A Gender-Responsive Framework for Justice Involved Women

Community Supervision of justice-involved women requires a shift in how we define success and manage compliance. This core foundation is built on research that women's pathways into and out of the criminal justice system fundamentally differ from men's. A vast majority of justice-involved women have experienced significant physical, emotional, or sexual abuse prior to or during their involvement in the justice system.

Justice involved women's offending is more often tied to relationships, trauma histories, caregiving responsibilities, and economic marginalization than to the antisocial peer/criminal-thinking patterns that drive men. Gender-responsive supervision isn't about giving women "easier" supervision—it's about using strategies that account for and respond to trauma, relationship dynamics, and life responsibilities to reduces recidivism rather than create unintentional barriers.

1. **Foundational Principle – A Trauma-Informed Approach**

   This framework must recognize that women enter the justice system through different pathways and experience it differently from men. Accepting the disparities between justice involved women and men and institute gender-responsive tools to ensure risks and needs are accurately assessed.

   - Acknowledge that a woman's identity and drive to change are deeply relational, with connections to family, partners, children, and peers serving as primary motivators.
   - Implement a strength-based relational supervision framework that builds trust and collaboration while maintaining accountability. This approach relies on transparent expectations, consistency, and follow-through.
   - Create physical, emotional and psychological safety during every interaction and avoid Revictimization/Retraumatization. Provide clear boundaries, predictable expectations, and respectful communication.
   - Rethink Resistance. Recognizing perceived non-compliance or violation behavior may be a coping or defense mechanism rooted in past trauma.
   - Promote empowerment, choice and collaboration by offer choices, encourage self-advocacy to improve engagement and strengthen self-efficacy.

2. **Assessment and Screening**

   Standard assessments can over-classify women as high-risk without distinguishing between safety risks and service needs.

   - Adopt a validated, gender-responsive assessment tool to use, rather than or in addition to a gender-neutral tool. One that:

- Captures risk and need factors: adult/childhood trauma history, relational entrapment (co-dependency/abusive partnerships) parental stress, mental health (depression/anxiety), substance abuse, and housing instability.
- Assess strengths/assets (self-efficacy, educational achievements, and health family support networks) that can be deliberately woven into the case plan to mitigate identified risk factors.
- Focuses on internal drivers that can provide staff with a clearer roadmap for dynamic risks.

3. Supervision Strategies

Women are more likely to achieve long-term behavior change through positive and supportive relationships.

- Create collaborative case plans that prioritize immediate safety and stabilization and set goals around personal motivations.
- Move towards coaching, client centered advocacy, and problem-solving partnership. As motivation grows, progress is validated and helps women build self-efficacy.
- Prioritize positive reinforcement and behavior-modification incentives over immediate punitive sanctions.
- Predictable scheduling. Schedule contacts around school schedules, childcare availability, family obligations and public transit limitations.
- Recognize that technical violations may be a symptom of a crisis (lack of childcare, domestic escalation) rather than willful defiance.
- Provide clarity and transparency in communication. Outline the continuum of response to both positive progress and non-compliance up front. Sharing what steps occur will help reduce trauma-inducing anxiety and unpredictability in sanctions.
- Recognize when partner dynamic or intimate partner violence (IPV) drives compliance failures or illegal activity.
- Create smaller caseload or specialized units where feasible, since case management needs are more labor-intensive.
- Hold joint meetings: Collaborate with other services providers/partners and coordinate contacts to work as a team when appropriate.
- Provide accountability rooted in empathy and boundary-setting.
- Provide options/choices where applicable/appropriate.

4. Strength Based and Community Support and Programming

Ensure programs focus on strengths and address substance use, trauma, and economic stability concurrently rather than treating them as isolated, fragmented conditions.

- Programs should be Evidence-Based, Trauma-Informed, Gender-Responsive and Culturally Competent.
- Mental Health and Substance use treatment should be integrated with trauma care.
- Build holistic and wraparound Services. Coordinating with and building community/county department partnerships: housing, healthcare, child services, social services. transportation and vocation training alongside court-ordered conditions.
- Peer Support/Mentoring models (women further along in the process).

5. Staff Development

For an agency to become truly gender-responsive a deliberate, continuous investment in specialized staff training and support is needed.

- Carefully screen and recruit staff members who demonstrate high levels of empathy, strong communication skills, an ability to incorporate accountability with compassion, and are skilled in working with complex behavioral dynamics.
- Direct supervision staff, leaders, and support personnel to complete comprehensive training in working with women:
    - Trauma-Informed Practices
    - Communication
    - Responsivity
    - Empathetic accountability
    - Transparent boundary-setting
    - Peer Coaching
    - Intimate Partner Violence (IPV)
    - Vicarious trauma
- Develop cross-agency relationships to exchange ideas and successful practices.

6. Staff Wellbeing and Vicarious Trauma

Relational, trauma-informed supervision asks staff to absorb more of a client's distress than a purely compliance-monitoring approach requires. Without deliberate support, this exposure can erode the model itself. Staff may drift back toward detached, authority-heavy supervision not by choice but as a self-protective response to unaddressed cumulative stress.

- Acknowledge and normalize vicarious trauma / secondary traumatic stress as an expected occupational exposure, not a personal shortcoming, and train staff to recognize its signs in themselves (cynicism, emotional numbing, dread before contacts).

- Establish regular case consultation/debrief conversations, where staff can process difficult cases.
- Actively encourage use of employee assistance program (EAP).
- Train supervisors to recognize vicarious trauma in their staff and offer support.
- Where feasible, build relief periods or rotation options into workload policy following high-intensity cases.
- Consider implementing Peer Support Teams to supplement traditional employee assistance and clinical supports.

7. Environment & Operations

- Physical space (waiting rooms, offices) designed with safety and privacy in mind (visibility, child-friendly waiting areas).
- Awareness of staff gender pairing for certain interactions. (exp. home contacts)
- Recognize that environment can impact success. A technical violation may be the result of the environment rather than a willful defiance.

8. Evaluation and Quality Improvement

- Complete the Gender-Responsive Program Assessment Tool for agency evaluation.
- Regularly engage in case consults and audit case plans to ensure staff are correctly applying and maintaining a trauma-informed, relational lens.
- Collect agency data by gender. (exp. revocation rates, technical violations, new offenses, and program completion rates)
- If able, move beyond recidivism-only metrics and track outcomes that reflect criminogenic needs for this population: housing stability, family reunification, program completion, employment.
- Continue to review new and applicable research and update policies to reflect best practices.

9. Policy and Organizational Practices

- Review agency policies, standard operating procedures, and mission statements to ensure they support gender-responsive and trauma-informed practices.