

REVIEW

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# Gender-responsive treatment to improve outcomes for women and girls in correctional settings: foundations, limitations and innovations

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## Abstract

Over 20 years has passed since the principles of gender-responsive correctional strategies were published in a foundational report in the U.S. These practices acknowledge the unique characteristics and life experiences of justice-involved women, have undergone rigorous empirical testing, and are shown to effectively reduce women's recidivism. In part, they supported the United Nation's adoption of minimum human rights afforded to women serving custodial and non-custodial criminal sentences. This paper presents updated research evidence that continues to amplify the need for gender-responsive principles and practices, including the role of victimization in girls' and women's offending trajectories and the intersection of relationships, relational identity, and trauma as key drivers for justice involvement. Further, because the perinatal needs of justice-involved women are a frequently overlooked area of inquiry among the gender-responsive literature, this scholarship is also summarized using a reproductive justice framework. Finally, we illustrate the impact of gender-responsive scholarship by sharing some of the practice and technology innovations that have emerged, while acknowledging there is much yet to accomplish.

Over the last two decades several research and policy initiatives, particularly in the U.S. and Canada, advocated for "gender-responsive" or "gender-informed" correctional strategies tailored to justice-involved women (Blanchette & Brown, 2006; Bloom et al., 2003; Van Voorhis & Presser, 2001). This body of work highlighted critical research from multiple academic disciplines, such as criminology, forensic psychology, social work, public health, and addiction studies, which demonstrated that women have distinct criminogenic needs (Salisbury et al., 2009; Salisbury et al., 2016; Van Voorhis et al., 2010;

Wanamaker & Brown, 2022); face unique pathways to crime (Daly, 1992; Richie, 1996; Salisbury & Van Voorhis, 2009); and often experience prison environments differently (Owen, 1998; Owen et al., 2017), sometimes discriminately compared to men (Owen, 1998; Owen et al., 2017; Smith, 2001).

Gender-responsive practices refer to correctional policies or operational procedures based on current research and expertise regarding cisgender women, considering "the realities of women's lives" and addressing their specific needs and strengths (Bloom et al., 2003, p. 9). These practices acknowledge the different characteristics and life experiences of justice-involved women, have undergone rigorous empirical testing, and are shown to effectively reduce women's recidivism (Van Voorhis, 2012). Grounded in feminist criminology and the gendered pathways framework, interventions

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are operationalized with input from system-impacted women and staff playing a central role.

In fact, one of the driving forces for the adoption of the *United Nations Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders*, known as the "Bangkok Rules" (United Nations, 2010), was the foundational research focused on women's gender-responsive pathways. Other significant drivers were the global increase in the imprisonment of women and the lack of gender-specific treatment and intervention strategies (Salisbury & Foster, *in press*). Between 2000 and 2022, the number of incarcerated women and girls worldwide surged by 60%, compared to a 20% increase for men (Fair & Walmsley, 2022). The more than 190,000 women in US jails and prisons represent more than a 700% increase since the 1980s (Kajstura & Sawyer, 2024). This number does not include the 808,700 women on community-based correctional oversight such as community supervision (Heimer et al., 2023; Kajstura & Sawyer, 2024). Women's incarceration in the US has grown twice as much as men's incarceration in the past decades and has a disproportionate concentration in county jails (Kajstura & Sawyer, 2024).

The Bangkok Rules were introduced to enhance support and human rights efforts for incarcerated women and women serving non-custodial sentences or as pre-trial defendants (Huber, 2016). Although their implementation over the past 15 years has remained somewhat limited (e.g., Van Hout et al., 2023a), significant efforts to promote their adoption are ongoing. For example, the Thailand Institute for Justice regularly hosts training sessions on the Rules, and Penal Reform International continues to emphasize their significance. Those interested in a comprehensive overview of the Bangkok Rules, including their strengths and limitations, can refer to summary documents by Penal Reform International, as well as analyses by Barberet and Jackson (2017) and Van Hout et al. (2023a, 2023b).

This paper outlines the foundational research supporting the gender-responsive movement in corrections and the adoption of the Bangkok Rules, including the role of victimization in girls'/women's offending and how relational violations are particularly potent to their pathways to juvenile and criminal legal involvement. Second, we highlight gaps in scholarly inquiry among perinatal women under carceral and community supervision and the need to install humane and evidence-based practices aligned with the tenets of reproductive justice. Finally, innovations in the gender-responsive correctional space are presented in

an effort to amplify what has been accomplished, and what remains to be achieved.

### **Gender-responsive correctional practices**

The concept of gender-responsive correctional practices was established 20 years ago through a report commissioned by the National Institute of Corrections in the U.S. (Bloom et al., 2003). At that time, the focus was primarily on cisgender women, and most of the strategic recommendations and research evidence centered on this group. Similarly, the Bangkok Rules adopted a cis-normative approach, leaving the needs of gender-expansive individuals and transgender women unaddressed (Van Hout et al., 2023b). In recent decades, the concept of gender within correctional settings has slowly begun to expand beyond the binary (Donohue et al., 2021), and a few studies have explored effective treatment for gender-expansive individuals under correctional supervision (Jaffer et al., 2016; Jenness & Fenstermaker, 2016). However, there is no solid evidence base outlining best practices for gender-expansive clients in correctional systems. Moreover, most correctional agencies in the U.S. and many other countries have yet to fully embrace or implement policies reflecting a more inclusive understanding of gender. Nevertheless, the landmark 2003 report by Bloom et al. is currently being updated to adopt a more gender-diverse perspective and emphasize research aimed at improving outcomes for women of color (S. Covington, personal communication, March 2024).

The six gender-responsive principles outlined in Bloom et al., (2003; see Fig. 1) reflected the culmination of evidence from such fields as criminology, social work, psychology, public health, addiction studies, and feminist studies. In the subsequent section, we present foundational research that supports the principles.

### **Foundations for gender-responsive correctional strategies**

#### **The role of victimization in girls' and women's offending**

According to the feminist pathways perspective, as well as other criminological studies from varying theoretical perspectives, victimization is a key driver for girls' and women's entry into juvenile and criminal justice settings (Chesney-Lind & Pasko, 2012). Girls' behaviors that are often in response to traumatic experiences (e.g., running away, truancy) are criminalized and contribute to initial entry and reentry to juvenile legal systems (Saada Saar et al., *n.d.*). The accumulation of studies over the last 30 years solidifies that the depth and breadth of early childhood traumatic experiences disproportionately are experienced by girls and

**Gender Matters**

Recognizing gender means accepting a broad spectrum of social and environmental disparities between justice involved women and men.

**Environments Must Be Based on Safety, Respect, and Dignity**

Justice-involved women and girls have suffered extreme amounts of physical, sexual, and emotional abuse throughout their lives. Correctional settings should be trauma-informed, and create safe, trusting environments to facilitate behavioral change and to reduce the probability of re-traumatization.

**Relationships Are Central to Women's Lives**

Policies and practices should be relationally focused and promote healthy connections to children, families, partners, and the community given the high priority women place on relationships, particularly as motivators for behavior change.

**Services Must Be Comprehensive, Integrated, and Culturally Relevant**

Holistic and culturally sensitive services should address the intersection of needs commonly observed among justice-involved women (e.g., substance use, trauma, mental illness), rather than addressing each need in isolation of others.

**Provide Opportunities to Improve Women's Socioeconomic Status**

Women must be given opportunities to improve their socioeconomic position for themselves and their children. Financial independence should be a primary goal.

**Collaborate with Community Resources**

Community supervision and reentry services should be comprehensive and collaborative with external service providers and stakeholders.

Source: Bloom, Owen, & Covington (2003)

**Fig. 1** Gender-responsive principles for women

women in legal systems compared to boys and men, especially sexual victimization (Baglivio et al., 2014; Finkelhor et al., 2008; Zahn et al., 2010).<sup>1</sup> Further, early childhood victimization appears to be more strongly related to general female offending behavior compared to male offending (DeHart & Lynch, 2013; Makarios, 2007). Although, childhood victimization among boys is a stronger predictor of specifically violent offending compared to girls (Rivera & Widom, 1990; Widom, 1989). Indeed, the relationship between victimization and offending is a deeply studied area of criminology, whereby it is a criminological fact that offenders are at significant risk of being victimized (Lauritsen et al., 1991). We certainly have more to learn in this regard, particularly surrounding what kinds of victimization and at what developmental stage(s) lead to female and male offending (and the types of offending). Before providing additional detail on this offending population

research, we turn to victimization among the general population to provide context. Although a majority of people in the general population who experience victimization will not commit acts of criminal behavior later in life (Widom & Maxfield, 2001), it is important to understand how trends among men and women have changed over time.

While the trend in violent victimizations among people in the general population has been decreasing in the US since the 1990s, the female share of the total reported violent victimizations has been increasing. In fact, analyzing data from the National Crime Victimization Survey, the Council on Criminal Justice (2024) notes that in 2022 females made up greater than half (51%) of all violent victimizations, which is 24% higher than the female share in 1993. Comparatively, the male share was 16% lower in 2022 than in 1993. To better understand how these victimizations occur, the victim's relationship to the offender and the location where the offense occurred is important.

One quarter of violent female victimizations in 2022 were perpetrated by intimate partners, whereas only 3% of violent male victimizations reported intimate partners

<sup>1</sup> We do not negate the importance of boys' and men's experiences of childhood sexual abuse, which is underreported, underrecognized, and under-treated (Holmes et al., 1998).

as the offender (Council on Criminal Justice, 2024). Males tend to experience more violent victimizations at the hands of strangers (57%) compared to females (34%). Moreover, females are more likely to experience violent incidents at or near their home (50%) compared to males (27%) experiencing violence. Males report public spaces as more frequent locations for being victimized (42%; Council on Criminal Justice, 2024). These statistics are consistent with studies showing that boys and men are more likely to be exposed to, and be victims of, community and gun violence (Bottiani et al., 2021; Finkelhor et al., 2009), whereas girls and women are more likely to experience dating and intimate partner violence (Finkelhor et al., 2009).

Intimate partner violence (IPV) is a key driver for women's entry into the criminal justice system. Research literature focused on women's pathways to criminal behavior consistently finds adult victimization as a core, but not the only, factor for justice involvement (Salisbury & Van Voorhis, 2009). For instance, DeHart's (2018) heuristic typology of women's offending indicates that one of the five typologies discovered in her study included substance use dependent women experiencing IPV. Brennan and colleagues (2012; 2022) have also identified similar pathways among incarcerated women that involve intimate partner abuse. Using a person-centered machine learning analysis, two of the four identified core pathways of women's offending included elements of adult victimization. One pathway, referred to as lifelong abused/victimized women comprised between 23%–30% of the samples of incarcerated women in their studies. These women experienced ongoing drug use, depressive symptoms, abusive intimate partners, and poverty. A second pathway that comprised between 10%–13% of women in samples reflected physically aggressive women who suffered from multiple forms of abuse who had many psychosocial needs and chronic offending. Their lives were characterized as extremely socially disadvantaged, with persistent sexual and physical abuse, an early-age offending onset, and severe mental health needs. Other quantitative pathways research among justice-involved women are consistent with these findings (e.g., Brushett, 2013; Daggett, 2013; DeHart, 2018; Salisbury & Van Voorhis, 2009).

Additionally, the role of childhood victimization in girls' lives, particularly sexual victimization, is a key mechanism through which girls enter juvenile justice settings (Saada Saar et al., n.d.). Although much has been made of the school-to-prison pipeline, for girls and young women entering the juvenile justice system the *trauma-to-prison pipeline* appears to be more relevant (but see Morris, 2015 on the "pushout" and criminalization of Black girls in schools). Given that 1 out of 16 women in the U.S. general population affirm that their first sexual

experience was a forced one (Hawks et al., 2019), it perhaps should come as no surprise that justice-involved girls, who have multiplicative vulnerabilities, experience astonishingly high rates of sexual violence, especially girls of color from economically impoverished environments (Zahn et al., 2010). Some studies have found prevalence rates of sexual victimization among justice-involved girls to be upwards of 81% (DeHart, 2009) to 76% (Smith et al., 2006). Girls' rate of sexual abuse has also shown to be four times higher than boys in juvenile justice settings (Baglivio et al., 2014).

Girls also experience higher exposure to Adverse Childhood Experiences (ACEs) and have higher average scores. In a study of over 64,000 youth in juvenile justice services in Florida, Baglivio et al. (2014) found that girls reported more ACEs and had a significantly higher average ACE score (4.29) compared to boys (3.48). Similar results have been found by The National Crittenton Foundation (nd), now known as the Justice+Joy National Collaboration, in their national study of ACEs.

Additionally, the context of abuse and victimization helps explain why victimization plays more of a prominent role in the explanation of female offending compared to male offending. For instance, girls are more likely than boys to be sexually abused by someone close to them, such as a father or stepfather (Browne & Finkelhor, 1986). The close relationship between the perpetrator and the child often results in more frequent and prolonged abuse, leading to more severe short- and long-term effects (Browne & Finkelhor, 1986). Additionally, research has shown that when child sexual abuse occurs frequently and over a longer duration, the severity of trauma tends to increase (Chesney-Lind, 2012), heightening the risk of economically and socially disadvantaged young women becoming entangled in the justice system (Salisbury & Van Voorhis, 2009).

### Relationships, relational identity, and trauma

Relationships in girls' and women's lives are central aspects of identity development. According to Jean Baker Miller's classic work, *Toward a New Psychology of Women*, the psychological development of girls/women is distinct and unique from traditional explanations of boys'/men's psychological development. Baker Miller (1987), Gilligan (1982), and others at the Stone Center at Wellesley College, developed a new theory of women's psychology challenging the idea that healthy psychological development is defined solely by separation and autonomy from others. These scholars argued that women have an alternative route to achieving healthy psychological growth: primarily formed through connections with others (Baker Miller, 1987). A woman's growth is manifested through the types of relationships

she has, and her sense of self-worth is defined by inter-connections with others. Thus, connection and interdependence, rather than disconnection and independence, is central to women's development.

When girls and young women are relationally violated, often repeatedly by people who are supposed to protect them, it challenges not only their sense of safety but their entire sense of self—their psychological, emotional, and identity development. This may be one reason why studies have found that adolescent girls are more likely than adolescent boys to develop posttraumatic stress disorder (PTSD) following a significant trauma (Nooner et al., 2012).

Other explanations may be related to changes in the brain after traumatic stress. A large-scale meta-analysis demonstrated that traumatic stress alters the structure of developing brains (Colich et al., 2020). In addition, a brain study by researchers at Stanford University (Klabunde et al., 2017) showed that girls who experienced traumatic stress and PTSD symptoms appeared to have accelerated cortical aging in an area of their brain (insula) responsible for emotion processing and empathy. While studies indicate that all children who experience threat-related trauma and violence age faster at the cellular level compared to children without these experiences (Colich et al., 2020), girls showed unique aging in the region associated with emotional processing in the Klabunde et al. (2017) study. Further, early brain maturation among girls exposed to high levels of stress may contribute to early puberty, which is found among girls with PTSD (Boyn-ton-Jarrett & Harville, 2012).

According to Colich et al. (2020), these forms of accelerated aging may have originally evolved as beneficial adaptations for survival. In environments filled with violence, danger and unpredictability, early puberty would increase the probability of reproducing before death. Expedited development of brain areas involved in processing emotions could help children recognize and react to threats (e.g., hypervigilance) enhancing their safety in hazardous conditions. However, these possible short-term evolutionary adaptations for preservation of life may lead to serious long-term physical and mental health problems in adulthood (Colich et al., 2020).

Because gender differences in the effects of trauma are found across biopsychosocial studies, gender-responsive treatment interventions are warranted. The fact that girls may literally be aging faster in the emotional processing centers of their brain coheres with psychological studies of justice involved girls and women—these populations typically have far more trouble with emotional regulation and psychopathology involving mood instabilities (e.g., depression, anxiety, bipolar, Borderline Personality

Disorder) compared to male justice-involved populations (Marston et al., 2012).

Gender-responsive scholars argue that strength and resiliency lies in girls' and women's relationally-based identities, and is a core theoretical foundation to gender-responsive treatment programming (Bloom et al., 2003). Justice-involved girls and women prioritize relationships (Leschied et al., 2001), but often do not know how to cultivate healthy ones because these relational skills have not been modeled for them. More typically, girls and women resort to relational aggression, or non-physical acts using their relationships to harm their peers (e.g., gossip, manipulation, peer rejection; Crick & Grotpeter, 1995). Women frequently need programs that help them learn the characteristics of healthy friendship and intimate partnerships, and how to effectively communicate their needs in these relationships. Moreover, they must *believe* they deserve and are worthy of healthy relationships. Indeed, healing the relationship with the self is often the most challenging psychological work in these programs, in part because women are heavily socialized and biologically primed to take care of others. Carol Gilligan (2002, p. 16–17) illustrates this succinctly: "Masculinity often implies an ability to stand alone and forego relationships, whereas femininity connotes a willingness to compromise oneself for the sake of relationships. But both strategies...entail a loss of voice and relationship."

The concept of "compromising oneself" is a common theme among women experiencing intimate partner violence. Relational dynamics in unhealthy heterosexual intimate relationships are often characterized by a power differential whereby women, often unknowingly, surrender their personal power and agency to their male partner through coercive or physical control (Kanougiya et al., 2021). Doing so disempowers and diminishes women's self-esteem and autonomy to make decisions in their own self-interest, such as leaving an abusive relationship (Kanougiya et al., 2021). Further, self-efficacy has been shown to be a strength factor that reduces women's recidivism in the community (Salisbury et al., 2009). Indeed, a key component of gender-responsive treatment programming is improving self-efficacy through cognitive skill building techniques (Bloom et al., 2003).

The strong foundational research demonstrating empirical support for gender-responsive interventions among women is no longer being widely dismissed among criminologists and correctional practitioners as it once was (Van Voorhis, 2012). This is positive progress towards achieving equitable outcomes among justice-involved women. Nevertheless, major obstacles remain. First, improved empirical understanding of how to fully support all women, particularly those who are



minoritized (e.g., women of color, transgender women) and using an intersectional approach, is essential (Erez & Berko, 2010; Van Hout et al., 2023b). Additionally, the perinatal needs among justice-involved women are a frequently overlooked area of inquiry in the gender-responsive literature.

### **Perinatal needs of women involved with the justice system**

Women<sup>2</sup> in all sectors of the criminal justice system share similar social determinant inequities, such as limited access to stable housing, safe communities, food, health insurance, and equitable jobs, all of which heighten their morbidity and mortality, especially during pregnancy, childbirth, and postpartum, also known as the perinatal period (Sufrin et al., 2019, 2020). Furthermore, these women often learn of their pregnancies during arrest, which complicates the status of their health (Hayes et al., 2020; Sufrin et al., 2020). However, to date, limited research focuses on women's perinatal outcomes in correctional and community-supervision settings (Crawford, Testa, et al., 2024). Hence, despite women's increased involvement in the criminal justice system, they remain primarily understudied in health disparity research (Crawford, Ricks, Polinard, et al., 2023; Crawford, Testa, et al., 2024; Sufrin et al., 2019, 2020).

Approximately 80% of women involved with the criminal justice system are of reproductive age (18 to 50 years), with 53% being mothers and the primary caregivers of children (Heimer et al., 2023). Further, repeated justice involvement women experience during the reproductive years limits their decisions about their bodies, influencing their childrearing during their developmental years (Hayes et al., 2020; Shlafer et al., 2019). The disparate correctional oversight of pregnant, birthing, and postpartum women fragments the central principles of reproductive justice such as (1) the right to bodily autonomy, (2) the right to have or not have children under the conditions in which one chooses, (3) and the right to raise the children one wishes to have in safe and sustainable environments (Crawford, McGlothen-Bell, Marsh, et al., 2023; Hayes et al., 2020; Ross & Solinger, 2020; Shlafer et al., 2019).

Women involved in the criminal justice system require different resources depending on where they are detained or receiving correctional oversight to achieve these reproductive rights (Hayes et al., 2020). Further, the aforementioned Bangkok Rules include several provisions specifically addressing the human rights afforded to

perinatal women (Rules 5, 15, 22, 25, 39, 42, 47, and 64; United Nations, 2010). Despite the research and policy progressions on the health and well-being of women's carceral perinatal needs, gaps remain, especially in community supervision (Crawford, McGlothen-Bell, Marsh, et al., 2023; Crawford, Testa, et al., 2024). The perinatal needs and outcomes of women involved with the justice system center upon the three tenets of reproductive justice.

Reproductive justice was founded by a Black feminist collective called Sistersong in the 1990s, which aims to acknowledge the full reproductive and sexual autonomy of people-of-color and individuals from marginalized groups such as those from that self-identify as LGBTQIA, individuals with histories of incarceration, people with disabilities, and from low socioeconomic status (Ross, 2017). Grounded in intersectional theory, reproductive justice illuminates power differentials within societal structures at the point in which they intersect with a person's gender, class, and racial attributes (Ross, 2017). Recently, this framework has been used in a variety of ways to examine power differentials in criminal justice spaces including prison, jails, and community supervision specific to women's reproductive health and bodily autonomy (Crawford et al., 2023a, 2023b, 2023c, 2023d, 2023e, 2023f; Hayes et al., 2020; Shlafer et al., 2019).

#### **Tenet 1: the right to bodily autonomy**

Correctional oversight eliminates bodily autonomy as women often encounter disproportionate stigma and limited decision-making regarding their health, childrearing, and bodies (Crawford et al., 2022; Hayes et al., 2020; Shlafer et al., 2019). Exposure to sexual violence across the lifespan often contributes to women experiencing initial incarceration (Karlsson & Zielinski, 2020). As such, women have described how the profound poverty and discrimination that resulted from their arrest limited their control over their bodies (Crawford et al., 2022; Kajstura & Sawyer, 2024; Karlsson & Zielinski, 2020). Following arrest, incidences of sexual violence in correctional spaces such as jails or prisons may increase (Kajstura & Sawyer, 2024; Karlsson & Zielinski, 2020). Further, women on community supervision encounter challenges in obtaining stable housing and employment, making them vulnerable to relying on abusive partners, engaging in sex work for survival, or sexual exploitation by men in power, resulting in unplanned pregnancies (Crawford et al., 2022).

Incarceration in county jails and prison systems restricts access to abortion and one's ability to choose if they should continue with a pregnancy (Hayes et al., 2020; Sufrin et al., 2023). Despite individual state laws that may constitute the right to access abortion care,

<sup>2</sup> The terms "women" and "mothers" are used throughout this article. However, the authors acknowledge and assert that some individuals who are pregnant, birthing, and postpartum may be transgender men or nonbinary people.

even before the Supreme Court overturned *Roe* in 2022, access to such care has heavily depended on institutional policies and the bias of those in authority in health and correctional settings (Sufrin et al., 2023). Abortions are considered elective procedures which are usually not prioritized or even offered to those in a correctional facility, with a recent report citing only 1% of incarcerated women accessing abortion care (Hayes et al., 2020; Shlafer et al., 2019; Sufrin et al., 2023). Furthermore, even if a jail or prison system offers the procedure, most women lack the financial backing for appropriate care and/or transportation to obtain an abortion (Hayes et al., 2020; Sufrin et al., 2023).

Despite community supervision being less restrictive than jail or prison, women under this type of correctional oversight have also experienced limits on bodily autonomy regarding access to abortion care (Crawford, McGlothen-Bell, Marsh, et al., 2023; Sufrin et al., 2023). They have limited access to health insurance or face stigma when encountering services for their health, which deters them from accessing preventative and timely healthcare (Lorvick et al., 2022). Conditions of supervision in many jurisdictions require travel restrictions which, when compounded with limited social and economic stability, force these women to maintain a pregnancy, even if it is a result of sexual violence (Crawford et al., 2022).

Another consideration of one's bodily autonomy is contraception access (Hayes et al., 2020; Sufrin et al., 2023). Incarcerated women often resume sex after release from jail or prison. However, no standard method exists that ensures access to contraception prior to release, nor is there a system in place to allow women to continue their pre-incarceration contraception methods during short stays in county jails (Hayes et al., 2020; Sufrin et al., 2023); this is especially troubling given the high rates of sexual violence and coercion women face while on probation or parole/post-release supervision (Crawford et al., 2022).

Furthermore, although women can sometimes have access to contraception while incarcerated, carceral environments can increase the risk of reproductive coercion related to family planning (Thompson et al., 2021). Long-term reversible contraceptives (LARCs) such as intrauterine devices (IUDs) and implants are disproportionately offered to women while in jail or prison while limiting counsel on other birth control options (Hoff et al., 2021; Thompson et al., 2021). Although LARCs have many benefits in preventing an unanticipated pregnancy, they require physicians to insert, monitor, and remove, thus limiting women's control over their bodies, especially in instances where they might have limited access to reproductive healthcare (Hoff et al., 2021; Thompson et al., 2021).

Furthermore, forced and coerced sterilization has long been a reality of women (and men) detained in prisons, penitentiaries, and detention facilities throughout history, particularly among Black and Latina women (Manjeshwar, 2020). Between the years 2006–2010, nearly 150 women housed by the California Department of Corrections and Rehabilitation were given tubal ligations without proper consent, reminiscent of California's legacy of eugenics (Chappell, 2013; Cohn, 2020). In fact, California is only one of many states in the U.S. with a deep history of eugenics—eugenics laws and policies were widespread in the early twentieth century and were rooted in racism and nativism (Manjeshwar, 2020).

For women who are forced to, or who consensually continue, a pregnancy, their rights to bodily autonomy during the perinatal period while incarcerated often go dismissed or omitted (Hayes et al., 2020; Shlafer et al., 2019; Sufrin et al., 2023). During incarceration, women experience isolation from their peers, families, and offspring during pregnancy (Shlafer et al., 2019). Women also have heightened uncertainty about their care plan, limited access to health-related information, and decreased contact with their healthcare team, resulting in restrictions in managing their health and bodies during pregnancy (Hayes et al., 2020; Shlafer et al., 2019).

Although women on community supervision have fewer structural restrictions than those in jails and prisons, limitations regarding childcare, transportation, access to health insurance, and time off work limit their ability to manage their health with full agency during the perinatal period (Crawford, McGlothen-Bell, Marsh, et al., 2023). As a result, women during the perinatal period experience limited shared decision-making during their pregnancies and childbirth, unnecessary procedures such as non-medically indicated inductions or cesarean sections and forced withdrawal from their medication for opioid use disorder (Crawford, McGlothen-Bell, Marsh, et al., 2023; Shlafer et al., 2019; Sufrin et al., 2019, 2020).

## **Tenet 2: the right to have or not have children**

The ways in which women decide when and how to have children is directly influenced by the timing and the type of correctional oversight they receive (Hayes et al., 2020; Shlafer et al., 2019; Sufrin et al., 2023). For instance, although detainment in the county jail may be a shorter sentence than state or federal prison, sentencing laws and high bond amounts can keep women behind bars for an extended time (Crawford, McGlothen-Bell, Marsh, et al., 2023; Shlafer et al., 2019). Further, the length of time that someone can remain on community-based correctional oversight can span years due to sentencing laws and technical violations (Hayes et al., 2020; Shlafer et al., 2019). Both instances limit the way women can have control

when they become pregnant, end a pregnancy, and/or finance a pregnancy they choose to maintain.

Women have reported not having children because of the restrictions associated with correctional oversight (Shlafer et al., 2019), as well as being unable to access abortion care due to barriers or costs for the procedure or travel while in jail or prison (Sufrin et al., 2023). In addition, and as stated before, women on community supervision often have restricted travel or time off, which limits their access to abortion services to stop a pregnancy if they choose. When factoring these issues while considering a woman's fertility, which reduces with age, a woman who is experiencing a long sentence will have less fertility upon release from jail, prison, or community supervision.

Women who experience justice system involvement also have restrictions on how they manage their pregnancies (Shlafer et al., 2019). Despite legislation mandating that all people, regardless of correctional oversight, deserve the best standards of practice when receiving perinatal care, data suggests that healthcare during pregnancy, childbirth, and postpartum in jail and prison systems remain substandard. Ensuring healthy outcomes for infants, such as preventing cesarean section or pre-term birth and promoting adequate bonding and breast or chest feeding opportunities are often not a priority of correctional agencies (Shlafer et al., 2019; Sufrin et al., 2019, 2020). These restrictions directly influence the developmental and social outcomes of the offspring born to women with justice system involvement, thus hindering their right to have their children under optimal conditions.

### **Tenet 3: the right to parent in safe and sustainable environments**

Women who are justice-involved reported hindrance from raising and parenting their children under their chosen conditions and with dignity (Crawford, McGlothen-Bell, Testa, et al., 2023a; Hayes et al., 2020; Shlafer et al., 2019). Justice system involvement limits how women have contact with their offspring or often results in loss of custody of their children (Crawford, McGlothen-Bell, Testa, et al., 2023b; Shlafer et al., 2019). Further, even during temporary foster care or guardianship placement, conditions associated with community supervision make it challenging for women to reinstate their parental rights (Crawford, McGlothen-Bell, Testa, et al., 2023b; Shlafer et al., 2019). Consequently, involvement with the criminal justice system, whether it being detained in county jail, sentenced to prison, or even placed on community

supervision, limits these women's ability to interact appropriately with their children, resulting in a large population of children orphaned without a stable caregiver (Crawford, McGlothen-Bell, Marsh, et al., 2023; Hayes et al., 2020; Shlafer et al., 2019).

Women in the criminal justice system often face discrimination or lack of advocacy from their families or child protective services (CPS) (Khaw et al., 2021). Women report that the over or inessential reporting to CPS results in open cases that limit access to their children (Crawford, McGlothen-Bell, Marsh. Additionally, women involved with the justice system often come from histories of family violence and abuse across the lifespan (Crawford, Ricks, Bell, et al., 2023). Abusive family members or romantic partners commonly abuse their power when women experience correctional oversight by manipulating the courts, CPS, and adoption agencies (Crawford, McGlothen-Bell, Marsh, et al., 2023; Crawford, McGlothen-Bell, Testa, et al., 2023b; Hayes et al., 2020). Hence, women have expressed instances where their partners or family have wrongfully obtained custody over their children without full informed consent while in custody or community supervision (Shlafer et al., 2019). Consequently, the inessential fragmentation between women and their young offspring can cause toxic stress and dysregulation, which may heighten morbidity and mortality across their children's lifespan (Rafeedie et al., 2019).

Finally, women involved with the justice system, their children, and their families often endure intergenerational or repeated incarceration (Zhao et al., 2020). Further, steep financial sanctions and rigid community supervision mandates impede women's socioeconomic stability and potential (Rothschild, 2019; Shlafer et al., 2019). Harsh and lengthy penalties associated with the low-level offenses committed by most women in the criminal justice system prevent women from access to equitable and high-paying jobs, educational opportunities, safe housing, and opportunities for leisurely travel (Rothschild, 2019). These restrictions associated with correctional oversight hinder women's ability to parent and/or give their children experiences under their chosen conditions (Crawford, McGlothen-Bell, Testa, et al., 2023b; Hayes et al., 2020; Shlafer et al., 2019). As such, these limitations also prevent women from raising their children in supportive environments free from violence and poverty, which may result in the intergenerational transition of trauma and incarceration amongst the offspring of women involved with the justice system (Crawford, McGlothen-Bell, Testa, et al., 2023b; Hayes et al., 2020; Shlafer et al., 2019).



## Gender-responsive innovations translated into practice

We remain hopeful in the gender-responsive research agenda and the ways in which perinatal women in the justice system are being studied and included in solutions. This is in part because findings from these research areas have been translated into significant innovations in policy, law, and practice (Wattanaporn & Holtfreter, 2014). The primary goals of these developments focus on reducing the number of women and girls in criminal and juvenile legal systems and improving their health and well-being. Some of these solutions are upstream and prevention oriented, such as Girls Court (Heipt, 2015; Klein, 2012) or efforts to identify and divert juvenile victims of sex trafficking or commercial sexual exploitation (e.g., Safe Harbor laws) (Hounmenou & O'Grady, 2019; Salisbury et al., 2015). Others center on adult women in correctional systems to reduce recidivism (Gobeil et al., 2016; Van Voorhis et al., 2010) or assist correctional staff in creating gender- and trauma-responsive supervision strategies in community or carceral settings (Buell & Abbate, 2020; Salisbury & Foster, *in press*). Further, the use of technological advances and generative artificial intelligence (AI) are emerging to empower women and girls to build their health-related self-efficacy and escape from harmful, abusive relationships including intimate partner violence and digital abuse. For example, The Parasol Cooperative's trauma-informed AI-powered chat tool, named "Ruth," is designed to combat tech-enabled abuse and provide safety resources and planning for users at risk of intimate partner abuse (The Parasol Cooperative, 2024). We turn now to discussing some of these innovations below, beginning with those centered on reducing women's recidivism and improving their correctional environments.

## Innovations to reduce women's recidivism and correctional environments

Over the last few decades, stakeholders have focused on improving the assessment and treatment of women's risk factors and needs. The *Women's Risk Need Assessment (WRNA)* was one of the first gender-responsive actuarial risk assessments available for justice agencies (Van Voorhis et al., 2010), and is endorsed by the United Nations Office on Drugs and Crime to adhere to the Bangkok Rules (UNODC, 2020). The WRNA is an evidence-based, gender-responsive risk and need assessment that has been validated for women while in institutions, at pre-release, and on probation or in the community. In addition to gender-neutral risk factors, the WRNA addresses several gender-responsive needs and strengths: (1) Physical and Sexual Abuse (Child and Adult); (2) Dysfunctional Intimate Relationships; (3)

Depression, Anxiety, and PTSD; (4) Self-Efficacy; (5) Parental Stress and Involvement; and (6) Housing Safety. The instrument allows justice staff to identify gender-specific risk factors and strengths and focus case management practices on more fully addressing women's needs. The WRNA has been implemented in over 100 jurisdictions in the U.S., as well as in England, Singapore, the Czech Republic, and Namibia. A large, multi-site validation of the WRNA in England is underway led by researchers at the University of Birmingham (Dr. Simon Pemberton is Principal Investigator). Doctoral students are also working on research studies using the WRNA in Germany and Belgium.

Importantly, the WRNA itself is not intended to change client behavior, but to triage women to gender- and trauma-responsive treatment programming through collaborative case planning with clients. In that vein, evidence-based, gender-responsive programs and curricula have been developed and evaluated (Gobeil et al., 2016; Messina, 2021), and the national-level discourse on the topic within the U.S. has expanded greatly to include attention from the National Institute of Justice (Buck Willison et al., 2021; Ventura Miller, 2021). There are many treatment resources available and readers are encouraged to consult the U.S. Council of State Governments' (Fleming et al., 2021) comprehensive resource guide for agencies *Adopting a Gender-Responsive Approach for Women in the Justice System*, created in collaboration with the National Resource Center on Justice-Involved Women. The guide provides a comprehensive overview of current best practices, research, and curricula for gender-responsive care. Moreover, a newly formed bi-partisan Women's Justice Commission convened by the Council on Criminal Justice is creating a national-scale awareness campaign on the research and data supporting the implementation of gender-responsive strategies. The Commission is also driving actionable policy and research efforts emphasizing the need to improve outcomes for women (Council on Criminal Justice, 2024).

Importantly, the use of assessments and interventions alone are not enough if policies and procedures within a correctional agency undermine gender-responsive strategies. Resources are available to assist agencies in identifying and modifying longstanding policies and practices that backfire and harm behavioral progress among women. These resources are intended to create spaces that are safe and supportive of justice-involved women, and to bolster the skills of staff working alongside them. The National Institute of Corrections (NIC) has been on the forefront of this work in the U.S. For instance, the *Gender-Responsive Policy and Practice Assessment (GRPPA)*, NIC, 2023a) is one such agency-level tool that can be used for correctional institutions interested in

self-assessing their organization's adherence to gender-responsive principles. *The Women's Correctional Safety Scales Toolkit* (NIC, 2022) is another agency-level resource that focuses on measuring the physical, emotional, and sexual safety of correctional environments for incarcerated women, and is based off the extensive prison research conducted by Owen et al. (2017). NIC also offers a training for institutional staff called *Safety Matters* (NIC, 2023b) which teaches staff to effectively communicate and safely manage relationships with and among justice-involved women. Such agency-wide changes require buy-in from both internal and external stakeholders and, like most policy and operational changes, take years to see positive effects. Similar to the GRPPA, the *SAGE (Supervision Agency Gender-responsive Evaluation)* (NIC, 2024) is a guided training and strategic planning process for community supervision correctional agencies (as opposed to institutional agencies such as jails and prisons) seeking to adhere to gender-responsive principles. Although this is not an exhaustive list of innovations to reduce women's recidivism and improve correctional environments, Table 1 provides additional detail and outlines empirical support and research that is still needed.

#### Innovations to improve health outcomes for women

With emerging and more sophisticated technology, digital interventions that utilize artificial intelligence (AI) may provide an answer to ending gender and health inequality by providing preventative and timely perinatal care for women and their children in a discreet, non-judgmental, and cost-effective manner (Anderson-Lewis et al., 2018; Crawford, Hutson, & Kim, 2023; Crawford, Salisbury, et al., 2024). Smartphones have become more accessible and usable amongst underserved communities, including women in the justice system (Crawford, Salisbury, et al., 2024). Emerging research suggests that women with risks associated with criminal justice involvement may have better health self-efficacy and agency when using mobile health (mHealth) applications (Crawford, Salisbury, et al., 2024). Further, mHealth applications may be a cost-effective and equitable way for this population of women to obtain gender-responsive and culturally relevant information and serve as a tool to aid in decision-making regarding managing their health (Anderson-Lewis et al., 2018; Crawford, Hutson, & Kim, 2023; Crawford, Salisbury, et al., 2024). Despite the promise that the innovation of mHealth applications may have, there must be careful consideration of the protection of human subjects when developing and implementing mHealth applications amongst underserved populations (Anderson-Lewis et al., 2018; Crawford, Salisbury, et al., 2024; Kim et al., 2022). MHealth interventions must consider the privacy

and integrity of data management, storage, and sharing when implementing digital interventions in spaces and amongst populations that have correctional oversight (Anderson-Lewis et al., 2018; Crawford, Salisbury, et al., 2024; Nurgalieva et al., 2020).

Interventions and wrap-around programming ideally begin on admission to jail or prison and follow women into community supervision (Lorvick et al., 2022; Salisbury et al., 2023). This method of delivering care will ensure consistency and acclimate end-users to a tool before returning to their communities, which often can be overwhelming (Crawford, Salisbury, et al., 2024; Lorvick et al., 2022). Utilizing interventions across institutions will aid in preventing symptom exacerbation and instances of ineffective coping, such as return-to-using substances (Crawford, Salisbury, et al., 2024; Lorvick et al., 2022). This strategy may also give reassurance and guidance on health and social-related resources within the jail or prison setting and community, ultimately reducing costs associated with unnecessary trips to the emergency room and maternal-child perinatal morbidity and mortality (Crawford, Salisbury, et al., 2024; Lorvick et al., 2022).

#### Conclusion

Significant progress has been made on behalf of justice-involved women and girls since publication of the foundational report establishing the principles of gender-responsive correctional strategies over 20 years ago (Bloom et al., 2003). Wide-ranging empirical evidence continues to support their implementation, as well as adoption of the Bangkok Rules (UN, 2010). Additionally, it appears that gender-responsive practices are now generally accepted as evidence-based practices given the empirical support for gender-responsive assessment (Van Voorhis et al., 2010; Wanamaker & Brown, 2022), treatment programming (Gobeil et al., 2016), and community supervision for women (Morash, 2010; Salisbury et al., 2023).

Nevertheless, additional research is needed to more effectively understand how the principles and practices encompassing gender-responsive work apply specifically to women of color, women in perinatal stages, and transgender women using intersectional and reproductive justice approaches. Limited data exist regarding the pregnancy, birthing, and postpartum outcomes of women in jails and prison systems, and even fewer data specific to women on community supervision (Crawford, Testa, et al., 2024; Sufrin et al., 2019, 2020, 2023). Data sharing across institutions (jails, prisons, and community supervision) and county and state lines could assist in bridging this knowledge gap. Further, utilizing sophisticated data collection methods such as ecological momentary

**Table 1** Innovations to reduce women's recidivism and improve correctional environments

Innovation	Goal/Purpose	Correctional Setting	Empirical Support	Research Needed
Women's Risk Needs Assessment (WRNA)	Risk/needs assessment designed for adult women; can be used for custody classification, community supervision risk level, and identify women's criminogenic needs and strengths	Institutional and community supervision	Several research validation studies; see <a href="https://socialwork.utah.edu/wrna">socialwork.utah.edu/wrna</a>	Predictive validity among minoritized women
Gender-Responsive Treatment Curricula (various brand names)	To reduce women's institutional misconducts and community recidivism; see Fleming et al. (2021)	Institutional and community supervision	Several program evaluations of various curricula; see Fleming et al. (2021) and Gobeil et al. (2016)	Predictive validity among minoritized women
Gender-Responsive Policy and Practice Assessment (GRPPA)	Program/policy evaluation assessment to determine adherence to gender-responsive principles	Institutional facilities	Support based on foundational gender-responsive and feminist theory	Validation studies
Women's Correctional Safety Scales Toolkit	Institutional-level resource measuring and improving the physical, emotional, and sexual safety of correctional environments for incarcerated women; to identify potential PREA <sup>a</sup> risk factors	Institutional facilities	Owen et al. (2017)	Additional validation studies
Safety Matters	Training curriculum to teach staff effective communication to safely manage relationships with and among justice-involved women	Institutional facilities	Support based on foundational gender-responsive and feminist theory	Effectiveness of the training on staff attitudes and behavior
Supervision Agency Gender-responsive Evaluation (SAGE)	Program/policy evaluation assessment to determine adherence to gender-responsive principles	Community corrections agencies	Support based on foundational gender-responsive and feminist theory	Validation studies

<sup>a</sup> PREA Prison Rape Elimination Act

assessment (EMA) data by utilizing mHealth applications could be the key to getting detailed data regarding women's behavioral patterns in conjunction with environmental factors in real-time (Doherty et al., 2020; Oleson et al., 2022). These data can aid in groundbreaking insights regarding women's pathways to recidivism and coping patterns influenced by contextual challenges hard to capture using cross-sectional, retrospective, or static survey data.

Promising theoretical integrations are also laying groundwork for improving outcomes among women of color. For instance, Quinn and Grumbach (2015) argued that relational theory as a foundation for understanding women's moral and psychological development is inadequate in explaining minority women's life challenges, including the intersection of racism-classism-sexism. The authors support integration of critical race theory (Delgado & Stefancic, 2012) and solutions focused therapy (Lee, 2003) to relational theory, and thus provide a roadmap for theory building among justice-involved women. Building upon the central theories underlying women's pathways to offending will improve treatment interventions and subsequent outcomes for many more women, particularly women of color.

Finally, it is heartening to see expansion of the gender-responsive framework beyond the corrections field into the area of policing. The International Association of Women Police (IAWP) is at the forefront of this work, which encompasses goals that address (1) increasing the number of women officers, (2) supporting their promotion and advancement in the profession, and (3) improving police responses to gender-based violence (Huff et al., 2024; UN Women, IAWP, and UNODC, 2021). In 2021, UN Women convened the Generation Equality Forum to promote gender-responsive policing practices globally. Various governments, NGOs, and private corporations attended and made financial commitments to initiatives surrounding the cause (Huff et al., 2024).

As an example, the first author recently developed a gender-responsive training curriculum delivered to police recruits from the Seattle Police Department (SPD) in Washington state (U.S.). The curriculum is part of SPD's (2024) Before the Badge program for recruits to learn the foundations of relational policing before joining the academy, including the historical legacy of racism within the profession. Crucially, the gender-responsive training is delivered by formerly incarcerated women who can most effectively speak to the complexities of policing women. Facilitators' lived experiences are disclosed at the conclusion of the training to create a learning environment where recruits can be honest about their perceptions surrounding sexism and racism, and facilitators can guide conversations without judgement. Recruits often walk

away with a newfound appreciation for the women and the work, and early training evaluations demonstrate positive feedback. In short, the more the principles of gender-responsive interventions are established further upstream in the criminal and juvenile justice systems, the greater the likelihood of more positive health and safety outcomes for women in our communities.

#### Authors' contributions

ES contributed the bulk of the manuscript while AF contributed the section on perinatal needs of women.

#### Funding

The authors declare no funding associated with this research.

#### Data availability

No datasets were generated or analysed during the current study.

#### Declarations

#### Ethics approval and consent to participate

There were no participants in the research and therefore IRB approval and consent to participate were not necessary.

#### Competing interests

The authors declare no competing interests.

Received: 30 October 2024 Accepted: 2 January 2025

Published online: 03 March 2025

#### References

- Anderson-Lewis, C., Darville, G., Mercado, R. E., Howell, S., & Di Maggio, S. (2018). mHealth technology use and implications in historically underserved and minority populations in the United States: systematic literature review. *JMIR mHealth and uHealth*, 6(6);e128. <https://doi.org/10.2196/mhealth.8383>
- Baglivio, M. T., Epps, N., Swartz, K., Sayedul Huq, M., Sheer, A., & Hardt, N. S. (2014). The prevalence of Adverse Childhood Experiences (ACE) in the lives of juvenile offenders. *Journal of Juvenile Justice*, 3(2), 1–17.
- Baker Miller, J. (1987). *Toward a New Psychology of Women* (2<sup>nd</sup> ed.). Beacon Press.
- Barberet, R., & Jackson, C. (2017). UN rules for the treatment of women prisoners and non-custodial sanctions for women offenders (the Bangkok Rules): a gendered critique. *ISSN*, 102(2), 215–230.
- Blanchette, K., & Brown, S. L. (2006). *The assessment and treatment of women offenders: An integrative perspective*. John Wiley & Sons.
- Bloom, B., Owen, B., & Covington, S. (2003). *Gender-responsive strategies for women offenders: A summary of research, practice, and guiding principles for women offenders*. National Institute of Corrections, USDOJ.
- Bottiani, J. H., Camacho, D. A., Lindstrom Johnson, S., & Bradshaw, C. P. (2021). Annual research review: youth firearm violence disparities in the United States and implications for prevention. *Journal of Child Psychology and Psychiatry*, 62, 563–579. <https://doi.org/10.1111/jcpp.13392>
- Boynton-Jarrett, R., & Harville, E. W. (2012). A prospective study of childhood social hardships and age at menarche. *Annals of Epidemiology*, 22(10), 731–737.
- Brennan, T., Breitenbach, M., Dieterich, W., Salisbury, E. J., & Van Voorhis, P. (2012). Women's pathways to serious and habitual crime: a person-centered analysis incorporating gender-responsive factors. *Criminal Justice and Behavior*, 39, 1481–1508.
- Brennan, T., & Jackson, E. (2022). Women's pathways: Replication and generalizability across state prison systems. *Criminal Justice and Behavior*, 49(9), 1323–1341.



- Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin*, 99(1), 66–77.
- Brushett, R. A. (2013). *Typologies of female offenders: A latent class analysis using the Women's Risk Needs Assessment* [Unpublished doctoral dissertation]. University of Cincinnati.
- Buck Willison, J., Zweig, J., Ervin, S., McCoy, E., Jagannath, J., & Langness, M. (2021). *Evaluation of the In-Prison Programming for Incarcerated Women: Addressing Trauma and Prior Victimization, Final Report*. Washington, DC: National Institute of Justice, USDOJ.
- Buell, M., & Abbate, J. (2020). Same is not equal: Policy and practice for justice-involved women. *American Jails*. American Jail Association.
- Chappell, B. (2013). California prison sterilizations reportedly echo eugenics era. *NPR*. Retrieved from <https://www.npr.org/sections/thetwo-way/2013/07/09/200444613/californias-prison-sterilizations-reportedly-echoes-eugenics-era>
- Chesney-Lind, M., & Pasko, L. (2012). *The Female Offender: Girls, Women, and Crime* (3<sup>rd</sup> ed.). SAGE. <https://doi.org/10.4135/9781452232157>
- Cohn, E. (2020). *Belly of the Beast* [Film]. ITVS and Idle Wild Films.
- Colich, N. L., Rosen, M. L., Williams, E. S., & McLaughlin, K. A. (2020). Biological aging in childhood and adolescence following experiences of threat and deprivation: A systematic review and meta-analysis. *Psychological Bulletin*, 146(9), 721–764.
- Council on Criminal Justice (2024). *Women's Justice: By the Numbers*. Council on Criminal Justice, Women's Justice Commission. Retrieved from <https://counciloncj.org/womens-justice-by-the-numbers/>
- Crawford, A. D., Hutson, T. S., & Kim, M. (2023). Mobile Health Applications Addressing Health Disparities for Women on Community Supervision: A Scoping Review. *Substance Use & Misuse*, 58(6), Article 6. <https://doi.org/10.1080/10826084.2023.2188414>
- Crawford, A. D., McGlothen-Bell, K., & Cleveland, L. M. (2022). "I did whatever they wanted me to do": A qualitative secondary analysis using reproductive justice to explore sexual violence among justice-involved Latina mothers. *BMC Public Health*, 22(1), Article 1. <https://doi.org/10.1186/s12889-022-13865-8>
- Crawford, A. D., McGlothen-Bell, K., Marsh, L. N., & Cleveland, L. M. (2023). "We're Still Human": A Reproductive Justice Analysis of the Experiences of Criminalized Latina Mothers. *Journal of Aggression, Maltreatment & Trauma*, 32(1–2), Article 1–2. <https://doi.org/10.1080/10926771.2022.2162467>
- Crawford, A. D., McGlothen-Bell, K., Testa, A., McGrath, J. M., & Cleveland, L. (2023a). Exploration of the effects of incarceration on the health of Latina women and their children using the life course theory. *Public Health Nursing*, phn.13273. <https://doi.org/10.1111/phn.13273>
- Crawford, A. D., McGlothen-Bell, K., Testa, A., McGrath, J. M., & Cleveland, L. (2023b). Exploration of the effects of incarceration on the health of Latina women and their children using the life course theory. *Public Health Nursing*, phn.13273. <https://doi.org/10.1111/phn.13273>
- Crawford, A. D., Ricks, T. N., Bell, K. M., McGrath, J. M., Abbyad, C., Polinard, E., & Cleveland, L. M. (2023). Conditions that influence coping mechanisms in Latina mothers affected by incarceration: A secondary analysis using the vulnerability framework. *Research in Nursing & Health*, nur.22335. <https://doi.org/10.1002/nur.22335>
- Crawford, A. D., Ricks, T. N., Polinard, E., & Abbyad, C. W. (2023). What is Known About Reproductive Autonomy Among Justice-Involved Black Women?: A Scoping Review. *Journal of Transcultural Nursing*, 10436596231183180. <https://doi.org/10.1177/10436596231183180>
- Crawford, A. D., Salisbury, E., & McGrath, J. M. (2024). An exploration of 2 existing mHealth apps to manage sexual health and safety for women on probation. *HEJU-D-23-00097R1*. <https://doi.org/10.1186/s40352-024-00277-6>
- Crawford, A. D., Testa, A., Darilek, U., Howe, R., McGrath, J. M., & Schlafer, R. (2024). Perinatal Health Outcomes Among Women on Community Supervision: A Scoping Review. *Journal of Correctional Health Care*, jchc.23.09.0073. <https://doi.org/10.1089/jchc.23.09.0073>
- Crick, N. R., & Grotpeter, J. K. (1995). Relational aggression, gender, and social-psychological adjustment. *Child Development*, 66(3), 710–722.
- Daggett, D. M. (2013). *Pathways to prison and subsequent effects on misconduct and recidivism: Gendered reality?* (Publication No. 3627558) [Doctoral dissertation]. University of Maryland.
- Daly, K. (1992). Women's pathways to felony court: Feminist theories of law-breaking and problems of representation. *Southern California Review of Law and Women's Studies*, 2, 11–52.
- DeHart, D. D. (2009). *Poly-victimization among girls in the juvenile justice system: Manifestations and associations to delinquency*. Technical report to the National Institute of Justice. The Center for Child and Family Studies. Retrieved from <https://www.ojp.gov/pdffiles1/nij/grants/228620.pdf>
- DeHart, D. D. (2018). Women's pathways to crime: A heuristic typology of offenders. *Criminal Justice and Behavior*, 45(10), 1461–1482. <https://doi.org/10.1177/0093854818782568>
- DeHart, D. D., & Lynch, S. L. (2013). Gendered pathways to crime: The relationship between victimization and offending. In C. Renzetti, S. Miller, & A. Gover (Eds.), *Routledge International Handbook of Crime and Gender Studies* (pp. 120–138). Routledge.
- Delgado, R., & Stefancic, J. (2012). *Critical Race Theory: An Introduction* (2nd ed.). NYU Press.
- Doherty, K., Balaskas, A., & Doherty, G. (2020). The Design of Ecological Momentary Assessment Technologies. *Interacting with Computers*, 32(3), Article 3. <https://doi.org/10.1093/iwcomp/iwaa019>
- Donohue, G., McCann, E., & Brown, M. (2021). Views and experiences of LGBTQ+ people in prison regarding their psychosocial needs: A systematic review of the qualitative research evidence. *International Journal of Environmental Research and Public Health*, 18, 9335.
- Erez, E., & Berko, A. (2010). Pathways of Arab/Palestinian women in Israel to crime and imprisonment: An intersectional approach. *Feminist Criminology*, 5(2), 156–194. <https://doi.org/10.1177/1557085110367742>
- Fair, H., & Wamsley, R. (2022). *World Prison Brief: World Female Imprisonment List*. 5<sup>th</sup> ed. World Prison Brief.
- Finkelhor, D., Hammer, H., Sedlak, A. J. (2008). Sexually assaulted children: National estimates and characteristics. *National Incidence Studies of Missing, Abducted, Runaway, and Throwaway Children (NISMA)*. Technical Report, Washington, DC: U.S. Department of Justice.
- Finkelhor, D., Turner, H., Ormrod, R., & Hamby, S. L. (2009). Violence, abuse, and crime exposure in a national sample of children and youth. *Pediatrics*, 124(5), 1411–1423. <https://doi.org/10.1542/peds.2009-0467>
- Fleming, E., Upton, A., Lopez Wright, F., Wurzburg, S., & Ney, B. (2021). *Adopting a gender-responsive approach for women in the justice system: A resource guide*. Council of State Governments Justice Center.
- Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Harvard University Press.
- Gilligan, C. (2002). *The birth of pleasure*. Knopf.
- Gobeil, R., Blanchette, K., & Stewart, L. (2016). A meta-analytic review of correctional interventions for women offenders: Gender-neutral versus gender-informed approaches. *Criminal Justice and Behavior*, 43(3), 301–322. <https://doi.org/10.1177/0093854815621100>
- Hawks, L., Woolhandler, S., Himmelstein, D. U., Bor, D. H., Gaffney, A., & McCormick, D. (2019). Association between forced sexual initiation and health outcomes among US women. *JAMA Internal Medicine*, 179(11), 1551–1558. <https://doi.org/10.1001/jamainternmed.2019.3500>
- Hayes, C. M., Sufrin, C., & Perritt, J. B. (2020). Reproductive justice disrupted: mass incarceration as a driver of reproductive oppression. *American Journal of Public Health*, 110(S1), S21–S24. <https://doi.org/10.2105/AJPH.2019.305407>
- Heimer, K., Malone, S. E., & De Coster, S. (2023). Trends in Women's Incarceration Rates in US Prisons and Jails: A Tale of Inequalities. *Annual Review of Criminology*, 6(1), Article 1. <https://doi.org/10.1146/annurev-criminol-030421-041559>
- Heipt, W. S. (2015). Girls' court: A gender responsive juvenile court alternative. *Seattle Journal for Social Justice*, 13(3), 803–855.
- Hoff, E., Adams, Z. M., Grimshaw, A., Goddard-Eckrich, D. A., Dasgupta, A., Sheth, S. S., & Meyer, J. P. (2021). Reproductive life goals: a systematic review of pregnancy planning intentions, needs, and interventions among women involved in U.S. Criminal Justice Systems. *Journal of Women's Health*, 30(3), 412–428. <https://doi.org/10.1089/jwh.2019.7951>
- Holmes, W. C., & Slap, G. B. (1998). Sexual abuse of boys: Definition, prevalence, correlates, sequelae, and management. *JAMA*, 280(21), 1855–1862.
- Hounmenou, C., & O'Grady, C. (2019). A review and critique of the U.S. responses to the commercial sexual exploitation of children. *Children and Youth Services Review*, 98, 188–198.
- Huber, A. (2016). Women in Criminal Justice Systems and the Added Value of the UN Bangkok Rules. In Kury, H., Redo, S., Shea, E. (Eds.) *Women and Children as Victims and Offenders: Background, Prevention, Reintegration*. Springer. [https://doi.org/10.1007/978-3-319-28424-8\\_3](https://doi.org/10.1007/978-3-319-28424-8_3)

- Huff, J., Clinkinbeard, S. S., Rief, R. M., Dunlap, B., Zamouri, I., Goodijohn, L., Meenagh, C., Champenstein, C., Townsley, J., Fernandez, M., & Swanson, J. (2024). Recruiting, retaining, and advancing women in policing: lessons learned from the IAWP Gender-responsive policing summit. *Policing A Journal of Policy and Practice*, 2024(18), 1–11. <https://doi.org/10.1093/police/paae013>
- Jaffer, M., Ayad, J., Tungol, J. G., MacDonald, R., Dickey, N., & Venter, H. (2016). Improving transgender healthcare in the New York City correctional system. *LGHT Health*, 3, 116–121.
- Jenness, V., & Fenstermaker, S. (2016). Forty years after Brownmiller: Prisons for men, transgender inmates, and the rape of the feminine. *Gender and Society*, 30(1), 14–29.
- Kajstura, A., & Sawyer, W. (2024). *Women's Mass Incarceration: The Whole Pie* (Prison Policy Initiative). <https://www.prisonpolicy.org/reports/pie2024women.html>
- Kanougiya, S., Sivakami, M., & Rai, S. (2021). Predictors of spousal coercive control and its association with intimate partner violence evidence from National Family Health Survey-4 (2015–2016) India. *BMC Public Health*, 21, 2185. <https://doi.org/10.1186/s12889-021-12232-3>
- Karlsson, M. E., & Zielinski, M. J. (2020). Sexual Victimization and Mental Illness Prevalence Rates Among Incarcerated Women: A Literature Review. *Trauma, Violence, & Abuse*, 21(2), Article 2. <https://doi.org/10.1177/1524838018767933>
- Khaw, L., Bermea, A. M., Hardesty, J. L., Saunders, D., & Whittaker, A. M. (2021). "The system had choked me too": abused mothers' perceptions of the custody determination process that resulted in negative custody outcomes. *Journal of Interpersonal Violence*, 36(9–10), 4310–4334. <https://doi.org/10.1177/0886260518791226>
- Kim, M. T., Heitkemper, E. M., Hébert, E. T., Hecht, J., Crawford, A., Nnaka, T., Hutson, T. S., Rhee, H., & Radhakrishnan, K. (2022). Redesigning culturally tailored intervention in the precision health era: Self-management science context. *Nursing Outlook*, 70(5), 5. <https://doi.org/10.1016/j.outlook.2022.05.015>
- Klabunde, M., Weems, C. F., Raman, M., & Carrion, V. G. (2017). The moderating effects of sex on insula subdivision structure in youth with posttraumatic stress symptoms. *Depression and Anxiety*, 34, 51–58.
- Klein, S. (2012). Girls in the Juvenile Justice System: The Case for Girls' Courts. *American Bar Association*. Retrieved from <https://www.americanbar.org/groups/litigation/resources/newsletters/childrens-rights/girls-juvenile-justice-system-case-for-girls-courts/#:~:text=While%20this%20may%20sound%20like,the%20necessary%20types%20of%20programs>
- Lauritsen, J. L., Sampson, R. J., & Laub, J. H. (1991). The link between offending and victimization among adolescents. *Criminology*, 29(2), 265–292.
- Lee, M. Y. (2003). A solution-focused approach to cross-cultural clinical social work practice: Utilizing cultural strengths. *Cultural and Spiritual Perspectives*, 84(3), 385–395.
- Leschied, A. W., Cummings, A. L., Van Brunschot, M., Cunningham, A., & Saunders, A. (2001). Aggression in adolescent girls: Implications for policy, prevention, and treatment. *Canadian Psychology / Psychologie Canadienne*, 42(3), 200–215. <https://doi.org/10.1037/h0086892>
- Lorvick, J., Hemberg, J. L., Browne, E. N., & Comfort, M. L. (2022). Routine and preventive health care use in the community among women sentenced to probation. *Health & Justice*, 10(1), Article 1. <https://doi.org/10.1186/s40352-022-00167-9>
- Makarios, M. D. (2007). Race, abuse and female criminal violence. *Feminist Criminology*, 2, 100–116.
- Manjeshwar, S. (2020). America's forgotten history of forced sterilization. *Berkeley Political Review*. Retrieved from <https://bpr.studentorg.berkeley.edu/2020/11/04/americas-forgotten-history-of-forced-sterilization/>
- Marston, E. G., Russell, M. A., Obsuth, I., & Watson, G. K. (2012). Dealing with double jeopardy: Mental health disorders among girls in the juvenile justice system. In S. Miller (Ed.), *Delinquent Girls: Contexts, Relationships, and Adaptation* (pp. 105–118). Springer. [https://doi.org/10.1007/978-1-4614-0415-6\\_7](https://doi.org/10.1007/978-1-4614-0415-6_7)
- Messina, N. (2021). The evolution of gender-and trauma-responsive criminal justice interventions for women. *Journal of Addiction and Addictive Disorders*. <https://www.heraldopenaccess.us/openaccess/the-evolution-of-gender-and-trauma-responsive-criminal-justice-interventions-for-women>
- Morash, M. (2010). *Women on probation and parole: A feminist critique of community programs and services*. Northeastern University Press.
- Morris, M. (2015). *Pushout: The Criminalization of Black Girls in Schools*. The New Press.
- National Institute of Corrections. (2022). *Women's Correctional Safety Scales Toolkit*. Washington, DC: NIC, USDOJ. Retrieved from <https://tts.nicic.gov/resources/nic-library/webinars-broadcasts/womens-correctional-safety-scales-toolkit>
- National Institute of Corrections. (2023a, May 7). *Gender-Responsive Policy & Practice Assessment (GRPPA)*. Washington, DC: NIC, USDOJ. Retrieved from <https://nicic.gov/resources/resources-topics-and-roles/topics/gender-responsive-policy-practice-assessment-grppa>
- National Institute of Corrections. (2023b, May 7). *Safety Matters: Managing Relationship in Women's Facilities*. Washington, DC: NIC, USDOJ. Retrieved from <https://info.nicic.gov/form/node/12#:~:text=Safety%20Matters%3A%20Managing%20Relationships%20in,with%20and%20among%20incarcerated%20women>
- National Institute of Corrections. (2024). *Supervision Agency Gender-responsive Evaluation (SAGE)*. Washington, DC: NIC, USDOJ. Retrieved from <https://nicic.gov/resources/resources-topics-and-roles/topics/supervision-agency-gender-responsive-evaluation-sage>
- Nooner, K. B., Linares, L. O., Batinjane, J., Kramer, R. A., Silva, R., & Cloitre, M. (2012). Factors related to posttraumatic stress disorder in adolescence. *Trauma, Violence, & Abuse*, 13(3), 153–166.
- Nurgalieva, L., O'Callaghan, D., & Doherty, G. (2020). Security and privacy of mhealth applications: a scoping review. *IEEE Access*, 8, 104247–104268. <https://doi.org/10.1109/ACCESS.2020.2999934>
- Oleson, J. J., Jones, M. A., Jorgensen, E. J., & Wu, Y.-H. (2022). Statistical considerations for analyzing ecological momentary assessment data. *Journal of Speech, Language, and Hearing Research: JSLHR*, 65(1), 344–360. [https://doi.org/10.1044/2021\\_JSLHR-21-00081](https://doi.org/10.1044/2021_JSLHR-21-00081)
- Owen, B. (1998). *In the mix: Struggle and survival in a woman's prison*. State University of New York Press.
- Owen, B., Wells, J., & Pollock, J. (2017). *In search of safety: Confronting inequality in women's imprisonment*. UC Press.
- Quinn, C. R., & Grumbach, G. (2015). Critical race theory and the limits of relational theory in social work with women. *Journal of Ethnic and Cultural Diversity in Social Work*, 24(3), 202–218.
- Rafeedie, J., Hudson, S. M., Deavenport-Saman, A., Rao, S., Rogers, K., & Roberts, S. (2019). Decision-making in foster care: A child-centered approach to reducing toxic stress in foster children. *Children and Youth Services Review*, 96, 10–16. <https://doi.org/10.1016/j.childyouth.2018.11.023>
- Richie, B. E. (1996). *Compelled to crime: The gender entrapment of battered Black women*. Routledge.
- Rivera, B., & Widom, C. S. (1990). Childhood victimization and violent offending. *Violence and Victims*, 5, 19–35.
- Ross, L. (2017). Reproductive justice as intersectional feminist activism. *Souls*, 19(3), 286–314.
- Ross, L., & Solinger. (2020). *Understanding reproductive justice*. Routledge.
- Rothschild, C. (2019). *The incarcerated state (s) of America: The causes, consequences, and solutions to mass incarceration in the United States* (2 (1); Rice Examiner, pp. 103–129). Chrome-extension://efaidnbmnnnib-pcapijpcglclefindmkaj/https://repository.rice.edu/server/api/core/bitstreams/59e53f5d-b937-4d56-8a23-0a9855b740ec/content
- Saada Saar, M., Epstein, R., Rosenthal, L., & Vafa, Y. (nd). *The Sexual Abuse to Prison Pipeline: The Girls' Story*. Georgetown Law Center on Poverty and Inequality.
- Salisbury, E. J., Belisle, L. A., Mercier, M. C., & Prince, K. (2023). A Randomized Controlled Trial of Community Health Specialists Within Gender-Responsive Probation Supervision. *Feminist Criminology*, 18(5), 406–434. <https://doi.org/10.1177/15570851231194662>
- Salisbury, E. J., Boppre, B., & Kelly, B. (2016). Gender-responsive risk and need assessment: Implications for justice-involved women. In F. S. Taxman (Ed.), *Handbook on Risk and Need Assessment: Theory and Practice* (pp. 220–243). Routledge.
- Salisbury, E. J., Dabney, J. D., & Russell, K. (2015). Diverting victims of commercial exploitation from juvenile detention: Development of the InterCSECT screening protocol. *Journal of Interpersonal Violence*, 30(7), 1247–1276.
- Salisbury, E. J., & Foster, M. (in press). A reflection on the Bangkok Rules and gender-responsive correctional interventions in the U.S. *Advancing Corrections*.

- Salisbury, E. J., & Van Voorhis, P. (2009). Gendered pathways: A quantitative investigation of women probationers' paths to incarceration. *Criminal Justice and Behavior*, 36, 541–566.
- Salisbury, E. J., Van Voorhis, P., & Spiropoulos, G. V. (2009). The predictive validity of a gender-responsive needs assessment: An exploratory study. *Crime & Delinquency*, 55, 550–585.
- Seattle Police Department. (2024, Oct 24). *Before the Badge*. <https://www.seattle.gov/police/community-policing/before-the-badge>
- Shlafer, R. J., Hardeman, R. R., & Carlson, E. A. (2019). Reproductive justice for incarcerated mothers and advocacy for their infants and young children. *Infant Mental Health Journal*, 40(5), Article 5. <https://doi.org/10.1002/imhj.21810>
- Smith, B. V. (2001). Sexual abuse against women in prison. *Criminal Justice*, 16, 31–36. Retrieved from <https://digitalcommons.wcl.american.edu/prisonrape-articles/10/>
- Smith, D. K., Leve, L. D., & Chamberlain, P. (2006). Adolescent girls' offending and health risking sexual behavior: The predictive role of trauma. *Child Maltreatment*, 11, 346–350.
- Sufrin, C., Beal, L., Clarke, J., Jones, R., & Mosher, W. D. (2019). Pregnancy Outcomes in US Prisons, 2016–2017. *American Journal of Public Health*, 109(5), Article 5. <https://doi.org/10.2105/AJPH.2019.305006>
- Sufrin, C. B., Devon-Williamston, A., Beal, L., Hayes, C. M., & Kramer, C. (2023). "I mean, I didn't really have a choice of anything: "How incarceration influences abortion decision-making and precludes access in the United States. *Perspectives on Sexual and Reproductive Health*, 55(3), 165–177. <https://doi.org/10.1363/psrh.12235>
- Sufrin, C., Jones, R. K., Mosher, W. D., & Beal, L. (2020). Pregnancy Prevalence and Outcomes in U.S. Jails. *Obstetrics & Gynecology*, 135(5), Article 5. <https://doi.org/10.1097/AOG.0000000000003834>
- The National Crittenton Foundation (nd). *Beyond ACE: Summary Findings from the Crittenton Family of Agencies 2014–2015 Administration of the Adverse Childhood Experiences (ACE) Survey*. The National Crittenton Foundation. Retrieved from <https://justiceandjoynatl.org/wp-content/uploads/2022/03/Beyond-ACE-Report-2015.pdf>
- The Parasol Cooperative (2024). *Meet Ruth: Your Digital Guardian*. The Parasol Cooperative. Retrieved from <https://www.parasolcooperative.org/ruth>
- Thompson, K., Kirschner, J. H., Irwin, S., Lee, A., Dineen, R. S., Choo, S., & Sufrin, C. (2021). Perceptions of long-acting reversible contraception among women in an urban U.S. jail. *Contraception*, 104(6), 612–617. <https://doi.org/10.1016/j.contraception.2021.08.001>
- United Nations. (2010). *United Nations Rules for the Treatment of Women Prisoners and Noncustodial Measures for Women Offenders (the Bangkok Rules)*. A/C.3/65/L.5. Vienna, Austria: UN.
- United Nations Office on Drugs and Crime. (2020). *Handbook on the classification of prisoners*. UNODC.
- United Nations Women IAWP, and UNODC. (2021). *The Handbook on Gender Responsive Police Services for Women and Girls Subject to Violence*. New York City: United Nations Entity for Gender Equality and the Empowerment of Women.
- Van Hout, M. C., Fleißner, S., & Stöver, H. (2023a). 'Women's right to health in detention': United Nations Committee Observations since the adoption of the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules). *Journal of Human Rights Practice*, 15, 138–155.
- Van Hout, M. C., Fleißner, S., & Stöver, H. (2023b). # Me Too: Global Progress in Tackling Continued Custodial Violence Against Women: The 10-Year Anniversary of the Bangkok Rules. *Trauma, Violence, and Abuse*, 24(2), 515–529.
- Van Voorhis, P. (2012). On behalf of women offenders: Women's place in the science of evidence based practices (Vollmer Award Address). *Criminology & Public Policy*, 11(2), 111–145.
- Van Voorhis, P., & Presser, L. (2001). *Classification of women offenders: A national assessment of current practices*. USDOJ, National Institute of Corrections.
- Van Voorhis, P., Wright, E., Salisbury, E., & Bauman, A. (2010). Women's risk factors and their contributions to existing risk/needs assessment: The current status of gender-responsive assessment. *Criminal Justice and Behavior*, 37(3), 261–288. <https://doi.org/10.1177/0093854809357442>
- Ventura Miller, H. (2021). *Female Reentry and Gender-Responsive Programming*. National Institute of Justice. <https://nij.ojp.gov/topics/articles/female-reentry-and-gender-responsive-programming#1-0>
- Wanamaker, K. A., & Brown, S. L. (2022). Assessing dynamic risk and dynamic strength change patterns and the relationship to reoffending among women on community supervision. *Criminal Justice and Behavior*, 49(1), 37–57. <https://doi.org/10.1177/00938548211026706>
- Wattanporn, K., & Holtfreter, K. (2014). The impact of feminist pathways research on gender-responsive policy and practice. *Feminist Criminology*, 9, 191–207.
- Widom, C. S. (1989). Child abuse, neglect, and violent criminal behavior. *Criminology*, 27, 251–271.
- Widom, C. S., & Maxfield, M. G. (2001). *An update on the 'cycle' of violence*. Technical Report. Washington, DC: National Institute of Justice: Research in Brief.
- Zahn, M., Agnew, R., Fishbein, D., Miller, S., Winn, D., Dakoff, G., Kruttschnitt, C., Giordano, P., Gottfredson, D., Payne, A., Feld, B., & Chesney-Lind, M. (2010). *Girls study group: Understanding and responding to girls' delinquency*. US Department of Justice.
- Zhao, Q., Cepeda, A., Chou, C.-P., & Valdez, A. (2020). Maternal incarceration trajectories and the intergenerational transmission of imprisonment: A nationwide study. *Children and Youth Services Review*, 118, 105461. <https://doi.org/10.1016/j.childyouth.2020.105461>

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