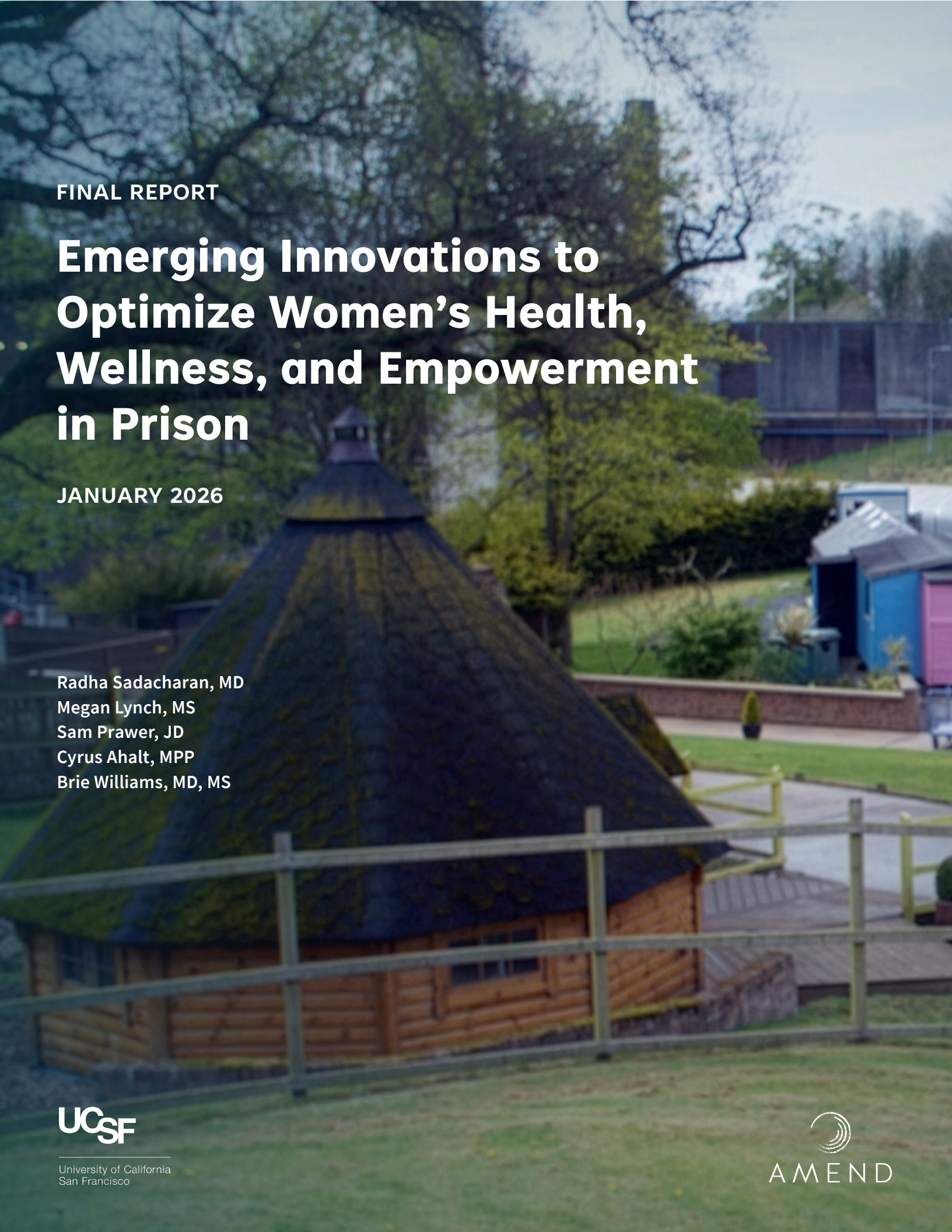

FINAL REPORT

Emerging Innovations to Optimize Women's Health, Wellness, and Empowerment in Prison

JANUARY 2026

Radha Sadacharan, MD
Megan Lynch, MS
Sam Prawer, JD
Cyrus Ahalt, MPP
Brie Williams, MD, MS

UCSF
University of California
San Francisco

AMEND

Amend at UCSF (Amend), based at the University of California San Francisco School of Medicine (UCSF), works to transform prisons by partnering with departments of correction and sharing public health expertise to reduce harm and promote the health and humanity of both incarcerated people and prison staff.

This report, "Emerging Innovations to Optimize Women's Health, Wellness and Empowerment in Prison" is the second in a three-part series by Amend aimed at identifying strategies to support and empower people incarcerated in the California Department of Corrections and Rehabilitation (CDCR)'s women's prisons to improve their health and wellness.

Cover: Hydebank Wood College and Women's Prison, Belfast, Northern Ireland, © Amend

Report Contributors

Radha Sadacharan, MD is a correctional health physician with expertise in healthcare delivery and outcome measurement in correctional systems. She is the Health Services Advisor for Idaho Department of Correction and a Program Consultant at Amend.

Megan Lynch, MS has over 10 years of experience working with US corrections systems, including developing and implementing a discretionary parole hearing preparation program. She is a Senior Program Manager at Amend.

Sam Prawer, JD has over 10 years of experience in policy development and 7 years working in state government, including at Maine Department of Corrections where he helped develop and implement policy reforms designed to bring about lasting change. He is a Senior Program Manager at Amend.

Cyrus Ahalt, MPP is Amend's Chief Program Officer and is responsible for all aspects of Amend's work advancing transformative change in US prisons in partnership with Departments of Corrections in the US and internationally.

Brie Williams, MD, MS is a Professor of Medicine in the University of California San Francisco Department of Medicine and a physician trained in internal medicine, geriatrics and palliative care. Dr. Williams is the founding director of Amend.

Additional Support

Paula Arnold, Governor, HMP and YOI Stirling, Scottish Prison Service

Ben Beale, Warden, Maine Department of Corrections

Grant Bosworth, Head of Insights and Assurance with the Operational Response and Resilience Unit His Majesty's Prison and Probation Service of England and Wales

Colby Braun, Director, North Dakota Department of Corrections and Rehabilitation

Kym Grierson, Deputy Commissioner Women's Prisons, New Zealand Department of Corrections: Ara Poutama Aotearoa

Rachelle Juntunen, Deputy Director, of the North Dakota Department of Corrections and Rehabilitation

John Hartley, Assurance Lead, with His Majesty's Prison and Probation Service of England and Wales

Scott Landry, Deputy Director Maine Department of Corrections

Randy Liberty, Director Maine Department of Corrections

Tom Maddocks, Women's Assurance Lead His Majesty's Prison and Probation Service of England and Wales

Ben Storey, Chief Nurse, New Zealand Department of Corrections: Ara Poutama Aotearoa

Clarice Watkinson, Evidence Specialist in the Use of Force, His Majesty's Prison and Probation Service of England and Wales

AMEND

Table of Contents

Executive Summary

This report presents approaches that prison systems have deployed to optimize health, wellness, and empowerment for incarcerated women. Drawing from international examples, it describes each practice, its connection to health impacts, and actionable steps for implementation in California. Though designed for California Correctional Health Care Services (CCHCS), the report has relevance to factors beyond direct healthcare, including prison management and operations, that significantly affect women's well-being. It is therefore relevant to both CCHCS and CDCR more broadly.

THIS REPORT HIGHLIGHTS EMERGING PRACTICES FOR OPTIMIZING WOMEN'S HEALTH, WELLNESS AND EMPOWERMENT IN PRISON INCLUDING:

1. **Develop a gender-informed organizing framework to guide changes in women's prisons.**
2. **Introduce medical self-management programs at women's facilities [such as the peer-facilitated Chronic Disease Self-Management Programs (CDSMP)].**
3. **Develop and launch a formal, stakeholder-driven, trauma-informed approach to identifying and applying gender-responsive healthcare practices.**
4. **Build a gender-responsive, well-trained workforce that maintains emotional and physical safety while allowing individualized, calculated risks necessary to maximize rehabilitative outcomes**
5. **Implement a data-driven, trauma-informed and stakeholder-responsive assessment of use of force in CDCR's women's prisons.**
6. **Expand and professionalize programs that can be both therapeutic and vocational – such as gardening programs - in women's facilities.**
7. **Expand access to programs that facilitate connection, collaboration, agency, and trust between women and staff.**
8. **Maximize body scanner use to minimize search-related trauma and protect visiting opportunities.**
9. **Establish gender-responsive resource and activity teams to reduce isolation and support trauma-informed care for the highest-risk, highest-need individuals in women's prisons.**
10. **Build women's empowerment through rehabilitative programs that integrate family connections, parental identity, and caregiving.**
11. **Build autonomy by giving women more control over everyday decision-making, food cultivation, and nutritional choices.**
12. **Establish a structured, resident-led progression system to promote agency, accountability, and positive culture in women's prisons.**

Introduction

This report showcases promising practices from prisons worldwide that could be used to inspire and guide California's transformation of state women's prisons to enhance the health, wellness, and empowerment of incarcerated women. The examples in this report were drawn from multiple sources, including a review of available literature, interviews with agency leaders worldwide, and presentations at international conferences such as the International Corrections and Prisons Association (ICPA).[1]

DEFINITIONS OF TERMS USED IN THIS REPORT

- **Health** reflects physical, mental, and social well-being, not merely the absence of disease or infirmity.[2]
- **Wellness** is shaped by a balance of eight key dimensions: physical, social, spiritual, emotional, intellectual, financial, environmental, and occupational.[3]
- **Empowerment** refers to the process by which people gain control over the factors and decisions that shape their lives.[4]

In addition, this report uses the terms "trauma-informed" and "gender-responsive" in a way that is consistent with the first report.[5]

Report Series

This report is the second in a 3-part series that includes:

- **Programming:** Opportunities to Optimize Programming to Support Health and Wellness in California's Women's Prisons
- **Best Practices**: Emerging Innovations to Optimize Women's Health, Wellness and Empowerment in Prison
- **Staff Training:** Strengthening the Women's Prison Workforce: Recruitment and Training

1 International Corrections and Prisons Association. (n.d.). *Home*. https://icpa.org/

2 "Health and Well-Being." *World Health Organization*. https://www.who.int/Data/Gho/Data/Major-Themes/Health-and-Well-Being

3 "Creating a Healthier Life: A Step-by-Step Guide to Wellness." *Substance Abuse and Mental Health Services Administration*. 2016. https://library.samhsa.gov/sites/default/files/sma16-4958.pdf

4 https://www.who.int/teams/health-promotion/enhanced-wellbeing/seventh-global-conference/community-empowerment

5 Citation to Report 1, page 7

Section 1. Establishing a Gender-Informed Organizing Framework for Change in Women's Prisons

The drivers of incarceration, health needs, and pathways to rehabilitation for women oftentimes differ from those of men. For example, women in custody are more likely to have experienced trauma,[6] to be primary caregivers,[7] and to face unique physical health, behavioral health, and reentry challenges.[8,9,10] For this reason, many of the innovations discussed in this report were implemented within correctional systems that had adopted a framework to guide innovation and change in women's carceral facilities. These gender-informed organizing frameworks reflect the distinct causes and experiences of incarceration among women. A gender-responsive framework ensures that policies, resources, and programs align with women's unique needs and strengths, making implementation more effective and sustainable.

One particularly compelling example comes from the Scottish Prison Service (SPS), which adopted a framework built upon the "strands of the strategy" model of change.[11] (See Figure 1.) Following reports of harm to incarcerated women, SPS developed a framework centered on evidence-based, gender-responsive practices grounded in "pro-normalization," the principle that prison life should resemble outside life as much as possible. This framework enabled the coordination of system-wide reforms in sentencing, staff training, prison design, the lives of incarcerated people, and rehabilitation and resulted in widespread improvements.

CCHCS/CDCR has already introduced innovative practices, including the Patient-Centered Medical Home (Complete Care Model), peer health specialists, body scanners, and the Resource/Activity Team approach for high-risk, high-needs individuals (currently introduced only in select men's facilities). These efforts demonstrate important progress but could be greatly amplified by a guiding framework that embeds them in a system-wide strategic vision for women's prisons. A broader framework will help CDCR prioritize reforms, coordinate implementation, build consistency across facilities, and secure sustainability by reducing dependence on individual champions and short-term funding cycles. A well-defined framework should provide the structure, direction, and shared vision necessary to align and communicate new policies, staff culture changes, and innovative programming for lasting impact.

6 Women's Justice: A Preliminary Assessment of Women in the Criminal Justice System. *Council on Criminal Justice*. July 2024. https://councilonj.org/womens-justice-a-preliminary-assessment-of-women-in-the-criminal-justice-system

7 "Women's Justice: A Preliminary Assessment of Women in the Criminal Justice System. *Council on Criminal Justice*. July 2024. https://councilonj.org/womens-justice-a-preliminary-assessment-of-women-in-the-criminal-justice-system

8 Miller, Holly Ventura. "FY 2020 Report to Committees on Appropriation. Formerly Incarcerated Women and Reentry: Trends, Challenges, and Recommendations for Research and Policy." Office of Justice Programs, *National Institute of Justice*. October 2021. https://www.ojp.gov/pdffiles1/nij/303933.pdf

9 Gobeil, Renée, Blanchette, Kelley, and Stewart, Lynn. "A Meta-Analytic Review of Correctional Interventions for Women Offenders: Gender-Neutral Versus Gender-Informed Approaches." *Criminal Justice and Behavior.* January 13, 2016. https://doi.org/10.1177/0093854815621100

10 Women's Health Care in Correctional Settings." *National Commission on Correctional Health Care*. 2020. https://www.ncchc.org/position-statements/womens-health-care-in-correctional-settings-2020/

11 Scottish Prison Service. (2021). *Strategy for women in custody 2021–2025*. https://www.sps.gov.uk/sites/default/files/2024-02/StrategyForWomenInCustody_2021-2025_CorporateReports.pdf

Figure 1. The Scottish Prison Service's Gender-Informed Innovation in Women's Prisons

Section 2. Advancing Women's Health in Prisons

Advancing the health of incarcerated women requires an integrated approach addressing both immediate medical needs and the broader social, emotional, and environmental factors shaping their health and healthcare. The following practices and strategies demonstrate how some correctional systems have improved women's access to comprehensive, gender-responsive, and trauma-informed care. These examples highlight opportunities for CDCR to strengthen women's health through prevention, continuity of care, and peer-led practices that support positive outcomes during custody and after release.

RECOMMENDATIONS

2.1 Introduce medical self-management programs at women's facilities and integrate California's existing Peer Support Specialist Program-certified peer mentors to support such programs

2.2 Develop and launch a formal, stakeholder-driven, trauma-informed approach to identifying and applying gender-responsive healthcare practices.

Oregon: Evidence-Based Peer-Facilitated Health Programming

In 2010, the Oregon Department of Corrections (ODOC), in collaboration with the Oregon Health Authority, adopted the Living Well with Chronic Conditions (LWCC) program, also known as the Chronic Disease Self-Management Program (CDSMP[12]). CDSMP offers support and self-management skills for individuals with chronic medical conditions. The program teaches skills such as symptom and medical self-management, as well as how to work effectively with a healthcare team, among others. This six-week evidence-based program was offered to adults in custody across ODOC and ran for ten years. Initially using staff trainers, the program later trained and deployed peer facilitators to lead workshops, who proved even more effective than staff.[13]

Within the first four years, the program demonstrated an average outpatient cost savings of $11,050 per individual who had taken LWCC. ODOC also saw a decrease in Primary Care Provider (PCP) visits for chronic conditions compared to before program participation.[14] Participants reported significant increases in their self-efficacy and health empowerment, and the system saw a reduction in emergency services use for preventable visits (for example those related to diabetes management).[15] While funding for the program in Oregon ceased in 2020, multiple states, including Virginia, Kansas, and Idaho, have initiated versions of the program in their corrections systems.

Peer-facilitated chronic disease self-management programs like this one are widely recognized as beneficial and rooted in strong evidence bases in both community and carceral healthcare systems. Such programs are especially relevant for women's prisons, as women come into prison with higher rates of chronic medical conditions.[16]

Under the "peer mentorship" pillar of the California Model, CDCR has already introduced funded peer mentor positions at certain facilities through the Peers Support Specialist Program (PSSP). PSSP training and certification,

12 Self-Management Resource Center. (n.d.). *Chronic Disease Self-Management Small Group*. Retrieved November 20, 2025, from https://selfmanagementresource.com/programs/small-group/chronic-disease-self-management-small-group/

13 Interview with and presentation by Dr. Ann Chakwin, former Oregon DOC Communicable Disease Prevention and Health Promotion Program Coordinator to Idaho Department of Correction Leadership July 2023.

14 Hill, M. W. (2016, June 29). *Incarcerated adults address chronic illness*. The Source Weekly. https://www.bendsource.com/news/incarcerated-adults-address-chronic-illness-2658548/

15 Interview with and presentation by Dr. Ann Chakwin, former Oregon DOC Communicable Disease Prevention and Health Promotion Program Coordinator to Idaho Department of Correction Leadership July 2023.

16 Lamberton C, Vaughn M. (2022). Correctional Medical Care for Female Prisoners: Legal Issues Surrounding Inadequate Treatment of Chronic and/or Preexisting Health Conditions. *The Prison Journal*, *102*(4), 493-514. https://doi.org/10.1177/00328855221109824 (Original work published 2022)

established through the State of California's Department of Health Care Services, is now offered in CDCR facilities. Incarcerated PSSP workers, employed in paid positions, are eligible to receive advanced training in specialty areas after they are trained and certified in 17 core competencies. Specialty areas include ISUDT, reentry, and specialty initiatives (e.g., flu shot compliance). The PSSP is flexible enough to allow each prison to identify its specialty areas and direct PSSP mentors to positions responsive to each institution's goals and needs.

San Quentin Rehabiliation Center (SQRC), for example, has a well-established program in which peer mentors have been embedded into healthcare teams as non-clinical staff. Peer mentors are scattered throughout the facility in different housing units and receive referrals from education, housing unit officers, and clinical staff to help patients navigate the prison healthcare system. They also identify system barriers that impede patient care and inform staff of common patient motivations and experiences that are commonly hidden from healthcare professionals. These peer mentors have participated in quality-of-care projects such as increasing the rate of Advance Directives for patients over 55, among others.

Programs and services that address chronic disease management are particularly relevant to addressing the needs of women in custody.[17] Both CIW and CCWF have the same opportunity as SQRC to integrate PSSP specialty positions into their care teams. Additionally, CCHCS might consider whether the formal CDSMP model could further deliver health benefits to people incarcerated at CCWF and CIW given its documented potential to decrease costs while increasing positive outcomes across Oregon DOC's healthcare system.

RECOMMENDATION 2.1

Introduce medical self-management programs at women's facilities and integrate California's existing Peer Support Specialist Program-certified peer mentors to support such programs [such as the peer-facilitated Chronic Disease Self-Management Programs (CDSMP)].

Action Area	Action Steps
Program Adoption & Integration	Explore whether a CDSMP would be beneficial to patients at CCWF and CIW by discussing the program with patients and facility healthcare professionals.
	If moving forward with CDSMP, integrate CDSMP into existing health education, chronic care management, and rehabilitative programming schedules.
Leverage CDCR's Peer Mentors to Support Women's Chronic Disease Self-Management	Train and certify existing PSSP peer mentors using the CDSMP model, leveraging the California Model's emphasis on peer-first approaches. CDSMP peer facilitators could be a specialty arm of CDCR's Peer Support Specialist Program.
Coordination with Healthcare Teams	Incorporate CDSMP participation into chronic disease treatment plans, exploring with facility healthcare providers which high-prevalence conditions would be most beneficial to target (e.g., diabetes, hypertension, chronic pain, obesity, depression, etc.).
	Embed CDSMP enrollment and planning into daily huddles or population management meetings to maintain continuity.

17 "Women's Justice: A Preliminary Assessment of Women in the Criminal Justice System. Council on Criminal Justice. July 2024. https://councilonj.org/womens-justice-a-preliminary-assessment-of-women-in-the-criminal-justice-system

Action Area	Action Steps
Evaluation, Cost Savings, and Continuous Improvement	Track outcomes, including self-efficacy, symptom management, emergency service use, PCP visits, and quality-of-life indicators, to build an evidence base.
	Use CCHCS quality management systems to monitor reductions in avoidable care utilization.
	Ensure funding is maintained at the CDCR system level by sharing outcomes with California state legislators.

New Zealand: A Stakeholder Driven Trauma-Informed Approach to Identifying and Applying Gender-Responsive Healthcare Practices

In September 2023, New Zealand's Department of Corrections (Ara Poutama Aotearoa) implemented HPV self-testing (coupled with education about the importance of cervical cancer screening) as a primary cervical cancer screening method to improve screening rates. By Q3 2024, screening uptake within the department exceeded national targets, with particularly striking results among Māori and Pacifica women, populations that are overrepresented in the prison system and have historically experienced low screening rates and higher cervical cancer rates. Following the introduction of self-screening, these groups achieved participation rates of 86% and 92%, respectively.[18]

Cervical cancer self-testing represents a trauma-informed healthcare practice that substantially improves both patient experience and health outcomes. This example highlights a clear opportunity for CCHCS, which currently reports cervical cancer screening rates below the statewide goal of 85%.[19,20] Additionally, it demonstrates the effectiveness of a trauma-informed, data-driven approach to addressing root causes of healthcare disparities. New Zealand used data to identify incarcerated populations with the lowest cancer screening rates, engaged numerous stakeholders (including formerly incarcerated individuals) to understand factors driving observed health disparities, and designed a solution grounded in trauma-informed principles that directly addressed underlying causes. The importance of stakeholder involvement in this process was fundamental to the department's understanding of the factors behind the data. Implementing trauma-informed care requires treating patients themselves as key stakeholders; without understanding their needs, organizations cannot effectively implement practices that address those needs.

While CCHCS is recognized for its transparent quality metrics dashboard and dedicated quality improvement staff, combining quality data with a self-reflective, stakeholder-driven, trauma-informed approach could help CCHCS identify opportunities to develop and implement gender-responsive practices. Because CCHCS already maintains robust data infrastructure and dedicated quality improvement personnel, this strategy could be implemented with minimal or no additional cost.

RECOMMENDATION 2.2

Develop and launch a formal, stakeholder-driven, trauma-informed approach to identifying and applying gender-responsive healthcare practices.

18 Grierson, K., & Storey, B. (2025). *Reflections on implementing a women's strategy within the New Zealand corrections system: Successes, challenges and opportunities* [Abstract]. World Integrated Care Conference (WICC) 2025. International Corrections and Prisons Association. https://icpa.org/resource/wicc2025-pid086-kym-grierson-and-ben-storey.html

19 California Correctional Health Care Services. (2025). *Dashboard*. Retrieved November 21, 2025, from https://cchcs.ca.gov/dashboard/

20 California Correctional Health Care Services. (n.d.). *Dashboard glossary*. Retrieved November 21, 2025, from https://cchcs.ca.gov/dashboard-glossary/

Action Area	Action Steps
Program Design and Policy Alignment	Determine which healthcare outcomes have the greatest healthcare disparities.
	Develop a statewide plan outlining a stakeholder engagement process for identifying and developing gender responsive practices to improve healthcare outcomes.
	Use data to identify areas within CCHCS women's health goals and preventive care benchmarks where stakeholder engagement could be used to improve outcomes.

Section 3. Best Practices in Advancing Women's Wellness in Prisons

Improving women's wellness in carceral settings requires looking beyond traditional healthcare services to understand and intervene upon the broader conditions that shape daily life. The following examples show how systems have enhanced wellness among incarcerated women by assessing safety and risk, reevaluating the correctional environment, and promoting pro-normalizing behaviors.

RECOMMENDATIONS

- **3.1 Build a gender-responsive well-trained workforce that maintains emotional and physical safety while allowing individualized, calculated risks necessary to maximize rehabilitative outcomes.**
- **3.2 Implement a data-driven, trauma-informed and stakeholder-responsive assessment of use of force in CDCR's women's prisons.**
- **3.3 Expand and professionalize programs that can be both therapeutic and vocational – such as gardening programs – in women's facilities.**
- **3.4 Expand access to programs that facilitate connection, collaboration, agency, and trust between women and staff.**
- **3.5 Maximize body scanner use to minimize search-related trauma and protect visiting opportunities.**
- **3.6 Establish gender-responsive resource and activity teams to reduce isolation and support trauma-informed care for the highest-risk, highest-need individuals in women's prisons.**

North Dakota: Improving Multi-Dimensional Wellness Through Individualized Safety and Risk Assessments

To promote emotional wellness, correctional staff in the North Dakota Department of Corrections and Rehabilitation (ND DOCR) receive specialized training that equips them to work with sensitivity, patience, and understanding of developmental needs. This training improves facility safety for both residents and staff by encouraging positive interactions and reducing negative encounters. Additionally, ND DOCR employs an "opt-in staffing model," to ensure that personnel assigned to women's facilities are motivated and committed to supporting residents' unique needs.

ND DOCR further supports wellness by fostering tolerance for measured organizational risk, recognizing that growth and rehabilitation require allowing women to take on responsibilities within a safe, supportive framework consistent with the principle of progression. The department's expansive work-release program allows women to work in the community during the day while returning to the facility at night. These opportunities are available up to five years prior to anticipated release, providing extended time to develop skills, independence, and confidence.

RECOMMENDATION 3.1

Build a gender-responsive well-trained workforce that maintains emotional and physical safety while allowing individualized, calculated risks necessary to maximize rehabilitative outcomes.

Action Area	Action Steps
Opt-in Staffing Model for Women's Facilities	Develop a system to allow staff to express a preference to work in women's settings.
	Include screening for motivation, commitment to rehabilitation, and alignment with gender-responsive values.
	Offer incentives such as professional development, recognition programs, or specialized certifications.
Progression Model	Create clear pathways for resident advancement based on behavior, skills acquisition, and readiness through written progression maps with transparent criteria.
	Offer regular case reviews focused on growth rather than compliance alone.
	Minimize barriers caused by custody level or static risk assessments for women with long sentences.
Community Integration and Work Release Program	Implement or expand work-release programs, including: • Start eligibility up to five years pre-release, when appropriate. • Partner with local businesses, nonprofits, and government agencies that prioritize continued work for residents after release. • Offer complementary in-facility job readiness workshops, transportation planning, and financial literacy education.

England: A Data and Trauma-Informed Approach to Reducing Force

Following a prison inspectorate report citing concerns about force use in His Majesty's Prison and Probation Service (HMPPS) in England related to anti-ligature clothing compliance, HMPPS had psychologists conduct a comprehensive self-review that revealed:

- Higher rates of force in women's prisons than in men's prisons, primarily related to use focused on gaining compliance or responding to self-harm
- Clear patterns among women experiencing repeated force interventions: younger (18-25), serving short sentences, neurodivergent, experiencing significant trauma with ongoing symptoms, and having prior assault charges against emergency workers (often occurring during crisis interventions to prevent self-harm)
- Evidence that force was applied too quickly and at excessive levels, indicating leadership gaps in crisis management

In response, HMPPS established the Managing Women in Crisis Group, a cross-functional team including frontline staff, managers, psychologists, trainers, and women with lived experience. Together, these participants reviewed the evidence, framework, policies, and data to understand the problem and develop four objectives:

1. Provide practice guidance for managing women in crisis without force
2. Build staff confidence through enhanced decision-making tools

3. Reinforce that force is a last resort through training and leadership expectations

4. Establish stronger governance and assurance processes

HMPPS and the Managing Women in Crisis Group determined that use of force in women's prisons required tailoring to women's needs, experiences, and trauma histories. They developed the Good Governance Toolkit emphasizing legitimacy, proportionality, and learning. The toolkit deliberately shifted language from "use of force" to a "no force first" approach, drawing on National Health Service (NHS) partnerships. Key components included:

- Reframing incidents as part of a full cycle with post-incident debriefs involving women and peer support counselors
- A new force framework and operational guidance emphasizing lawful, appropriate, and trauma-informed responses
- Simplified techniques prioritizing de-escalation and reduced restraint at every stage
- Guidance discouraging reliance on historical behavior to justify current force and encouraging deliberate (and slower) decision-making
- A national use of force dashboard improving data literacy and enabling pattern analysis for scenario-based training
- Policy reforms eliminating requirements to impose alternative clothing through force during self-harm incidents

By aligning practices with the LACES principles (Lawful, Accountable, Considered, Equal), simplifying physical force techniques, and emphasizing de-escalation and individualized decision-making, HMPPS achieved significant improvements in 2024:[21]

- 20% overall reduction in use of force
- 77% reduction in force used to manage self-harm
- 96% reduction in force related to alternative clothing placement

To support consistent implementation, HMPPS provided targeted assurance and operational support to prisons. This included helping leaders and staff translate policy into practice, strengthening understanding of the legitimacy of force, expanding alternatives to force to gain compliance, and clarifying when force was and was not appropriate during self-harm incidents. HMPPS also introduced a national use of force dashboard to improve data literacy, enabling prisons to analyze patterns, understand context, and use data to inform scenario-based training tailored to women's prisons. HMPPS also reviewed all policies that were contributing to use of force. They concluded that the requirement to impose alternative clothing during threats of self-harm through force was not necessary and removed it as a rationale for use of force.

England's approach to investigate and understand disparities in use of force among women demonstrates that appropriate tools, training, and governance structures reduce force, improve relationships, and create safer, more humane environments. CDCR should implement a similarly structured, trauma-informed assessment of force use

21 https://icpa.org/resource/a-cross-discipline-approach-to-reducing-the-force-experienced-by-women-in-prison.html

in women's prisons and consider introducing a crisis response model prioritizing de-escalation, individualized care, and accountability.

RECOMMENDATION 3.2

Implement a data-driven, trauma-informed and stakeholder-responsive assessment of use of force in CDCR's women's prisons.

Action Area	Action Steps
Root-Cause Reviews of Use of Force Incidents	Review all use of force incidents at CCWF and CIW over a period of several years.
Conduct Root-Cause Reviews of Use of Force Incidents	Conduct focused reviews of women involved in multiple force incidents to identify shared characteristics (e.g., trauma history, neurodiversity, age, sentence length).
	Analyze timing and escalation—how quickly force is used and whether alternatives were available or understood.
Data Collection and Analysis	Collect the same key information across all women's facilities, such as what triggered the incident, whether self-harm was involved, and how quickly and at what level force was used.
	Use a single, systemwide dashboard to track patterns over time, including repeat incidents and situations that carry higher risk.
	Expect facilities to actively use these data to guide local improvement efforts, staff training, and leadership decision-making—not just to meet reporting requirements.
Translating Learning into Clear Strategy and Policy	Use findings from data reviews and root cause analyses to revise use of force strategies so they reflect trauma-informed responses to women's needs.

Northern Ireland: Cultivating Accessible and Humanizing Spaces

Hydebank Wood in Northern Ireland transformed from a failing, security-focused "young offenders center" in 2011 to Northern Ireland's first secure college prioritizing supportive learning and rehabilitation. The facility now receives high marks in its external oversight evaluations and recognition from multiple justice organizations.

The culture shift has been particularly striking. At Hydebank Wood's tenth anniversary as a secure college in 2025, Northern Ireland Justice Minister Long observed: "Crucially, the daily interactions between staff and those in their care have shifted, with a more supportive and mentoring approach, recognizing the individual needs and the potential of each person." [22]

To support this mission transformation, Hydebank Wood underwent comprehensive environmental redesign, replacing outdated facilities with purpose-built classrooms and modern workshop areas. The facility now offers multiple programs focused on vocational skills, literacy, and personal development through partnerships with Belfast Metropolitan College and community-based organizations.

Facility leadership continuously assesses opportunities for environmental improvement. Recognizing that tranquility is often scarce in prison settings, Hydebank Wood integrated gardening as a core rehabilitative

22 Department of Justice. (2025, April 30). *Long marks 10th anniversary of Hydebank Wood College transformation*. https://www.justice-ni.gov.uk/news/long-marks-10th-anniversary-hydebank-wood-college-transformation

component. As one incarcerated woman expressed: "It's good for your mental health . . . it is very peaceful."[23]

Gardening programs provide therapeutic space for personal and professional growth while enabling women to develop insights into their own needs. Beyond general garden access, Hydebank Wood offers vocational gardening certification programs that prepare women for meaningful post-release employment.

The environmental adaptation has yielded significant benefits for both staff and incarcerated women:

- Reduced baseline tensions
- Decreased challenging behaviors
- Increased program engagement
- Improved self-esteem and self-confidence

As staff noted: "The obvious thing is growing vegetables, but we grow people here, because it's important not just for the vegetables but their health and wellbeing, social skills and transferrable skills...I've seen them grow, and that sounds cheesy, but planting the seeds, growing the produce, having a crop at the end of it, it's the whole cycle." [24]

CCWF and CIW currently offer gardening programs through partnerships with Land Together,[25] providing hands-on training and meditative practices to small groups through a 48-week course. To achieve the widespread benefits exemplified by Hydebank Wood, CDCR should invest in scaling this successful program by expanding garden access and establishing certification processes that allow women to develop transferable skills for post-release employment.

RECOMMENDATION 3.3

Expand and professionalize programs that can be both therapeutic and vocational – such as gardening programs - in women's facilities.

Action Area	Action Steps
Therapeutic Environment Design and Access Expansion	Create accessible, calming outdoor spaces that promote emotional wellness and provide restorative alternatives to the carceral environment.
	Integrate gardening spaces into wellness pathways, allowing clinicians to refer women for therapeutic outdoor activity as part of care plans.
Vocational Development and Certification Pathways	Partner with community colleges, agricultural extensions, or workforce boards to establish recognized certifications in horticulture, urban farming, or related fields.
	Align curriculum with labor-market needs and ensure that certificates qualify as stackable credentials that build toward advanced training or apprenticeships.
	Develop post-release linkages with agricultural and landscaping employers, reentry organizations, and community gardens to create clear pathways to employment.

23 Long, J. (Presenter). (2018, November 13). Crumbs [Radio broadcast]. In *Short Cuts*. BBC Radio 4. https://www.bbc.com/audio/play/m0001ch6

24 Long, J. (Presenter). (2018, November 13). Crumbs [Radio broadcast]. In *Short Cuts*. BBC Radio 4. https://www.bbc.com/audio/play/m0001ch6

25 https://www.landtogether.org/in-prison-programs

Action Area	Action Steps
Wellness Integration and Trauma-Informed Practice	Coordinate with mental health and rehabilitative programs to align gardening activities with treatment goals such as stress reduction, emotional regulation, and social connectedness.
	Track wellness outcomes within CDCR (e.g., self-reported stress reduction, improved mood, reduced disciplinary incidents) to guide continuous improvement.

Washington: A Model for Connection, Leadership, and Cultural-Exchange

The Cell-2-Cell (C2C) program[26] is an international exchange initiative that engages incarcerated individuals and correctional staff across facilities in structured virtual dialogue. C2C was first conceived in 2021 by a person incarcerated at Washington's Stafford Creek Correctional Center in a letter to the Amend team. The question behind that initial idea was simple: can we extend the opportunity to engage with international partners—previously available only to staff through the Washington Way initiative—to people who are incarcerated too?

Working with the Washington Way and Stafford Creek teams, Amend launched the first exchange in 2022, connecting residents at Stafford Creek with their counterparts at Romerike Prison in Norway for monthly virtual meetings exploring community, reentry, leadership, and wellness. In 2023, Washington Corrections Center for Women (WCCW) became the first women's facility to implement the program in the US, establishing an exchange with women incarcerated in Norway.[27]

Based on these initial exchanges, Amend developed a guiding curriculum and toolkit for these conversations, which generally take place over the course of several months to a year, and generate collaborative projects that create positive change within each participating facility. Stafford Creek and WCCW maintain ongoing partnerships with the Norwegian Correctional Service and Washington DOC is expanding its C2C programs to give more incarcerated people the opportunity to engage with and learn from their peers in other states and nations

C2C Program Goals:

- Center resident leadership and staff collaboration in change efforts
- Build connection and well-being through shared learning
- Promote cultural exchange to expand perspectives and increase confidence
- Support personal and community growth through project development

Each meeting follows a structured agenda featuring either open-ended discussions (exploring concepts like community or wellness) or project-focused sessions (developing cross-facility initiatives). The process itself is as valuable as its outcomes: by centering the humanity and agency of all participants, C2C dismantles entrenched "us versus them" dynamics and creates fundamentally pro-social environments that enhance relationships between residents and staff while shifting correctional culture from isolation and punishment toward connection, dignity, and respect. Participants, both incarcerated individuals and staff, report:

- Personal Growth: Enhanced confidence, communication, leadership, and technological skills; expanded cultural understanding

26 https://doc.wa.gov/news/2023/cell-cell-creating-connection-new-age
27 https://doc.wa.gov/news/2023/cell-cell-creating-connection-new-age

- Stronger Group Dynamics: Increased trust, cross-role teamwork, equitable participation, and reduced emphasis on hierarchical power structures
- Positive Institutional Change: Improved staff-resident relationships, implementation of exchange-inspired programs, and increased openness to dialogue and feedback

C2C Program Achievements:

- *Beyond Success*: A peer support curriculum co-authored by residents at Stafford Creek Correctional Center (WA) and Romerike prison (Norway)
- *Women's Health Fair*: A Washington reentry and health fair modeled on a Norwegian women's prison initiative
- *Tablet Access Advocacy*: Norwegian women successfully advocated for tablet access after learning about Washington's tablet program

CCWF already advances core C2C principles through programs like its newspaper editorial board, which creates structured opportunities for centering participants' voices, choices, and leadership. Participants shape narratives, collaborate across perspectives, and build trust through shared purpose, experiences that are particularly vital for women with trauma histories, disrupted relationships, and limited opportunities to exercise agency. These programs support healing through connection and validated lived experience while strengthening confidence and communication in ways traditional programming often cannot. Implementing C2C at CCWF or CIW would build on these strengths by expanding access to international connection, collaboration, and cultural exchange. The program would create additional pathways for women and staff to learn together while reinforcing an institutional culture grounded in dignity, trust, and mutual respect.

RECOMMENDATION 3.4

Expand access to programs that facilitate connection, collaboration, agency, and trust between women and staff.

Action Area	Action Steps
Connection-Based and Voice-Driven Programs	Expand or replicate programs that center women's voices, choices, and leadership.
	Introduce exchange-based learning models, such as Cell-2-Cell, that allow women to connect with peers and staff across facilities or systems and exchange in shared projects.
	Create supervised opportunities for CCWF's editorial board to connect virtually with editors and volunteers at the San Quentin News and/or other prison-based news outlets.
Collaborative Programs Build Trust and Culture Change	Design or engage with existing programs that intentionally include both staff and incarcerated individuals as participants, not just facilitators or recipients, to reduce "us vs. them" dynamics.
	Use learning from these programs to inform broader culture change efforts, including staff training, leadership messaging, and institutional norms around communication and engagement.

California: Body Scanners Support Trauma-Informed Practices

Body scanners offer a gender-responsive and trauma-informed alternative to strip searches, protecting the dignity and well-being of incarcerated women who have experienced trauma. Prison systems in Scotland, New Zealand, Norway, Washington, and Michigan (among others) have adopted this technology. The rationale is clear: unclothed body-searches are degrading, retraumatizing, resource-intensive, and unpleasant for both incarcerated individuals and staff.[28]

CIW and CCWF currently have five body scanners between them with established operating procedures. However, when scanners malfunction staff exercise discretion; women in CDCR custody must undergo an unclothed body-search after any public contact. This requirement forces many women choose between maintaining family connections and avoiding strip searches, sometimes leading them to forgo family visits that are crucial for both rehabilitation and successful reentry. These patterns can lead to retraumatization and psychological harm that undermines rehabilitation goals.[29]

RECOMMENDATION 3.5

Maximize body scanner use to minimize search-related trauma and protect visiting opportunities.

Action Area	Action Steps
Identify Opportunities To Use Body Scanners In Lieu of Unclothed Body-Searches or To Foster Rehabilitative Opportunities in Women's Facilities	Interview staff regarding pattern of use of body scanners and conduction of strip searches.
	Interview residents to gauge which rehabilitative opportunities such as visits, off-site appointments, or work release are avoided due to the prospect of being strip searched.
	Compare the use of body scanners during visiting to other policy-approved body scanner utilization (such as restrictive housing placement or Contraband Surveillance Watch).
Support Consistent Use of Body Scanners	Provide ongoing training and skills work to staff to identify gaps in proper utilization of body scanners.
	Ensure that body scanners are routinely examined so that they remain in working order and update policy accordingly.
	Work with peers to communicate the safety and effectiveness of body scanners across facilities.
Track Adoption of Body Scanner Use	Utilize an iterative process such as Plan-Do-Study-Act (PDSA), to ensure that body scanner use adoption occurs across most staff members and shifts.
	Track strip searches and identify patterns in late staff adopters of body scanner utilization.

From Norway to the US: Resource and Activity Team Models Reduce Isolation among People with the Highest Needs

Resource Teams and Activity Teams are officer-led, multidisciplinary teams that equip specially trained staff to work with the highest-risk individuals, including those who are self-isolating. Resource Teams serve people in

28 https://www.bbc.com/news/articles/clddnvqd5ryo

29 https://www.urban.org/sites/default/files/publication/102997/adapting-custodial-practices-to-reduce-trauma-for-incarcerated-women_0.pdf

restrictive housing or segregation environments, including psychiatric settings, while Activity Teams operate as mobile units, working with individuals in restrictive environments or at risk of placement there. Both models increase time out of cell through meaningful activities that reduce isolation and promote positive staff interactions, and that are designed to support successful transitions out of restrictive housing. These teams focus on incarcerated people engaged in high-risk behavior threatening their own safety or others, working to re-engage them in psychiatric care when indicated.

CDCR has launched Resource Teams in psychiatric inpatient settings at Salinas Valley State Prison and San Quentin Rehabilitation Center with positive outcomes but has not yet implemented these teams in women's prisons. Isolation can be especially retraumatizing for women in custody. Many have experienced abuse, neglect, or abandonment, and isolation from meaningful connections can replicate those earlier harms. Long stretches of idle time and unstructured days can compound feelings of powerlessness and reinforce the sense of being unseen or forgotten, exacerbating mental illness. Resource teams, both within and outside CDCR, have consistently lowered tensions in high-needs units, facilitated engagement in prosocial activities among historically resistant individuals, and significantly reduced instances of self-harm and staff assaults.[30]

Resource and Activity Teams can be tailored to offer gender-responsive, trauma-informed solutions that actively reduce isolation through structured activities. These teams go beyond filling time—they build supportive environments where women can heal, develop skills, and maintain agency. The Activity Team model has been adapted at three U.S. women's prisons: Washington Corrections Center for Women, Coffee Creek Correctional Facility in Oregon, and York Correctional Institution in Connecticut. Oregon supervisors report that this approach addresses isolation's harms among women while affirming their strengths,[31] making it particularly effective in women's prisons.

RECOMMENDATION 3.6

Establish gender-responsive resource and activity teams to reduce isolation and support trauma-informed care for the highest-risk, highest-need individuals in women's prisons.

Action Area	Action Steps
Gender-Responsive and Trauma-Informed Practice Alignment	Recruit and train interested custody, mental health, and program staff to serve on Resource Teams (RTs) and Activity Teams (ATs).
	Provide training on trauma-informed care, de-escalation, engagement with self-isolating women, and gender-responsive therapeutic approaches.
	Adapt RT/AT practices specifically for women, including warm hand-offs, consistent staffing, strengths-based language, and voluntary participation options.
	Create activities that build agency, self-efficacy, and connection (e.g., creative skill-building, psychoeducation, peer engagement).

30 *For more information about the impacts of resource teams see*, Cloud DH, Haney C, Augustine D, Ahalt C, Williams B. The resource team: A case study of a solitary confinement reform in Oregon. PLoS One. 2023 Jul 26;18(7):e0288187. https://pmc.ncbi.nlm.nih.gov/articles/PMC10370690/

31 Rowland, P., Jost, T., & McLay, T. (2025, October 28). CCCF Activity Team [Presentation]. Oregon Department of Corrections.

Section 4. Best Practices in Advancing Women's Empowerment in Prisons

Empowerment is the process by which people gain control over the factors and decisions shaping their lives. It involves creating opportunities for personal growth, agency, and leadership that extend beyond immediate health and wellness needs, building confidence, skills, and capacity to shape futures during incarceration and after release.

While several recommendations above support empowerment, the following best practices specifically promote voice, choice, and meaningful participation, ensuring women are recognized as active agents in their own transformation, not merely recipients of services. By investing in empowerment, CDCR can strengthen pathways to successful reentry and long-term stability.

RECOMMENDATIONS

4.1 Build women's empowerment through rehabilitative programs that integrate family connections, parental identity, and caregiving.

4.2 Build autonomy by giving women more control over everyday decision-making, food cultivation, and nutritional choices.

4.3 Establish a structured, resident-led progression system to promote agency, accountability, and positive culture in women's prisons.

North Dakota: Supporting Women as Mothers and Caregivers

For many women, being a mother and a caregiver is central to their identity. Creating systems that empower and support that identity is recognized as an invaluable component of rehabilitation. Women need meaningful opportunities during incarceration to affirm their strengths, make informed family decisions, and maintain their roles as trusted, capable caregivers. Empowerment in this context extends beyond parenting classes or family visits; it involves restoring agency in family-related decisions, validating identities, and ensuring active participation in their children's lives.

One clear example of how a correctional system can empower women in their parental roles can be found in North Dakota. The North Dakota Department of Corrections and Rehabilitation (ND DOCR) integrates family engagement into core case management, treating women as mothers whose voices matter in planning for their children's well-being. ND DOCR involves Child Protective Services (CPS) early and consistently in case planning, ensuring women receive updates, advocating on their behalf, and giving them opportunities to participate in decisions affecting their children. This collaboration provides clarity, reduces powerlessness, and supports women's ability to influence reunification plans.

Beyond CPS involvement, ND DOCR reinforces caregiving identities through comprehensive parenting programs, family-friendly visiting environments with developmentally appropriate resources for visiting children, and continuity of family support through community supervision and reentry. These practices help women to maintain emotional connection, reduce separation trauma, and strengthen the skills and confidence they will rely on after release.

International standards for case management of incarcerated women underscore the importance of empowerment-based family connections. The United Nations Bangkok Rules highlight that maintaining family ties is central to women's rehabilitation. Rule 26 encourages regular family contact, while Rule 28 calls for child-

friendly, open-contact visiting environments that promote meaningful interaction. These principles align with North Dakota's approach: women thrive when they can fulfill their roles as mothers with dignity, support, and agency.

By adopting these approaches, CDCR can ensure that women have an opportunity to actively shape their identities and futures as parents, not merely as people who maintain family contact. Investing in empowerment-oriented family engagement strengthens reentry outcomes, supports healing, and honors the critical, stabilizing role that caregiving plays in some women's lives.

RECOMMENDATION 4.1

Build women's empowerment through rehabilitative programs that integrate family connections, parental identity, and caregiving.

Action Area	Action Steps
Integrated Family Engagement and Advocacy	Establish routine, structured communication channels between the institution and CPS/child-welfare agencies to support case planning and reunification goals.
	Facilitate family-support resources to advocate for mothers' needs, track court or CPS milestones, and ensure women understand their rights and responsibilities.
Parenting Skill Development and Caregiver Identity Support	Expand evidence-based parenting programs tailored to incarcerated women and trauma-informed caregiving.
	Provide facilitated peer-support groups where women can process the emotional aspects of parenting, loss, and reunification preparation.
	Refer to the "*Opportunities to Optimize Programming to Support Health and Wellness in California's Women's Facilities*" report for more information about recommended wellness pathways focused on parenting and family reunification.
Family-Centered Environments and Contact Opportunities	Redesign and refine visiting spaces to be developmentally supportive, family-friendly, and aligned with Bangkok Rules guidance on child-inclusive visitation.
	Increase opportunities for meaningful contact through extended visits, child-focused events, and virtual connection options when in-person visits are not feasible.

Maine: Improving Autonomy through Choice and Opportunity

In a gender-responsive model, women's empowerment is grounded in restoring voice, choice, and meaningful decision-making in daily life. Maine Department of Corrections (MDOC) provides a strong example of how systems-level changes, especially those that expand autonomy, skill-building, and ownership over daily routines, can support empowerment.

Over the past decade, MDOC has deliberately shifted its approach toward dignity, respect, and humanization. While not specifically planned for women, these shifts have enabled empowerment-focused initiatives to flourish, particularly around food access and nutritional autonomy, domains that can have a significant impact on health, identity, and caregiving roles.

First, MDOC introduced organic gardens within its facilities, providing opportunities to grow food, contribute to communal meals, and develop mastery in horticulture. The produce harvested in these gardens now supports scratch cooking in facility kitchens, increasing access to fresh, whole foods while creating pathways for residents to

work and train as cooks and master gardeners, and reducing a portion of MDOC's annual expenses. This positions residents as contributors, decision-makers, and skilled professionals rather than passive recipients of institutional food.

Second, MDOC restructured its commissary system by breaking a single statewide contract into smaller ones, significantly increasing choice and variety while creating new job opportunities through smaller commissary annexes. Third, in 2024, MDOC undertook a system-wide, stakeholder-driven menu redevelopment project to ensure every person's specific dietary needs were consistently met. This stakeholder-driven design process was similar to New Zealand's process for creating the HPV self-screening initiative (see page 11). Though not designed specifically for women, these changes responded to needs identified by incarcerated women. MDOC leadership emphasizes that gender-responsive reforms prioritizing autonomy, dignity, and choice benefit everyone, especially women whose pathways to empowerment often hinge on daily agency and access to healthier options.

Together, these initiatives illustrate how expanding choice, increasing ownership over daily routines, and creating meaningful skill-building roles directly support empowerment. They enhance nutritional quality and also self-efficacy, confidence, and post-release readiness. The positive impacts that MDOC's approach to food have had for residents, staff, and the system are documented in the 2020 Eating Behind Bars report,[32] and in the documentary film Seeds of Change.[33]

CDCR, in partnership with community-based organizations, is already building momentum toward healthier food environments. Expanding these efforts to include education, certification opportunities, hands-on food production, and reentry pathways would deepen empowerment for women in CDCR's prisons, strengthening their ability to care for themselves and their families, rebuild confidence, and expand agency during and after incarceration.

RECOMMENDATION 4.2

Build autonomy by giving women more control over every day decision-making, food cultivation, and nutritional choices.

Action Area	Action Steps
Increase Women's Autonomy and Choice in Food Access	Assess current food choice options at CCWF and CIW and identify opportunities to introduce greater resident choice.
	Explore restructuring commissary procurement (e.g., through multiple vendors or annexes) to diversify options and increase resident involvement.
	Integrate women's feedback into menu development, commissary offerings, and nutritional planning processes.
Build Resident-Led Food Production and Preparation Pathways	Expand partnerships (e.g., with Land Together or local agricultural organizations) to broaden gardening programs and introduce organic food production at scale.
	Pilot scratch-cooking models in women's facilities, using produce grown onsite to improve nutritional quality and reinforce resident contribution.
	Develop roles for women to participate as gardeners, culinary workers, and peer mentors within these programs.

32 Impact Justice. (2020). *Eating behind bars: Ending the hidden punishment of food in prison* https://impactjustice.org/wp-content/uploads/IJ-Eating-Behind-Bars.pdf

33 https://seedsofchangefilm.com/

Action Area	Action Steps
Develop Vocational, Certification, and Reentry Pathways in Nutrition and Food Systems	Introduce or expand recognized certifications (e.g., ServSafe, horticulture credentials, culinary arts certificates, master gardener programs) and programs to CDCR's women's prisons (e.g., Quentin Cooks).
	Formalize partnerships with community colleges, nonprofits, or workforce boards to provide training and transition support.
	Connect participants to reentry support in food service, agriculture, hospitality, and culinary sectors.
Embed a Gender-Responsive Empowerment Framework in Food System Reforms	Establish resident advisory roles (e.g., food councils, nutrition committees) that meaningfully influence program design and implementation.
	Evaluate empowerment outcomes, such as increased agency, confidence, and skill mastery, alongside nutritional and operational metrics.

Scotland: Resident-Led Progression in Women's Prisons

Scotland's progression model in women's prisons, exemplified at HMP Stirling, provides a structured pathway for women to move to less restrictive housing based on readiness and demonstrated responsibility. Central to this approach is a self-assessment process, allowing women to reflect on their behavior, goals, and personal growth, and to identify areas where they feel prepared for greater autonomy. This self-directed element empowers women to take ownership of their incarceration, fostering agency, accountability, and engagement in rehabilitation.

Progression is a widely regarded correctional best practice. Scotland's adaptation balances structure with personal responsibility, giving women clear expectations while also valuing their perspectives and judgement. Tools like HMP Stirling's self-assessment form illustrate how progression frameworks can operationalize principles of empowerment and trust within secure environments (see Appendix). By encouraging women to actively participate in decisions about their housing and privileges, the model supports both individual growth and a safer, more positive prison culture.

RECOMMENDATION 4.3

Establish a structured, resident-led progression system to promote agency, accountability, and positive culture in women's prisons.

Action Area	Action Steps
Resident-Led Progression	Develop clear progression criteria and levels, including self-assessment tools that allow women to reflect on their behavior, goals, and areas for development.
	Engage residents in co-designing aspects of the progression system, such as expectations, self-assessment questions, or incentives, to promote buy-in.

Conclusion

The lessons from U.S. and international jurisdictions illuminate a central truth: lasting transformation in women's correctional environments requires systemwide change. Individual programs, even highly effective ones, cannot succeed in isolation. For reforms to take root, every organizational level must align behind a shared philosophy, from executive leadership to frontline staff. This includes identifying champions early, building clear succession plans, and ensuring policies center the needs of the majority rather than the extreme few. Without a coherent, integrated, and evidence-driven framework for change, even the most innovative practices risk becoming temporary, fragmented, or dependent on individual leaders.

Sustainable change also requires bringing all relevant stakeholders to the table—healthcare providers, custody leadership, line staff, peers, community organizations, people with lived experience, and subject-matter experts. The most successful prison innovations showcased in this report succeeded because the larger prison system built collaborative structures capable of supporting those new practices over time. California's system is equally rich with internal expertise and external partners who can help build, implement, and sustain a new vision for women's health, wellness and empowerment.

Legislative alignment is essential. Lawmakers overseeing CDCR and CCHCS must understand and endorse the redesign effort at the outset—agreeing not only to pursue redesign but also to determine its desired scope and scale. Once this commitment is clear, stakeholders can engage in meaningful dialogue to shape and fund a system that meets women's needs, supports staff well-being, and advances a rehabilitative, health-centered mission.

Any comprehensive reconsideration of women's correctional policy must also confront the role of extreme sentencing, particularly life without the possibility of parole (LWOP). If the purpose of incarceration has shifted toward rehabilitation – as reflected in CDCR's mission and SB 737[34] – then sentences that permanently deny the possibility of release undermine that goal. By definition, LWOP assumes that rehabilitation is either impossible or irrelevant for the increasing number of women who receive the sentence, undermining the rehabilitative mandate that CDCR is charged with fulfilling. As CDCR invests in trauma-informed care, education, and long-term behavior change, the continued use of LWOP sentences raises fundamental questions about alignment between stated purpose and actual practice.

International models offer a different framework. In countries such as Norway, individuals convicted of extremely serious crimes may be sentenced to preventive detention,[35] which allows for the possibility of indeterminate incarceration but ensures that individuals' sentences are subject to regular review and that release is expected. The burden to justify continued confinement sits with the state, rather than requiring the individual to prove personal transformation indefinitely.[36]

Applying the preventive detention concept to U.S. prisons would mean that people originally sentenced to LWOP could demonstrate that they have engaged meaningfully in their prison's available and relevant programming. Once this is demonstrated, their release would become the expectation rather than the exception, and only women in extreme circumstances, in which a judge has clear evidence of their continued threat of serious harm in the community, could be further detained. For the group of women who have spent decades in custody without the possibility of release, legislative action to convert LWOP to parole-eligible sentences, perhaps with the introduction of the preventive detention concept described above, would bring sentencing policy into closer alignment with

34 California Legislature Reorganizes DOC to Add Rehabilitation." Prison Legal News. 06/15/06. https://www.prisonlegalnews.org/news/2006/jun/15/california-legislature-reorganizes-doc-to-add-rehabilitation/

35 Todd-Kvam, J., Appleton, C., Ellis, S., & Annison, H. (2025). Contrasts in legitimacy: Indefinite preventive sentencing in Norway and England and Wales. Incarceration, 6. https://doi.org/10.1177/26326663251373026

36 The scope of this report does not examine the practice of preventive detention. We merely introduce this as a concept.

rehabilitative goals and would ensure that the continued use of incarceration for an increasingly older and infirm population would be considered an expensive exception rather than the norm. In a global context, where the United States incarcerates women at far higher rates and for longer durations than peer nations,[37,38] addressing extreme sentencing is an essential component of any serious effort to build a humane, evidence-based, and future-oriented model of women's corrections.

Finally, both healthcare and rehabilitative programming must be designed to be inviting, not punitive. As emphasized in our first report and reaffirmed here, punishment does not bring people to healthcare, nor does it generally lead to long-lasting improved health or behavior change. The same holds for opportunities related to wellness, skill-building, family connection, or empowerment. Women engage, heal, and thrive when systems treat them as partners in their own care and development, and when they experience voice, choice, respect, and agency.

Taken together, these insights point toward a clear path forward: a comprehensive, coordinated redesign of women's correctional environments in California, encompassing correctional and sentencing policy, staffing, space, and program philosophy that affirms women's dignity, strengthens wellness, and builds pathways to long-term stability and success. The global innovations highlighted in this report demonstrate examples of what is possible. With aligned leadership, motivated policy makers, engaged partners, and sustained commitment to gender-responsive principles, CDCR and CCHCS can create a model of women's care that is forward-looking, humane, more cost-effective, and transformative for generations to come.

37 Wang, L. (2025, September 23). States of incarceration: The global context 2025. Prison Policy Initiative. https://www.prisonpolicy.org/blog/2025/09/23/womens-global/

38 Council on Criminal Justice. (2022, December 20). New analysis shows U.S. imposes long prison sentences more frequently than other nations. https://counciloncj.org/new-analysis-shows-u-s-imposes-long-prison-sentences-more-frequently-than-other-nations/

Appendix

SAMPLE SELF-ASSESSMENT FORM

OFFICIAL SENSITIVE – PERSONAL

Annex B

OFFENDER APPLICATION FOR PROGRESSION/UNESCORTED COMMUNITY ACCESS

Prison Number:	Name:	D.O.B:

Reason for application:

*Transfer to National Top-End/ Open Estate/ CIU/ Unsupervised access to the community

If you can answer 'Yes' to the following questions, you may be eligible for consideration for progression to less secure conditions/unescorted community access:

Have you achieved Low Supervision status? *YES/NO

Have you had no positive and at least one negative drug test in the last 3 months? *YES/NO

Are you free of misconduct reports, which resulted in an award greater than a caution, in the last 3 months? *YES/NO

Can you confirm that you have no outstanding charges? *YES/NO

Can you confirm that you are not subject to a deportation order and are free to remain in the UK on release from prison? *YES/NO

What have you done during your time in prison to support your application to less secure conditions?

What do you think will be the issues or main areas of risk for you in the community?

RMT – Annex B - Offender Application for Progression/Unescorted Community Access (Revised August 2018)

Appendix

SAMPLE SELF-ASSESSMENT FORM

OFFICIAL SENSITIVE – PERSONAL

Annex B

How do you plan to manage these issues/ risks?

Are there any other factors you feel the Risk Management Team should be aware of?

Name: _____
Signature: _____
Date: _____

Completed forms should be returned to your Personal Officer
Please note:

- *If you meet the standard criteria for progression, your case will be referred to the Risk Management Team for consideration. This process can take around 8 weeks from the date of your request. If granted a transfer to less secure conditions, the location will be determined by SPS Management.*
- *The outcome of the RMT meeting will be communicated to you.*
- *Further information in relation to the RMT process and the criteria for progression is contained in the RMT Guidance Leaflet for Prisoners.*

RMT – Annex B - Offender Application for Progression/Unescorted Community Access (Revised August 2018)

Radha Sadacharan, MD
Megan Lynch, MS
Sam Prawer, JD
Cyrus Ahalt, MPP
Brie Williams, MD, MS

www.amend.us