

In Memoriam of the life, work, and service of
Lt. Governor Sheila Y. Oliver



The Women's Project Report

A Report to the State



DEDICATION TO NJ LIEUTENANT GOVERNOR SHEILA OLIVER

In recognition of a life dedicated to public service, advocacy, and social change, we proudly dedicate this report to Sheila Oliver, former Lieutenant Governor of New Jersey. Her unwavering commitment to justice, equality, and the betterment of our communities has left an indelible mark on the people of New Jersey and the future of the New Jersey Reentry Corporation.

As a trailblazer and a leader, Sheila shattered glass ceilings and opened doors for generations to come. Her historic position as the first woman of color to assume the role of Lieutenant Governor of New Jersey stands as a testament to her resilience, determination, and ability to effect positive change.

Sheila Oliver always had a sense of compassion and commitment to those needing a second chance. As Commissioner of the DCA during the pandemic, she lifted housing restrictions to enable NJRC to house, care, and feed persons in houses of worship. She was a champion of NJRC's Women's Project, advocating for expansion of resources and empowering court-involved women throughout New Jersey, igniting hope in the hearts of individuals who have felt marginalized or overlooked. Her efforts to work with incarcerated individuals, promoting rehabilitation and the opportunity for people to reset their lives, highlight her compassionate approach to addressing complex societal challenges.

Through her leadership, she demonstrated the power of empathy, collaboration, and progress. Her legacy will continue to inspire policymakers, activists, citizens, and the New Jersey Reentry Corporation as we strive to create a more just and inclusive society.

As we delve into the contents of this report, may it serve as a small token of our appreciation for her remarkable contributions to NJRC and the State of New Jersey. We are forever grateful for her kindness, bravery, and brilliance, and we thank her for always speaking truth to power. Her vision and dedication have paved the way for a brighter future, and we are honored to celebrate her through these pages.

With gratitude and respect,


Jim McGreevey
Executive Director NJRC

Born to the late Charles Oliver and Jennie Oliver, Sheila Y. Oliver served as New Jersey's 2nd Lieutenant Governor from January 16, 2018, until her passing on August 1, 2023.

A self-described "Jersey Girl," born and raised in an ethnically diverse Newark neighborhood Lieutenant Governor Oliver was inspired as a young girl to be a fighter for the voiceless when her eyes were opened to societal injustices and inequities around her, often citing "A Tale of Two Cities" as her youth awakening. She pioneered a successful career in public service advocating for social justice, women's equality, and education, ultimately in 2017 becoming the first woman of color to serve in a statewide elected office in New Jersey history. In 2021, Lt. Governor Oliver was reelected to serve a second term in office.

In addition to her role as Lieutenant Governor, she served as Commissioner of the Department of Community Affairs, where she led efforts to strengthen and expand initiatives for fair and affordable housing, community revitalization, homelessness prevention, and local government services that support New Jersey's 564 municipalities.

Under her leadership, the Department also expanded and leveraged a wide range of initiatives aimed at assisting distressed municipalities, including the federal Opportunity Zones tax incentive, the Main Street New Jersey program, the Neighborhood Preservation Program, the Neighborhood Revitalization Tax Credit program, and the Urban Enterprise Zone Program, which was renewed by legislation she signed in 2021.

In her role as Acting Governor, she signed multiple bills into law, including those that established a Caregiver Task Force to identify ways to support people taking care of loved ones who are elderly or disabled, require all public school students in grades 6-8 to receive financial literacy education, strengthen equal pay for equal work by preventing employers from asking employees' previous salary history, and protect employees from wage theft. She also signed into law legislation that established a Restorative and Transformative Justice for Youths and Communities Pilot Program within the Juvenile Justice Commission to help divert youth from entering and re-entering the juvenile justice system.

Across her career, Lieutenant Governor Oliver worked in the public, non-profit, and private sectors, and has taught numerous college courses. She has served as a member of both the East Orange Board of Education and the Essex County Board of Chosen Freeholders.

In 2003, she was elected to serve the 34th Legislative District in the New Jersey General Assembly.

A trailblazer in every sense of the word, in 2010 she became the first African American woman in state history to serve as Assembly Speaker, and just the second in the nation's history to lead a state legislative house.

A proud alumna of the Newark public school system, Lieutenant Governor Oliver graduated cum laude from Lincoln University, and received her Master of Science Degree in Community Organization, Planning and Administration from Columbia University. She has received honorary doctorates of humane letters from the New Jersey Institute of Technology, Lincoln University, Montclair University, Stockton University and Berkeley and Essex County Colleges.

She was a proud 40-plus-year resident of East Orange where she treasured her time with her 95-year-old mother, who always encouraged her to be a critical thinker while fostering her passion for helping people through effective public policy.

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FRANCINE A LEFRAK FOUNDATION

Dear Friends,

Thank you for your dedication, commitment, and support of those women returning home from prison and jail. At the Francine A. LeFrak Foundation, we seek to ensure that all women are equipped with the necessary resources and services to ensure their personal independence and healthy living.

I am most grateful to introduce NJRC's 2023 Women's Project Report. As someone steadfastly committed to ensuring every woman, particularly those who are and formerly have been incarcerated, has the basic necessities, including comprehensive healthcare, access to hygiene products, education and training, and employment.

The LeFrak Foundation was founded in 2009 to assist women who are marginalized. We assist those women living in extreme poverty, those who have survived the Rwandan genocide, and those who are involved in the criminal justice system. We help thousands of women each year.

I am incredibly proud of the work we do and grateful to assist so many women. In New Jersey, the Francine A. LeFrak Foundation and Same Sky Foundation have worked with the New Jersey Reentry Corporation (NJRC) to provide training and "industry-recognized" credentials to women, secure employment, and provide women with the necessary resources to live healthy lives.

I am particularly proud of the Francine A. LeFrak Wellness Center at NJRC's Governor's Reentry Training and Employment Center in Kearny. The Wellness Center provides justice-involved women with critically-needed medical, behavioral and dental health care services.

I firmly believe in the mission of Second Chances. This Women's Report is founded upon the central belief that with the necessary services and support, all women are capable of living up to their potential. It is critical that these recommendations, which require a women-focused approach to assisting women during their reentry process, are implemented for the benefit of the women we are privileged to serve.

As I so often say, "Talent is everywhere but opportunity is not." With the opportunities that these recommendations seek to provide, I am confident that court-involved women will be able to live law-abiding and rewarding lives.

Sincerely,

Francine A. LeFrak





To the New Jersey Reentry Corporation –

As the New Jersey Reentry Corporation embarks on this endeavor, the launch of "The Women's Project Report," I find it fitting to pay tribute to Lieutenant Governor Sheila Oliver's profound impact on our communities. Although her spirit is deeply missed, her mission continues to inspire us to strive for equity.

The Lieutenant Governor's tenure as the Commissioner of the New Jersey Department of Community Affairs was marked by a steadfast commitment to addressing the unique challenges faced by justice-involved individuals, especially the crucial aspects of housing after incarceration and rehabilitation. Oliver's emphasis on these critical issues set a precedent for the state and left an indelible mark on our approach to criminal justice reform.

"The Women's Project Report" is a testament to Sheila Oliver's vision and unwavering dedication. This comprehensive report will serve as a beacon of hope for countless women who have been impacted by the criminal justice system. It will shed light on the multifaceted issues they face, including prison demographics, medical and behavioral health care, housing, and employment.

I am reminded of the conversations we shared, and the hours spent championing the cause. Lieutenant Governor Sheila Oliver's memory serves as a constant source of inspiration, pushing us to continue your work and ensure that the voices of these women are heard, and their needs addressed.

I extend my heartfelt thanks to the New Jersey Reentry Corporation for undertaking this vital initiative and for continuing the legacy she left behind. New Jersey Reentry Corporation's promise to creating a more just society is a testament to the values that Lieutenant Governor Sheila Oliver upheld.

Sincerely,

A handwritten signature in blue ink, reading 'Eliana Pintor Marin'.

Assemblywoman Eliana Pintor Marin
Legislative District 29





INTRODUCTORY LETTER FROM DR. GLORIA BACHMANN

Dear Women's Project Member,

Thank you for your invaluable contributions to The Women's Project. It is thanks to your leadership and support that we are able to develop and implement innovative programming for court-involved women.

As Medical Director of the New Jersey Reentry Corporation (NJRC), I facilitate direct health services for women program participants and oversee healthcare presentations, publications, and informational videos. It is my hope that these initiatives not only improve the overall health and wellbeing of justice-involved women (as well as their families and loved ones), but also increase public awareness of the needs and experience of a population that is too often neglected.

Working collaboratively with physicians, advocates, and policymakers, The Women's Project's peer-reviewed articles, videos, and presentations are used to inform policies, practices, and procedures regarding the care of court-involved women, both within New Jersey and beyond.

The support of partners such as RWJBarnabas Health, Rutgers University Behavioral Health Center, Malo Smiles USA, and the Francine A. LeFrak Foundation has enabled us to directly attend to women program participants' medical, mental, and behavioral health needs at the state-of-the-art Francine A. LeFrak Wellness Center. The convenience of having a healthcare facility within an NJRC site that provides free services and linkages is crucial to increasing court-involved women's access to healthcare.

I am honored to lead NJRC's health care initiatives for women and I look forward to commencing many more projects that enhance the care of justice-involved individuals and promote demonstrable improvements in healthcare policy and practice.

Sincerely,

A handwritten signature in blue ink that reads "Gloria Bachmann". The signature is fluid and cursive, with the first name "Gloria" being more prominent.

Dr. Gloria Bachmann

Medical Director, New Jersey Reentry Corporation
Interim Chair of Department of Obstetrics and Gynecology and Reproductive Science,
Rutgers Robert Wood Johnson Medical School
Attending Physician in Gynecology/Medical Director, Proud Center of NJ
Professor of Ob/Gyn & Medicine, Rutgers Robert Wood Johnson Medical School
Associate Dean for Women's Health, Rutgers Robert Wood Johnson Medical School
Co-Director of the Women's Health Institute, Rutgers Robert Wood Johnson Medical School





OVERVIEW

To address systemic issues that court involved women face, the New Jersey Reentry Corporation created The Women's Project in 2020, beginning with the Commission on Reentry Services for Women. It is the mission of The Women's Project to serve as the link to leaders in the State Legislature, Houses of Worship, nonprofit community, healthcare community, legal community, and beyond, providing women that have been released from state prison, county jail, and addiction treatment with critically-needed services. The ability to serve as a bridge to ensure that women leaving institutions are receiving valued, needed essentials, including legal and medical services, identification, housing referrals, and workforce training and employment, is integral to The Women's Project.

This report provides a comprehensive synopsis of four main areas:

Critical Juncture. Background on the most pressing issues that court-involved women have historically faced. An acknowledgement of these issues is essential to understanding the recommendations for change that this report makes and the steps NJRC has already taken towards supporting court-involved women.

The Commission on Reentry Services for Women. Appointed by the State Legislature, the Commission was tasked with researching and "examining issues relating to women prisoner reentry". In conjunction with research, the Commission conducted a survey among NJRC women program participants as to conditions at Edna Mahan and jails across the state to better understand how women in New Jersey evaluate their resources in prison and how their answers compare to research.

Current Accomplishments of The Women's Project. Address the demographic of court-involved women that NJRC provides reentry services for, the various health care resources that NJRC provides to participants, the vocational training programs offered at The Governor's Reentry Training and Employment Center in Kearny, and the numerous publications and presentations that go into great depth on issues surrounding Women's health.

Next Steps and Recommendations. Presentation of evidence-based recommendations for ensuring the best outcomes for court-involved women. NJRC believes the expansion of New Jersey's Mutual Agreement Program (MAP), a course to support justice-involved women with a history of substance abuse, as an alternative to incarceration for female offenders. Each subset of this recommendation has been crafted using the best global practices for assisting this population of women who deserve a second chance.

This report highlights NJRC's commitment to advocating and championing legislation for court-involved women, and we will continue to use our resources to support these women in every aspect of their involvement with the criminal justice system and beyond. Given this commitment, this report will identify the strengths of our program and partnerships as well as where policymakers and legislators can come in to move these women towards a brighter future.



Let their voices be heard



DETAILED NARRATIVE

I. Background

Despite being just 6.8% of the total inmate population in the United States, the female inmate population in the United States is six times higher than it was just 40 years ago.¹ In New Jersey, the number of women in prisons had increased more than fourfold, from 176 in 1978 to 774 in 2017.² In New Jersey jails, this number has increased sevenfold, from 175 in 1970 to 1,268 in 2015.³ Despite this, women often get overlooked when it comes to research and reform within the prison system, leaving them at an even larger disadvantage than men in terms of getting adequate resources and treatment for their physical and emotional needs. Since these women are more likely to enter prison with co-occurring disorders, it is essential that this research gap is closed and programs are put in place that will support incarcerated women and offer the best outcomes for themselves and their families.

The most recent data available shows that in 2009, around 70% of women serving sentences in prisons and jails struggled with drug abuse and dependence.⁴

A majority of women who enter the prison system have some history of substance abuse and/or addiction. These national statistics are on trend with the data collected by NJRC, which found that 72.5% of participants struggled with addiction before or during their time served. Oftentimes, this history of substance abuse directly correlates to their involvement with the criminal justice system. Despite the prevalence of these disorders, many women do not receive treatment while being incarcerated. This increases the chance of relapse and reincarceration in their future.



Women are more likely than men to enter jail with a medical problem or a serious mental illness and, while incarcerated, women are more likely to suffer from mental health problems and experience serious psychological distress.⁵

Untreated psychological disorders are another commonality among female court-involved individuals, but less than 25% receive any form of treatment.⁶ Of the individuals who did receive treatment in the NJRC study, only 7% believed they received good, quality care. As many state and federal prisons are not equipped with the resources to treat men or women, and because the environment of prison itself presents a multitude of triggers and challenges for those with preexisting mental disorders, direct incarceration does not provide an efficient or long term solution for promoting individual or community safety. There is even a potential that these women will adopt new or more severe mental disorders, which again, contributes to relapse and reincarceration. Issues of basic health needs specific to women such as reproductive healthcare, management of menopause, and nutrition are also often overlooked due to most health systems in prison being designed for men.⁷ Affecting the entire female prison population, navigating both mental and physical health during and after being incarcerated can be extremely difficult.

Women's health and rights are frequently violated while in U.S. Immigration Custody through inhumane treatment, including abuse, neglect and inadequate access to healthcare.⁸

Being such a vulnerable population, immigrant women placed into custody face disproportionately amplified hardships, especially women of color, women with disabilities, low-income women, transgender women, and young women and girls. Detaining these immigrant women ultimately separates them from their families, community and especially from access to important services. The abuse, neglect and denial of these services exacerbates their struggles, and creates new traumas. This is especially relevant for those immigrating from Latin America who are most often detained and find themselves subjected to the inhumane processing of migrants in America.



NEW JERSEY GENERAL ASSEMBLY

LINDA S. CARTER

ASSEMBLYWOMAN, LEGISLATIVE DISTRICT 22
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COMMITTEES:
HIGHER EDUCATION, VICE CHAIR
LAW AND PUBLIC SAFETY
SCIENCE, INNOVATION, AND
TECHNOLOGY, VICE CHAIR

October 6, 2023

Mr. James McGreevey
Executive Director
NJ Reentry Corporation
591 Summit Avenue, 6th floor
Jersey City, NJ 07306

Dear Mr. McGreevey,

I am deeply honored to have received your message regarding the tribute to the late Lt. Governor Sheila Oliver. It is with the utmost respect and gratitude that I acknowledge her extraordinary contributions and enduring legacy.

Lt. Governor Sheila Oliver was a beacon of leadership and a true champion for the people of our state. Her unwavering commitment to public service and her tireless efforts to promote equity, justice, and social progress have left an indelible mark on our community. Her passion for advocacy and her dedication to improving the lives of our fellow citizens were truly exceptional.

Throughout her distinguished career, Lt. Governor Oliver worked tirelessly to address the pressing issues that affect our society, from economic disparities to access to quality education and healthcare. Her advocacy extended far beyond the halls of government, resonating with countless individuals who were inspired by her compassion and determination.

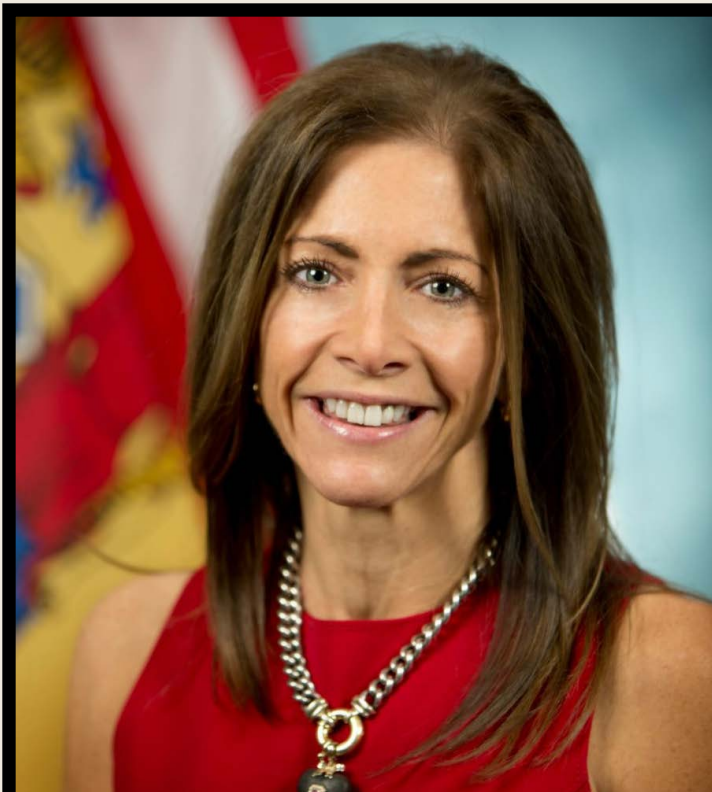
As we reflect on Lt. Governor Sheila Oliver's contributions, it is clear that her legacy will continue to inspire generations to come. Her impact on our state will endure through the policies she championed, the lives she touched, and the progress she helped to facilitate.

I am deeply moved by the opportunity to contribute to a letter in her honor, and I am committed to providing heartfelt words that capture the essence of her remarkable life and work. Please know that I consider it a privilege to be part of this tribute.

Sincerely,

A handwritten signature in black ink that reads "Linda S. Carter".

Linda S. Carter
Assemblywoman



Over half (58%) of all women in U.S. prisons are mothers, as are 80% of women in jails, including many who are incarcerated awaiting trial simply because they can't afford bail⁹

Often incarcerated for issues of minor offense or those related to their struggles with mental disorders, substance abuse, or poverty, many women are taken away from their children in the midst of trying to provide for them. As most of these women are the primary caregivers for their children, this separation is tough on both the mother's mental health and their children's, as they are sent to protective custody and potentially placed into the foster care system. Research has found that adverse childhood experiences such as the incarceration of a parent commonly leads to antisocial behavioral issues in children, as well as severe depression and future substance abuse issues.¹⁰ According to the Women's Prison & Home Association, Inc., "Children of offenders are five times more likely than their peers to end up in prison themselves. One in 10 will have been incarcerated before reaching adulthood."¹¹ Furthermore, The Prison Policy Initiative suggests that children of incarcerated mothers are more likely to become incarcerated than children of incarcerated fathers.¹² More work clearly needs to be done to better outcomes for these children and keep mothers with their families.

Between 1980 and 2021, the number of incarcerated women increased by over 525% (from 26,326 to 168,449), double the percent change for men.¹³

Over the past twenty-five years, expanded law enforcement activities, stricter drug sentencing laws, and barriers to reentry have significantly increased women's involvement in the criminal justice system. This increase exists within a larger context of mental illness, addiction, trauma, and abuse. Most women prisoners are incarcerated for nonviolent offenses related to prostitution, fraud, drugs, and similar crimes. Studies indicate that emotional, physical, and sexual violence against women are correlated with women's drug and alcohol dependency. The statistics concerning frequency of abuse are alarming: 79% of women in state and federal prisons disclosed past physical abuse and 60% disclosed past sexual abuse. Additionally, women in prison were three to four times more likely than incarcerated men to have experienced abuse.¹⁴

Unfortunately, the relationship between abuse and violent crime is oftentimes neglected in criminal sentencing. An analysis from 1992 found that up to 90% of women incarcerated for killing men had previously been physically abused by those same men. Furthermore, incarcerated women who reported experiencing abuse in the past were more likely to be incarcerated for violent offenses than incarcerated women who did not report past abuse.¹⁵

Relatedly, a 1989 study by the National Coalition Against Domestic Violence indicated that women received more severe sentences for killing their partners than men did. The average prison sentence of men who killed their female partners was two to six years, while the average sentence of women who killed their male partners was fifteen years, despite the fact that most of these killings were committed by women who were being abused by their male partners.¹⁶ Unfortunately, contemporary data on such sentencing disparities is scarce, but more recent studies continue to reflect the prevalence of histories of trauma and abuse among incarcerated women, 70 to 80% of whom reported experiences of adulthood intimate partner violence.

There were a reported 24,661 allegations of sexual victimization by inmates in 2015, an amount nearly triple that of 2011.¹⁹

Abuse does not stop when a woman enters the prison system. The power dynamic between male prison guards and female inmates leaves women extremely vulnerable to being abused and



exploited with no outlet to escape their abuser. This issue is particularly present at The Edna Mahan Correctional Facility for Women in New Jersey, which Governor Phil Murphy announced to be closing in 2021 due to years of abuse and violence against inmates. While there has been steady progress and programming to address these issues and make the facility safer for inmates and staff, there is still the underlying issue that for many of these women, a corrections environment is not optimal for creating real, long lasting change in the lives of these women.

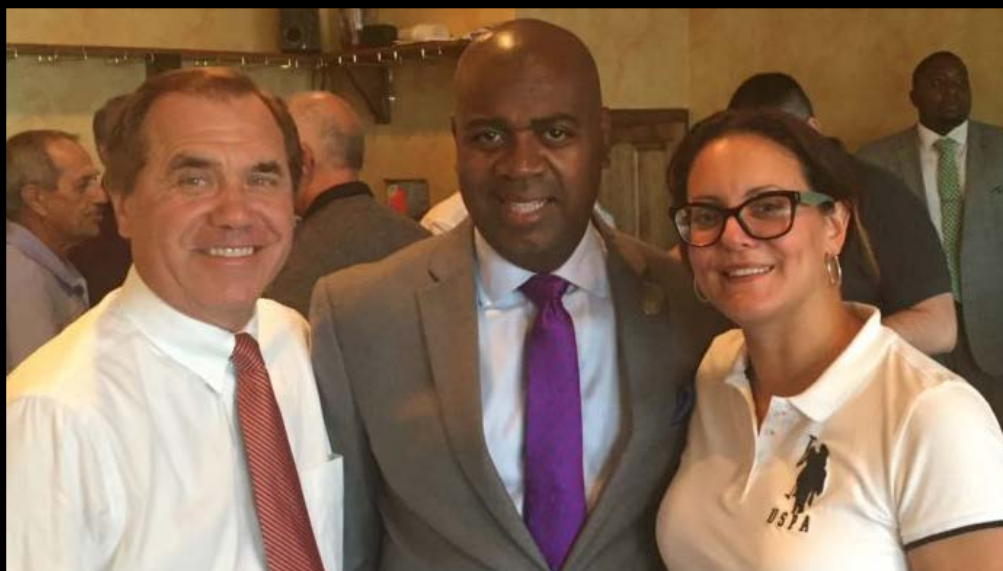
II. The Commission on Reentry Services for Women at NJRC

The Women's Project commenced in 2020 with the Commission on Reentry Services for Women. Appointed by the State Legislature, the Commission was tasked with "examining issues relating to women prisoner reentry including, but not limited to, identifying physical and psychological hardships endured while incarcerated that may impede successful reentry, identifying specific services that are necessary for successful reentry, identifying current obstacles to female prisoners receiving these services, and proposing solutions to remove these obstacles."

Specifically, the Commission examined:

- a.** The quality and quantity of hygiene products disbursed to female prisoners;
- b.** How childbirth occurs for female prisoners while incarcerated;
- c.** The amount of time allowed for a mother to bond with her child birthed in prison;
- d.** Technological advances and their utilization in visitation between mothers and their children, such as video conferencing;
- e.** Women whose crimes were related to a domestic violence situation in which they were the victim;
- f.** Formerly incarcerated women with essential support services in order to better care for their children;
- g.** The psychological profile of the female prisoner, including the psychological health of female prisoners and methods to minimize psychological damage;
- h.** Housing, including halfway houses and residential housing;
- i.** Education and training;
- j.** Employment opportunities and workforce development;
- k.** Addiction and substance use disorder treatment, including drug treatment for inmates released from State and county correctional 3 S. Con. Res. 53, 219th Leg. (N.J. 2020). 4 Ibid. facilities; length of drug treatment and access to medication assisted treatment, appropriate 12-step programs, and intensive outpatient programs;
- l.** Medical and mental health treatment;
- m.** Access to legal assistance and current legal restrictions that create barriers to successful reentry;
- n.** Integration of corrections, parole, and reentry, including the use of parole and supervision; and
- o.** Coordination with faith-based services.

NJRC developed recommendations in response to the items above, detailed in the [Commission on Reentry Services for Women Report](#). Additionally, in consultation with physicians, legislators, attorneys, corporate partners, and social service providers, the Commission launched a year-long study into best practices for justice-involved women in order to intentionally develop a plan forward.



The Commission recognized the need for overhaul at New Jersey's women's prison, Edna Mahan Correctional Facility for Women, and worked collaboratively with Tom Eicher, Director of the Office of Public Integrity and Accountability, New Jersey Office of the Attorney General, to provide updates on [the investigation](#). We provided women program participants with Director Eicher's contact information to ensure they had the opportunity to testify and kept them apprised of the settlement process.

The Commission has created resources for women program participants, such as the [Health Resource Guide](#) and [Health Handbook](#). NJRC staff and partners worked collaboratively to create both documents, which court-involved women can reference to better understand their health needs and identify nearby providers. This includes comprehensive lists of warning signs and symptoms for medical challenges women face such as mental health disorders, addiction, diabetes, hepatitis B/C, and HIV/AIDS.

The Commission has a particular focus on mental health and addiction, considering more than one-third of women in the process of reentry report having been diagnosed with a mental health disorder and two-thirds report having abused substances prior to incarceration. These challenges can worsen under the conditions of stress present in correctional environments, which is why the Commission and the Women's Project have a focus on treatment "behind the wall" as well as during the reentry process.

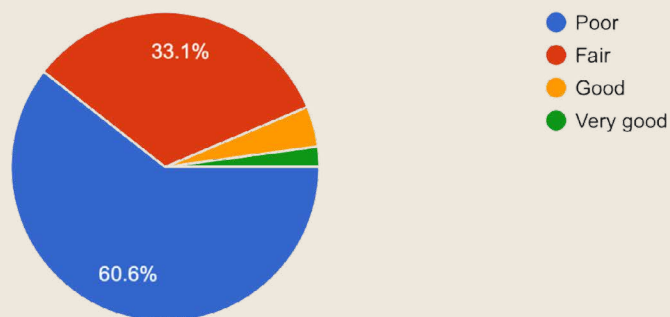
The Commission also conducted a survey of 159 NJRC women program participants as to conditions at Edna Mahan and jails across the state. The results of the survey, some of which are included below, demonstrate court-involved women's urgent health needs, which are often unaddressed or underdressed.





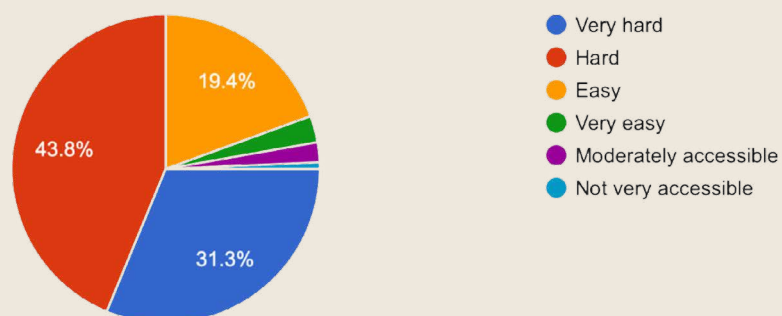
Overall, how would you rate the health care you received while in jail/prison?

142 responses



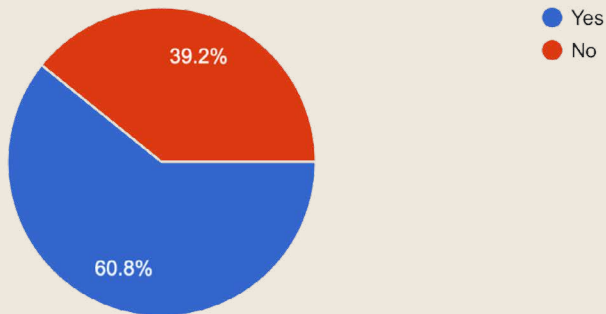
How easy was it to get health care in jail/prison?

144 responses



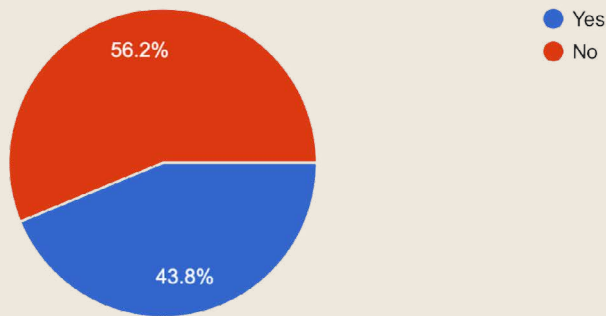
Did you have a mental illness before or during jail/prison?

153 responses



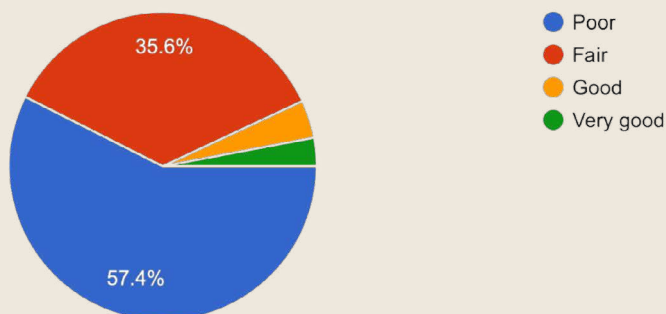
Did you get mental health treatment while in jail/prison?

153 responses



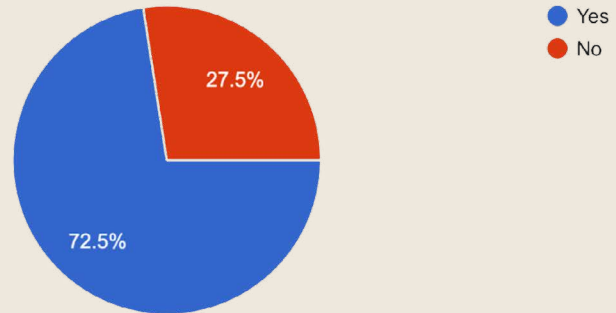
If you got mental health treatment while in jail/prison, how would you rate it?

101 responses



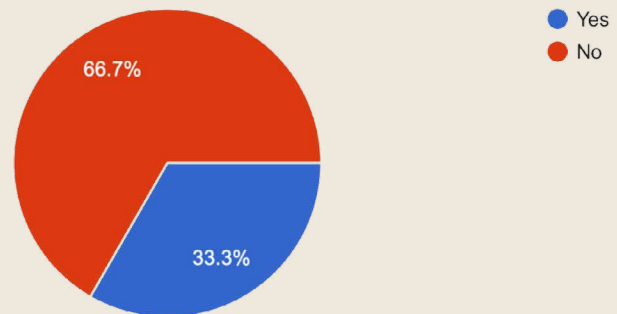
Did you have problems with addiction before or during jail/prison?

153 responses



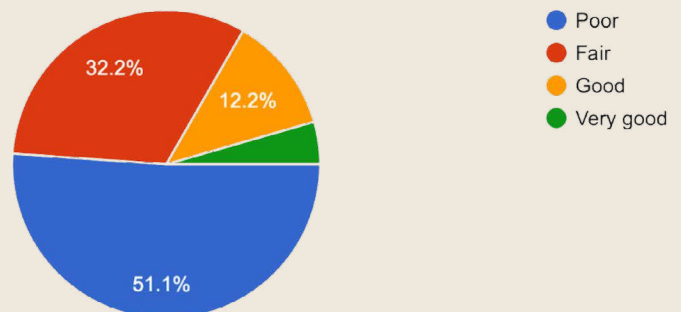
Did you get treatment for addiction while in jail/prison?

150 responses



If you got treatment for addiction while in jail/prison, how would you rate it?

90 responses





NEW JERSEY SENATE

LINDA R. GREENSTEIN

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CHAIR, LAW AND PUBLIC SAFETY COMMITTEE
VICE CHAIR, ENVIRONMENT AND ENERGY COMMITTEE
MEMBER, BUDGET AND APPROPRIATIONS COMMITTEE
MEMBER, LABOR COMMITTEE
CHAIR, MANUFACTURING CAUCUS

Dear Reader,

It is my honor to remember and highlight the legacy, dedication, and hard work of this great State's second Lieutenant Governor, the late Sheila Oliver.

Sheila made history here in New Jersey as both the first Black woman to serve as Lieutenant Governor, and as the first woman of color elected to statewide office. I had the distinct pleasure of getting to know Sheila as both a colleague and a friend, beginning during our time in the Legislature.

I first had the opportunity to work alongside Sheila in the Assembly. She was always a team player and was on the right side of issues, working tirelessly to support affordable housing and improve social services within the state. When I joined the Senate in 2010, I knew that the Assembly would be in good hands with Sheila as its new Speaker. And in 2017, I knew New Jersey would be in good hands with Phil Murphy and Sheila Oliver leading the State forward.

In my personal experience working with former Speaker and Lieutenant Governor Sheila Oliver, many bills and projects come to mind. But one of particular importance was our work to protect victims of stalking. In 2008, we recognized that there were some serious loopholes that needed to be closed. As such, A1563 was introduced, passed the Legislature, and eventually signed by then-Governor Corzine. I believe her input and support to be invaluable in getting this bill signed into law.

Sheila was a true model of what it means to be a public servant - thoughtful, dedicated, and above all else, kind. She always worked to make this State a better place for families in every corner of New Jersey. And there is no doubt in my mind that Sheila's accomplishments have inspired so many young women to become leaders.

Sheila's passion and energy will never be forgotten. Her legacy will continue to live on in the people she touched, communities she united, and progress she ushered in. Our continued condolences go out to her family.

Sincerely,

Senator Linda R. Greenstein
14th Legislative District



III. CURRENT ACCOMPLISHMENTS OF THE WOMEN'S PROJECT

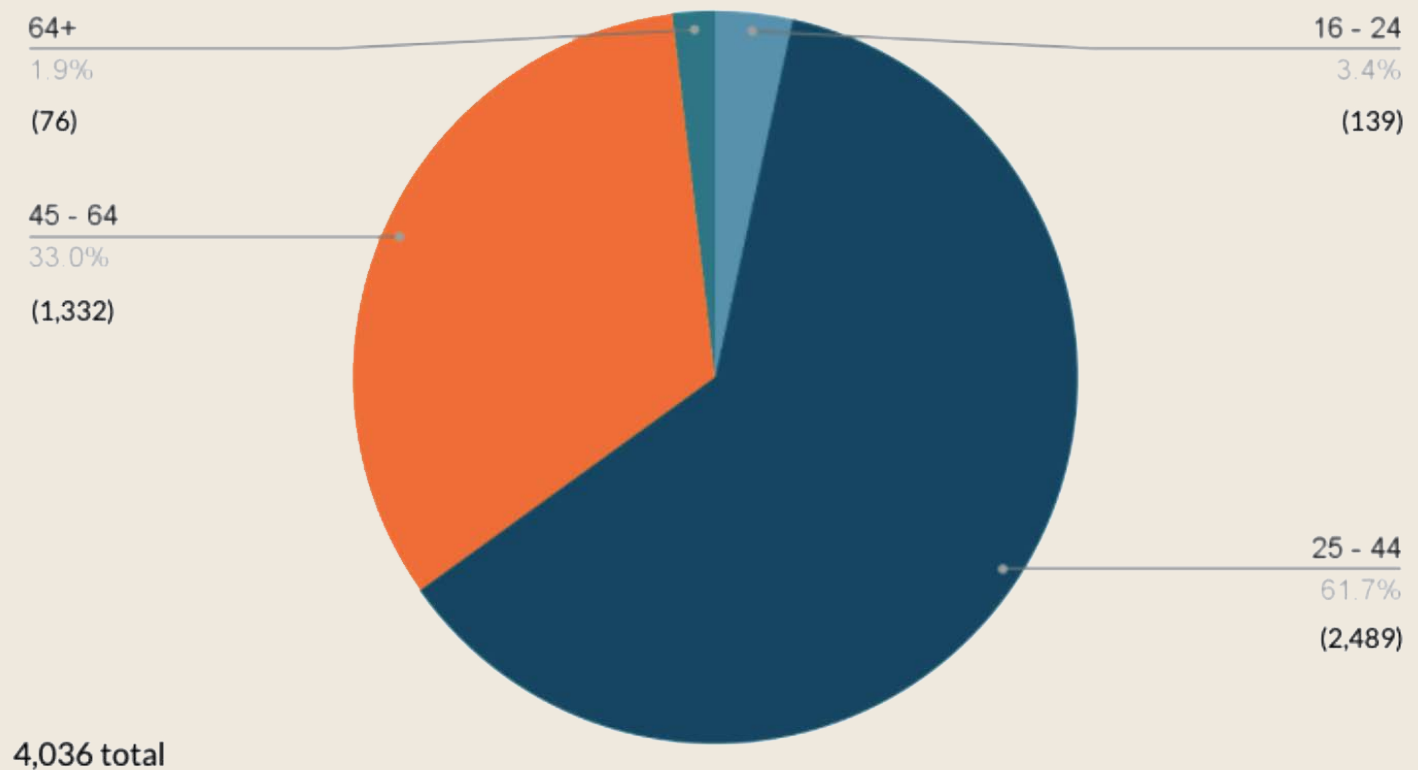
Demographic Breakdown

In order to best serve court-involved women in New Jersey, it is essential that we understand their specific circumstances and needs. Currently, NJRC assists 4,043 court-involved women across ten northern and central New Jersey counties.

NJRC and The Women's Project assists women of all ages, the youngest being 16 years of age and the oldest hitting 64 and above. A majority (61.7%) of women NJRC serves are 25 to 44 years of age.

This age group has the greatest likelihood for having children dependent on them for care, which is consistent with our demographics that majority of the women NJRC serves (2,662/65.8%) have children. The enormous responsibility of dependents frequently increases the challenges these women experience as they reenter society.

Age Distribution of Women Program Participants



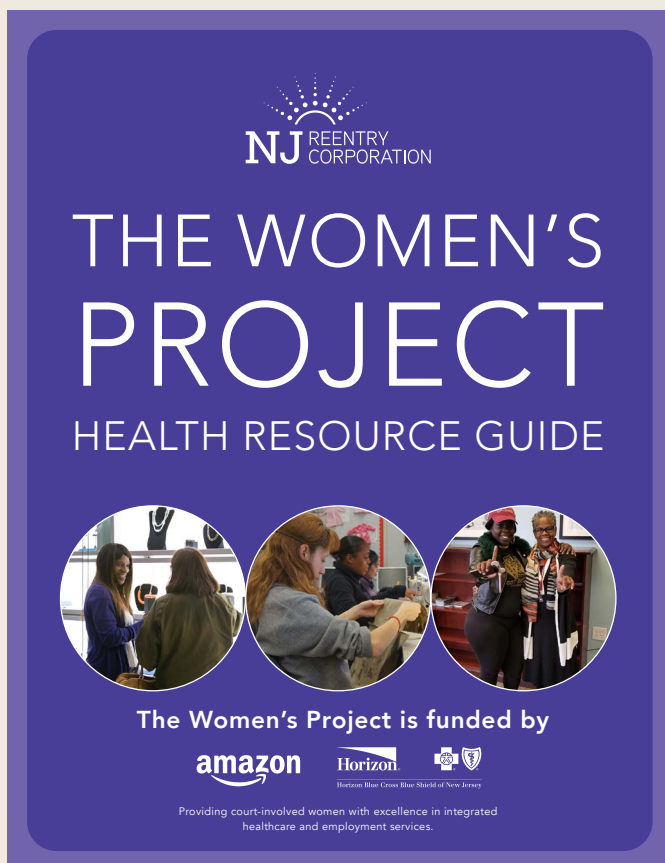
These challenges are escalated with other outstanding barriers, such as trouble finding stable housing. Given that approximately 67 percent of all women program participants arrive at NJRC without permanent housing, housing services are crucial. In partnership with Volunteers of America Delaware Valley (VOADV), NJRC helps justice-involved women secure and maintain housing to keep them in their communities.

51 women program participants (1.3%) are veterans, who are served by NJRC's Veterans Justice Outreach Initiative. This initiative directly assists these veterans with obtaining essential services for transitioning back home, as veterans face unique challenges upon reintegration into civilian life. Women veterans in particular have needs after leaving the military which include specialized healthcare, employment support, legal assistance, comprehensive psychiatric care, and obtaining access to benefits. Mental health and trauma resources are particularly important and emphasized for female veterans at NJRC, as 55% of women who serve in the military have had experiences with sexual harassment while serving in the military.²¹ NJRC and The Women's Project, therefore, remain committed to honoring and supporting this community and furthering the mission of the Veterans Justice Outreach Initiative.

Finally, NJRC has found that almost a quarter of all women program participants do not possess a high school diploma or GED. In partnership with the New Jersey Department of Community Affairs, Hudson County Community College, and GEDWorks, NJRC facilitates a GED course for program participants. Increasing access to these educational resources gives these women more opportunities to find long-term employment— one of the main missions at NJRC.

Health Care Navigation

In October of 2021, NJRC partnered with the New Jersey Department of Corrections (NJDOC) to provide Health Navigation services at Edna Mahan Correctional Facility for Women, the first-of-its kind post-release support service under Commissioner Victoria Kuhn's administration.



Led by NJRC, the Health Navigator, in partnership with NJDOC, connects soon-to-be released women to community practitioners in the fields of behavioral health, addiction, domestic violence, sexual assault, mental health, obstetrics, and gynecology, with follow-up support to determine additional support needs post-release. The two agencies cemented this partnership through a signing of a Memorandum of Understanding, agreeing to offer these critical services to the women at Edna Mahan.

It is our hope that through a combination of healthcare, legal, housing, and training/employment services, as well as publications, presentations, videos, and policy advocacy, we will continue to make demonstrable improvements to policies and practices affecting women during and after incarceration.

Nurse Navigator and Addiction Services

We have had much success with our Nurse Navigator, who has connected over 500 NJRC women program participants to OB/GYN, diabetes, hepatitis B and C, mental health (depression, anxiety, bipolar disorder, etc.), and addiction treatment (detox, residential, Intensive Out-Patient, Medication-Assisted Treatment) services. Facilitated by the Nurse Navigator, 1,586 women program participants (39.2%) report having received medical care, and 1,772 women program participants (43.8%) have received mental and behavioral health treatment. 969 of these women (54.7% of those who have received mental and behavioral health treatment) have received psychological counseling, while the remaining women have received other forms of treatment such as anger management, sex offender counseling, partial care, anti-gang, batterers/DV, and psychiatric.

Additionally, NJRC has, overall, offered 856 NJRC women program participants (21.2%) addiction treatment. 41 were enrolled in IOP/OP. 442 completed detox or inpatient programs. 538 women (62.9% of those receiving addiction treatment) were receiving Medication-Assisted Treatment (MAT) upon their arrival at NJRC, and NJRC has been able to refer 433 women to MAT.

Francine A. LeFrak Wellness Center



The Francine A. LeFrak Wellness Center allows both male and female clients to receive medical, behavioral health, dental, and nutritional support at no cost. Services for women include screenings for preventative health (e.g., hypertension, hyperlipidemia, diabetes, breast and cervical cancers), dental care, nutritional/dietary consultation, and mental health services.



WOMEN'S HEALTH HANDBOOK



**The Francine LeFrak
Wellness Center**

Governor's Reentry Training
and Employment Center
195 Campus Drive, Kearny NJ
For further information, contact
Emily Roemer, eroemer@njreentry.org

Through an innovative partnership with RWJBarnabas, Clara Maass Medical Center, NJRC provides on-site medical and behavioral health care screenings for NJRC program participants.

A substantial percentage, upwards of two-thirds of NJRC participants, while incarcerated, have not had access to medical diagnostic care. As such, illnesses long associated with incarceration, namely diabetes, hepatitis C, and HIV are frequently not diagnosed in a timely and responsible manner. While these illnesses can readily be treated with a proper pharmaceutical regimen, in the absence of diagnostic screening and evaluation uncovered symptoms may mask potentially serious debilitating illnesses. To help with this identification and treatment, Dr. Su Wang at Cooperman Barnabas Medical Center assists at Francine LeFrak Wellness Center with general medicine and hepatitis diagnosis and treatment.

A growing body of medical research has documented the lasting effects of correctional trauma. Potentially traumatic prison experiences may impact the mental health of program participants; to facilitate successful reentry, the Francine A. LeFrak Wellness Center provides for linkage to mental health screenings for those program participants both men and women, who may have been a victim of emotional, physical, and/or sexual abuse.

Significantly expanding linkage to substance abuse treatment; namely, detoxification, residential treatment, Intensive Outpatient Treatment, and induction of Medication-Assisted Treatment (MAT) provides clinically directed treatment as quickly as possible.

In addition to medical and behavioral care, the Wellness Center provides access to clinical dental care provided by Malo Smile USA, Drs. Shankar Iyer, and Preeti Iyer. Comprehensive dental screenings in accordance with the American Dental Association's guidelines minimize a wide variety of health risks, which are approximate to the conditions that many program participants have experienced in prison and in isolation.

Ensuring that program participants with underlying health conditions have access to appropriate treatment for those conditions in accordance with current medical guidelines is a prime directive of the Francine A. LeFrak Wellness Center. The high prevalence of medical and mental health illness as a proximate cause of abuse prior to and during incarceration necessitates access to integrated coordinated health care delivery systems. NJRC is committed to ensuring that persons who are eligible for Medicare or Medicaid complete referrals to provide for insurance.



Lastly, the Francine A. LeFrak Wellness Center is a cornerstone in facilitating successful reentry. Overcoming health care barriers within correctional settings and ensuring access, screening, and treatment of medical, behavioral, and dental illness at no cost to program participants helps to ensure improved health care, which insures to the benefit of the program participant.



ASSEMBLYWOMAN SADAF F. JAFFER

16TH LEGISLATIVE DISTRICT

HUNTERDON • MERCER • MIDDLESEX • SOMERSET COUNTIES

Dear Friends,

It is with great honor and respect that I join you in paying tribute to the remarkable legacy of our late Lieutenant Governor, Sheila Oliver. As we reflect on her achievements, we acknowledge her role as both a strong and decisive leader and a compassionate and dedicated advocate for improving the lives of those around her.

Throughout her tenured career, Lt. Governor Oliver fought tirelessly for fair and affordable housing, community revitalization, homelessness prevention, and accessible local government services. She knew that by improving these critical services, it could drastically improve entire communities and the residents' lives within them.

As Commissioner of the Department of Community Affairs, Lt. Governor Oliver also recognized how lack of access to comprehensive social services intersected with community drug use and incarceration. She saw the throughlines to effective policy and the need to tackle recidivism by addressing the heart of the matter – access to education and resources.

In 2021, as Acting Governor, Sheila Oliver signed legislation (S2924/A4663) creating a two-year “Restorative and Transformative Justice for Youths and Communities” pilot program in the Juvenile Justice Commission at the Office of the Attorney General. This groundbreaking program aimed to divert young individuals from entering and re-entering the juvenile justice system through community-based enhanced reentry wraparound services and restorative justice hubs.

Let us remember Sheila Oliver as a trailblazer and a leader whose absence we feel deeply. Let her legacy, and this report, serve as a constant reminder that we, too, can demonstrate the same qualities of perseverance, grit, and unwavering commitment to human dignity.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sadaf F. Jaffer'.

ASSEMBLYWOMAN SADAF F. JAFFER

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(609) 423-2564
AswJaffer@njleg.org





LEFRAK MICRO GRANT FOR WOMEN

**THANKS TO THE GENEROSITY OF THE
FRANCINE A. LEFRAK FOUNDATION.
NJRC WILL OFFER MICRO GRANTS
FOR WOMEN THROUGH APPROVED
GRANTS APPLICATION.**

**FOR MORE INFORMATION
SHARON MCGREEVEY
SMCGREEVEY@NJREENTRY.ORG**



Same Sky Foundation Emergency Micro-Grant Fund for Women


The Same Sky Foundation Fund, a division of the Francine A. LeFrak Foundation, has generously donated \$100,000 to establish the Same Sky Emergency Micro-Grant Fund for Women at the New Jersey Reentry Corporation (NJRC).

The financial support from the Same Sky Foundation Fund will provide emergency resources for women as they begin the process of reentry through their involvement with New Jersey Reentry Corporation's programs and services. The purpose of these emergency funds is to ease the burden of reentry with access to money that will help cover the cost of temporary housing, basic necessities, and appropriate work clothing.

NJRC is most grateful to Francine A. LeFrak and the Same Sky Foundation Fund for providing critically-needed financial support to court-involved women as they re-enter society. The grants will enable NJRC women program participants to meet fundamental, urgent needs, thereby alleviating barriers to employment, training, and self-development.



Circle of Care




CIRCLE OF CARE WOMEN'S HEALTHCARE INITIATIVE

Essex/Hudson:
Every Thursday
beginning January 19, 2023,
with Dr. Ann Marie Sailsman

Monmouth/Ocean:
Every Monday
beginning January 23, 2023,
with Dr. Noelle Aikman



Bergen/Passaic:
Every Wednesday
beginning January 25, 2023,
with Dr. Dawn Norman

Middlesex:
Every Wednesday,
with Dr. Gloria Bachmann




AVAILABLE COUNTIES: BERGEN, ESSEX, MIDDLESEX, HUDSON, MONMOUTH, PASSAIC

Please join the welcoming Circle of Care. The Circle will provide a safe place and professional guidance to assist you. Our goal is to cultivate new relationships, supply support, and help set goals with group-based discussions and activities.



[Click here to join our meeting](#)

For more information please contact
LaceyAnn Francis 551.220.4472
or lfrancis@njreentry.org



In a small support group format, healthcare providers assist NJRC women program participants with primary care; specialty care (endocrinology, cardiology, pulmonary); sexual and reproductive health care; behavioral health care; trauma, substance use, depression, anxiety, and respiration care; and counseling regarding children and family relationships and intimate relationships.

Although recommended topics are used as a guide while planning, participants are regularly polled, and workshops are ultimately developed based on their current needs and interests. The goal of each workshop is to provide participants with information, equitable access to resources, and support. At these meetings, the nurse navigator also distributes feminine hygiene products to our women.

In partnership with clinicians and experts from Robert Wood Johnson Medical Center (RWJBH), YWCA, Rutgers University Hospital, and Jersey Shore Medical Center team members, such as Dr. Gloria Bachmann, Dr. Ann Marie Sailsman, Dr. Noelle Aikman, and Dr. Dawn Norman, NJRC's Nurse Navigator facilitates the Circle of Care. In 2022, 256²² women enrolled in the program.

New Jersey Reentry Corporation www.njreentry.org

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Women's Roundtable



"Save the Date" Women's Roundtable

**Please join Dr. Gloria Bachmann, NJRC Medical Director,
and women program participants to discuss needs
for women's correctional and reentry healthcare.**

**Monday, November 14th
The Governor's Reentry Training Center
195 Campus Drive, Kearny, New Jersey
10 am to 12 noon**

**Please confirm your attendance with
Fayimir Gedeon, fgedeon@njreentry.org or 551-256-9695**



In November of 2022, NJRC hosted a Women's Roundtable to discuss the challenges of women's correctional healthcare, linking to health services in the community, and ensuring that all women have access to needed medical, mental health, and addiction treatment.

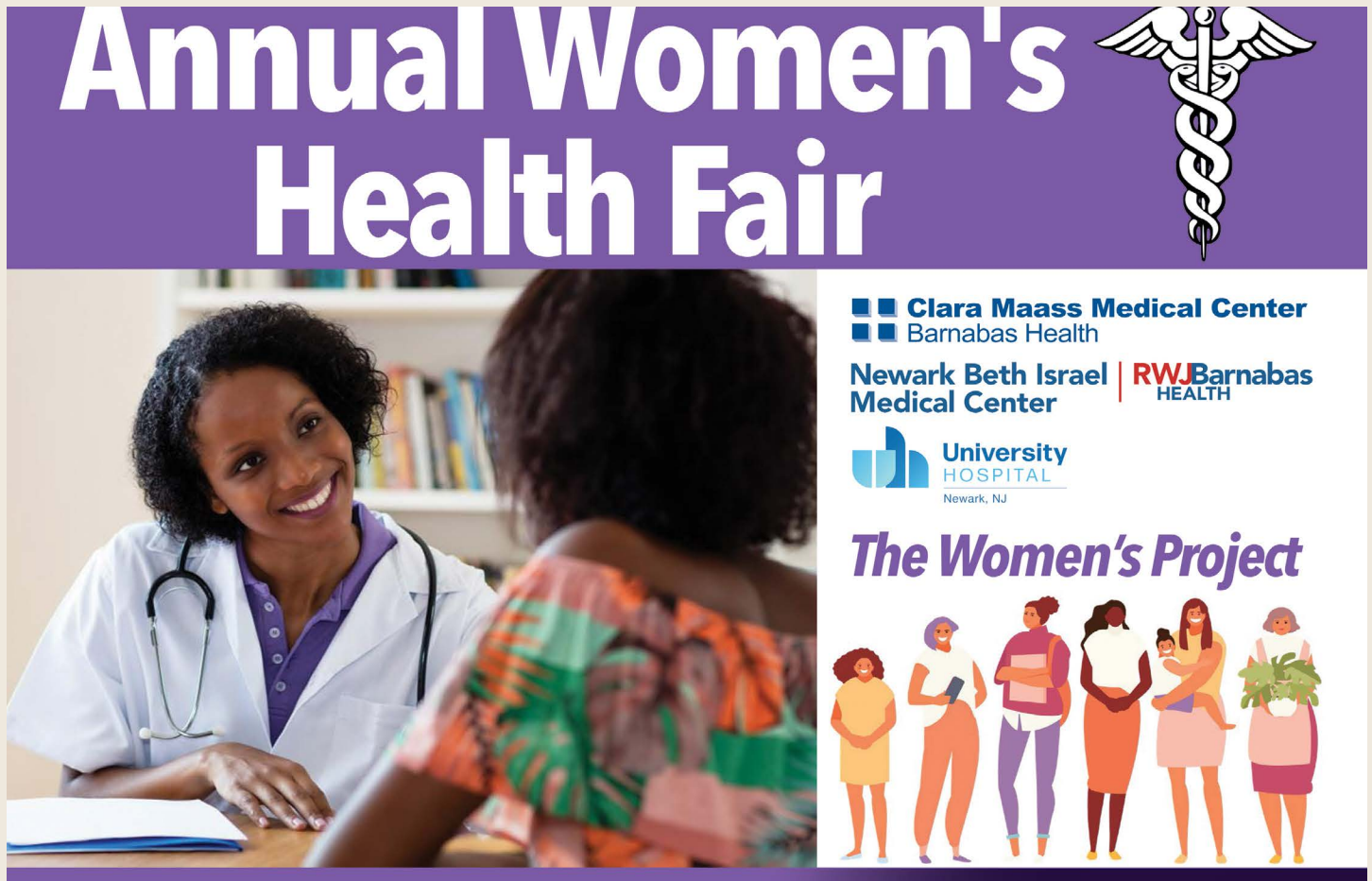
Service providers, leaders, and advocates joined together to brainstorm ways to improve healthcare services for court-involved women. Congresswoman Mikie Sherrill supported the "Justice for Incarcerated Moms Act," Dr. Bachmann, Robert Wood Johnson Medical School, presented the new NJRC Women's Health Handbook, and The Women's Project member Leah Dade described her journey from Edna Mahan Correctional Facility, to NJRC Ambassador, to philanthropist supporting phones for returning women.

Women's Health Fair

In June of 2022, the Health Navigation Project hosted a Women's Health Fair at NJRC's Newark Site at 936 Bergen Street. NJRC partnered with over 40 private, community-based, and Federally Qualified Health Centers/organizations to offer various health screenings, including audiology, ophthalmology, pelvic, cardiovascular screenings, STD testing, and so on.

Vendors included the New Jersey Department of Health, RWJBH - New Brunswick, Newark Beth Israel Medical Center, University Hospital Ambulatory Care Services, WellCare, Centering Pregnancy, Planned Parenthood of Metropolitan New Jersey, and Clara Maass Medical Center.

For uninsured participants, Amerigroup registered participants for insurance on-site and connected prospective clients to services that would potentially lower copays and premiums. Many booths offered mental health services, including The Mental Health Association of New Jersey.

The banner features a purple header with the text "Annual Women's Health Fair" in white. To the right of the text is a white caduceus symbol. Below the header is a photograph of a smiling female doctor in a white lab coat with a stethoscope, sitting at a desk and talking to a patient whose back is to the camera. To the right of the photo is a list of partner organizations: Clara Maass Medical Center, Barnabas Health, Newark Beth Israel Medical Center, RWJBarnabas Health, and University Hospital Newark, NJ. Below these logos is the text "The Women's Project" in a stylized font, followed by an illustration of six diverse women standing in a row, each holding a different object representing health and wellness.

The NJ Endovascular and Amputation Prevention Group, Rutgers Cancer Screening Center, and more provided information about preventative and specialty care services.

The fair gave visitors the tools necessary to plan a healthier future and included everything from finding doctors and diagnosing needs to scheduling transportation and payments. As the Health Fair and other Health Navigator programs demonstrate, we are committed to improving the health and wellness of all women upon their discharge from jail, prison, or addiction treatment.

Training and Employment



NJRC works to provide each program participant with the tools necessary to succeed when they return from “behind the wall.” At The Governor’s Reentry Training and Employment Center, participants are supported by professional teams that assess, prepare, and implement short and long-term career plans. NJRC’s goal is to train participants with industry-recognized credentials to demonstrate the necessary core competency to reenter the workforce.

All of our services are free to reentering individuals, from certification acquisition to job placement. Due to the efforts of NJRC, there is a 92 percent rate of employment for those trained at the Training Center.

A 2008 study of formerly incarcerated people found that the national unemployment rate was 27 percent, compared to approximately five percent for the general population.²³ Disparities were even more staggering for women, especially women of color. The unemployment rate was 23 percent among formerly incarcerated white women and 43 percent among formerly incarcerated Black women (compared to four and six percent respectively of their counterparts who had never been incarcerated).²⁴

Historically, court-involved women have had more limited access to vocational training programs—designed to prepare them to enter the workforce—than court-involved men do.²⁵ Although research indicates these disparities have decreased over time,²⁶ there is still a significant need for workforce training programs. Experts estimate that by 2027, 70 percent of jobs will necessitate a postsecondary degree or credential. Vocational training programs can help improve employment prospects, encourage prosocial peer groups and activities, and decrease the risk of recidivism.²⁷

NJRC works to earn women program participants employment credentials through a variety of training programs at The Governor's Reentry Training and Employment Center in Kearny, NJ. To make our participants competitive applicants for a variety of fields, NJRC conducts evaluations of participants to determine appropriate career tracks and necessary skill training for establishing a career. With private business partnerships and accredited training vendors, participants who complete a training course are able to undergo employer onboarding processes, obtain certifications, and manage federal bonding for continued employment.

The Training Center facilitates thirteen courses: forklift, construction, computer skills, Peer Recovery Specialist, welding, HVAC, electrical assistant, culinary arts, solar installation, solar sales, CISCO, and our newest courses—phlebotomy and EMR/EMT.

The phlebotomy course, offered in conjunction with Hudson County Community College and Labcorp, is a serious opportunity for women program participants, who learn how to draw blood, prepare blood for testing, and verify identities. Upon completing the course, participants are eligible for Phlebotomy Technician Certification by the National Healthcareer Association (NHA) and Basic Life Support Certification for Healthcare Providers by the American Heart Association (AHA).

Given that 93 percent of employers encourage or require certification for phlebotomy technicians, the phlebotomy training places NJRC's women program participants at a competitive advantage for employment as phlebotomy technicians.

In 2021, there were 135,500 phlebotomists nationwide, with a median pay of \$37,380 annually or \$17.97 hourly. Between 2021 and 2031, the industry is expected to expand by 10%, by 13,900 jobs, and we look forward to NJRC women program participants contributing to that growth and making meaningful contributions to the industry.

Women Program Participants Highlighted on Fox News



In March, three NJRC women program participants — Carly Gunset, Camille Hannah, and Kaiyah Thompson — were highlighted on Fox News. In their interviews with Dana Perino on *America's Newsroom*, Carly, Camille, and Kaiyah courageously shared their reentry journeys and the training and services they have received through NJRC, including the phlebotomy and peer recovery courses. The segment is available online [here](#).



We are most grateful to Carly, Camille, and Hannah for their vulnerability, to Fox and Dana Perino for allowing them to share their stories, and to all the advocates who support court-involved women throughout their reentry.

NJRC Espíritu Latino

NJRC Espíritu Latino (Latin Spirit) is a NJRC initiative to assist more Latinos and Latinas returning from the prison system with a range of social services in their own language that specializes in eliminating barriers to successful reintegration into society. Espíritu Latino provides transitional housing assistance, birth certificate retrieval, counseling with a licensed social worker, food and shelter assistance, general immigration assistance, ambassador facilitation, high school diploma/ GED assistance, green card assistance, medical screening, and taxpayer identification number (TIN) assignment. These services intend on making the transition from prison back into society more comfortable and successful for the Latino population.

Working with partners including Make the Road New Jersey, Reverend Bolivar Flores and Ministerio El Sol Sale Para Todos Internacional, and the New Jersey Coalition of Latino Pastors and Ministers, Espíritu Latino hosted the Beyond the Border: NJRC Immigration Conference in 2021 to discuss challenges that court-involved immigrants face. Discussions included topics such as green card renewal with a criminal record, family separation, deferred action for childhood arrivals, temporary protection status, and asylum and refuge. NJRC is particularly focused on keeping families together and keeping children out of DYFS, as to reduce cycles of trauma and incarceration for the next generation of immigrants and to maximize the best outcomes for Latino families. This action is especially significant for court-involved Latina women, as they are likely to have children depending on them for support.

IV. NEXT STEPS

Support, Advocate, and Push New Legislation for Survivors of Domestic Abuse



At least 30 percent of women serving time on murder or manslaughter charges were protecting themselves or a loved one from physical or sexual violence.³¹ Many of the factors that led them

towards their crimes are not considered in court, leaving many of these “battered women” with lengthy prison sentences that are disproportionate to the amount of time most men are sentenced to for the same crime. In this way, the justice system is failing female victims of domestic abuse. New policies and legislation should be crafted to make the necessary changes needed to support and advocate for these women.

Firstly, there needs to be a reduction in the frequency of dual-arrests. While the State of New Jersey and many other states in the U.S. are required to arrest only the perpetrator in the case of domestic violence, it is up to the discretion of the officer to determine who is the victim in the situation. When the officer cannot make this decision, they will arrest both parties.³² Oftentimes, the fear of being arrested discourages many victims from reaching out for help, which keeps these women in their abusive relationships. As domestic violence can also be in the form of emotional violence such as coercion or threats, it becomes even more difficult to assess these situations. To combat this, police officers must be comprehensively trained on the signs of domestic abuse, as well as the potential harm that dual-arrests can have on the victim.

Similarly, attorneys representing victims of domestic violence need to ensure that they inform their clients of their rights and how the court system works. Knowing that many of these court-involved women have struggled financially throughout their lives, it is unlikely that they have the money for accredited lawyers or have an in-depth understanding of the legal system. It is the job of lawyers to represent these individuals justly, and the responsibility of the judges to understand signs of domestic abuse and weigh the impact that can have on a victim’s decision making when determining the verdict of a criminal case.

This past spring, New Jersey advanced 11 bills with the intention of protecting domestic violence victims. The bills in the package include, but are not limited to: requiring the court to consider information concerning coercive control in domestic violence proceedings (Bill A1475), requiring OBGYN providers to perform domestic violence screenings (Bill A1943), and requiring court to consider certain domestic violence convictions when considering alimony award (Bill A2668).³³ These bills currently await further consideration in the senate after passing in the house. With legislation such as this, domestic abuse victims and survivors have a greater chance of being supported by the justice system and finding ways out of abusive situations. However, for women accused of a violent crime against their abuser, legislation may not be enough to keep these women out of prison. To address this complex crossroads, NJRC believes there are further steps to be taken in addition to these current legislative efforts.

Successful Community-Based Services in Action

Other states and countries around the world have taken similar action as NJRC and the State of New Jersey towards improving outcomes for court involved women. A recent model that has effectively changed the social and political landscape of the United Kingdom has been the establishment of The Women’s Centre of Northamptonshire in 2017. With efforts to reduce recidivism and provide holistic support that addresses not only the mental but also physical health, education, financial stability, relationships, employment and vocational training needs of women, the Centre has notably implemented a gender-sensitive approach towards providing consistent, empowering rehabilitation for participating offenders. A report done by the International Corrections and Prisons Association in 2020 even noted that the “program outcomes show that by comprehensively addressing their unique pathways to crime within a community setting, justice-involved women are more likely to engage with treatment and less likely to reoffend.” By implementing a similar service which

addresses the individual needs of court-involved women, NJRC believes we can productively and directly reduce recidivism by finding the root issue through using community approach in New Jersey.

Expansion of the Mutual Agreement Program (MAP): An Alternative to Incarceration

The State of New Jersey has attempted to combat harmful trends by creating programs that seek to address issues head on and assist individuals in non carceral settings. In 1984 The New Jersey Department of Corrections introduced The Mutual Agreement Program (MAP)-- a cooperative effort between the Department of Corrections, the Department of Health, and the State Parole Board designed to provide substance abusing inmates and parolees with the opportunity to receive structured, community-based substance abuse treatment that introduces intensive therapy for behavioral and psychological problems related to addiction. Treatment activities include group and individual counseling; cognitive behavioral intervention; encounter and peer group interaction; family counseling; life skills training; relapse prevention and drug testing, all with the purpose of behavior modification. A MAP program is a written contract with a prisoner which spells out exactly what the inmate must do to be approved and the precise date when parole will be granted if the inmate lives up to the document's terms. When a parolee nears completion of MAP treatment, an individualized discharge plan is developed. The discharge plan is a primary component of MAP that identifies and coordinates the needs and provisions of aftercare services to ensure continuity of treatment and required services when the parolee is released. In addition to residential treatment, MAP offers licensed treatment facilities to provide services for those who require outpatient and intensive substance abuse counseling. These facilities provide licensed treatment and community networking as a reinforcement of the individual's parole plan and may be utilized by respective district parole offices as alternatives to re-incarceration for appropriate technical parole violators.

To be eligible for a MAP, candidates must meet specific criteria set forth in N.J.A.C. 10A:20-4.4 and 4.5. These criteria include being classified full minimum by the Institutional Classification (I.C.C.), passing a psychological evaluation, having medical and dental clearance not more than 12 months old, demonstrating satisfactory correctional facility adjustment, and receiving approvals from various committees and authorities. Candidates who have been convicted of certain offenses (sexual offense or arson) and do not pose an undue risk to public safety may be eligible within specific time frames. Additionally, candidates with less than 24 months or more than one year but less than two years remaining to be served may be considered for participation in a residential community program based on eligibility assessments. Apart from meeting the general eligibility criteria, candidates must also have an A.S.I. evaluation score of five or above or meet other equivalent clinical screening results, demonstrate a need for intensive addiction treatment programming, and have sufficient time to complete the MAP before parole or release. Failure to participate in the MAP may result in disciplinary action and possible return to the correctional facility, with further review for custody status and placement. In conclusion, candidates need to fulfill the outlined eligibility criteria, including those in N.J.A.C. 10A:20-4.6, to be eligible for a MAP. Additionally, there may be a waiting list for eligible inmates.



NEW JERSEY SENATE

SHIRLEY K. TURNER

SENATOR, 15TH DISTRICT

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VICE CHAIR

EDUCATION COMMITTEE

MEMBER

STATE GOVERNMENT, WAGERING,

TOURISM & HISTORIC PRESERVATION COMMITTEE

SENATE ECONOMIC GROWTH COMMITTEE

COMMISSIONER

EDUCATION COMMISSION OF THE STATES

October 4, 2023

Dear New Jersey Reentry Corporation,

It gives me great pleasure to honor the life and legacy of Sheila Oliver, a woman who we remember with deep pride and affection for a life lived in tireless service and compassionate leadership.

Before she was elected to serve as our state's second Lieutenant Governor, and as Commissioner of the Department of Community Affairs, Lieutenant Governor Oliver labored on behalf of underserved and marginalized residents in her varied roles as a board of education member, college professor, county freeholder, and assemblywoman. Whether serving in government or the non-profit arena, Lieutenant Governor Oliver had a passion for righting societal inequities. Through her unrelenting advocacy she is responsible for launching programs, policies, legislation, and initiatives that supported distressed municipalities, underserved residents, marginalized communities, struggling businesses, and underpaid workers. Indeed, throughout her storied career, Lieutenant Governor Oliver has created countless pathways of success for generations of New Jerseyans, and we owe her a debt of gratitude that can never be repaid.

So great was Lieutenant Governor Oliver's commitment to others that she earned a reputation for being a consummate professional, a formidable advocate, and a beloved pillar of her home community in Newark. The life of Sheila Oliver tells the story of a woman committed to truth, a woman filled with passion, and a woman who demonstrated that good leadership has the power to impact the prosperity, trajectory and growth of our communities and its members. I am honored to join the New Jersey Reentry Corporation as it dedicates the Women's Project Report in celebration of the life and memory of one of our state's greatest advocates. May the report produce and fuel the same fervor and passion in us that filled Lieutenant Governor Shelia Oliver.

Sincerely,

Shirley K. Turner

Senator – 15th District



IV. Five Evidence-Based Recommendations

While the MAP is a step in the right direction, there are ways that the program could be modified and improved to best serve court-involved women and broaden the scope away from just individuals with past substance abuse. The New Jersey Reentry Corporation— as an organization invested in the rehabilitation and reentry of court-involved women— proposes the following recommendations to optimize outcomes of an expanded MAP as an alternative to incarceration for women in New Jersey:

1. A Gender-responsive approach: A Focus on Mental Health, Substance Abuse, and Trauma

Research suggests that, compared to men, women are more likely to respond positively to treatment programming and, therefore, experience lower recidivism rates than men.³⁴ The most significant contributor to this pattern is the implementation of gender-responsive programming.³⁵ Gender-responsive programming is curated specifically for addressing issues that pertain to court involved women with strategies that encourage cooperative participation and success. This includes wraparound services such as treatment for substance abuse, trauma, parenting and life skills training, female mental and physical health services, and self-reflection courses. In 2020, the United Nations published the “Toolkit on Gender Responsive Non-Custodial Measures”, which provides support and guidance to ensure court-involved women are sent to prison only as a last resort. The report includes ways to implement a gender-responsive approach in every aspect of the criminal justice system, including the pretrial stage, the trial and sentencing stage, and the post-sentencing stage. It emphasizes the importance of diverting women to community-based services instead of making arrests, and ensuring gender equality in the use and application of non-custodial measures.³⁶ Currently, the MAP is not targeted specifically for women, and this transition in programming would allow court-involved women to get the most out of the resources given to them.

One gender-responsive and evidence-based model for co-occurring disorders, “Seeking Safety”, has been statically proven to show significant improvements in reducing depression scores, anxiety, PTSD, substance dependence, and overall boosting self-efficacy.^{37 38} In this twelve week intervention program, participants receive training on developing coping skills, facing trauma, acknowledging triggers, reducing self-destructive tendencies, and restoring positive beliefs about themselves. Using cognitive behavior therapy as the backbone of their programming, Seeking Safety trains staff in how to analyze thoughts, feelings, and behaviors that are most common in female participants and help these women craft an individualized plan that will tailor to their specific needs. After completing the

program, women can remain in a maintenance phase where they can continue to use the resources provided to them. The Federal Bureau of Prison has recently begun implementing this program in their intensive treatment program “Resolve”, which focuses on providing trauma treatment that best suits the needs of women. NJRC recommends that this programming be implemented within the MAP to combine this best practice for care within the most supportive environment.

2. Choose Trauma-Informed Models of Care

Trauma Informed care seeks to understand the impact of traumatic experiences and use that understanding to inform best practices for helping individuals reach recovery. Gender-responsive treatment must address the distinction in women’s learning styles, motivation, abilities, and strengths. Specifically for court-involved women who have a high probability of past trauma, programs of recovery using trauma informed models can help them heal and provide a clear and sustainable path towards reentry.



For women who do not have significant coexisting disorders or mental health conditions, a model that solely addresses trauma recovery is recommended. Created in 2011 and revised in 2016, Stephanie Covington & Eileen M. Russo’s *Healing Trauma* model is a short, six-session program designed to equip women with the essentials of trauma recovery.⁴⁰ The sessions are two hours and include the topics of an introduction to the subject of trauma, power and abuse, processing trauma and self care, Adverse Childhood Experiences and anger, and finally love and endings. The York Correctional facility in Connecticut, the Central California Women’s Facility and many more institutions have adopted this model for years and were impressed with the results. Findings from over 1,000 Healing Trauma participants display improvement in 90% of psychological, anger, and aggression measures. With the use of manualized curricula through a facilitator guide and patient workbook, reliable, by-the-book treatment is ensured.⁴¹

The New Jersey Department of Corrections conducted work on Edna Mahan correctional facility, the only prison in the state exclusively for women.⁴² Staff is required to undergo a minimum of 20 hours of trauma-informed training in topics such as *Employee as a Professional/Undue Familiarity*, *Ethics Training*, *the Prison Rape Elimination Act*, *Trauma-Informed Corrections*, and *Search of Persons*.

While these procedures facilitate a comfortable environment for trauma recovery in prison, Edna Mahan struggles to address holistic rehabilitation as well as the challenges that women recovering from trauma may face outside.

Many women may need a longer, more intensive trauma recovery plan than *Healing Trauma* if they suffer from coexisting major mental health problems and/or substance abuse issues. The Trauma Recovery and Empowerment Model (TREM) is an integrated model that takes a holistic approach to trauma-informed care. Developed and refined over a period of five years by 27 clinicians and more than 500 participants, the TREM aims to cultivate a comfortable group environment based on highly effective peer support techniques.⁴³ TREM focuses on self empowerment and skill-building, teaching women to understand the connection between traumatic experiences and mental health symptoms, substance use, and interpersonal problems. Skills that patients build include: building self-awareness, self-soothing, decision-making, problem solving, regulating overwhelming feelings and emotional modulation, and establishing safer, more reciprocal relationships.⁴⁴ A 2011 quasi-experimental study tested the effectiveness of the Trauma Recovery and Empowerment Model on 251 women who have experienced abuse and/or comorbid mental disorders. This study found that patients displayed significant improvements in perceived personal safety as well as reductions in alcohol and drug abuse severity, anxiety symptoms, and current stress. In this way, NJRC believes implementing TREM in a community based program would equip women with effective recovery skills and integrate traumatic experiences into personal narratives to help them overcome fear, guilt, and shame.⁴⁵



3. Implement Psychotherapy Peer Support Groups

According to the New York Women's Prison Associations's alternative to incarceration model, counseling and support groups can serve as a way to help women forge safe and empowering relationships with one another and foster positive psychological growth. Especially because women are known to deal with multiple co-occurring disorders, it is crucial that these women feel they are able to express their struggles and ambitions with their peers who are going through many of the same



things. For this reason, psychotherapy peer support groups offer a way to socially and emotionally support court-involved women. A psychotherapeutic approach involves dialogue between and one or multiple individuals and a licensed therapist. The goal of this therapy is to help an individual identify and change troubling thoughts, emotions, and behaviors by talking openly in a safe and supportive space.⁴⁶ It has been shown that when women enter female-only environments during their sessions, they are more likely to open up and embrace the positive messages being presented. It is essential that within these groups, there is an emphasis on self-care, recovery, emotional health, trauma triggers, and building healthy relationships, as these are individual steps these women can take towards bettering themselves and entering back into society. While the MAP already emphasizes the creation of an intensive therapeutic environment, peer support groups would be able to elevate impact and focus on a transition back into society in addition to psychosocial treatment.

4. Keep Families Together

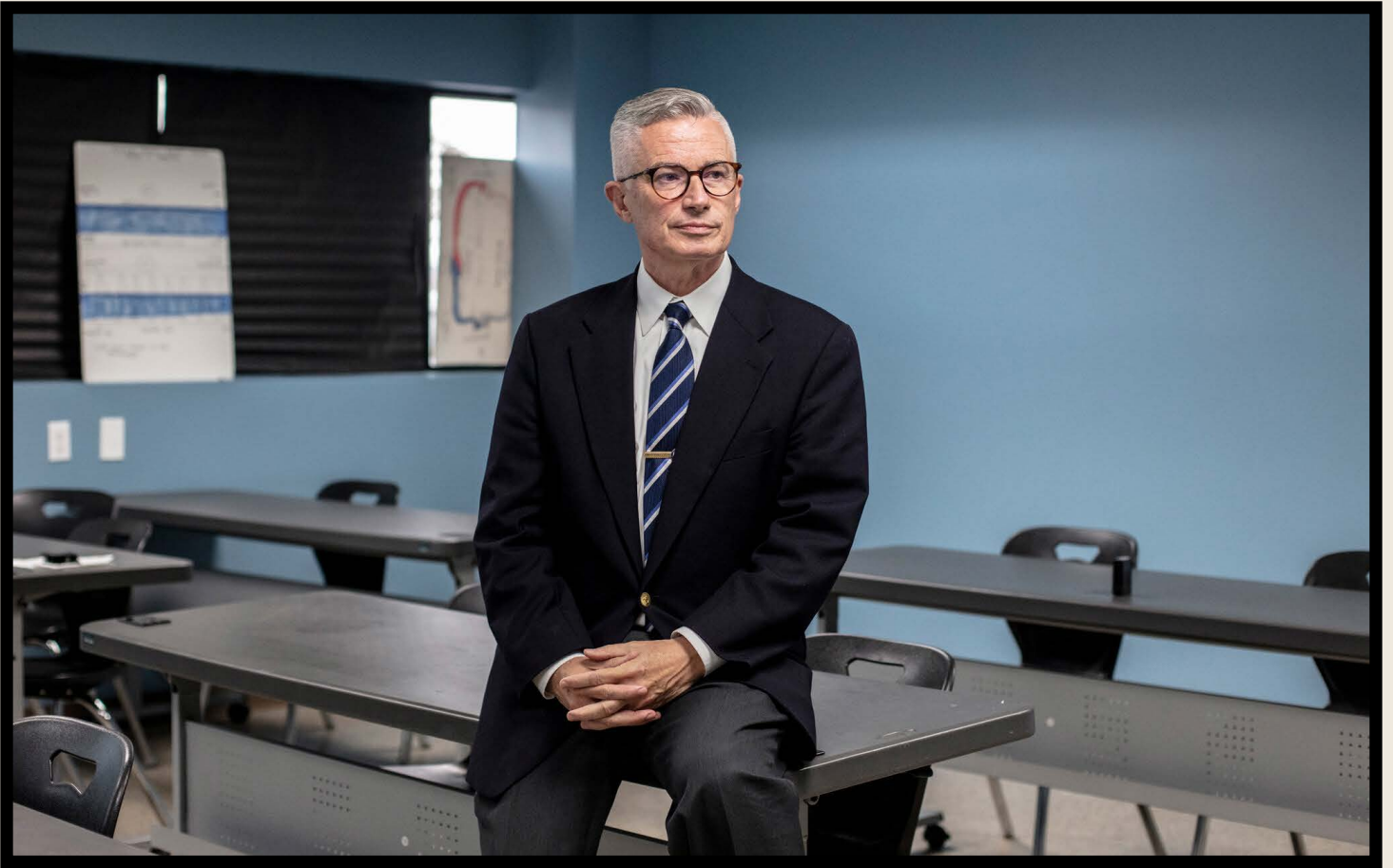
While considering the importance of community based sentencing, it is essential to consider the broader implications that need to be drawn from court-involved women. With regards to family life, it is statistically proven that parents and their children thrive when they are together, and when the environment is more stable.⁴⁷ There are also many statistics which assert the existence of intergenerational incarceration, which suggests that children with court-involved parents are more likely to develop criminal behaviors themselves.⁴⁸ Knowing this, it is essential to recognize the importance of facilitating a more stable relationship that will promote a healthier relationship between the child and the mother, all while ensuring that the mother still receives necessary, appropriate consequences. By expanding the scope of the MAPs program and its community-based services to implement an approach where mothers can remain actively involved in their children's lives, the generational trauma that is consistent with court involved individuals can further be combatted, and not only with the court-involved women, but also their children. This ultimately can foster healthier relationships and further reentry efforts to reduce active recidivism as well as intergenerational incarceration. Additionally, ensuring that barriers which prevent family contact during incarceration are limited correlates with many benefits relating to the behavior of inmates during their incarceration and the reentry period.

Carry Out Reentry Programming From the Beginning and Employ Aftercare Services

As a reentry services provider, NJRC focuses a majority of our efforts on employment and vocational training. Offering thirteen training courses and specialized employment services, we believe that the path to reduce recidivism can be reached through short and long term employment opportunities. For women, this training becomes even more important, as women are more likely than men to be jobless (53%) than to be employed in the month before their arrest.⁴⁹ Reputable sources including the United Nations, the National Institute of Justice, the International Corrections and Prisons Association, the Federal Bureau of Prisons, and the Vera Institute of Justice have contributed substantial publications in support of reentry services specially designed for women, and emphasize the significance these programs have in reducing recidivism of women all over the United States. That is why it is essential that the goal of a MAP from the beginning of an individual's involvement is successful and permanent re-entry back into society.

In order to achieve this, NJRC recommends there be an emphasis on aftercare and continued support after completion of the MAP. In practice, this would include employment check-ups, ability to prolong mental health or addiction services, extend housing assistance, offer resources for higher educational opportunities, child care or child support recommendations, and frequent evaluations of the program as a whole to determine any weaknesses or places of improvement.





CONCLUSION

It is imperative that we recognize the importance of advancing our justice system so that court-involved women do not go unheard. The Women's Project aims to address the systemic issues faced by women upon their release from county jails, state and federal prisons, as well as those having received addiction treatment. By serving as a linkage between the various stakeholders, ranging from legislators to those in the healthcare community, it is our mission to provide critically-needed services to these women. By taking a comprehensive and evidence-based approach to support court-involved women in New Jersey, NJRC aims to empower these women with the necessary tools to become contributing members to society and lead successful lives after their involvement with the criminal justice system. This project will continue to focus on efforts to create a brighter future for these women, emphasizing their successful reintegration into society, and advocating for the advancement of legislative changes for their benefit.



THANK YOU

We are indebted to the justice-involved women and advocates, without whom The Women's Project would not be possible.

We are grateful for the transparency and communication with Tom Eicher, Director, Office of Public Integrity and Accountability, New Jersey Attorney General's Office, throughout the investigation into Edna Mahan Correctional Facility for Women.

Thank you to Chair Linda Baraka for her hard work, follow through, and advocacy; thanks to Francine LeFrak for her continued commitment to women program participants and for making the Francine A. LeFrak Wellness Center possible; to Senator Sandra Cunningham, Leslie Franks McRae, Sharon McGreevey, Jada Fulmore, Pheobie Thomas, and the fellowship of NJRC Ambassadors, who organized the Public Health Emergency "toolkits," which contained underwear, socks, and feminine hygiene products for women being released from prison; to Senator Teresa Ruiz, Assemblywoman Eliana Pintor Marin, and all the other legislators who enact policy in service to justice-involved women; to NJDOC Commissioner Victoria Kuhn for her commitment to improving services for incarcerated women; to Alison Accettola and the rest of the VOADV team for their devoted partnership and their facilitation of the Human Trafficking Summit: *In Plain Sight, Uncovering the Why* conference; to the physicians and nurses who provide critically-needed healthcare services to women program participants; and to the wide swath of leaders who advocate for court-involved women every day.

We are most grateful for your advocacy, input, and ardent support as we look forward to improving services for women both "behind the wall" as well as upon reentering society.



NEW JERSEY LEGISLATURE

SHAMA A. HAIDER
ASSEMBLY MEMBER, 37TH DISTRICT
96 ENGLE STREET
ENGLEWOOD, NJ 07631

COMMITTEES
TRANSPORTATION AND INDEPENDENT AUTHORITIES
ENVIRONMENT AND SOLID WASTE

Greetings,

I am writing to express my deep appreciation for the outstanding contributions and lasting legacy of the late Lieutenant Governor of New Jersey, Sheila Oliver.

Throughout her tenure in public service, Sheila Oliver demonstrated unwavering dedication to the well-being of the people of New Jersey. Her leadership and tireless efforts significantly impacted our state, leaving a positive legacy for generations to come.

Sheila Oliver's multifaceted dedication to affordable housing, job creation, vocational training, and small businesses has not only bolstered our economy but also enriched the lives of many residents while fostering inclusivity in New Jersey. Her commendable work in education has greatly improved opportunities for all children, emphasizing the importance of a strong and equitable education system. Moreover, as a steadfast advocate for social justice, voting rights, and racial equity, Lieutenant Governor Oliver continues to inspire those striving for a fair and just society.

In addition to her numerous achievements, Sheila Oliver's legacy as a trailblazer for women and minorities in politics is an inspiration to us all. She has shattered glass ceilings and paved the way for future generations of leaders, proving that with determination and dedication, anything is possible.

As we reflect on the contributions and legacy of Lieutenant Governor Oliver, we are reminded of the positive impact she has had on the lives of countless New Jerseyans. Her leadership has left an indelible mark on our state, and her tireless dedication to public service lives on as a model for all those who aspire to make a difference in their communities.

In conclusion, I would like to express my heartfelt gratitude to Sheila Oliver for her outstanding contributions to New Jersey and for her enduring legacy of progress and inclusivity. Her work will continue to benefit our state for years to come.

Sincerely,

A handwritten signature in cursive script that reads "Shama Haider".

Assemblywoman Shama A. Haider

NJRC FURTHER READING AND PUBLICATIONS

I. Articles

The Commission has published papers in peer reviewed journals:

- Nair S, McGreevey J, Hutchinson-Colas J, Turock H, Chervenak F, Bachmann G and NJ Commission on Women's Reentry-Health Subcommittee. Pregnancy in incarcerated women: need for national legislation to standardize care. *Journal of Perinatal Medicine* <https://doi.org/10.1515/jpm-2021-0145>
This review examined prenatal care provided to incarcerated women to identify areas where improvement is needed, and examined current legislative gaps such that they can be addressed to ensure uniform templates of care be instituted at women's prisons.
- Schach E, Kothari J, Perkiss E, Hutchinson-Colas J, Turock H, McGreevey J, Bachmann G and the NJ Commission on Women's Reentry Health Committee. Symptomatic menopause: Additional challenges for incarcerated women. *Maturitas*. 8/2021 <https://doi.org/10.1016/j.maturitas.2021.05.009>

Menopause is an age-associated physiological transition in women, usually occurring between the ages of 40 and 58 years, with an average of 51 years. As the age of women residing in the prison system is increasing globally, it becomes increasingly important for older female inmates to be assessed for menopausal symptoms and offered effective, personalized management. Middle-aged and older women, regardless of their living situation, are at increased risk of experiencing vasomotor symptoms and developing pelvic floor problems, bladder dysfunction and osteoporosis. However, all of these menopausal sequelae are typically exacerbated by prison conditions and by a lack of health support. Therefore, it is critical to implement prison programs and to create gender-specific training to aid in the health care needs of aging female inmates. Addressing this growing population of incarcerated women and attending to their menopausal needs require advocacy and active monitoring of prison-specific templates of care to ensure quality care. One such initiative legislated to address the health care needs of incarcerated women was commenced in New Jersey, USA. This entity, the NJ Commission on Women's Reentry, is addressing the unique health care needs of women, including menopausal ones, while incarcerated and then upon reentry into their community.
- Hessami K, Hutchinson-Colas J, Chervenak F, Shamshirsaz A, Zargarzadeh N, Norooznezhad A, Grunebaum A, Bachmann G. Prenatal care disparity and pregnancy outcome among incarcerated pregnant individuals in the United States: A systematic review and meta-analysis. *J Perinatal Medicine*. <https://doi.org/10.1515/jpm-2022-0412>

This systematic review and meta-analysis assessed the risk of inadequate prenatal care and pregnancy outcome among incarcerated pregnant individuals in the United States. PubMed/MedLine, Embase, ClinicalTrials.gov and Web of Science were searched from inception up to March 30th, 2022. Studies were included if they reported the risk of inadequate prenatal care and/or pregnancy outcomes among incarcerated pregnant individuals in the United States jails or prisons. Adequacy of prenatal care was quantified

by Kessner index. The random-effects model was used to pool the mean differences or odds ratios (OR) and the corresponding 95% confidence intervals (CIs) using RevMan software. Nine studies were included in the final review. A total of 11,534 pregnant individuals, of whom 2,544 were incarcerated while pregnant, and 8,990 who were matched non-incarcerated pregnant individuals serving as control group, were utilized. Compared to non-incarcerated pregnancies, incarcerated pregnant individuals were at higher risk of inadequate prenatal care (OR 2.99 [95% CI: 1.60, 5.61], $p < 0.001$) and were more likely to have newborns with low birthweight (OR 1.66 [95% CI: 1.19, 2.32], $p = 0.003$). There was no significant difference between incarcerated and matched control pregnancies in the rates of preterm birth and stillbirth. The findings of the current systematic review and meta-analysis suggest that incarcerated pregnant individuals have an increased risk of inadequate prenatal care. Considering the limited number of current studies, further research is indicated to both assess whether the risk of inadequate prenatal care has negative impact on prenatal outcomes for this population and to determine the steps that can be taken to enhance prenatal care for all pregnant individuals incarcerated in the United States prisons.

- Hutchinson-Colas J, McGreevey J, Bachmann G. Structural Racism and the Impact on Incarcerated Midlife Women. *Women's Midlife Health*. 8(1):12 2022 DOI:10.1186/s40695-022-00081-y

High recidivism rates indicate that current forms of imprisonment may be an ineffective response to problems that mainly burden those ensconced in poverty and marginalization. Homelessness, unemployment, racial disparities, drug use, and mental illness, disappear from public view when the afflicted individuals are relegated to a life behind bars. Women are the fastest growing prison population and most incarcerated women are from Black and Latinx groups. Structural racism encompasses the many ways in which society fosters racial discrimination through mutually reinforcing unfair systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice. In turn, this behavior reinforces discriminatory beliefs, values, and distribution of resources. Structural racism pervades every aspect of society, including the carceral system, from policing to prosecutorial decisions, pretrial release processes, sentencing, correctional discipline, and even reentry. Women constitute a minority within the carceral system, and as a result, their unique health care needs, especially during the midlife period, are inadequately addressed and often overlooked. There is also a general lack of gender sensitivity and special considerations in existing jail and prison policies and practices. This commentary highlights the impact of structural racism on the arrests and incarceration of women, and discusses their special health and wellness needs, with emphasis on midlife women. It also illuminates the need to address structural racism and its ripple effects within the carceral system.

We are honored to be recognized in these publications and to hopefully contribute to substantive reforms for court-involved women.



II. The Journal of Women and Criminal Justice

The Women's Project also facilitates The Journal of Women and Criminal Justice, edited by Dr. Gloria Bachmann, Sofia Lesnewski, and Heather Turock. The research, creative writing, and art — which came from all across the country — are a powerful testament to the need to improve policies and services for currently and formerly incarcerated women.

The Journal was recognized by criminal justice advocacy organizations across the country, including PEN America. The [first](#), [second](#), and [third](#) editions are available online via the hyperlinks.

III. Contemporary Peacemakers: Waves of Change Exhibition

It was a great honor for *The Journal of Women and Criminal Justice* to be recognized in the *Contemporary Peacemakers: Waves of Change* Exhibition at the Benjamin J. Dineen, III and Dennis C. Hull Gallery at Hudson County Community College.

The exhibition featured creative writing from NJRC program participants Jasmine Brown and Crystal Rella as well as creative writing and visual art from The Journal contributors and court-involved women Karen Thomas and Erica Olivencia. In addition, Jasmine and Karen spoke about their work and their involvement in the criminal justice system at an artist talk on March 30th.



NEW JERSEY GENERAL ASSEMBLY

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October 10, 2023

The Honorable James McGreevy

New Jersey Reentry Corporation

591 Summit Avenue, 6th Floor.

Jersey City, NJ 07306

COMMITTEES:

CHAIR:

COMMUNITY DEVELOPMENT & AFFAIRS

LABOR

LAW & PUBLIC SAFETY

Lieutenant Governor Sheila Y. Oliver dedicated her life to public service. Much of her life's journey included working for the betterment of marginalized communities, families, and individuals. Lt. Oliver held a special place in her heart for women and she'd listen to their personal stories and always encourage them to persevere. Lt. Oliver's inspiration in public service was the late Congresswoman Shirley Chisholm, who expressed "Service is the rent that you pay for room on this Earth.

Lieutenant Governor Oliver lived this truth by serving and representing communities and populations who needed it the most. More specifically, she was a champion for women and those who were marginalized by the criminal justice system. As well as a strong advocate for fair legal processes, equity in access to healthcare, and housing for incarcerated women returning home.

Lt. Oliver was a strategic advocate and she recognized that harmful policies existed and that they restricted housing options for returning individuals who had hopes to rebuild their lives once released from incarceration. These restrictions were outdated rules that limited housing options for one to successfully transition home. Lt. Oliver leveraged her authority as the Commissioner of the Department of Community Affairs to expand equity in access to housing for individuals to reset their lives.

Ultimately, reimagining successful reentry is reliant on research from partners such as New Jersey Reentry. This research shines a spotlight on the challenges of reducing recidivism and one of the primary factors reported was access to housing. By harnessing a deep level of compassion, Lieutenant Governor Oliver leveraged resources to design policy solutions that removed historic barriers that led to high levels of recidivism for persons on probation and parole.

Thus, these efforts alleviated some of the pressures experienced by formerly incarcerated individuals, and these pressures historically impacted their mental well-being and stability. These efforts also afforded individuals the opportunity to focus on other personal priorities such as family reunification, job searches, and medical appointments.

Believing in redemption and leveraging the power of humanity are all aspirational qualities Lieutenant Governor Oliver possessed. The expansion of housing options under her leadership removed a concrete ingrained barrier.

The State of New Jersey owes a debt of gratitude for the legacy and systemic policy changes created by the late Lieutenant Governor Oliver.

Truly yours,

Shavonda E. Sumter

Assemblywoman





Presentations

Under the leadership of Dr. Gloria Bachmann, the Commission on Reentry Services for Women has made several major presentations. The topics of the presentations are below.

Abstracts/invited talks presented at professional society meetings:

- Zang B, Cabinian A, Hutchinson-Colas J, Bachmann G, The NJ Commission on Women's Reentry. Incarcerated Menopausal Women: Need for Trauma-Informed Care. (oral presentation) North American Menopause Society annual meeting. 9/2021
- Alshowaikh K, Quick G, Hutchison-Colas J, Bachmann G, The NJ Reentry Commission. "Incarcerated Women: A Narrative Review Focused on the Need for Implementation of Nutrition and Wellness Services" (invited oral presentation). National Commission on Correctional Health Care annual meeting 11/2021
- Hutchinson Colas J, Bachmann G, The NJ Reentry Commission. Addressing the Needs of Menopausal Incarcerated Women (invited panel discussion). National Commission on Correctional Health Care annual meeting 11/2021
- Katz A, Hutchinson-Colas J, Bachmann G. The NJ Commission on Women's Reentry. Prenatal Care for Incarcerated Women: Need for Standardized Templates (invited oral presentation). National Commission on Correctional Health Care annual meeting 11/2021
- Bachmann, G, Lesnewski S, Hutchinson-Colas J, NJ Reentry Commission. Addressing the Needs of Justice-Involved Women: A Case Study of the New Jersey Commission on Reentry Services for Women (invited oral presentation). National Commission on Correctional Health Care annual meeting 11/2021
- AlShowaikh K, Hutchinson-Colas J, McGreevey J, Bachmann G. Incarcerated Women: Need

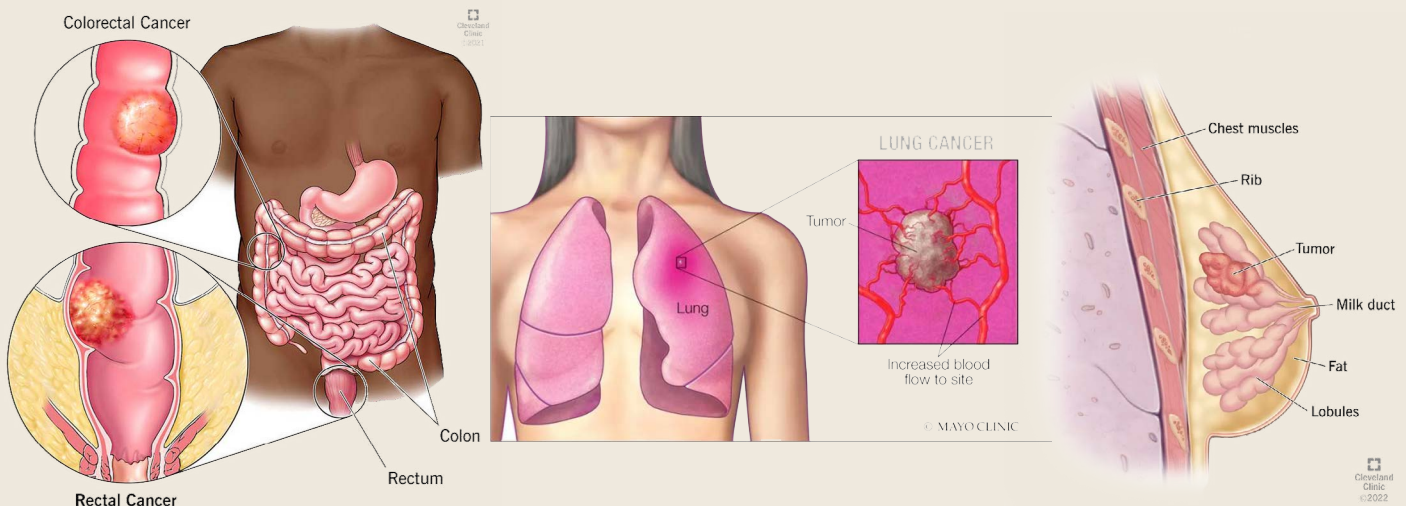
to Address Sexual Health. ISSWSH annual meeting. 3/2022

- Schach E, Bachmann G, NJ Reentry Commission. Sexual Abuse Screening at OBGYN Healthcare Facilities after re-entry. Rutgers Women's Health Institute. NJ OGS annual meeting. 5/2022
- Fang J, Hutchinson-Colas J, McGreevey JE, Bachmann G, NJ Reentry Commission. Hypertensive Disorders in Pregnant Incarcerated Women: A Review of the Current Literature. Rutgers Women's Health Institute.
- NJ OGS annual meeting. 5/2022
- Perkiss E, Schach E,, Al-Showaikh K, Hutchinson-Colas J, McGreevey J, Bachmann G, NJ Reentry Commission. Animated Educational Videos on Cancer Screening: Resource to Educate Post-Menopausal Incarcerated. Annual 2022 NAMS meeting 9/2022
- Sarich T, Karcnik D, Patel N, Wilson A, and the NJ Reentry Team (Bachmann G, Hutchinson-Colas, McGreevey J). Mental health profiles of dishonorably discharged women Annual 2022 NAMS meeting 9/2022
- Schach E, Katz, A. Hutchinson-Colas J, McGreevey J, Bachmann G, NJ Reentry Commission. Using Trauma Informed Care to Improve Women's Health Outcomes after Reentry. National Commission on Correctional Health Care annual meeting. (selected for plenary oral presentation) 10/2022
- Hessami K, Bachmann G et al. Prenatal Care Disparity and Pregnancy Outcome Among Incarcerated Pregnant Individuals in the United States. Society for Maternal Fetal Medicine. 2/2023
- Bachmann G. Care for Incarcerated Women (NJ Reentry Commission). Accepted for oral presentation at the Annual meeting of the American Medical Women's Association. 3/2023
- Donkor E, Budge K, Oladipo A, Bachmann G, NJ Reentry Commission. Women's Health Care After Incarceration: Need for Focused Coordination. National Medical Association annual meeting. July 2023)

We look forward to continuing to share the work of the Commission and to learning from leaders in the criminal justice and reentry sphere.

Videos

Rutgers Robert Wood Johnson Medical School Women's Health Institute interns Khadija Alshowaikh and Evan Perkiss produced Powtoon videos, which educate court-involved women on health care topics such as [COVID-19](#), [colon cancer](#), [lung cancer](#), and [breast cancer screening](#) in an engaging, accessible manner.



- ¹ Monazzam, Niki, and Kristen M. Budd. 2023. "Incarcerated Women and Girls – The Sentencing Project." The Sentencing Project. <https://www.sentencingproject.org/fact-sheet/incarcerated-women-and-girls/>.
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- ¹⁷ Mona Chalabi, "Are Women Punished More Harshly for Killing an Intimate Partner?," The Guardian (Guardian News and Media, January 12, 2019), <https://www.theguardian.com/news/datablog/2019/jan/12/intimate-partner-violence-gender-gap-cyntoia-brown>.
- ¹⁸ Melissa E. Dichter and Sue Osthoff, "Women's Experiences of Abuse as a Risk Factor for Incarceration: A Research Update," VAWnet.org, July 2015, <https://vawnet.org/material/womens-experiences-abuse-risk-factor-incarceration-research-update>.
- ¹⁹ <https://wp.wvu.edu/prison/mistreatment/sexual-victimization/>
- ²⁰ Health and Prisoner Reentry: How Physical, Mental, and Substance Abuse Conditions Shape the Process of Reintegration, p. 1.
- ²¹ Roth, Heather, and Johnathan Reda. 2023. "A National Veterans Crisis: A New Jersey Solution." New Jersey Reentry Corporation. https://www.njreentry.org/application/files/1016/4614/7919/OTH_Veteran_Legislative_Strategy_Report_2022.pdf.
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Thank you to our business partners, training vendors, Ambassadors, and many community partners for supporting the reentry community and individual efforts to secure “industry recognized” credentials and meaningful employment. We believe in a God of Second Chances. Thank you for your commitment and faith in our program participants.

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