIONS*

A Report from the National Resource Center on Justice Involved Women (NRCJIW)

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The Gender Informed Practices Assessment (GIPA) Tool and Protocol were developed by the **National Institute of Corrections**.

Writing Team

This summary report was authored by GIPA Coach **Alyssa Benedict** and Project Coordinator **Deanne Benos**.

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The Gender Informed Practice Assessment (GIPA) Protocol: Important Considerations

This summary report has limitations and noteworthy issues about which the reader should be aware:

- A consultant team of 18 individuals spent four full days on site at Logan Correctional Center. In addition, advance preparation included document review as well as the collection of additional information through phone calls and emails following the visit. Despite the expertise of the consultants, the preparation involved in this process, the number of consultants involved in the effort, and the amount of time and effort invested in the assessment process, the time period did not allow the team to interview all key stakeholders, to learn all there is to know about all of the unique operations of a particular jurisdiction or facility, or to fully understand all aspects of the unique environment. Observations, findings, and recommendations should be considered in this context.
- The team relied on multiple data sources in the development of findings. These included document review, individual interviews, file reviews, focus group interviews, direct observation, and the administration of an anonymous survey to both staff and inmates. Findings contained in this report reflect those that were drawn from multiple data sources rather than a single observation or interview. Ultimately, the themes noted herein were corroborated by other data sources. Any specific examples noted are only designed to facilitate the reader's understanding of a particular concept.
- While the GIPA is not designed to assess the intricacies of each domain, its methods yield extensive information. The consultant team worked to draw a balance between identifying and reporting on all noted strengths, challenges, and opportunities, and those that have the strongest research support, and/or were most self-evident during the assessment process.
- It is important to note that the team's conclusions are not exhaustive. The GIPA defines broad principles and practices that should be present within each of the domain areas. The assessment does not replace deeper or further assessment of each domain area. For example, in the Programs and Services domains, the tool assesses a facility's attention to gender-informed topics. Actual curricula content and facilitator effectiveness is not evaluated. Ultimately, the GIPA can identify broad areas of strength and challenge, as well as those that require more in depth assessment.

ACKNOWLEDGMENTS

The process of implementing the **Gender-Informed Practice Assessment (hereafter, GIPA)** is extensive and transformative. Agencies/departments that elect to participate in such a process demonstrate 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 and staff.

We would like to thank the IDOC leadership and their partners at The Women's Justice Initiative (WJI) for requesting this assistance and for their incredible contributions and insights throughout implementation of this process. ***In particular, this project would not have been possible without the support of Assistant Director Gladyse Taylor and Women & Family Services Coordinator Margaret Burke, who were the first to endorse and champion it back in March 2016.*** We also thank the Office of Governor Bruce Rauner for supporting the GIPA process and setting the tone for reform by making Logan the first facility he toured upon taking office. We thank Director Baldwin for his ongoing support, including his visit with the GIPA Team during the October 2015 assessment and his ongoing dedication to addressing identified challenges. We commend all of you for your commitment to advancing gender responsive approaches for justice-involved women in Illinois. Special thanks to the following IDOC leaders:

- ❖ Director John Baldwin
- ❖ Assistant Director Gladyse Taylor
- ❖ Women and Family Services Coordinator Margaret Burke
- ❖ Chief Public Safety Officer Carolyn Gurski
- ❖ Deputy Director Central District Marcus Hardy
- ❖ Former Assistant Director Jason Garnett

We would also like to thank Logan Correctional Center's leadership team for their commitment to the GIPA process. We have great respect for the management team's clear commitment to women and staff and genuine interest in enhancing policies and practices according to gender responsive research and evidence-based practices. Members of Logan's leadership team engaged in a variety of activities - from planning and scheduling site visits to debriefing outcomes - to ensure a meaningful process. They ensured that the GIPA Team had adequate access to the facility, operations, programs, staff and incarcerated women, and accommodated various needs. In fact, we were informed that **this assessment was the largest of its kind in the history of the department**, and that says a great deal about their commitment to reform.

We express our appreciation to the following individuals who supported and/or coordinated various aspects of the GIPA process, including the collection of documents and materials, and who were exceptionally responsive to information requests and follow-up inquiries:

Logan Correctional Facility

- ❖ Former Warden Christine Brannon
- ❖ Former Assistant Warden of Operations Marlo Butler-Jones
- ❖ Former Assistant Warden of Programs Clara Charron
- ❖ Receiving & Classification Superintendent Alan Pasley
- ❖ Administrative Assistant Stephanie Franklin
- ❖ Administrative Assistant Heidi Browne
- ❖ Clinical Services Supervisor Rod Boyd
- ❖ Casework Supervisor Charles Gibbons

We are also extremely grateful to the members of the Illinois GIPA Team. Coordinated by the Chicago-based Women's Justice Initiative (WJI), this team constituted the largest and most diverse group of stakeholders ever assembled to conduct a GIPA in the nation. The GIPA Team included current and former IDOC wardens and

personnel, leading social service providers, community-based prison reform and reentry advocates, academics, and, importantly, a woman with lived experience in the IDOC prison system. Throughout the process, current IDOC employees (or former employees with more than 20 years of experience) worked alongside community stakeholders to collect and analyze data. This ensured that each of the 12 GIPA domains was assessed comprehensively and facilitated the development of comprehensive recommendations.

GIPA Project Coordinators

Illinois designated the following individuals to coordinate the project:

- **Margaret Burke**, IDOC Women & Family Services Coordinator, as the Dept. Liaison
- **Deanne Benos**, Founder of The Women's Justice Initiative, as Project Implementation Coordinator

GIPA Coach

- **Alyssa Benedict**, Executive Director, CORE Associates; NRCJIW federal partner; co-developer of GIPA protocol and tool

GIPA Assessment Team

- ❖ Lynn Cahill-Masching, Retired Warden of Dwight Correctional Center, Consultant
- ❖ Juliana Stratton, Director, UIC Center for Public Safety & Justice, former Executive Director of Cook County Justice Advisory Council
- ❖ Mark Mulroe, Executive Vice President, A Safe Haven
- ❖ Colette Payne, Founder, Visible Voices Project of the CGLA Chicago Legal Association for Incarcerated Mothers (CLAIM) Program
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- ❖ Kim Smith, Warden, Taylorville Correctional Center
- ❖ Theresa Dronet, Associate Director of Mental Health Programs, Wexford Health Sources
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- ❖ Susan Franklin, Retired Parole Agent and Acting Coordinator of Women & Family Services
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IDOC Staff

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Justice-Involved Women and Staff at Logan

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TABLE OF CONTENTS

SECTION	PAGE
Overview	1
<i>Gender Responsiveness in an Era of Criminal Justice Reform</i>	1
<i>Dramatic Increases in Women’s Involvement in the Criminal Justice System</i>	1
<i>High Impact of Policy and Practice Changes on the Women’s Population</i>	2
<i>Women’s Unique Pathways into the Justice System</i>	3
<i>Defining Gender Responsive Policy & Practice</i>	3
<i>Chart: Justice-Involved Women: Why Gender Responsiveness Matters (United States vs Illinois Trending)</i>	4
<i>The Gender Informed Practices Assessment (GIPA) at Logan Correctional Center</i>	7
<i>Illinois’ Renewed Commitment to Improving Gender Responsive Practices</i>	7
Summary of Findings: Logan Correctional Center	9
System-wide Strengths, Challenges & Recommendations: Thinking Ahead & Next Steps	20
<i>Top 10 Opportunities for Advancement of Gender Responsive, Evidence-based & Trauma-informed Practices System-wide</i>	22
The Road Ahead	26
Background: The GIPA in Illinois	28
<i>Selection of Illinois as a GIPA Site</i>	28
<i>Process</i>	29
<i>The Logan Assessment</i>	29
<i>Purpose & Use of the GIPA Report</i>	30
<i>The 12 Domains Assessed by the GIPA</i>	30
<i>Chart: Activities Conducted During the On site Assessment at Logan</i>	31
References	32

OVERVIEW

This report summary is the result of the comprehensive Gender Informed Practice Assessment (GIPA) that was conducted at Logan Correctional Center, the first-ever gender responsive assessment conducted by the IDOC at any women's prison. By implementing the 12-Domain GIPA tool and reform process, the State of Illinois 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.

To be clear, the GIPA tool is not designed to serve as an audit or research report, but rather to establish a baseline for a three-year strategic planning and systemic reform process that specifically focuses on improving correctional policies and practices for women. This summary report comprehensively outlines the most prevalent findings and recommendations from the GIPA conducted at Logan Correctional Center, Illinois' largest and most complex women's prison. The GIPA findings and recommendations will help guide the department's efforts to improve overall policies and practices with women at Logan and throughout the state's correctional system, and **help the state to achieve its goal to reduce the overall prison population by 25% within 10 years**. This summary report is supported by a more extensive set of detailed findings and recommendations designed to support the department's implementation process.

Gender Responsiveness in the Era of Criminal Justice Reform

Nationwide, the call for criminal justice system reform and the de-incarceration of low-level, non-violent offenders has brought about a landmark shift in state and local justice systems. While a tremendous amount has yet to be done to truly reverse the impact of decades of inadequate interventions and mass incarceration, results have generally been promising: Arrests have trended downward, prison populations have decreased in many states, incarceration rates among juveniles have significantly declined and policymakers at all levels of government are realizing the impact of mental health and substance use treatment as viable - if not necessary - strategies in their attempts to curb recidivism, cut costs and improve public safety.¹

Yet, while the criminal justice landscape is 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 (generally 93% of the prison population today) have been incarcerated compared to women. Consequently, the entire system has been designed to assess, manage and house men and attend to male-specific risks and needs.² Furthermore, states such as Illinois that are working to design and implement prison population reduction strategies tend to focus their efforts primarily on men.

In fact, attending to the unique and often ignored needs of justice-involved women offers a critical opportunity to reduce the prison population, save money, rebuild communities and break the cycle of inter-generational incarceration. **Unfortunately, because justice-involved women are a smaller population, their needs are chronically unmet. In the wake of this neglect, their numbers continue to rise across the nation.**

The Illinois women's prison population has grown by 767%, exceeding the national growth rate of 700%.

Dramatic Increases in Women's Involvement in the Criminal Justice System

Despite the fact that women represent a smaller percentage of the overall prison population, they have been the fastest growing nationally. The number of women under custody or supervision (including prison,

probation and parole) throughout the United States has reached one million.³ Between 1980 and 2014, the national rate of growth for women's imprisonment outpaced that of men by more than 50%, increasing from 26,378 to 215,332. At the same time, the Illinois women's prison population grew by 767%, exceeding the national growth rate of 700%.⁴ In fact, a 2015 study by the Prison Policy Initiative indicated that if Illinois were ranked internationally (as if it were a country) for its women's incarceration rate, it would rank 44th – below many US states, yet on par with the nation of El Salvador, where abortion is illegal and women are routinely incarcerated for having miscarriages.⁵

Incarceration continues to disproportionately impact women of Color nationally and in Illinois.

While incarceration continues to disproportionately impact women of Color nationally and in Illinois, some trends are noteworthy. Between 2000 and 2014, the rate of imprisonment in state and federal prisons across the nation declined by 47% for black women, while the rate of imprisonment for white

women rose by 56%.⁶ Similarly, a 2011 study published by the Loyola University Chicago Department of Criminal Justice & Criminology indicated that the proportion of African American women represented in the Illinois state prison population had decreased from 70% to 40%, and the greatest increases occurred among the proportion of white women represented in the system. The proportion of Hispanic women incarcerated in Illinois state prisons had trended upward, with increases from 2-3% representation in 1989 to approximately 7.8%.⁷ Of note, some experts have linked rising rates of incarceration among white women to the devastating impact of the methamphetamine, prescription opioid and heroin epidemics.⁸

Despite the aforementioned declines, African American women still remain the most disproportionately impacted by incarceration across the country. African American women are incarcerated at twice the rate of white women, and rates among Hispanic women are 1.2 times higher.⁹ These rates have perhaps most dramatically impacted younger women: A 2012 study revealed that black females ages 18 to 19 were three times more likely to be imprisoned than white females, and Hispanic females in this age group have imprisonment rates nearly twice those of white females.¹⁰ While the population of Illinois communities consists of 73.5% white, 15% African American and 16.5% Hispanic residents, the state women's prison population consists of 50.6% white, 40% African American and 7.8% Hispanic individuals.¹¹

High Impact of Policy and Practice Changes on the Women's Population

While the overall number of incarcerated women in Illinois prisons has dramatically increased in the last three decades, those increases have been episodic amidst a few periods of decline since 2005. As documented in the Loyola study, Illinois has experienced both increases and declines in the state women's prison population, primarily due to changing policies and practices at the state and local level.¹² Specifically, the state's largest court system, Cook County, implemented

Fluctuations in women's incarceration rates underscore the high vulnerability of the women's population to changing policies and practices; this vulnerability is passed on to their children.

policies that experts have cited as the primary factor contributing to a dramatic decline in total annual court admissions of women to prison from the period of FY2005 to FY2010.¹³ However, this progress was disrupted by a change in IDOC parole revocation practices that dramatically increased violation rates - and thus re-incarceration - among female parolees between FY2009 and FY2011.¹⁴ That period was followed by the highest average women's prison population for any consecutive five-year period in state history from 2010 to 2014. It was not until FY2015 that IDOC statistical reports began indicating a promising shift back downward among both recidivism rates and the overall size of women's prison population.

The dramatic changes in incarceration rates among women during such a short period of time require further assessment. These patterns have clearly demonstrated the state's ability to bring about positive change at various points in the system when there is political will, but also a lack of consistency in adhering to a shared

philosophy and sustainable practices for addressing the needs of justice-involved women at both the state and local levels. Fluctuations in women’s incarceration rates underscore the high vulnerability of the women’s population to changing policies and practices; this vulnerability is passed on to their children. It also suggests that efforts to enact gender responsive policies and practices could have significant, positive impacts on women, children and communities.

Strategies should not only promote de-carceration, but a gender responsive, evidence-based approach for those engaged within the system at every level – especially, and including, the humane treatment of women incarcerated in state prisons.

While population trends currently appear to be moving in the right direction, it will be difficult to sustain the recent progress in Illinois without establishing a deliberate, consistent and cohesive approach to addressing the risks, strengths and needs of the state’s population of justice-involved women. Strategies should not only promote de-carceration, but a gender responsive, evidence-based approach for those engaged within the system at every level – especially, and including, the humane treatment of women incarcerated in state prisons. Unless this is achieved,

progress will remain elusive and women (and their children) will continue to be moved throughout a crisis-driven justice system that was not designed to effectively address the root causes of their system involvement in a manner that supports safety and successful outcomes.

Women’s Unique Pathways into the Criminal Justice System

Women follow unique pathways into crime and present risk factors that signal different intervention needs than men. One of the key findings from the literature is that justice-involved women have experienced higher rates of significant and ongoing abuse and trauma, and this victimization often progresses into substance abuse and mental health problems among a greater percentage of justice-involved women.¹⁵

A larger proportion of justice-involved women:¹⁶

- have experienced sexual abuse and/or other forms of victimization;
- have engaged in substance abuse as a way to cope with past and current trauma;
- have engaged in criminal behavior while under the influence and/or to support their drug use;
- are more likely to experience co-occurring disorders, in particular substance abuse problems interlinked with trauma and/or mental illness;
- are more likely to have experienced poverty, underemployment and employment instability; and
- come from neighborhoods that are entrenched in poverty and lacking in viable systems of social support.¹⁷

After experiencing serious physical and/or sexual abuse as children, many women progress into adulthood plagued with high levels of physical and mental health problems 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.¹⁸

Defining Gender Responsive Policy and Practice

Considerable research has been conducted to help policy makers, administrators and practitioners define and address gaps in women’s services by identifying the critical differences between justice-involved men and women, as well as the most effective ways to address women’s risks, strengths and needs. Accordingly,

“Gender Responsive” (GR) policies, practices and programs have been validated as effective for women, and are based on their unique pathways into and within the justice system.

Broadly defined, **Gender Responsive approaches are those that intentionally allow research and knowledge on women to affect and guide policy and practice at all levels of service delivery.**¹⁹ This research encompasses: women’s socialization and psychological development; the social, political and economic realities of women’s lives; women’s unique risk, strength and need factors (pathways research); and cutting-edge evidence on what works with women. **Gender responsive approaches can and should be applied at the macro level in terms of how corrections systems are designed and function, and at the facility and community levels in terms of how facilities and community corrections agencies operate and deliver services.**²⁰

Gender Responsive approaches are further defined by the following Five CORE Practice Areas, which advise that every program, service and intervention should be:

- 1) Relationship-based;
- 2) Strengths-based;
- 3) Trauma-informed;
- 4) Culturally Responsive; and
- 5) Holistic.²¹

These Five CORE Practice Areas should be applied at every level of assessment, service delivery and engagement with justice-involved women. They directly correspond to the defining developmental and ecological realities of women’s lives: their unique risks, strengths and needs factors, their dramatically different pathways into and experiences within the justice system, their disproportionate experiences with sexual and/or domestic abuse, their higher rates of substance abuse and mental health needs that relate to their past and present abuse, their different offending patterns, their different parenting responsibilities and experiences, and their differential responses to treatment and correctional settings.

Justice-Involved Women: Why Gender Responsiveness Matters United States vs Illinois Trending

A powerful body of literature reveals important differences in the reasons underlying men and women’s criminal involvement. The research conducted on women’s specific “pathways” into crime indicates that their experiences of victimization and abuse, poverty, mental illness and substance abuse play a key role. Unless otherwise indicated, the data provided in this table was adapted from the document “Ten Truths that Matter when Working with Justice Involved Women” (NRCJIW, 2012), a cogent and comprehensive review of the research on justice-involved women. https://cjinvolwedwomen.org/wp-content/uploads/2015/09/Ten_Truths.pdf

Disproportionate Histories of Abuse and Trauma

- The vast majority of women in prison have experienced interpersonal or sexual violence, with estimates as high as 90%.²²
- Histories of interpersonal violence are prevalent among both men and women in prison, but rates are much higher among women.²³
- Incarcerated women with posttraumatic stress disorder (PTSD) report a much higher rate of witnessing violence than the female population in general.²⁴
- Trauma such as sexual victimization is linked to mental health, substance abuse, and relationship difficulties and contributes to crime pathways for women. Women with histories of abuse and neglect are 77% more likely to be arrested as an adult than their peers who were not abused.²⁵
- The correctional environment is full practices that trigger women’s past trauma, including pat downs and strip searches, frequent discipline from authority figures, and restricted movement.²⁶
- **In Illinois**, 98% of incarcerated women in state prisons have experienced physical abuse at some point in their lives; 75% experienced sexual abuse and 85% experienced intimate partner stalking and emotional abuse.²⁷

Higher Rates of Reported Mental Health Issues

- Nationally, female inmates report higher rates of mental health problems than male inmates (73% of females versus of 55% of males in state prisons).²⁸
- Nationally, women in prison have more frequent suicide attempts than male inmates.²⁹
- Incarcerated women with a history of trauma and accompanying mental health concerns are more likely to have difficulties with prison adjustment and misconduct.
- Justice involved women are more likely to experience co-occurring disorders; in particular, substance abuse problems tend to be interlinked with trauma and/or mental illness. The majority of women who suffer from mental illness also have substance abuse disorders.
- Women experience mental illness differently than men; Post-Traumatic Stress Disorder (PTSD), anxiety, depression, and eating disorders are all more prevalent in justice-involved women than in men.
- The lack of trauma-informed practices and inadequate access to mental health services, combined with the experience of confinement, pose a greater risk of either creating or exacerbating mental health issues among female inmates. Also, correctional policies and procedures - and institutional environments in general - can trigger previous traumatic experiences, exacerbate trauma-related symptoms, and interfere with a woman's recovery.
- **In Illinois**, the percentage of all incarcerated women on a mental health caseload is 58% compared with 25% of all incarcerated men. Logan Correctional Center, the state's largest women's prison, currently houses an estimated 770 women prisoners diagnosed as Seriously Mentally Ill (SMI). In addition, a study of all women incarcerated statewide indicated that an estimated 60% have suffered from PTSD.³⁰ *Note: While this data is compelling, it will be important for IDOC to explore its use of the category "Seriously Mentally Ill" and ensure that 1) appropriate clinical criteria are being used and adhered to when identifying someone as SMI, and 2) gender, culture, trauma, oppression and other factors are thoroughly considered so that women are not inappropriately diagnosed.*

Disproportionate Involvement of Women of Color

- Nationally, African American women are incarcerated at twice the rate of white women, and rates among Hispanic women are 1.2 times higher.³¹ These rates perhaps most dramatically impact younger women: A 2012 study revealed that black females ages 18 to 19 were three times more likely to be imprisoned than white females, and Hispanic females in this age group had imprisonment rates nearly twice those of white females.³²
- **In Illinois**, most state prison admissions for men and women in general, and particularly those of Color, are from Cook County. A decline in admissions from Cook County between FY2005 and FY2010 resulted in a decrease in the overall proportion of African American women incarcerated in state prisons (from more than 70 percent in the late 1990s to less than 50 percent among the FY2010 female court admissions). Commensurately, the shift resulted in an increase in the proportion of white females from 20% to nearly 50% in that same period, while Hispanic women experienced a slower, more gradual shift from 2-3% in 1989 to 7.8% today.³³
- **In Illinois**, while disproportionality has trended downward, African American women still represent 42% of the women's prison population, while African American citizens represent only 15% of the Illinois population. Conversely, White women represent 51.4% of the women's prison population and White citizens represent 73.5% of the Illinois population.³⁴

Higher Rates of Substance Abuse & Drug Crimes

- A large proportion of justice-involved women have abused substances or have engaged in criminal behavior while under the influence and/or to support their drug use.
- In a 2006 Bureau of Justice Statistics study, over 60% of women reported a drug dependence or abuse problem in the year prior to their incarceration. Moreover, there is evidence indicating that current substance abuse among women is a strong direct predictor of prison readmission.
- Substance abuse among justice-involved women may be motivated by a desire to cope with or mask unpleasant emotions stemming from traumatic experiences and ensuing mental health problems.
- Nationally, on every measure of drug use, women in state prisons have reported higher usage (40%) than males (32%).³⁵ In addition, 25% of female prisoners serve time for drug offenses, compared to 15% of male prisoners.³⁶
- **In Illinois**, 85% of women surveyed in state prisons reported periods of regular alcohol and drug use and an average age of onset at 16.3 years old.³⁷
- **In Illinois**, nearly the entire increase in court admissions of women to state prisons from FY1996 to FY2005 that led to the skyrocketing prison population were attributed to low-level, Class 4 felonies for drug and property crimes. Conversely, the dramatic 40% decline in female court admissions from FY2005 to FY2010 was also linked to a reduction in court admissions for primarily the same class of low-level drug crimes.³⁸

More Likely to be the Custodial Parent of their Children

- Nationally, more than 60% of women prisoners are parents, and women prisoners are more likely than men to serve as the custodial parent of their children.³⁹ According to a Bureau of Justice Statistics (BJS) report, 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."⁴⁰
- The Annie E. Casey Foundation found that Illinois has the 7th highest number of individuals who have experienced parental incarceration during their childhood, totaling 186,000.
- Children of incarcerated parents "...display short-term coping responses to deal with their loss, which can develop into long-term emotional and behavioral challenges, such as depression, problems with school, delinquency, and drug use."⁴¹ Children of incarcerated mothers in particular are at greater risk of dropping out of school and academic challenges.⁴²
- "Preserving a child's relationship with a parent during incarceration benefits both parties. It also benefits society, reducing children's mental health issues and anxiety, while lowering recidivism and facilitating parents' successful return to their communities."⁴³
- **In Illinois**, a snapshot of the women incarcerated at Logan Correctional Center in October 2015 indicated that 71% of them (1,304 out of 1,835) are mothers of a total of 3,700 children.

Lower Public Safety Risk, Yet Fastest Growing Criminal Justice System Population

- Justice-involved women are less likely than men to have extensive criminal histories.
- Women typically enter the criminal justice system for non-violent crimes that are often drug-related and/or driven by poverty. Nationally, women in state prisons are more likely to be incarcerated for a drug or property offense than a violent crime: 24% of women have been convicted of a drug offense, compared to 15% of men; 28% of women have been convicted of a property crime, compared to 19% of men; and 37% of women have been convicted of a violent offense, compared to 54% of men.⁴⁴
- The nature and context of violent crime committed by women frequently differs from that observed in men. When women commit aggressive acts, they typically involve assaults of lesser severity that are reactive or defensive in nature, rather than calculated or premeditated. Compared with men who tend to target strangers and acquaintances, violent acts committed by women occur primarily in domestic or school settings, and are more likely targeted at family members and/or intimates.
- Women released from incarceration have lower recidivism rates than their male counterparts. This holds true for rearrests, reconvictions, and returns to prison with or without new prison sentences. Moreover, for the small proportion of women who are incarcerated for violent crimes, most do not reoffend with another violent crime.
- Within prisons, incidents of violence and aggression committed by women are extremely low. Studies indicate that incarcerated women are five times less likely than men to commit such acts - 3-5% of women compared to 17-19% of men.
- Despite women's lower level crimes, arrest data from 2010 reveal that the number of female arrests in the United States increased by 11.4% from the preceding decade; this increase is in contrast to a 5% decline for male arrests. During the same time period, the number of women incarcerated in federal and state correctional facilities increased by 22%. Women now constitute one-fourth of the probation and parole population, representing a 10% increase over the past decade.
- **In Illinois**, 34% of women in state prisons are incarcerated for a violent offense, compared with 43% of male inmates. Women are also more likely to be incarcerated for a drug crime (29% vs 21%) or a property crime (30% vs 19%).⁴⁵

Higher Rates of Poverty & Unemployment

- Economic hardship, lower educational attainment, fewer vocational skills, underemployment, and employment instability are more common among justice-involved women. These factors are particularly problematic when considering that women are more likely to have child-rearing responsibilities, particularly as single mothers.
- Compared to men, it is more difficult for justice-involved women to obtain and maintain legitimate and well-paying employment that will meet their family's needs, both before and following incarceration. Research has indicated that programming designed to enhance women's educational/vocational skills are effective in reducing their risk of recidivism.
- Nationally, women report greater levels of poverty than men and less employment history immediately preceding incarceration. In addition, those seeking affordable housing and reunification face considerably greater challenges.⁴⁶
- A study of the Women's Prison Association found that 60% of women reported that they were not employed full-time at the time of their arrest (compared to 40% of men) and 37% of women had incomes of under \$600 in the month leading to their arrest (compared with 28% of men).⁴⁷
- A study conducted by the Urban Institute regarding prisoner reentry suggested greater challenges for formerly incarcerated women seeking employment. A sample allowed comparisons of the statistical differences between male and females in several states, and indicated 61% of males were employed post release vs 37% of women.⁴⁸
- **In Illinois**, 43.8% of women at Logan Correctional Center, the state's largest prison, do not have a high school diploma or GED; and one study indicated that approximately 58% of women in Illinois prisons were employed either full- or part-time at the time of their incarceration.⁴⁹

Research defining the complex and troubling pathways of justice-involved women, which are all too often carved by trauma, make it clear that their risks, strengths and needs are fundamentally different from those of male prisoners. Therefore, applying gender neutral practices that are not gender responsive, trauma-informed, culturally responsive or evidence-based can be counterproductive to operational goals of safety, security and rehabilitation. In addition, such practices present greater risk of triggering high risk behaviors among women, including those resulting from lengthy histories of unaddressed trauma and abuse. Indeed, numerous scholars have found that gender responsive approaches with justice-involved women are effective and can have a tremendous impact on women’s lives, facility operations, parole and recidivism and community safety.⁵⁰

The Gender-Informed Practice Assessment at Logan Correctional Center

The GIPA was the first-ever assessment of its kind conducted by the IDOC at any women’s prison.

Despite robust findings on the effectiveness of gender responsive practices and the tools available to corrections professionals, a survey involving 27 states published by the National Institute of Corrections (NIC) in October 2014 indicated that most states had not yet adopted comprehensive gender responsive policies and that “there is a gap between gender-responsive knowledge, program

models and corresponding policy.”⁵¹ The Gender Informed Practice Assessment – Facility Version (hereafter, 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. Post assessment activities include the development of concrete actions corrections agencies can take to fill the gap in gender responsive policies and practices. Items included in the instrument are supported by research and established standards of practice, and are recommended by experts in the field.

The GIPA is intended to facilitate department- and facility-level efforts to enhance gender responsive, evidence-based, and trauma-informed approaches to the management and supervision of justice-involved women with the ultimate goals of improving the safety and welfare of staff and women, improving outcomes, reducing offender recidivism, and increasing community safety. **Because the GIPA process produces such comprehensive information, it also provides an opportunity to identify ways to enhance correctional policies and practices for justice-involved women system-wide.**

Illinois’ Renewed Commitment to Improving Gender Responsive Practices

The Illinois Department of Corrections (IDOC) was selected by the National Institute of Corrections (NIC) and the National Resource Center on Justice-Involved Women (NRCJIW) as one of two national sites to be trained in the GIPA protocol. IDOC’s application stood out because of **Governor Bruce Rauner’s Prison Reform Agenda & the department’s partnership with the Women’s Justice Initiative (WJI)**, a Chicago-based initiative which engages a wide support network of local stakeholders and national experts. The WJI had been working with the IDOC Women & Family Services Unit to develop a long-term reform strategy to help reduce the population of women/girls in prison, and address the overall needs of justice-involved women and girls throughout the system. The IDOC leadership, which was led by Assistant Director Gladys Taylor at the time of the application in March 2015, demonstrated a true understanding of IDOC’s challenges regarding justice-involved women and a commitment to building gender responsive practices at Logan, throughout the entire women’s prison and parole system, and at the community-based level. Finally, it was clear that a small but tenacious team led by Women & Family Services Unit Coordinator Margaret Burke was knowledgeable about gender responsive practices and dedicated to making the necessary changes throughout the system to improve overall outcomes with women, as well as provide needed training and support for the department’s employees.

In the Fall of 2015, a team of 18 assessors, led by a consultant representing the **National Resource Center on Justice Involved Women (NRCJIW)** and the **National Institute of Corrections (NIC)** and coordinated by the Chicago-based **Women’s Justice Initiative (WJI)**, conducted the Gender-Informed Practice Assessment (GIPA)

at Logan Correctional Center. The GIPA team spent four days at the facility observing operations and programs with coverage of all three shifts and engaged in activities such as: reviewing reports, policies, and related materials; interviewing staff; conducting staff and inmate focus groups and surveys; observing clinical service delivery systems and programs, and other activities. The GIPA categorizes findings across twelve domains and documents facility-level strengths and challenges in areas ranging from leadership to partnerships to programming and the physical plant, all within the context of gender responsiveness. The following section provides a summary of key findings from Logan's GIPA.

SUMMARY OF FINDINGS: LOGAN CORRECTIONAL CENTER

State budget challenges and years of wavering commitment to gender responsive approaches with women in prison and on parole have mired Illinois in a situation that is currently untenable. In 2013 the Illinois Department of Corrections consolidated the populations of the state’s two largest women’s prisons into Logan Correctional Center. The John Howard Association of Illinois (JHA) reported that the Logan conversion was “*under resourced and ill-conceived.*” At the time, Logan had housed 1,500 medium security men, but would now manage a population of 2,000 (or more) women across all security classifications as well as serve as the statewide Reception, Assessment & Classification Center (R&C) for all approximately 2,500 admissions of women to prison every year. The transition took place with limited planning, staff training and efforts to take into account the unique nature and needs of such a large, complex women’s prison population of all security levels compared with those of the medium-security male population that had been housed there for such a long period of time.

The full Logan conversion that occurred in 2013 created numerous challenges resulting from a lack of gender responsive policies and practices. Many of these challenges have persisted and intensified over time. The top 12 critical challenges are summarized below:

Top 12 Critical Challenges at Logan

The GIPA identified several **strengths**, including, but not limited to:

- ✓ IDOC’s previous success with a centralized Women’s Division
- ✓ The department’s updated vision and mission, which emphasize best correctional practices such as “promoting positive change”, the operation of “humane correctional facilities” and a focus on “individual needs.”
- ✓ A commitment to enhancing policies and practices for women at the executive and facility management levels
- ✓ External stakeholders who are committed to supporting the department in its efforts
- ✓ Some incredibly dedicated staff who are working incredibly hard to provide women with what they need, despite the challenges at Logan while also remaining committed to improvements.
- ✓ Widespread staff interest in training and support on how to work effectively with women inmates
- ✓ IDOC’s commitment to implementing a Risk, Assets and Needs Assessment tool (RANA)
- ✓ The successful operation of some key gender responsive programs
- ✓ The existence key staff, managers and agency leaders who are knowledgeable about best practices with women.

Despite the existence of key strengths, measured against the GIPA’s pre-determined set of criteria and measures, Logan rated very low regarding the effective implementation of gender responsive practices overall. The challenges outlined below were identified as having the greatest impact on the effectiveness of facility operations, the staff, and outcomes among the women incarcerated at Logan.

1. Costly, Missed Opportunities to Reduce the State Women’s Prison Population

The lack of gender responsive policies, practices and programs at Logan has an impact on the prison population size.

- ✓ **Counterproductive Disciplinary Policies.** IDOC disciplinary practices are having the unintended consequence of increasing women’s length of stay and taxpayer costs – all without achieving the intended goal of improving safety and security and teaching women useful skills that are transferable to life outside of prison. Since the 2013 conversion, **Logan has increased women’s length of stay in prison by revoking more than 88,000 days of Good Conduct Credit (GCC).** This equates to imposing operational costs of 241 beds on an already overcrowded women’s prison system struggling for

resources. Also, IDOC allows GCC restoration for good behavior, yet a comparison of 17 of the state's 25 prisons indicated that Logan had the lowest rates of GCC restoration.

- ✓ **Over-Classification of Women.** As described below, IDOC has been using Classification and Risk/Need Assessment tools that were not validated for women. This can result in a higher women's prison population in at least two ways: 1) It may over-classify the risk presented by women inmates, which results in missed opportunities for accelerated release and county-based prison diversion among those low-risk women better served in cost-effective community-based programs (notably those with children); and 2) It prevents targeting of programs and services that will effectively reduce recidivism.
- ✓ **Recidivism.** Preliminary data suggests a 50% recidivism rate among women who have been discharged from Logan since the conversion in 2013. In other words, half of the women that served time at Logan between April 2013 and October 2015 (a 2.5 year period) have been re-incarcerated. IDOC typically releases three-year recidivism rates for the entire women's prison population (not for individual prisons); and it is also difficult to obtain recidivism rates for women who have served their full sentence at Logan (versus women housed there temporarily at the R&C for assessment). Regardless, a 50% recidivism rate is unusually high and requires further examination. Rates for the women's prison population statewide have never been higher than 36%, and the current rate for the entire prison population (men and women combined) is 46.9%. *Note: Prior to completion of this report, IDOC was developing a more current three-year recidivism analysis that may offer an opportunity for facility comparisons. The department anticipates overall three-year recidivism rates to demonstrate a decline this year – if so, this promising shift should be examined to ensure sustainability.*

2. Facility Structural Limitations, Overcrowding & Dangerously Mixed Security Populations

- ✓ **Inappropriate Design for Large, Complex Female Population.** Logan is an aging facility in need of significant repair, and faces design and structural challenges related to the fact that it was built in 1929 and repurposed as a male prison in 1978. In fact, before the Logan conversion in 2013, it had housed only 1,500 medium security men. It was not designed to address the operational needs of a large women's population of up to 2,000+ inmates of all security levels, including 770 women identified as SMI, and an R&C to assess and temporarily house the state's 2,500 annual women's prison admissions. In addition, the conversion resulted in a net loss of bed space to house special populations, including women with significant mental health needs.
- ✓ **Facility Design Poses Operational & Safety Challenges.** Logan's structural problems pose persistent safety and operational challenges and prevent staff from appropriately housing women of varying risk/security levels and addressing various clinical needs (including the needs of women in crisis). The resulting population mix presents risks to staff and women. For example, Logan had to re-open Housing Unit #5, a 100-bed open dorm in disrepair with limited staffing, to house an overflow of nearly 100 women of mixed security/risk levels as part of the R&C process. The stress of the first days of incarceration, combined with being housed in this setting, allegedly causes several problems, including regular, unreported fights among the women.
- ✓ **Insufficient Space for Effective Assessments, Programming & Services.** Limited space also poses difficulties in accommodating confidential clinical assessment and effective programs and services.
- ✓ GIPA surveys indicated that 76% of women inmates at Logan do not feel physically safe.

3. Numerous Leadership Changes and Inconsistent Operational Policies & Practices

- ✓ **Prior Dismantling of Centralized Women's Division Defies Best Practices.** IDOC demonstrated a clear commitment to gender responsive policy and practice when it established the department-level Women & Family Services Division (WFSD) in 1999. However, the WFSD was dismantled by a former IDOC Director in 2010, and reduced what had been a department-wide authority to a lesser, program coordination unit without clear, consistent authority over policy, practice and programming with women. Since then, the work of the WFSD has been deprioritized and subjected to changing, inconsistent philosophies and operational practices regarding the management of the women's

population.

- ✓ **Six Wardens at Logan since the 2013 Conversion with Varying Knowledge about Policies & Practices with Women.** The lack of a consistent, department-wide policy and training on gender responsive practices has been exacerbated by the fact that Logan has had six different wardens since the 2013 conversion, each with a different philosophy and approach to working with justice-involved women. This has created a lack of direction at Logan, where 30% of staff have less than one year of experience working at IDOC.
- ✓ **Two Prison Cultures: Security vs Programs.** Logan appears to be operating as two prisons with differing missions. Since Logan was converted to a female facility in 2013, a divisive culture has emerged that generally pits security staff against programming/clinical staff regarding how to effectively work with female inmates. In fact, the security versus programming/clinical argument is based on a false dichotomy. Safe and productive facilities are created when security and programming/clinical services are implemented in a balanced and coordinated manner with proven, effective gender responsive correctional practices.
- ✓ **Isolation of Logan's Women & Family Services Department.** Instead of being promoted facility-wide, a gender responsive philosophy (and accompanying policies and practices) is primarily promoted by the Women and Family Services (WFS) staff, a department within Logan that is not embraced or taken seriously by a significant number of staff and supervisors. Consequently, the WFS department is isolated within the facility, along with the principles and practices it promotes regarding effective approaches and interventions with women.
- ✓ **Inconsistent Operational Practices Within and Between Shifts.** Staff and women reported lack of consistency in facility operations and management on each of the three shifts, which creates further confusion regarding expectations and contributes to instability. Women report they know what kind of shift it will be based on which staff are working; staff report that staff on the same shift utilize different approaches and that each of the three shifts operate very differently.
- ✓ **Lack of Gender Responsive and Trauma-informed Policies & Procedures.** There is a lack of gender responsive policies in several areas including, but not limited to: pat and strip searches, crisis calls, housing refusals, room searches, cell extractions, use of force, use of segregation, urine collection, touch and inmate self-harm. In the absence of formally developed policies and procedures that address the unique requirements of working with women, informal and, at times, inhumane practices have evolved.
- ✓ GIPA surveys indicated that 82.3% of women inmates said that the rules/expectations for women inmates are different with staff depending on their shift; 40% of staff said they believe that rules/expectations vary by shift, while 40% thought they were consistent and 19% were neutral.

4. High Risk, Divisive Facility Culture

- ✓ **Chaotic Transition of Women to Logan Set Tone for Divisive Facility Culture.** Numerous reports from both staff and women suggest that a poorly planned, rushed and chaotic transition of the women from Dwight/Lincoln to Logan set the tone for the culture that exists at Logan today. For example, women inmates were subjected to **provocative verbal abuse** by several staff as they waited in the receiving line for processing; they were strip searched behind make-shift cardboard boxes to speed along the process (to shield undressed women prisoners from male officers, while ensuring they had no weapons or contraband); and some women reported being placed in unsanitary cells with feces and urine left on the beds and floors. Ultimately, the way in which the Logan conversion was handled created numerous barriers to the development and implementation of gender responsive policies and practices with women, which has in turn, created significant risks to safety and security.
- ✓ **Staff Differ on Defining "Standard IDOC practices" and Relevance of Gender Responsive Policies and Practices.** Many staff expressed the need to eliminate the Women and Family Services (WFS) department at Logan and restore **"appropriate IDOC practices,"** such as **"treating convicts like convicts" because "male and female inmates are the same."** Conversely, those staff favoring gender responsive approaches and programs typically highlighted the need for expansion of WFS, and more

services in order to maintain order, reduce conflict and improve outcomes among the women.

- ✓ **Varying Philosophies Regarding the Management of Women with Mental Health Needs.** Conflicting philosophies and practices described by staff were particularly prevalent regarding the management of women inmates identified as mentally ill or seriously mentally ill (SMI). While acknowledging the need for more training, many security staff questioned the need for clinical staff to intervene in operational/security issues related to this special population, indicating that misbehavior of any inmate (regardless of mental health diagnosis) should be handled as a disciplinary matter. This approach does not represent best correctional practice.
- ✓ **Lack of Unified Culture Promotes Unstable Environment.** The divisive facility culture at Logan is contributing to an unstable environment that undermines the safety of both the women and staff. This is related to changing leadership, lacking staff expectations, inadequate staff training and support, limited supervision and accountability, and deficient gender responsive and trauma-informed policies and practices.
- ✓ **Staff Report "Taking Matters into Their Own Hands."** In a crisis-driven environment fraught with confusion and inconsistency, some staff reported that they are "taking matters into their own hands" and employing interventions that defy evidence-based, gender responsive and trauma-informed practices. The use of questionable interventions, such as throwing water in the faces of inmates they believe are "faking" seizures before reporting them to medical professionals, presents serious risks to the safety and security of both staff and the women.
- ✓ **Inappropriate Approaches and Demeaning Communication Utilized by Staff.**
 - Both staff and women reported that some staff (throughout the chain of command) use excessive force, and facility reports indicated that there had been investigations underway within the 6 months prior to the GIPA for 30 alleged incidents of use of force as well as 29 staff conduct grievance issues.
 - During the assessment some staff expressed contempt for the women and gender responsive, evidence-based and trauma-informed approaches by stating that they believe the women are "worthless," "crazy," "talk too much" and **"will never be anything more than a convict."** In some instances, they referred to the women inmates as "animals." In the absence of sufficient training and support on working with women and the challenges of working in a tension-filled environment, many staff are relying on outmoded stereotypes that impact how they view and treat women.
 - Women reported numerous personal experiences with what they described as "disrespect" from staff and witnessing disrespect on a regular basis. For example, women and staff reported that many staff "make fun" of inmate programming. This makes it very difficult for women to take what they have learned in groups, such as meditation, and apply it on the unit.
 - Disrespectful language is tolerated by peers and not corrected by supervisors. For example, staff reportedly tell the women to "shut up or you'll get a ticket" when the women express concerns or needs and call the women vulgar names. This reportedly happens less on the mission-based units.
 - Assessors heard things from staff such as: "Women are not treated respectfully...they don't treat them as humans. They don't know how to talk to them" (corrections supervisor), and "I do see/hear a lot negativity from other staff members and I think that's sad. My experience...is that when the inmates are treated with respect, they return it" (corrections professional).
- ✓ **Unstable Environment Promotes Self-Preservation Behaviors & Risks Among Incarcerated Women.** The environment at Logan triggers coping and self-preservation behaviors among the women (e.g., self-harm, aggression) that complicate day-to-day operations and distract women from the goal setting and skill identification and building they need to be successful in the facility and in the community. Many of these self-preservation behaviors are created by the lack of stability and safety at Logan and are preventable.
- ✓ **Broken Grievance Process Prevents Management from Knowing about and Correcting Problems.** While a clear grievance process exists for women to protect their rights and safety, numerous reports indicated that it was not being followed. Grievances are not being properly tracked, logged, and

returned back to the grievance officer or the warden in a timely manner and according to departmental policy. It was also reported that staff (custody and counseling) intimidate women and throw grievances out or dismiss them prematurely. There were multiple reports from staff and women that the "slips" needed to file a grievance were not regularly available on the housing units. It was also reported that women are told by staff and supervisors that if they file a grievance against an officer, they will not be believed. Others are told that there will be staff retaliation against them for filing a grievance. This retaliation may take various forms. For example, women reported losing their job assignments, being arbitrarily moved, being mistreated by staff, and being punished by staff after trying to file a grievance.

Important Note: It is a key GIPA finding that staff have not received the training, support and tools they need to create a safe and productive facility culture and work effectively with a female population. This lack of training and support is a key contributor to the findings discussed herein. Other Logan characteristics noted in this report also complicate operations for staff (e.g., mixing women of various security levels due to incredibly challenging space limitations and the lack of direction on how to deal with women with mental health needs). These deficiencies have created a situation where staff are resorting to ineffective interventions. In fact, many of the interventions being used create and worsen behaviors and symptoms, thus increasing safety and security problems. Finally, many of the ways in which "appropriate IDOC practices" were described did not seem to align with national correctional standards; considerable review should be conducted by IDOC.

5. Ineffective & Counterproductive Disciplinary Policies & Practices (including high rates of segregation among women identified as mentally ill)

- ✓ **Segregation and Other Highly Punitive Sanctions are Over-Used.** Staff reported that in addition to not receiving training, support and direction on about how to maintain stability at a prison with such a large, complex female population, they were provided with few tools to respond to various behaviors. Therefore, segregation and other highly punitive responses are being overused despite the reality that these practices can trigger trauma, create the troubling behaviors they are designed to eliminate, and fail to create long-term behavior change.
- ✓ **Disciplinary Policies Encourage "Stacking" of Sanctions.** IDOC's disciplinary sanction matrix, followed in all facilities, includes a "mandatory sentence" for repeated infractions and encourages the "stacking" of charges and discipline. This can result in years of C-Grade, segregation and a lack of privileges with no way to obtain a reduction of these sanctions. This has serious impacts on good time and works against all women, including vulnerable populations such as those suffering from mental illness.
- ✓ **High Use of Segregation Days Has Dramatic Impact on Women Diagnosed Seriously Mentally Ill (SMI).** During the 25-month period from Nov 2013 to Dec 2015, Logan "issued" 127,260 segregation days as discipline to 1,105 women, of which 38 were issued 498 or more days (ranging 498 to 5,372 days). An initial analysis by IDOC revealed that at least **74% of those 38 women with the highest segregation days had been identified as Seriously Mentally Ill (SMI)**. While segregation is considered one of the most serious forms of discipline in a prison, it appears the majority of segregation infractions at Logan have not involved violence: From July 2014-July 2015, Logan reported 120 total assaults (averaging 10 per month), of which 6 were rated "serious."
- ✓ **Segregation Days: Actual vs Served Raises Questions on Number of Days Issued.** For the purposes of the GIPA, IDOC could only provide data on how many segregation days were "issued," but not the actual number of days that women "served" in segregation (which may be reduced due to a number of factors, such as to limited space or good behavior). In comparison, a Vera Institute study conducted prior to the Logan transition indicated that from the 25-month-period of Jan 2010 to Feb 2012, women actually "spent" an estimated 6,981 days in segregation at the now shuttered Dwight women's prison. This raises serious questions about the effective use of segregation as a disciplinary tool and whether it is being used inappropriately to control the behavior of the women, notably those diagnosed with serious mental illness.

- ✓ **Lack of Gender Responsive Approaches to Discipline and Comparatively Higher Percentages of Women in C-GRADE.** Logan’s discipline policy does not account for women’s gender-specific behaviors and needs. Operating with a discipline system that has not been designed for women inmates presents the risk of staff being more punitive with women inmates than their male counterparts. A comparison of operations reports from 17 of the state’s total 25 male and female facilities combined suggested that Logan had the second highest percentage of inmates on C-GRADE (the most punitive disciplinary status outside of segregation).
- ✓ **Overall Female Prison Population Disciplined at Higher Rates than Male Prison Population.** Despite repeated staff concerns expressed in focus groups that the IDOC had “gone too soft” on women at Logan, data reveals a higher prevalence of discipline among all incarcerated women than men at prisons statewide. A preliminary analysis comparing all disciplinary infractions for men and women from July 2015 to July 2016 revealed that women receive, on average, 5 infractions, and men receive 3 infractions. Thus, the **average of number of disciplinary tickets is almost double for the women’s population than for men.** Disparities were prevalent for “minor insolence” infractions, where the average number of disciplinary tickets issued to the women’s prison population was almost five times higher than those issued to men. Also, there is a significant absence of gender-specific behavioral incentives, privileges and motivators, all of which have been shown in the research to create behavioral stability and growth.
- ✓ GIPA surveys indicated that 67% of women inmates and 23% of staff do not believe women inmates are taught useful ways to handle conflict.

Important Note: The *Gender Responsive Discipline and Sanctions Policy Guide for Women’s Facilities*⁵² can be used to transform discipline in women’s facilities. Supported by the NRCJIW, the guide was developed specifically for use by executive management teams and staff within women’s facilities to conduct a policy review of discipline and sanctions. It outlines a suggested step-by-step process that can be used to conduct a thorough analysis of current policies and practices, enhance them according to gender responsive, evidence-based and trauma-informed principles and improve safety and outcomes for women and staff.

6. Lack of Staff Training/Support on Gender Responsive, Trauma-Informed Practices & Working with Women with Significant Mental Health Needs

- ✓ **Insufficient Training for New Cadets on Gender Responsive Practices.** When Logan became one of the nation’s largest and most complex women’s prisons in 2013, more than 50% of the prison’s correctional officers (200 of 379) were new cadets that had only recently completed a six-week training program. It was not until the very last day of training that they were presented with a one-hour PowerPoint on gender responsive practices with incarcerated women. Furthermore, several staff reported that they were “warned” or “discouraged” from working in a women’s prison during their time at the training academy, and that many staff had opposed the conversion of Logan to a women’s facility in the first place.
- ✓ **Lack of Training on Trauma-Informed Practices & Managing Women Identified as SMI.** Prior to the 2013 Logan conversion, training was not provided to veteran staff, new cadets or management personnel on trauma-informed practices or working with women who have significant mental health needs, including those identified as seriously mentally ill (SMI). During interviews, focus groups and in surveys, staff voiced concerns about being unprepared to work with the Logan population, where 770 women are identified as SMI, 60% are estimated to be suffering from PTSD and 75% have been the victims of sexual abuse – conditions at risk of being dangerously triggered, misunderstood and mismanaged in a prison.⁵³
- ✓ **No Gender Responsive Training Requirement for Management Personnel.** There is no requirement for the IDOC Executive Staff responsible for overseeing women’s prisons or the parole system to attend any form of training on gender responsive or trauma-informed practices.
- ✓ GIPA surveys indicated that less than half of the staff at Logan (47%) believe they were given skills to work effectively with women inmates.

7. Lack of a Culturally Responsive Environment

- ✓ **Limited Training.** While Logan’s population includes a high percentage of women of Color, it is managed by a predominantly white and male staff. During the assessment, staff reported that there had been little, if any, training on cultural responsiveness.
- ✓ **Culturally Insensitive Policies Impacting African American Women.** Logan policies do not appear to infuse cultural awareness, respect and sensitivity. For example, after the 2013 conversion, Logan **adopted a policy prohibiting African American women from wearing braids/dreadlocks during family visitation.** Women reported feeling de-humanized by having to remove these hairstyles - which may require cutting off their braids/dreadlocks - in order to visit children. The policy was reportedly adopted due to concerns that such hairstyles pose a “security risk” because contraband could be hidden in women’s hair.
- ✓ **Prison Commissary Requires Overhaul.** The prison commissary offers inconsistent access to African American hair products, despite the fact that more than 700 women at Logan require them for personal hygiene and self-care.
- ✓ **Poor Accountability for Bigoted Language & Behavior.** There were considerable reports in focus groups, interviews and surveys indicating that women of Color and those who identify as LGBTQ are often the subject of deeply offensive verbal abuse from many staff members and that the women use racially-charged and bigoted language among each other. It was reported that there are rarely repercussions for staff or inmates using offensive language at Logan. Some staff expressed concerns that these dynamics create an unsafe and unpredictable environment for all.
- ✓ GIPA surveys indicated that 84.4% of women inmates do not believe Logan staff treat women inmates with respect, and 77.4% believe that women inmates do not treat each other with respect. Comparatively, 7.3% of staff do not believe that staff treat women inmates with respect, and 63.6% believe that women inmates do not treat each other with respect.

8. Medical & Mental Health Care Challenges Linked to Staff Shortages & Operational Conflicts

Important Note: IDOC has been engaged for some time in two lawsuits addressing both mental health and medical services throughout all state prisons, not specific to Logan. The mental health lawsuit was settled last year, and the health care lawsuit is reportedly still pending. During the GIPA, it was clear that Logan has been engaged in a process of implementing critical improvements in the delivery of mental health services, and management and staff are aware of the considerable challenges they are working to confront within the broader context of the statewide system. Throughout the process, it was necessary to clarify that the GIPA was not designed to serve as an audit, and the assessment team did not seek to revisit issues related to either of these lawsuits. Rather, the purpose of the GIPA was to determine the level of gender responsive policy, practice and service delivery in multiple domains, including medical and mental health care.

The GIPA process identified several medical and mental health care findings that appear to be linked to the conversion of Logan from a male to a female facility. Operational practices, staffing and resources were not appropriately adjusted at Logan to accommodate for the unique medical/mental health needs of women. (Research shows that women typically present greater mental/physical health needs than men that are related to past trauma, reproductive health-related issues, etc.)

- ✓ **Staffing.** At the time of the GIPA, there had not been a full-time Medical Director or physician on staff at Logan for at least one year, and doctors from other prisons provided patchwork coverage during that period. In addition, there had never been a state Director of Nursing at the facility since the conversion, and several state and contracted nursing positions had remained vacant. Numerous women reported that staff turnover resulted in changing diagnoses/treatment for the same conditions due to conflicting medical opinions, and several reported treatment disruptions after the transition to Logan from Dwight (e.g., including potentially missing medical records). *Note: As of May 2016, Medical Director position was filled, as well as all 23 nurse contractors and 11 of 16 state nursing positions. However, as of this report, vacancies remain for one full-time physician and the state Dir. of Nursing.*

- ✓ **Access.** Logan arguably has a “tri-furcated” health care system with private contractors and state employees providing clinical services, and correctional staff, who lack clinical training, often serving as “gatekeepers” to care. While IDOC records indicated that all emergency and crisis referrals are seen the same day and routine medical referrals are seen within 10 days, 80% of the women surveyed expressed concerns about medical care and many reported slow responses to medical grievances. Assessors identified two key issues: 1) Slow, inconsistent follow-up treatment (after initial appointments), that may be attributed to low staffing/high turnover rates among health care staff; and 2) Inconsistent access to “medical slips” from correctional staff on housing units that women must submit to request health care appointments. *Note: As of March 2016, an “open sick call” process was implemented and eliminated the need for “medical slips”.*
- ✓ **Mental Health.** At the time of the GIPA, there were 770 women prisoners diagnosed with Serious Mental Illness (SMI), more than 58% of all women incarcerated in Illinois are on a mental health caseload (in need of some form of mental health services), and it has been estimated that 65% of all women incarcerated at all IDOC prisons suffer from Post Traumatic Stress Disorder (PTSD). While it is clear that Logan has made some promising progress in addressing mental health needs (e.g., the nearly completed construction of a new Residential Treatment Unit (RTU) and the announced launch of statewide training on mental health), key challenges remain:
 - 1) **Crisis Calls & Suicide Attempts on Rise:** Specifically, the number of monthly “Crisis Calls,” which are incidents where women report feeling they are a threat to themselves/others, increased from 58 in June 2014 to 183 in Sept. 2015 at Logan. Monthly Suicide Attempts increased from one to 10 since the conversion.
 - 2) **Misuse of Crisis Calls to Manage Women’s Routine Concerns and Requests Presents Risk:** In the absence of clear direction on how to respond to women’s routine needs, staff are relying on specialized operational practices that should be reserved for women who are actually in crisis. For example, women and staff report that if a woman is having difficulty with her roommate, would like a housing change, feels unsafe with some of the other inmates on her unit, etc., she may be told to “refuse housing”, “strip out” or “call crisis.” Refusing housing involves “stripping out” and going to segregation. Furthermore, staff and women reported concerns that many “actual” crisis calls are now being met with suspicion, which contributes to an atmosphere of instability at Logan and poses high risk of mishandling truly dangerous/high-risk situations.
 - 3) **Lack of Trauma-Informed Responses to Actual Crisis:** Logan places some women in crisis or those being transferred to disciplinary segregation into a temporary “holding cell” that some staff inappropriately refer to as the “crisis cage.” This “cage” is a four-sided, barred cell that sits in-between the R&C and the Segregation unit, lacks padding (to prevent self-harm) or privacy, and appears to do little, if not escalate the symptoms and risks of women experiencing some form of crisis or a high intensity situation. *Note: In response to the GIPA, Logan is developing specific plans to eliminate the use of the “crisis cage” and replace it with more clinically appropriate calming areas and other trauma-informed interventions to support crisis de-escalation and management.*

Important Note: It will be important for IDOC to explore its use of the category “Seriously Mentally Ill” and ensure that 1) appropriate clinical criteria are being used and adhered to when identifying someone as SMI, and 2) gender, culture, trauma, oppression and other factors are thoroughly considered so that women are not inappropriately diagnosed.

9. Limited Access to Gender Responsive, Evidence-based Programs & Support Services

- ✓ **Limited GR Programming.** Overall, programming and support services have been increasingly limited (e.g., fewer program slots, long wait lists) at Logan, and gender responsive, trauma-informed, evidence-based programs are very limited. Most programs are limited to “low risk” or short-term inmates, and are often denied to maximum security or longer-term inmates, despite the fact that gender responsive interventions can reduce risk among these populations, improve overall prison safety and reduce recidivism when women are released back to their communities on parole.

- ✓ **Lack of Budget Strategy.** Despite limited resources, there is no budget strategy targeting investments into services/programs that would most effectively address the risks, assets and needs of the female population as a whole. For example, IDOC had offered the trauma-informed and evidence-based program, Seeking Safety, at all women’s prisons due to the high percentage of women with abuse histories. However, the grant funding for this program expired and other resources were not re-allocated to maintain it.
- ✓ **Increasing Waiting Lists for Programs.** Effective education services and programs have proven to have a successful impact on reducing recidivism and improving public safety, however, they are in increasingly short supply for the women’s prison population since the Logan conversion. Currently, 43.8% of women at Logan do not have high school diploma/GED, yet. At any given time, 200 women are on a waiting list for substance abuse **waiting lists for programs increased from 564 in July 2014 to 1,175 in Sept. 2015** treatment (and prior surveys on substance abuse histories among justice-involved women indicate that the need is likely even higher). At the same time, Logan’s monthly “Program Slots Available” reports have indicated increases from 10 to 142 during that same time period, which suggests that the staff are not filling even the limited program slots they have available. This could demonstrate a lack of priority for programming or ineffective operational practices. (One explanation that requires further research is that these gaps may be related to erratic disciplinary policies, which may disqualify women in the midst of programming.)
- ✓ **Feminine Hygiene Products.** To IDOC’s credit, the department provides inmates with one free box of feminine hygiene products every month. Should they run out of their supply, however, women must request special authorization to purchase more from the commissary or to get them for free from the health care unit if they cannot afford to purchase them. As Logan only allows women to make commissary purchases once every 2-4 weeks, many women reported that they frequently run out of these products and are humiliated by having to convince staff that they truly need them. In focus groups, this issue was frequently raised as a frustration among staff, who **reported denying or being reluctant to approve them** because they believe many of the women are “wasteful” and use them in unapproved ways (such as to tape under doors to prevent cold drafts into their cells). *Note: In response to the GIPA, Logan is developing a protocol to address this situation, and to ensure discipline does not include denial of feminine hygiene products.*
- ✓ GIPA surveys indicated that 30.7% of women inmates believe they have obtained useful skills at Logan, 52% do not believe they have not obtained useful skills and 17% were neutral on the question.

10. Limited Support for Incarcerated Mothers & their Children

As of the GIPA assessment, there were 1,835 women incarcerated at Logan and 1,304 of them (71%) were mothers of a total of 3,700 children.

- ✓ **Logan not Staffed or Designed to Support Child Friendly Visitation – a Standard for Women’s Prisons.** The 2013 conversion to Logan created geographic challenges because most of the women are from the Chicagoland Area, and are generally located 175-200 miles away from their children, families and support systems. Logan is about 1-1.5 additional hour’s drive than Dwight was from the region. Visitation space is not child-friendly, there is no designated changing area for infants and toddlers, and there is no space available for extended visits. It was also reported that some staff do not follow policy regarding the use of the overflow room and visits are sometimes prematurely terminated.
- ✓ **Dramatic Reduction in “Day Room” Hours Significantly Limit Time to Call Children & Families.** Logan has dramatically reduced day room hours on housing units since the 2013 conversion. Despite the fact that both Lincoln and Dwight offered considerably higher hours for women, Logan leaders stated the policy change was related to difficulties managing such a large, mixed security population. This has limited the time available for women to call children and families and develop reentry plans, an issue that causes conflict among the women and with staff. Furthermore, numerous and disturbing reports were made that staff encourage the women “to fight it out” among themselves to address these and other types of conflicts on housing units.

- ✓ **Elimination of Child & Family Transportation Program.** Budget cuts resulted in elimination of the only state-funded service that transported children to visit their mothers in prison. Organizations such as CGLA/CLAIM have commendably led fundraising campaigns to help restore services, but this is not a sustainable solution. Furthermore, management staff indicated that departmental rules require Logan to restrict the number of family visits for all women - regardless of their security level - due to the fact that a portion of the prison houses a maximum security population.
- ✓ **"Moms & Babies" Enrollment Reductions.** Despite a zero percent recidivism rate for the "Moms & Babies" prison nursery and reentry program, enrollment has diminished considerably in recent years. It was reported that increasing numbers of pregnant inmates are being denied eligibility for this program, and it may be related to reported histories of violence in their background records. Due to the high percentage of incarcerated women that have long histories of victimization and domestic abuse, many advocates believe that the circumstances surrounding their arrests or violence should be more carefully reviewed prior to imposing eligibility restrictions to Moms & Babies or any other IDOC program. The issue of assessing women's true risks and the nature violence should be further researched by the department with use of a gender responsive risk tool validated for women.

11. Lack of Risks, Assets & Needs Assessment Tool Validated for Women

- ✓ **Lack of Gender Responsive Assessment Potentially Impacts Safety, Population Size & Recidivism.** As Logan serves as the R&C for all 2,500 women admitted to the state prison system annually, the assessment process presents a critical opportunity to set them on the safest, most productive and clinically effective course possible. While an objective system/tool exists to classify women at Logan, it has not been developed according to gender responsive research and best practices. This appears to be creating challenges, such as over-classification by security level (which could result in inappropriate/unsafe housing assignments), and missed opportunities for diversion, population reduction and effective service/program placements.
- ✓ **Current Assessment Tools Outdated.** Logan staff indicated that many of the department's risk assessment tools were developed decades ago, during a period with a far lower female population and at a time when less was known about risk assessment in general and women's risk assessment in particular. The tool being used with women does not incorporate the latest and critically important research on women's risks, strengths and needs.
- ✓ The IDOC is piloting an assessment tool statewide, called the SPIN, which was validated for men. IDOC staff report that it would be possible to implement SPIN-W, a gender-specific version for women, with limited financial investment. The state would benefit from aligning a unified tool among both state and community corrections systems for justice-involved women.

12. Lack of Gender Responsive Case Management, Parole & Continuum of Care

A gender responsive case management, parole & continuum of care does not exist to support women inmates or parolees; reentry programs for women are in short supply (notably housing and employment); and all WFS positions designated to build community-based services for women on parole were completely eliminated in 2013. The process should match women to programs and services based on their assessed need and provide a seamless transition from prison to community. Research demonstrates that accurately addressing risks with properly implemented gender responsive and evidence-based programs reduces recidivism.

- ✓ **Limited Pre-Release Planning.** Currently, the WFS staff at Logan provides some case management and referral services to women with children, but their work is not comprehensive and the model is not delivered holistically to all women in the system.
- ✓ **No Gender Responsive Parole System & Limited Reentry Services.** There is no gender responsive training for Parole Agents working with female parolees reentering communities or specialized caseloads, and a very limited network of community-based support services available to provide women on parole (especially those with children) with the tools they need to be successful. Women inmates and staff expressed particularly high concerns about lack of housing and employment.

- ✓ *Note: As a result of the GIPA process and recommendations, IDOC has actively sought funding to implement an evidence-based case management process, called the Collaborative Casework with Women (CCW-W) model, which links prison-based assessment, case management and transition planning to gender responsive case management and service delivery in the community.*
- ✓ *GIPA surveys indicated that 65.5% of women inmates and 25% of staff do not believe Logan prepares women inmates for success. 31% of staff believe that the facility does support women’s success, while 43.4% were neutral on the issue. Nearly 75% of women inmates do not believe that they are provided with information on services and resources within their communities.*

**This chart includes supplementary research and data compiled post assessment by The Women’s Justice Initiative (WJI), with the generous time and support of IDOC staff, to support validation of findings and recommendations in this report.*

SYSTEM-WIDE STRENGTHS, CHALLENGES & RECOMMENDATIONS: THINKING AHEAD AND NEXT STEPS

Facilities like Logan are situated within and influenced by the larger system of which they are a part - particularly in the case of Logan Correctional Center, which serves the state's largest, most complex women's prison and the Reception & Classification Center (R&C) for every woman admitted to prison from all of Illinois' 102 counties. It is a critical first point of entry for some 2,500 women each year. As a result, the GIPA process inevitably revealed systemic strengths, challenges and opportunities, and therefore offers an opportunity to explore the "larger picture" of women's correctional services throughout Illinois and build an effective gender responsive correctional system. This section captures department-level issues and opportunities that were identified during the GIPA.

While the GIPA team identified considerable challenges at Logan related to lack of adherence to gender responsive operations and best practices, it was also evident that many of them have been thematic throughout the women's prison and parole system in Illinois for some time. **The GIPA findings at Logan have simply amplified the need for systemic change rooted in building a seamless women's correctional system based on gender responsive, evidence-based and trauma-informed best practices from prison to community.**

With regard to how best to consider and respond to the recommendations herein, we encourage broad-based, system-wide discussion about the information presented in this summary report. While improving services for justice-involved women is the formal responsibility of a state corrections agency, it cannot happen without multi-stakeholder discussion and support from multiple sectors and communities throughout the state. Successful collaboration at this level will not only improve outcomes among justice-involved women, but is also critical to **achieving Illinois' de-carceration and prison population reduction goals.**

Key Department-Level Strengths

As a department, the IDOC is to be commended for the following strengths:

Strong Support from Executive Leadership. While gender responsive practices have not been embraced on a department-wide level for several years, the department's current leadership team, appointed in the last several months, has expressed strong support for addressing the needs of the women's prison and parole system. Notably, the GIPA team found these two factors very promising: 1) The appointment of Director John Baldwin, who has experience transforming women's prisons after participating in one of the first GIPA assessments in the nation in Iowa several years ago; and 2) The re-confirmation of Assistant Director Gladys Taylor, who spearheaded IDOC's partnership with the WJI to apply for the GIPA assessment as part of a three-year process to transform women's corrections in Illinois.

Access to Knowledgeable and Dedicated Staff. IDOC has access to some incredibly knowledgeable and passionate staff in key positions at the state's three women's prisons, notably WFS Coordinator Margaret Burke (who was also appointed to serve as Acting Warden of Logan to address challenges identified during the GIPA assessment) and Chief Public Safety Officer Carolyn Gurski. Both of these women are highly qualified and motivated to anchor a departmental systems-change agenda. In addition, the wardens of both Decatur Correctional Center (Shelith Hansbro) and Fox Valley ATC (Margarita Mendoza) both participated in the GIPA assessment process and have demonstrated strong support for gender responsive practices.

Previous Experience with a Centralized Women’s Division. From 1999 to 2010, the IDOC operated a centralized Women & Family Services Division (WFSD) to oversee and influence policy, practice, operations and services for women in state prisons and on parole. During that period, the IDOC began gaining national attention for some of its emerging initiatives in gender responsive corrections practice. These actions represented critical initial steps toward establishing a gender responsive system for women, but were thwarted by a dismantling of the division in 2010.

Strong Foundation for True Step-Down Women’s Prison & Reentry System. While the capacity of IDOC’s three women’s prisons is strained and the department lacks a validated gender responsive risks, assets and needs assessment tool, Logan, Decatur, Fox Valley ATC Work Release Program and the 12-bed Women’s Treatment Center program structurally offer four distinct security settings that have the potential to be transformed into a progressive “step-down” prison system where women gradually transition into less secure, community-based settings in line with best practices. This includes opportunities to reduce the size of the women’s prison population using effective, evidence-based alternatives to incarceration among low-risk women - especially those with children.

Moms & Babies Program Demonstrates Successful Reduction in Recidivism. The Mom’s & Babies Program housed at Decatur Correctional Center offers an example of the successful implementation of a program that is rooted in best practices for women. According to internal departmental evaluation, the recidivism rates for women who participate in this program are close to zero. With implementation of a gender responsive risk assessment tool, the success of this program can be built upon and access can be expanded to more incarcerated women and their children.

Key Department-Level Challenges

As an agency, IDOC faces the following challenges which are very closely aligned with those identified at Logan:

Lack of a Centralized Women’s Prison & Parole Division. Structurally, the fundamental challenge that impacts the IDOC women’s prison and parole system is the lack of a cohesive, centralized women’s prison & parole system that is managed by a high-level leadership position and guided by a written set of official policies, guidelines and directives to which administrators and staff are held accountable regarding effective policy and practice with women. The dismantling of the formerly centralized Women & Family Services Division (WFSD) and demotion of the high-level Deputy Director of the WFSD to the title of WFSD Coordinator in 2010 had a ripple effect throughout all women’s prisons and the parole system; gender responsive practices became viewed as more of a specialized “program” or “service” than a core philosophy driving all prison and parole operations in an evidence-based and systemic manner, including the targeting of limited resources in the most effective way possible.

Changing Leadership, Unclear Philosophy and Inconsistent Operational Practices. The lack of a centralized Women’s Prison & Parole System driven by consistent leadership and clear guidelines has subjected the women’s prisons and parole system to a series of changing leaders, reporting structures and operational practices that have had a demonstrable impact on the stability and operations of the state’s women’s prisons.

Lack Staff Training & Support on Gender Responsive & Trauma-Informed Practices. Combined with changing leadership and philosophies, a considerable number of staff working in women’s prisons have limited experience (some 30% at Logan have one year or less experience working with IDOC), and were only provided with a one-hour PowerPoint presentation on working with women in prison and gender responsive practices at the end of their six-week academy training, which mostly focused on managing male populations. Furthermore women inmates have higher rates of medical needs, unique mental health needs and significant histories of sexual/domestic abuse and PTSD and staff are not provided with any training on trauma-informed practices or working with such high-need clinical populations. While male staff can work effectively with women inmates,

the fact that the majority of the staff in the state's women's prisons are males who are not trained in gender responsive and trauma-informed practices can create a destructive situation in which staff are employing practices that trigger women's past trauma and provoke survival behaviors that cause safety and security issues and steer women away from goals setting and skill building they need for success in the facility and the community.

Lack of Gender Responsive Risk, Assets and Needs Assessment Tool & Process. The IDOC currently does not use gender responsive assessment tools to determine classification or the risks, assets and needs of women in prison or on parole. This typically results in the over-classification of women, inappropriate placement on housing units, missed opportunities for accelerated release/population reduction programs and poor targeting of limited resources to address women's unique risks/needs and reduce recidivism.

Missed Opportunities to Reduce Women's Prison Population. The lack of gender responsive practices contributes to the risk of unnecessary incarceration and is increasing expenditures and taxpayer costs in an already over-burdened prison system. Current policies and practices result in the over-classification of women, missed opportunities to place women in accelerated release or community-based alternatives and the misuse of disciplinary sanctions that result in lengthier prison stays or parole revocations. This can have a particular impact on women suffering from PTSD and other trauma-related issues and those identified as seriously mentally ill (SMI).

Lack of a Gender Responsive, Evidence-based Continuum of Care for Women. In addition to lacking a gender responsive assessment instrument, the system lacks an overall continuum of care for women from prison to parole and community. There is no comprehensive case management system that targets limited state resources to effectively address the true risks/needs of incarcerated women both in prison and upon transition to community; and there is no system in place to take advantage of the opportunity to enroll women in health care plans prior to parole in order to make it easier for them to access the clinical services many of them need, such as substance abuse and mental health treatment. Community partnerships between prison staff and parole are limited, and opportunities to leverage existing resources are missed. Furthermore, the system lacks investment into evidence-based, gender responsive programs and support services needed to address the needs of women both in prison and on parole – notably those for incarcerated mothers, and those that focus on housing and employment.

The Logan Conversion. Finally, the persistent challenges with Logan operations since the day of the 2013 conversion pose a significant challenge for the entire IDOC women's prison system. As one of the nation's largest women's prisons with the most complex population, as well as the first point of entry into the system for the estimated 2,500 women admitted to the Logan R&C each year, Logan sets the tone for every woman incarcerated in the state of Illinois – as well as their children.

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

Our primary recommendation to the IDOC central office leadership team is to initiate the next stage of the GIPA process by **developing a department-wide strategic plan for the development and implementation of gender responsive policies and practices for justice-involved women that promote public safety, healthy communities and de-carceration.** This plan can be developed using the information provided by the GIPA, and with input from IDOC's women's facilities, the parole system and community stakeholders via the WJI partnership plan outlined in the department's GIPA TTA grant application. We also recommend that each of the wardens at IDOC's three women's facilities work with Parole to develop **facility-specific operational plans linked to a pre-release planning process** that aligns with the department's strategic plan and goals for justice-involved women in the state of Illinois. Additionally:

1. **Immediately Address the Challenges at Logan: *Develop a facility-based work plan to aggressively address challenges and actively build a gender responsive culture.*** Logan serves as the “nerve center” of the entire women’s prison system because it houses the largest and most complex population of women of every security level and serves as the statewide R&C where every woman is first admitted, assessed and classified. Logan represents the opportunity to set each incarcerated woman on a pathway that is appropriate to her unique strengths, risks and needs, while also improving overall safety of both our prisons and our communities. The considerable challenges at Logan, as identified throughout this report, must be addressed in order for systemic improvements to be successful.
 - Notably, the challenging design issues of Logan must be overcome in order to safely and effectively house such a large mixed population, especially those in need of more intensive mental health services, from both a staff and inmate perspective. As identifying a new facility may be challenging for some time, the department might consider restructuring the facility into smaller, more manageable correctional communities via a “Unit Management” style system or other method to better house, manage and meet the needs of the women incarcerated there.

2. **Establish Strong Leadership & Clear Direction: *Create a centralized Women’s Division as an essential, department-level organizational structure.*** This Division should be led by a high-level, dedicated management position with the responsibility for reporting to the Director on the ongoing assessment and monitoring of IDOC’s strengths and gaps with regard to working with women in a manner that is distinct from the operations of male prisons and parole system. This should include the development of:
 - A foundational departmental philosophy regarding women offenders and what constitutes effective work with this population.
 - A multi-year strategic implementation plan and broad oversight of strategies that will result in ongoing advancement of the quality of programs and services for women department-wide.

3. **Create Consistency & Accountability: *Review and modify departmental policies and procedures for adherence to gender responsive, evidence-based, trauma-informed and culturally responsive principles.*** As is the case with many corrections agencies, most policies, procedures and practices throughout IDOC were designed decades ago for a prison system housing mostly male offenders and without regard to their impact on gender. Thus, some of them may not translate effectively for women, who typically pose a reduced level of risk and dangerousness, experience higher levels of trauma and abuse, are often the primary caretakers of children. It is recommended that IDOC revise its policies and practices to align with evidence-based, gender responsive practices. This should include and emphasize an overhaul of disciplinary practices:
 - Thoroughly review of the IDOC disciplinary policies and practices to ensure that the violation response matrices are gender responsive, being applied appropriately and fairly by institutional staff and the Disciplinary Hearing Officers, and conform to standards of practice (e.g., ACA standards).
 - Immediately conduct a review of all women who currently have disciplinary sanctions (and especially those with lengthy sanctions/restrictions of three months and longer) to ensure that they are appropriate, proportional and commensurate with violation behavior.
 - Ensure that women inmates’ due process rights are upheld during all disciplinary hearings and processes.

4. **Provide Staff with the Tools to Work Safely & Effectively with Justice-Involved Women: *Develop a department-level hiring and training strategy that will facilitate the effective selection, training and alignment of all staff that work with women in prisons and on parole.*** As noted, staff members have not received adequate skill-based training or support to work effectively with women or complex clinical populations.¹ Linked to the development of a centralized Women’s Division with a clear mission and authority, the IDOC should build a new training program for all staff assigned to work in women’s prisons or those on parole that is based on the most current gender responsive and evidence-based practices. The new training program should include instruction on managing special populations (e.g., those with mental illness), effective, gender responsive communication, problem-solving, conflict resolution and de-escalation skills, trauma-informed care, etc. Likewise, supervisors and managers would benefit from learning these skills in addition to leadership, coaching and mentoring skills to reinforce effective gender responsive, trauma-informed and evidence-based practices with staff.

5. **Build Comprehensive Strategies to Reduce Incarceration Among Women: *Use GR principles to identify opportunities for front-end diversion, alternatives to incarceration & overall population reduction.*** Illinois Governor Bruce Rauner has commendably launched a Prison Reform Commission that seeks to reduce the overall state prison population by 25% during a 10-year-period. This goal can be achieved among the women’s prison population by establishing a firm foundation for gender responsive, trauma-informed practices statewide that includes targeted investments into front-end, localized diversion strategies proven to push low-risk women away from deeper system involvement at the earliest possible point in their trajectory. Such practices should also promote population reduction from within the system by reducing length of stay due to over-classification and antiquated disciplinary policies that result in missed opportunities for accelerated release and alternatives to incarceration within the community. Finally, gender responsive practices should focus on reducing recidivism rates by increasing access to programs and services that correspond to women’s unique risks, strengths and needs.

6. **Establish a Gender Responsive Continuum of Care that Addresses the Unique Risks, Strengths & Needs of Justice-Involved Women: *Implement a gender responsive risk assessment, case management and parole system supported by effective programs and clinical services.*** Develop a more deliberate connection between Illinois’ three women’s prisons and Parole so that all women can progress through a progressive system of programming and case management based on risk, assets and needs and ultimately be engaged in an effective, well-supported transition and reentry planning process. Once a dynamic, gender responsive risk/needs assessment tool is in place for women, IDOC will have a much better understanding of the breakdown of women’s risk levels and their top criminogenic and gender-specific needs. This should enable the IDOC to target limited resources to the most effective interventions needed to improve outcomes and reduce recidivism. Key issues will be assessing the most appropriate environment/facilities to house women, determining when/where alternatives to incarceration may be more effective, and bridging health care enrollment of women, especially those with clinical needs, prior to release to the community.
 - ***Integrating Step-down Facility Planning into Continuum of Care:*** Building this continuum should address whether facilities are appropriately designed and operated in a manner that truly correlates to the risks and needs of the women progressing through them from higher security levels (as appropriate) to lower security levels, and are ultimately released back to their communities. This may include exploration of models, such as unit management, that allow for the management of smaller, correctional “communities” within larger institutions based on risks, strengths and needs. Other issues for consideration should include how to

¹ ACA’s policy statement on adult and juvenile female offender services (1984-1) states that agencies must “ensure all staff, including contract employees and volunteers working with female offenders, are carefully screened and provided specific training in order to effectively provide services.” Various NIC and NRCJIW documents promoting gender responsive services and approaches with women also recommend training of all staff who have contact with women.

improve access to confidential areas for assessments and adequate space for special populations, including those receiving mental health and clinical services.

- ***Developing a Gender Responsive Pre-release & Parole Supervision System:*** In addition, IDOC should work to build a more streamlined approach to women's transition and reentry by implementing a more systemic approach to managing women in their custody, such as the evidence-based Collaborative Casework for Women (CCW-W) model. This process could be supported by a dedicated or specially-trained team of parole agents that are engaged early in a woman's transition from prison to community. This should be a significant issue discussed during the creation of an IDOC strategic plan for managing women - a primary recommendation of the GIPA Team.

- 7. Provide Justice-Involved Women with the Tools They Need to Succeed: *Expand the availability of gender responsive, trauma-informed, evidence-based programs for women in facilities and those under community supervision.*** While there are many programs, activities and offerings throughout the system, administrators and staff report that there is very little in the way of gender responsive, evidence-based treatment programming, especially for medium- and high-risk women. In fact, IDOC reported that the department has no contracts for gender responsive reentry services for female parolees outside of Chicago and the Collar County Region. It is recommended that IDOC conduct a gap analysis and devise a plan to more strategically invest limited resources based on the needs of the women's population - with special emphasis on those with children. This should include strengthening community partnerships in order to leverage existing resources or establishing a more aggressive and collaborative grant application process. These goals can be pursued through the aforementioned strategic plan and supported by the network of providers engaged with the Women's Justice Initiative (WJI).
- 8. Build a Comprehensive Strategy Addressing the Needs of Incarcerated Women & Their Children: *Take steps to diminish the harmful impact of incarceration on children.*** An interagency work group should be formed to assess the impact that incarceration of parents has on children in Illinois and build a comprehensive set of systemic responses to address these challenges. Solutions should be designed to impact processes as early as possible – including the development of a uniform set of standards for county-level diversion. The work group should also conduct a thorough review of family-friendly, prison-based child visitation policies, parenting programs, DCFS caseload management and access to an appropriate continuum of care for mothers and their children. Emphasis should be placed upon addressing the lack of child friendly visitation areas at Logan.
- 9. Establish Clear & Measurable Standards for Implementation of Gender Responsive Practices: *Develop a gender responsive quality assurance and evaluation plan, and continue to build partnerships with academia and others who can provide external research support.*** Consider opportunities to build a gender responsive research agenda. Develop a research component to the aforementioned departmental strategic plan that includes specific action items for evaluating programs, services and operations with respect to gender responsive, evidence-based practices. Consider opportunities to evaluate mission-based housing for adherence to principles of gender responsive and trauma-informed practice. This will ensure that limited resources may be invested wisely and as effectively as possible.
- 10. Ensure Sustainability of Gender Responsive Practices: *Promote a systemic approach by unifying prison and parole staff through regular engagement and growth.*** In order to promote long-term sustainability and cohesion among all the women's prisons and parole, IDOC can establish a facility-based work group at each women's facility (that is inclusive of the facility management team, department heads, external partners/service providers) to develop and carry out multi-year facility-based implementation and ongoing quality improvement plans throughout the reform process. These work groups can interface with one another to share ideas and lessons under the direction of the WFSD.

THE ROAD AHEAD

The challenges faced by the IDOC regarding the management of a large population of women with complex risks and needs are critical and unsustainable without a comprehensive response deeply rooted in gender responsive principles. The current IDOC leadership and the Governor are commended for confronting these challenges directly and transparently within months of a new administration by successfully securing technical assistance to implement the state's first Gender Informed Practices

Assessment (GIPA) with the support network of local stakeholders and national experts. By building a strategic implementation process to address challenges identified by the GIPA with ongoing support from the National Resource Center on Justice-Involved Women (NRCJIW), the National Institute of Corrections (NIC), and the Chicago-based Women's Justice Initiative (WJI), the state of Illinois is positioning itself to transform challenges into a national model for reform.

Since the launch of the GIPA...the IDOC has engaged in a corrective action process and begun implementation of several, critical changes at Logan.

The GIPA assessment has established a baseline of Logan's strengths, challenges and opportunities related to the delivery of gender responsive, evidence-based, culturally competent and trauma-informed practices throughout the facility. This GIPA has also offered a unique opportunity to improve practices at a broader, systemic level given the fact that Logan serves as the state's largest, most complex women's prison and statewide Reception & Classification Center (R&C). Many of the IDOC's challenges related to Logan were not only rooted in the poorly implemented conversion of the facility in 2013 from a male to a female facility, but the overall lack of a centralized Women's Division governed by consistent, gender responsive policies that can guide management and staff working with women in prison or on parole.

While the challenges at Logan and throughout IDOC are considerable...initial responses, combined with continued attention to justice-involved women, present an unprecedented opportunity to build a model women's correctional system in Illinois as part of the state's overall reform agenda.

In addition, the lack of a core, department-wide set of standards and training for managing justice-involved women, including those with significant mental health needs, has subjected Logan staff and the women incarcerated there to an unstable and counterproductive environment that that creates and exacerbates problems. Furthermore, it appears that these issues have resulted in the potential misuse of overly punitive and costly disciplinary sanctions, including segregation, that are extending the length of prison stay among women and triggering PTSD symptoms and high risk behaviors. The impact of the lack of gender responsive practices is evident from the moment a woman is admitted to Logan, where she is assessed

for her risks, assets and needs. The tools currently used by the IDOC were developed for males, and can result in over-classification of women in a manner that disrupts what could otherwise be a more productive trajectory throughout the system: she could be placed in a housing unit of the wrong security level, she could be denied opportunities for accelerated release or family reunification programs, and opportunities could be missed to connect her to the appropriate programs or services needed to ensure her success in the community and lower her risk of recidivism. Furthermore, there is no process by which the IDOC applies the risks/needs of women to the budgeting process or to target limited dollars in a manner that ensures the greatest outcomes.

This summary report identifies significant and troubling findings related to the lack of adherence to gender responsive policies and practices and the resulting fragmented and punitive culture that is impacting the treatment of the women incarcerated at Logan and having a ripple effect on the entire system. However, the commitment demonstrated by IDOC's leadership to addressing these challenges – most of which were

inherited from prior administrations – have been commendable. Since the launch of the GIPA process, the IDOC has engaged in a corrective action process and begun implementation of several, critical changes at Logan. This is to the tremendous credit of the IDOC Director and Assistant Director, leaders who understand of the importance of gender responsive and trauma-informed practices. While the challenges at Logan and throughout IDOC are considerable, these initial responses, combined with continued attention to justice-involved women, present an unprecedented opportunity to build a model women’s correctional system in Illinois as part of the state’s overall reform agenda.

Consistent with the planning process outlined in the IDOC’s GIPA TTA grant application detailing the three-year partnership between the IDOC and the Women’s Justice Initiative (WJI), the Illinois GIPA should serve as the baseline for the development of a multi-year strategic planning and implementation process that will take into account the strengths, challenges and opportunities identified by the GIPA. This process should begin with the establishment of a centralized Women’s Division that has a distinct reporting structure and is supported by a multi-disciplinary IDOC team and community stakeholders. It is critical for the IDOC to gain broad community support and engagement in this process in order to ensure success and sustainability. It is also recommended that IDOC to consult with county jails and probation systems, as well as the Illinois Department of Juvenile Justice (IDJJ) regarding the potential to build a stronger commitment to gender responsive services statewide. Developing and implementing gender responsive, evidence-based policies and practices throughout the system will promote safety and security, improve outcomes among justice-involved women and their children, facilitate de-carceration and help create stronger, healthier communities.

BACKGROUND: THE GIPA IN ILLINOIS

Selection of Illinois as a GIPA Site

In February 2015, the NRCJIW distributed a letter to state corrections agencies inviting them to participate in the Gender-Informed Practices Assessment (GIPA) Training and Technical Assistance. State corrections agencies were asked to submit a brief letter of interest to be considered for training and technical assistance (TTA) related to the development of sound gender responsive policies and practices in women's facilities. Specifically, state corrections agencies would receive training and technical assistance on the Gender Informed Practice Assessment (GIPA), a tool and process collaboratively developed with support from the National Institute of Corrections for use by state corrections agencies and women's correctional facilities.

State corrections agencies selected to participate would benefit from an increased level of knowledge of effective practices with justice-involved women, enhanced critical thinking skills related to the implementation of policies and practices with this population, and the opportunity for ongoing support from a community of their peers. The TTA described would be provided in two stages.

1. **Participation in a series of training webinars:** Webinars would acquaint participants with the GIPA, the GIPA process, gender responsive principles, research-based approaches to working with women, and the critical domain areas that should be considered to improve practices with women.
2. **Onsite assistance:** A federal GIPA Coach would provide supplemental training and technical assistance to assist participants in conducting a formal GIPA within their own agencies.

On March 15, 2015 the Illinois Department of Corrections (IDOC), led by Assistant Director Gladyse Taylor, responded to the NRCJIW's request with a Letter of Interest and was selected IDOC as one of two national sites. IDOC's application stood out for the following reasons:

- **Governor Bruce Rauner's Prison Reform Agenda & Logan Tour:** Early in 2015, Governor Bruce Rauner sent a clear message that systemic prison reform and de-carceration would be a top priority of his administration, along with efforts to reduce the overall prison population 25% within 10 years; and, recognizing the longstanding challenges at Logan Correctional Center prior to his administration, he made it his first prison tour after his inauguration. This made him the first Governor to tour a woman's prison in more than a decade, and sent a strong message about his expectations for reform.
- **Women's Justice Initiative (WJI) Implementation Partnership:** The IDOC applied for the GIPA TTA to serve as the baseline for a three-year strategic planning and implementation project with The Women's Justice Initiative (WJI), a Chicago-based project which engages a wide support network of stakeholders and national experts and had been working with the IDOC Women & Family Services Division to develop a long-term reform strategy to help reduce the population of women/girls in prison, and work to address the overall needs of justice-involved women and girls throughout the system. This demonstrated that the GIPA recommendations would have a stronger foundation for successful implementation of a meaningful systemic change plan that leverages limited resources around the IDOC and its population, while promoting de-carceration and community capacity-building among systems and community-based providers.
- **Strong IDOC Leadership:** The IDOC leadership, which was led by Assistant Director Gladyse Taylor at the time of the application, demonstrated commitment to building gender responsive practices at Logan, throughout the women's prison system and department-wide from diversion to reentry. The later appointment of Director John Baldwin in August 2015 represented a promising development, as he has previously experienced successful work on a GIPA assessment under his leadership at the Iowa Department of Corrections.

- **Empowerment of IDOC Women & Family Services Leaders:** Early on, the leadership of IDOC demonstrated a willingness to support and empower key staff to implement gender responsive practices at Logan and throughout the state’s women’s prisons and parole system. While the state had indicated that gender responsive practices had not been implemented for several years prior to the current administration, it was clear that a small, but tenacious, team led by Women & Family Services Coordinator Margaret Burke were knowledgeable in best practices and dedicated to making the necessary changes throughout the system to improve overall outcomes.

PROCESS

In the fall of 2015, a team of 18 assessors, led by a consultant representing the National Resource Center on Justice Involved Women (NRCJIW)² and the National Institute of Corrections (NIC) and coordinated by the Chicago-based Women’s Justice Initiative (WJI) - conducted the IDOC’s first-ever Gender Informed Practice Assessment at Logan Correctional Facility. The Gender Informed Practice Assessment – Facility Version (hereafter, 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. Items included in the instrument are supported by research and established standards of practice, and are recommended by experts in the field.

The GIPA is not intended to serve as an audit; rather, it is intended to facilitate agency- and facility-level efforts to enhance gender responsive, evidence-based, and trauma-informed approaches to the management and supervision of women offenders under their custody with the ultimate goal of improving the safety and welfare of staff and women, improving outcomes, reducing recidivism, and increasing community safety. It has been used in multiple states and is typically led by a team of experts in the field who function as onsite assessors.

As part of their mission to build capacity in the field for gender responsive facility assessment, the National Resource Center for Justice Involved Women (NRCJIW) and the National Institute of Corrections (NIC) developed a process whereby state corrections agencies could work with a national expert who would provide them with the training and coaching they need to launch their own Gender Informed Practices Assessment (GIPA). Illinois was selected as one of two states nationwide to participate in this capacity building process, which involved training an Illinois-based team (hereafter, GIPA Team) to work with a federal GIPA Coach and a team of local stakeholders led by the Chicago-based Women’s Justice Initiative (WJI) to assess one of the state’s correctional facilities for women.

The Logan Assessment

Following comprehensive training and preparation, the GIPA Team conducted the Gender-Informed Practice Assessment (GIPA) at Logan Correctional Facility in October 2015. The team spent four days at the facility observing operations and programs covering all three shifts for each 24-hour-period; reviewing reports, policies, and related materials; interviewing staff; conducting staff and inmate focus groups and surveys; observing clinical service delivery systems and programs; and other activities. As reported by IDOC Executive leadership and staff, a comprehensive assessment of this kind had never been conducted by the department in its history with this level of stakeholder engagement.

² The NRCJIW is supported by Grant No. 2010-DJ-BX-K080 awarded by the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance in partnership with the National Institute of Corrections. It is administered by the Center for Effective Public Policy and its partners: CORE Associates, Orbis Partners, the National Center for Trauma-Informed Care, the Moss Group, University of Cincinnati, School of Criminal Justice, and the Women’s Prison Association

Purpose and Use of the GIPA Report

The goal of the GIPA is to inform a multi-year strategic plan that emphasizes the improvement of operations, programs, services, and interventions for women in custody in the state of Illinois. Consistent with that goal, this report identifies strengths, challenges, and opportunities for improving gender responsive, evidence-based and trauma-informed practices in all aspects of facility operations and management, including post release planning and reentry preparation. Because the GIPA process produces such comprehensive information, it also provides an opportunity to identify ways to enhance correctional practices with women system-wide; thus system-wide recommendations are also provided.

The 12 Domains Assessed by the GIPA

The GIPA focuses on assessment of 12 Domains:

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

Note on Language

In accordance with recent recommendations from the literature, where possible, we refer to females in the justice system as “justice-involved women”, “incarcerated women” or, simply, “women.” In addition, the terms Gender Responsive (GR), Trauma-Informed (TI) and Evidence-based (EB) may be referenced in an abbreviated manner.

Activities Conducted During the Onsite Assessment at Logan

The GIPA Team conducted the assessment of Logan Correctional Facility on October 27-30, 2015. The chart on the next page provides detailed information regarding the activities conducted, including individuals interviewed, meetings conducted, activities and programs observed, and documents reviewed.

Activities Conducted During the GIPA Site Visit

Key Meetings	Interviews Conducted	Document Review (where they exist)	
Warden Assistant Warden of Programs Assistant Warden of Operations Managers WFS Counselors Program Staff Security Staff Union representatives	Director Assistant Director Senior Advisor Deputy Director, Central Region Manager of employee services (state) Coordinator, Women and Families Services Division Warden Assistant Warden of Operations Assistant Warden of Programs Superintendent of the Reception & Classification Center Union representatives Psych Administrator Medical Director (facility; currently temporarily filled) Human Resources (department-level) Person responsible for investigations Hearing Officer High ranking officer from various units Reception and Classification Officer Union representatives	Agency vision and mission Organizational chart (incl. history of women's leadership; recent and current vacancies and changes) Budget (last 3-5 years) Report re: transition to Logan Facility map Facility vision and mission Organizational chart (incl. recent and current vacancies and changes) Relevant articles/ reports Policies and procedures MOUs, Contracts Placement tracking Number of beds for treatment Strengths/gaps in larger system Flow chart of movement of women into, through and out of the facility Offender population demographics Specialized units/categorized populations Facility schedules Staff-inmate ratio (global and direct inmate supervision) Facility posts (and who is included in the direct inmate supervision ratio) Orientation handbook Property list, Commissary list Posts and job descriptions Administrative Directives OMRs (Operation Management Reports)	Staff communications and supervisions Reports from recent audits, inspections, accreditation visits, etc. Training materials, manuals Profile of facility staff Clinical staff credentials Staff performance reviews, credentials Staff roles, responsibilities, post orders Staff training requirements Job descriptions Staff handbook Documents/memos distributed to women Data and reports on discipline Grievance reports/tickets Privileges, incentives Assessment and classification tools currently in use Research and validation studies Population demographics and risk, need indicators Reports that contain population assessment information Case Plan; review of case plans List of currently available programs List of services and descriptions Research reports Quality Assurance and evaluation reports TA consultant reports Recidivism reports
Observations	Surveys Conducted		Focus Groups Conducted
Shift change Inmate movement Location of staff offices Access to reporting Recreation (informal, formal; indoor, outdoor) Sick call (meds/med line) Meal time, down time Hygiene process Visits Intake and reception Discipline Hearing Orientation Classification meeting Assessment meeting Case planning meeting Treatment team meeting Clinical management team meeting Group programs (that do not require HIPPA) Meeting between representatives from the state and women inmates	<p>41% of the women inmates completed surveys; 825/2000 women</p> <p><i>*This exceeded the goal of 30%</i></p> <p>38% of staff completed surveys; 160/419 staff</p> <p><i>*This exceeded the goal of 30%</i></p>		<p><u>Staff:</u> Supervisory uniform staff; supervisory non-uniform staff Correctional/line officers; program staff, reentry staff, case workers, and counselors (both agency and contracted staff); volunteers</p> <p><u>Women inmates:</u> Those who have arrived at the facility within the last 30 days; are within 6 months of release; have longer (including life) sentences; have varying levels of participation in programming; have varying levels of security/classification; have varying lengths of stay; have varying disciplinary histories; live in different housing units within the facility</p>

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