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Gender-Responsive Probation During the COVID-19 Pandemic: Learning from Justice-Involved Women and Their Supervising Officers

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ABSTRACT

In the Spring of 2020, the COVID19 pandemic forced community corrections agencies to adapt their day-to-day processes for supervising individuals and maintaining public safety. These forced adaptations allowed the authors to explore how these changes (i.e., tele-supervision) impacted women and those who supervised them at a probation agency in a large metropolitan county in a Western U.S. state. To date, limited research surrounds how COVID-related adaptations impacted gender-responsive, or women-centered, community supervision caseloads. To address this gap in the literature, the current study utilizes a qualitative approach to explore the experiences of 17 community corrections staff and clients on gender-responsive probation supervision during the pandemic. Their narratives suggest both positive outcomes (e.g., accessibility, reducing tendencies to over-supervise) and challenges (e.g., accountability, lacking a relational component) with tele-supervision and tele-treatment models. It is critical to utilize the lived experiences of those directly impacted by COVID-related changes, including community corrections staff and clients, to help shape gender-responsive supervision moving forward.

KEYWORDS

Gender-responsivity; community supervision; probation; COVID-19 pandemic

Introduction

In March 2020, COVID-19 was declared a nationwide emergency, prompting numerous public health mandates to go into effect across the U.S., including, but not limited to, stay-at-home orders, quarantine measures, and mass closures of schools and businesses (Centers for Disease Control & Prevention [CDC], 2022a). During this time, there was a significant focus, rightfully so, on the treatment and protection of incarcerated individuals. Incarcerated individuals were at a very high risk of contracting and transmitting the COVID virus, given the challenges of social distancing in carceral settings (Hawks et al., 2020; Henry, 2020). Efforts were made to reduce incarcerated populations and prison admissions (see Prison Police Initiative, 2022); visitation practices were suspended, and numerous other policy changes were implemented to help limit transmissions (CDC, 2022b). However, jails and prisons were not the only correctional agencies forced to adapt to the pandemic.

With just over 4.3 million individuals on community supervision, community corrections agencies (i.e., probation and parole) comprise the largest population of individuals

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under the control of the U.S. criminal legal system (Oudekerk & Kaeble, 2021). Therefore, it is crucial to explore pandemic-related adaptations of community corrections agencies. When the COVID-19 pandemic began in the Spring of 2020, the authors were amid a multi-year randomized controlled trial with a community probation agency, supervising women in a large metropolitan county in a Western state of the U.S. The current study provides first-hand accounts of how women and their supervising officers viewed COVID-related adaptations to supervision.

To date, no known peer-reviewed studies have explicitly focused on justice-involved women's experiences on supervision during the pandemic in the United States (see Woolford, 2022 for a study in the United Kingdom.). This is concerning as women comprise approximately one-quarter of people on supervision (Horowitz & Utada, 2018; Kaeble, 2021), and gender-responsive community supervision tailors the principles of effective intervention in such a way as to recognize that gender is at the forefront of each of these principles (Messina & Esparza, 2022; Salisbury et al., 2016; Van Voorhis, 2012). As we continue to learn from the various COVID-related adaptations, researchers and practitioners must ensure that women's experiences are included. This study provides an investigation from the early COVID-19 era that explicitly focuses on women's experiences on probation and staff holding gender-responsive caseloads.

Community corrections: adapting to the COVID-19 pandemic

Community supervision agencies have been at the center of correctional reform efforts in the past few years, given mass decarceration efforts (Epperson & Pettus-Davis, 2017). However, Phelps (2013) highlights how these efforts resulted in numerous prison-bound cases being diverted to probation, which was seen as an alternative to prison. While community supervision is argued to be a more invisible and less punitive (McNeill, 2019) version compared to incarceration, research has documented the various negative impacts probation can have on someone's well-being, increasing their chances of ongoing- justice involvement (Phelps, 2020) and worsening mental health (LeMasters et al., 2023).

This shift created a net widening effect, increasing the number of individuals under the control of the state (Phelps, 2016, 2017). Phelps (2020) refers to this phenomenon as mass probation. Recognizing the immense impact probation and parole can have on the lives of millions, there has been political and financial support to integrate evidence-based correctional practices to improve supervision outcomes (for examples, see Belisle & Salisbury, 2022; Daly et al., 2021; Lovins et al., 2018; Taxman & Belenko, 2012). While research has shown strong support for evidence-based practices in community corrections, the implementation of reform is often slow, as agencies are subject to organizational and political processes/barriers (i.e., the "red tape," internal/external resistance, funding, etc.; see Phelps, 2016). However, beginning in the Spring of 2020, the COVID-19 pandemic forced agencies to adapt their practices rapidly to meet the changing public health mandates.

During the height of the pandemic, various adaptations to community supervision practices occurred nationwide (see T. H. Cohen & Starr, 2021; Debus-Sherrill et al., 2022; Martin & Zettler, 2022; Prison Police Initiative, 2022; Viglione et al., 2020) – some of which aligned with ongoing/previous reform efforts (Phelps, 2016). For example, the pandemic impacted how officers sanctioned individuals for technical violations (Viglione et al., 2020). Traditionally, custody stays and revocations have been used as sanctions for nonviolent

technical violations (e.g., curfew violation, missing appointments; see, National Conference of State Legislatures, 2021; Stevens-Martin et al., 2014; Stickels, 2007). Due to the pandemic-related public health mandates and the efforts to reduce jail/prison capacity for social distancing purposes, custody sanctions for nonviolent violations became limited (Powell et al., 2022). These changes created an opportunity for agencies to rethink how they respond to violations that do not pose an immediate public safety threat (Jackson et al., 2021; Powell et al., 2022; Viglione et al., 2020).

While some agencies had previously established contact standards based on clients' risk levels, the pandemic emphasized the importance of triaging caseloads (Powell et al., 2022; Schwalbe & Koetzle, 2021; Schwartzapfel, 2020; Viglione et al., 2020). This aligns with a key component of evidence-based correctional rehabilitation – the risk principle (Bonta & Andrews, 2017). The risk principle tells us "who" requires higher levels of supervision and treatment; the intensity of supervision and treatment should match a client's overall risk level (Bonta & Andrews, 2017). When levels of supervision and treatment do not match the risk level, it can cause harm and actually increase the individual's risk (Bonta & Andrews, 2017; Lowenkamp & Latessa, 2004). Recognizing the implications of not adhering to the risk principle, Viglione and Taxman (2018) highlighted the limited amount of research and guidance available to agencies concerning how to work with lower risk individuals on community supervision. This is also a common refrain from correctional staff with women-specific caseloads, as women are frequently designated by risk instruments derived from justice-involved men, as low risk to re-offend but are a high need population (Davidson & Chesney-Lind, 2009; Van Voorhis, 2012). Part of the solution may be found in tele-supervision approaches, as they allow for a less invasive and more "hands-off" supervision approach for those who do not require higher levels of supervision.

The pandemic increased the rate and utilization of technology to supervise large portions of their caseloads remotely. Tele-supervision is "Technology-aided interaction between agency/staff and clients under community supervision – explicitly where these interactions are not conducted face to face" (Tumperi, 2020). Agencies were also forced to suspend or significantly reduce in-person contact requirements (Debus-Sherrill et al., 2022; Jackson et al., 2021; Prison Police Initiative, 2022; Schwalbe & Koetzle, 2021; Schwartzapfel, 2020; Viglione & Nguyen, 2022; Viglione et al., 2020), resulting in increased use of tele-supervision. These adaptations were not easy; interviews with Community Corrections Chiefs highlighted the importance of fieldwork, labeling it as "essential" for supervision, especially for individuals considered high risk for recidivism (Powell et al., 2022).

Prior to the pandemic, studies found relative success with tele-supervision for lower risk clients (Ahlin et al., 2016; Barnes et al., 2012; Crosse et al., 2016; Ogeden & Horrocks, 2001). For example, reducing face-to-face contacts among low risk individuals on probation, alongside check-in calls between office visits, did not increase recidivism and led to lower absconding rates (Barnes et al., 2010, 2012). Similarly, Crosse et al. (2016) found that automated kiosk reporting for low risk individuals on community supervision was a safe and cost-effective alternative to traditional, face-to-face supervision. Overall, the available research suggests that reductions in reporting and tele-supervision for low risk individuals may be a viable alternative while not jeopardizing public safety (for a review, see, Garwood, 2020).

The rapid and large-scale incorporation of tele-treatment and tele-supervision for community corrections agencies has been noted as a "promising practice" that will likely

continue post-pandemic (Garcia et al., 2021; Jackson et al., 2021; Powell et al., 2022; Schwalbe & Koetzle, 2021). When reflecting on pandemic-related changes, community supervision officers in Texas reported that clients were more relaxed during tele-supervision "visits" and viewed this practice as a helpful tool for some clients to succeed (Martin & Zettler, 2022). However, the mass adoption of tele-supervision highlighted some challenges or concerns that should be addressed in future research. First, while tele-supervision and tele-treatment may be more efficient, there are concerns about the effectiveness of these models and whether clients are held to the same level of accountability compared to more traditional supervision/treatment models (Powell et al., 2022; Viglione & Nguyen, 2022). Another concern with tele-treatment and tele-supervision is the "digital divide"; a lack of equitable access to reliable technology and Internet access (Haynes et al., 2021; Jackson et al., 2021). Finally, there is limited research on how these practices impact women on community supervision; it is unknown how COVID-19 mitigation factors impacted gender-responsive probation practices in the U.S.

Gender-responsive probation

Bloom and Covington (2000) define gender-responsive as, " . . . creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of women's lives and addresses the issues of the participants" (p. 11). Gender-responsive probation incorporates traditional principles of effective intervention demonstrated to scientifically reduce recidivism (e.g., Risk, Need, and Responsivity principles; Bonta & Andrews, 2017), but tailor supervision practices to women to ensure that research from women's experiences is at the forefront of each of these principles. As argued elsewhere, gender is not relegated to being a specific responsivity factor that needs accommodation, but rather is taken into account as a reformulation of Risk, Need, and Responsivity (see, Messina & Esparza, 2022; Salisbury et al., 2016; Van Voorhis, 2012).

Gender-responsive probation recognizes that women generally pose far less risk for recidivism, have unique and gendered criminogenic needs and strengths, and distinct general and specific responsivity factors. Gender-responsive probation supervision requires several components that align with the principles of gender-responsive approaches[1]: (1) use of a risk/needs assessment instrument intentionally designed for women (e.g., the Women's Risk Needs Assessment or the Service Planning Instrument for Women); (2) supervisory staff who are trained in the core theoretical models that explain why women need a unique approach, and how to translate them into practice (e.g., relational cultural theory, feminist paradigms, trauma theory, and strengths-based approaches; Gobeil et al., 2016; Miller, 1986; Quinn & Grumbach, 2015; Van Wormer, 2001); (3) staff who understand women's distinct pathways to crime (e.g., Brennan & Jackson, 2022; DeHart & Lynch, 2021; Salisbury & Van Voorhis, 2009); (4) an intentionality among all staff in a probation office to create an environment of emotional and physical safety using trauma-informed care; and (5) a cadre of internal and community treatment service providers that utilize curricula specifically designed to reduce women's recidivism and improve their well-being (e.g., *Seeking Safety, Beyond Trauma*, etc.). Therefore, recognizing the unique nature of gender-responsive practices in community supervision, it is critical to understand the impact COVID-related changes had on gender-responsive supervision.

When reflecting on some of the changes that occurred within community corrections during the pandemic, Powell et al. (2022) echoed their participants' sentiments by stating, "the pandemic response served as a 'proof of concept' for reforms previously seen as too risky or politically untenable" (p. 12). The pandemic required agencies to adapt, opening the doors to learn from these forced adaptations and consider what practices might be worth keeping post-pandemic. However, little attention has been given to how these adaptations impacted gender-responsive caseloads, including the women on supervision and the staff supervising them. Known to the authors, one study conducted in the U.K. specially focused on women on probation during COVID-19 (Woolford, 2022). The study emphasized the importance of therapeutic relationships between women and their probation officers during the pandemic, a core element of the general responsivity principle (Bonta & Andrews, 2017). Women also discussed some pros (i.e., the ease and accessibility) and cons (i.e., missing personal interactions, slowed progress in programming) associated with tele-supervision and treatment during the pandemic (Woolford, 2022). While some research is beginning to emerge, the overall lack of attention to women's experiences is highly problematic, as research has shown that gender matters concerning justice involvement and the most effective practices when working with women (i.e., gender-responsive correctional strategies; Bloom et al., 2003; Gobeil et al., 2016; Messina & Calhoun, 2021; Messina & Esparza, 2022). To address this gap in the literature, the current study utilized a qualitative approach to explore the experiences of community corrections staff and clients on gender-responsive probation supervision during the pandemic.

Current study

The current study is a sub-set of data from a multi-year Bureau of Justice Assistance grant-funded evaluation. The evaluation was conducted in partnership with a community supervision office specifically working with women and families. This office is part of a larger community supervision agency, located in a large metropolitan county in a Western state. About two years into the study, COVID-19 was declared a statewide emergency in March 2020 and various mandates were promptly implemented (e.g., closure of schools, limited public gathering capacity, stay-at-home orders, etc.). We worked closely with the agency to document the operational changes associated with the pandemic.

During this time, the probation office was closed, staff worked from home, and they had no face-to-face contact with clients unless there was an immediate threat to public safety. This is a notable change given that many everyday interactions between staff and clients (e.g., home visits, drug tests, transportation services, in-field support) were unavailable. The office was re-opened to the public in September 2021, with precautionary measures in place. Other criminal justice agencies in the county were also forced to make numerous COVID-related adaptations. For example, non-essential court hearings were postponed while essential hearings were conducted remotely. Law enforcement was also instructed to use discretion regarding arrests, given the strain COVID-19 placed on the local jails. Additionally, COVID restrictions significantly impacted numerous community resources that women on supervision at that office frequently utilized. For example, many public transportation options reduced services and route availability, schools/childcare facilities were closed, and many community treatment service providers were temporarily closed until they could provide treatment virtually. A major issue

was the limited access to emergency shelters for women; domestic violence shelters were not accepting new intakes for some time, meaning that women could not access the shelter or services regardless of their situation unless they had already been at the shelter before the COVID mandates. Additionally, the COVID restrictions hit the county's unemployment rates particularly hard. In June 2020, the county's unemployment rate was above the national average (11.2%) and had the highest unemployment rate in the surrounding Metro area.

Given the limited research that has focused on the implications of COVID specifically for gender-responsive caseloads, the current study aimed to gain first-hand accounts of how women and their supervising officers viewed COVID-related adaptations. To do so, semi-structured interviews were conducted with a handful of staff (n = 9) and clients (n = 8). Given the exploratory nature of the current study, these interviews were guided by two broad research questions: (1) What were participants' experiences, attitudes, and perceptions of tele-treatment and (2) tele-supervision?

Methods

Client sample

Out of the 93 women from the larger randomized-controlled-trail (RCT) study sample (see Salisbury et al., 2023 for more details), a sub-sample of eight clients engaged in semi-structured interviews with the research team. Women in the study had to be on probation supervision by the office and either (1) previously released from jail (serving a felony sentence of fewer than 12 months) to local control supervision, (2) at risk of probation being revoked, or (3) identified as chronic absconders. Additionally, women had to be at least 18 years old and score medium or high risk on the Women's Risk Needs Assessment (WRNA; Utah Criminal Justice Center [UCJC], 2022; Van Voorhis et al., 2010) within the past year at the time of the enrollment. Enrollment for began in October 2018 and continued through December 2020; most participants were enrolled before the pandemic when supervision was operating as usual.

Because all client participants remained anonymous to the research team (e.g., all data was de-identified before the research team received it), staff was responsible for scheduling client interviews in the Summer of 2021. The client sample selection was purposive; staff was asked to schedule interviews 12–15 interviews with (1) women in the control or treatment group and (2) women who represented diverse experiences while on probation during COVID, including women who were either struggling or doing well on supervision. In addition to the staff sending clients numerous reminders, the research team made every effort to increase the likelihood of these interviews being completed, including meeting women at a preferred location (e.g., their home, a public setting, the probation office) or via the phone/zoom. This decision was made based on whatever option women felt was safest for them and free from distractions. Additionally, women were given a gift card upon completion of the interview. Even with these efforts, many women did not show up or canceled last minute, which is relatively common, given the nature of this population and the various COVID-19 restrictions still in place. Eight client interviews were completed; all identified as women, six identified as White, one as Hispanic, and one as Native American. Finally, clients' names were blinded to the research team to increase women's sense of safety. Therefore, additional background information on clients was not collected.

Staff sample

In addition to client interviews, a total of nine staff members were interviewed. More specifically, the research team interviewed six Probation Officers (POs), two Community Health Specialists (CHSs), and the office manager, all of whom were involved in the original RCT study. The POs and CHSs had active and direct roles in supervising and working alongside women selected in the larger study. Four POs identified as White women, and two identified as White men. Each had approximately four to five years of experience holding a gender-responsive caseload at the office. The two CHSs were women, one identifying as White and the other as Black. The CHSs ranged between one to two years of serving in the CHS role and working with justice-involved women as social support and to assist in addressing specific responsivity needs of the women (e.g., transportation, enrollment in Medicaid, etc.). The manager was a White woman with decades of experience working with justice-involved women and had been the office supervisor for six years.

Interviews

All interviews were conducted voluntarily, using semi-structured interview guides. The first and second authors conducted the interviews. Both are skilled interviewers, experts in gender-responsive corrections, and trained in trauma-informed interviewing (Substance Abuse and Mental Health Services Administration [SAMHSA], 2017). Interview guides were developed utilizing an appreciative inquiry methodology (Michael, 2005) and open-ended/probing questions to gain an in-depth understanding of participants' experiences, perceptions, and examples to contextualize their experiences (see, D. Cohen & Crabtree, 2006; McIntosh & Morse, 2015). The client interview guides asked five COVID-related questions. In comparison, staff guides had four to five COVID-specific questions depending on the staff's job title. However, COVID naturally came up in many participant responses, even if the question was not specifically about COVID. Interviews with staff were conducted via Zoom and lasted approximately 90 minutes, while client interviews ranged between 30 to 40 minutes.[2]

Analysis

Interviews were recorded with participants' consent, transcribed verbatim using a transcription service, and imported to ATLAS.ti for analysis. The analysis was conducted by a qualitative specialist working with the research team.[3] A thematic analysis framework, including inductive and deductive approaches, was utilized throughout the analytic process (Bryne, 2022). Thematic analysis is a widely used qualitative analytical methodology that offers a wide degree of flexibility applicable across disciples. This method allows researchers to make sense of data by identifying reoccurring themes (Braun & Clarke, 2006, 2017). The six-step process of thematic analysis consists of (1) data familiarization, (2) generation of codes, (3) identification of themes, (4) reviewing of themes, (5) naming themes, and (6) writing up findings (Braun & Clarke, 2006; Kinger & Varpio, 2020).

The coder followed these steps by first listening to the interview recordings and reading the transcripts multiple times. After familiarizing themselves with the data, they developed numerous codes (latent and semantic; see, Bryne, 2022) and made notes on preliminary observations. Codes are short and descriptive labels that inform the nature or interpretation of the data (Bryne, 2022). Further, a constant comparative approach was used to develop and rework categories as the data were systematically coded (Silverman, 2009). These

categories were collapsed further based on interrelated ideas or shared concepts termed themes. Themes provide an overarching narrative or a "patterned response or meaning" (Braun & Clarke, 2006, p. 82) to make sense of the data pertaining to the research questions. Themes related to the current study's research questions were reviewed by the coder and then brought to the research team for discussion and review. Then these themes were named (e.g., "*Accessibility & Engagement of Tele-Treatment*"), guiding the current write-up of the findings below.

Results

The current study sought to gain first-hand experiences from women on probation and their supervising officers of two COVID-related adaptations: tele-treatment and tele-supervision. Tele-treatment refers to programming or rehabilitation-oriented services (e.g., individual therapy, group programming, Alcoholics Anonymous, etc.) conducted in a virtual setting. In comparison, tele-supervision is the use of technology to aid in the supervision of individuals in the community (i.e., checking conditions of supervision).

Experiences with tele-treatment

A key component of evidence-based corrections is addressing criminogenic needs (e.g., crime-producing needs) through empirically supported programming and services (see, Bonta & Andrews, 2017). COVID-19 greatly impacted the programming offered by the agency and in the community. Most treatment providers in the county shut down in March 2020 and then transitioned to a tele-treatment model (e.g., via Zoom, Skype, Microsoft Teams). The switch to tele-treatment presented some positive and negative experiences reported by staff and clients, many of which are uniquely applicable to gender-responsive probation.

Accessibility and engagement

Accessibility was a common theme throughout conversations with participants. Overall, staff were content with women's engagement in tele-treatment, citing the ease and accessibility of joining groups as significant factors contributing to good engagement. Many clients appreciated the ease of attending tele-treatment without leaving their homes. For example, one client said, "*It [tele-treatment] is so much easier. My mom's disabled, and I have my two kids, so it's really hard to just leave them just to go do whatever you got to do.*" Tele-treatment helped remove many specific responsivity barriers such as transportation, childcare, and other responsibilities – ultimately increasing the accessibility of these services for women. While this can apply to men, it is important to note that women are disproportionally impacted by gendered barriers such as childcare and caregiving responsibilities (National Resource Center on Justice Involved Women [NRCJIW], 2016; Sevron et al., 2021). Therefore, improving accessibility is critical to gender-responsive probation as it helps address women's cumulative disadvantage when navigating supervision (see, Northcutt Bohmert & DeMaris, 2018).

Additionally, some women reported being more comfortable attending tele-treatment groups, especially in non-gender-specific groups (i.e., Alcoholics Anonymous). Clients explained that they felt more comfortable because they were not concerned about running

into someone they did not want to (e.g., antisocial peers, previous intimate partners). This ability to be genuinely "anonymous" added a layer of safety while still allowing them to participate. This is a crucial finding for gender-responsive approaches; creating a sense of safety for women is a key principle of gender-responsivity, given women's disproportionally high rates of trauma, abuse, and victimization (Bloom et al., 2003).

The digital divide. While accessibility was a positive component of tele-treatment, at the beginning of the pandemic, the digital divide meant accessing tele-treatment was a significant barrier for some women. Their ability to attend and participate in treatment required the necessary technology (e.g., a device and access to Wi-Fi/cellular data). Staff quickly realized this and worked to get them access. For example, a staff member stated,

> I think the internet sometimes played a part because of people's jobs and stuff were cut, they weren't able to provide internet. But we were able to get some of the clients cell phones that needed cell phones, so that was a success.

While the current agency had the resources to address this barrier, it is a consideration that should be accounted for in the future, particularly around tele-treatment and the digital divide (see, Haynes et al., 2021; Jackson et al., 2021). This is particularly important for gender-responsive caseloads, as women tend to be more economically disadvantaged than men (NRCJIW, 2016).

Missing face-to-face programming

For some clients, tele-treatment did not provide the same interactive experience, and they felt like they did not get as much out of it as in-person programming. One client explained tele-treatment as being "*less personal*" and, for her, not as impactful: "*I feel like it [tele-treatment] makes less of an impact because it's not like right there in your face. It's not hands-on*." This seemed to be particularly true for the gender-responsive curricula focused on trauma. Another client talked about how she felt like the online programming did not allow her the opportunity to address her trauma, " . . . *we didn't really get the teachers there. I felt like it was just very, it was very just an overlook* . . . ." This client talked about how she wanted to understand her trauma better and develop skills to cope with it; however, the online environment was not conducive for her. Because women tend to be more relational (Gilligan, 1982: NRCJIW, 2016), a core principle of gender-responsivity is that policies, practices, and approaches must be relational in nature (Bloom et al., 2003). This lack of in-person connection in tele-programming may help explain why some women felt less engaged in the tele-treatment programs, as they lacked that genuine connection with others. This is important to consider with regard to how tele-treatment operates within the realm of gender-responsive probation.

Lack of culturally/ethnically specific tele-treatment

There was also a concern surrounding the lack of culturally- or ethnically-specific tele-treatment for racial/ethnic minority women on supervision. While there was already a need for more culturally/ethnically specific services before the pandemic, these services were hit particularly hard during COVID-19. One client who identified as Native American explained how she benefited from culturally-specific services before the pandemic but could not access these services via tele-treatment. Further research is

needed to explore the options and accessibility of culturally/ethnically-specific tele-treatment options to provide the best possible support and services for racial/ethnic minority women on supervision. This is particularly important for gender-responsive probation, as culturally-sensitive treatment and services are crucial components of gender-responsive practices, recognizing the intersectional nature of gender and race/ethnicity (see, Bloom et al., 2003).

Importance of transitional support

The importance of reentry services, particularly during unprecedented times, was also highlighted. For example, one client was engaged in residential substance use treatment at the pandemic's start. Because she was already living at the facility, she continued treatment even with quarantine measures. However, upon completing the program, she left the facility, and the world as she knew it pre-pandemic was gone. She struggled to adjust and access follow-up services. The client explained how being released during a massive community lockdown without established community support systems impacted her,

> I graduated in April, but that was during the COVID lockdown. We didn't go out into the community, I didn't have any support, only over Zoom meetings. I didn't have my own little support community built up when I got out and I just felt very lost and thrown out there, and being a first-time mom, and a single parent at that. I just didn't . . . I relapsed.

This client's story helps emphasize how crucial the transition from residential treatment back to the community is and the importance of establishing community support systems. Before the lockdown, her PO would have had the ability to meet with her to develop a transition plan, as well as arrange transportation and in-person recovery programming to support her. However, COVID limited these options, and tele-treatment fell short of fully supporting her transition from inpatient treatment back to the community.

The CHSs also voiced similar concerns surrounding the limited transitional support they could provide to clients – particularly CHS's ability to transport clients. Pre-pandemic, a key part of the CHSs role was providing transportation-related services, including, but not limited to, picking women up after being released from jail, providing transportation to treatment, moving clients to safe housing, and transportation to the POs office. Due to COVID restrictions, this was no longer feasible. Staff voiced frustration with this, as they saw this support as extremely valuable in providing women those transitional services.

Experiences with tele-supervision

The public health measures to reduce the spread of the Coronavirus drastically altered how supervision officers and staff supervised women on their caseloads; they were forced to adapt to a tele-supervision model. For this specific office, this meant no in-person interactions unless there was a crisis/public safety emergency where clients posed an immediate threat to themselves or others. Similar to the findings of tele-treatment, the adaptation to tele-supervision had some benefits and challenges that directly affect gender-responsive supervision.

Working from home

While not unique to gender-responsive caseloads, the transition to tele-supervision and working from home looked different across the staff. Some thrived in the home environment and many reported benefits to working from home. For example, one staff member said,

> . . . a lot of times I'll get off the phone with somebody or I did a long report and it's like, step away from the computer or go look at your living room, look at outside, pet your dog. And that just really satisfies the soul so much, that that's not going to happen at work no matter what you do. So there's a lot of benefits from working from home.

While some staff adjusted well to this new working environment, others had a more challenging time. One challenge was the lack of separation between work and home life. A PO mentioned they did not feel comfortable with their clients seeing their home on video calls. Additionally, a few staff talked about missing their coworkers and office camaraderie. A staff member explained, "*The vast majority of us in the office are tight with each other, and that's [sic] a lot of teamwork and collaboration.*" Given how much the staff valued the work environment, it is understandable why some staff had difficulty transitioning to remote work. Lastly, remote work also presented logistical challenges, like having access to files at the office.

Adapting to new technology/communication methods

The transition to remote work pushed staff to utilize new forms of technology. One officer summed up this experience by saying, "*Using technology was a pivot*." For some, these adaptations were seen as very challenging. One PO said,

> I feel like I'm pretty good with in-person interactions with clients and that kind of stuff, and that was a huge struggle because I don't really like talking on the phone, I don't like the computer thing. I'm getting used to it, obviously I've had to. But it was really uncomfortable and I didn't adapt very well. But now that it's in my brain that this is how it's done and this might be how it's done for a long time, you got to figure it out.

Additionally, staff mentioned how they started using Facetime to connect with their clients. Before the pandemic, Facetime was not a technology they utilized to communicate with clients. One PO talked about how they never used to text clients or give out their work cell number. They were initially concerned about giving clients this information; however, it did not result in being misused by clients. Expanding their work cell use might have increased clients' accessibility to their POs; one client said their PO was easier to get ahold of after switching to tele-supervision. Working from home forced staff to pivot and utilize technology they might not have used before. And while this transition was uncomfortable to some, it opened new avenues surrounding the use of communication-oriented technology on supervision.

Accessibility of tele-supervision

Many clients reported appreciation for the accessibility of tele-supervision, mainly due to not having to physically come into the office for a check-in visit. A client described this as a positive experience,

> I think that it [tele-supervision] contributed in a positive way because it is hard to get out here [supervision office] sometimes. It can be really hard. And even with having a car now, it's like, you're having gas money to come out here.

For many, a physical check-in requires finding transportation, childcare, and taking time off work; one client reported taking an hour bus ride to the office. The accessibility of tele-supervision is critical to consider within the realm of gender-responsive practices, given specific responsivity factors women are disproportionately impacted by (e.g., caregiving, childcare; Bloom et al., 2003; Northcutt Bohmert & DeMaris, 2018).

Missing face-to-face client and PO interactions

Both staff and clients reported that a significant limitation of tele-supervision was the lack of face-to-face interactions. Staff found that being unable to physically see clients and read body language was a major barrier to connecting with them. A client echoed these concerns; tele-supervision did not allow her PO to read her body language, and because of this, the client felt like the PO missed opportunities to address some of her needs. She further explained this by stating, "*. . . like if I was scared to say anything, she [PO] could read my body language, and she could read my face like, 'Hey. Nope, you're lying. Let's work on this,' and stuff. It was nice going in person sometimes . . .* " This strongly aligned with some of the PO's responses concerning the limited depth of the conversations they could have with clients via tele-supervision. Some POs felt it was difficult to have those hard conversations and address criminogenic needs as tele-supervision interactions seemed more focused on problem-solving (e.g., how to get food, clothing, a phone) and providing emotional support through the stress of the pandemic.

The lack of face-to-face interactions made it difficult for staff to build rapport with clients. A staff member emphasized the barriers of connecting with clients via tele-supervision,

> I don't know who they are. I'm looking at my mugshot to see who am I calling right now . . . What do I see in a mugshot? I see fines and drug use. I see tears, I see maybe bruises. That doesn't give them a fair [shot], it's just all about first impressions.

Not only did this lack of in-person contact impact the ability to build that relationship, one PO felt unsuccessful at their job as a PO because they were unable to build those relationships:

> There's a whole handful of clients that are new that are going to be off supervision soon. I had them for a year, never even met them and we barely had any communication except for 'Hi, how are you? Good. Ok. You're working? Okay, great.' And that's the connection. They weren't in violation, they didn't get in any trouble that I'm aware of . . . And so, I guess if you look at recidivism, that's success. For numbers, it's a success, but I'm not sure for . . . as a PO and building that relationship is a success.

These findings are essential when considering the implications of tele-supervision for women, given the emphasis gender-responsive practices place on being relational and establishing positive and caring relationships between POs and clients (Bloom et al., 2003; see also, Cornacchione et al., 2016).

Client accountability

When asked about accountability, some clients reported that they were not held accountable for their behavior without face-to-face meetings; because their POs could not see them and read their body language, their POs did not understand how they were doing and what was really going on. One client felt like in-person meetings were essential for her because,

without them, she was not entirely being held accountable. She explained that in traditional face-to-face supervision, her PO " . . . *might've held me a lot more accountable, and been on my arse more* . . . " When asked a little bit more about the challenges of holding clients accountable via tele-supervision, this same client explained why she thought this might be,

> I feel that [face to face contact] is really important, because of holding people accountable . . . without doing that stuff in person, you can't really gauge how a person is actually doing, because through a screen, somebody could just manipulate or whatever their way through anything, tell you what they want to hear. You can't exactly see mannerisms and all these other things.

While a few clients brought up the lack of accountability, some felt they were still being held accountable even with tele-supervision. One client even talked about how tele-supervision provided her with both less and more accountability, "*Yes, I am being held more accountable because I'm being given more freedom, but I am being held less accountable because I am being given more [freedom]* . . . ." Overall, this idea of accountability on tele-supervision was a common theme both clients and staff discussed in the interviews and further discussed within the context of gender-responsive probation in the discussion section.

Addressing concerns with over-supervision

In response to COVID-19, we saw many changes in contact standards, and specific supervision conditions were reduced or not enforced (e.g., restitution payments, drug tests, employment requirements, etc.). Participants mentioned that this reduction in contact standards and in-person contacts benefited some clients' success on probation and general well-being. One client noted, "*I feel like things weren't so nitpicky*," referring to the change in the overall feel of tele-supervision. Another described the change as a good experience to grow and learn to navigate more freedom and the responsibility that comes with it. A few POs recognized that some of their clients did better with the more "hands-off" approach of tele-supervision. These findings suggest that tele-supervision *may* be an effective way to provide supervision for some women and possibly reduce the tendency to over-supervise some clients, especially given that women already pose less of a safety risk to society (NRCJIW, 2016). While much more research is needed, the pandemic and forced adaptation to tele-supervision suggest that tele-supervision may be beneficial for some women, even women identified as medium or high risk on the WRNA at the outset of the study.

Discussion

The first-hand experiences of supervision staff and women on probation provide important insights surrounding the various COVID-related adaptations within gender-responsive community corrections. Aligning with previous studies, our findings suggest that there seems to be a place for both tele-treatment and tele-supervision within community corrections (see, Barnes et al., 2010, 2012; Garwood, 2020; Martin & Zettler, 2022; Powell et al., 2022) and, more specifically, within gender-responsive supervision.

The current study's findings on tele-supervision potentially being a mechanism to reduce over-supervision reiterates the importance of investigating best supervision practices (e.g., modality such as face-to-face vs. remote; dosage levels, etc.), specifically for women at varying levels of risk. More broadly, it emphasizes the need to explore conceptualizations of

"risk" for women. This is of particular concern for agencies that have not adopted a gender-responsive risk/needs assessment and appropriate contact standards for women (see, Bloom et al., 2003; UCJC, 2022). Non-gender-responsive assessments (i.e., gender-neutral assessments) were developed primarily for justice-involved men, with little to no regard for women's gendered experiences, pathways, and gendered criminogenic needs (Bloom et al., 2003; Davidson & Chesney-Lind, 2009; Hannah-Moffat, 2009; Salisbury, 2019; Van Voorhis et al., 2010). Research has demonstrated that these "gender-neutral" tools are not truly neutral; high risk women are not nearly as likely to recidivate compared to high risk men, with similar effects for medium and low risk women (Hamilton, 2019; Skeem et al., 2016; see, also Belisle & Salisbury, 2021). In response to this, Hannah-Moffat (2016) argues, "The conceptual validity of constructs used to measure dynamic risk need to meaningfully advance and account for well-established empirical differences between and among men and women" (p. 40). Thus, there is a possibility that probation agencies are regularly violating the risk principle with women when failing to use a gender-responsive assessment tool – resulting in over-supervision. Over-supervision is counterproductive and potentially escalates risk propensity (see, Lowenkamp & Latessa, 2004).

Therefore, the findings of this study suggest that tele-supervision might be a tool to help reduce the tendency to over-supervise women and help agencies adhere to gender-responsive approaches. However, we must clarify a few points in relation to this conclusion. First, women in the study were considered either medium or high risk on the WRNA when initially enrolled, and a majority entered the study within the first year (October 2018 – September 2019). Second, throughout the study, all women received significant treatment interventions to address their criminogenic (e.g., substance use, unhealthy relationships, etc.) and non-criminogenic needs (e.g., transportation, childcare, food insecurity, etc.). Therefore, women's risk levels may have been reduced by the time the pandemic began when tele-supervision was established or by the time interviews were conducted. While this is speculative, the interviews suggest tele-supervision may have worked *better*, at least for some women – perhaps even some women classified as medium or high risk on the WRNA. While the findings seem to support this, more research is necessary to know whether tele-supervision is a more effective model for certain women and how it may mitigate over-supervision and violations of the risk principle as described above.

The accessibility of both tele-treatment and tele-supervision is a significant consideration within the realm of gender-responsive supervision (Woolford, 2022; see, also Martin & Zettler, 2022). Childcare, transportation, and caregiving are common specific responsivity factors that disproportionally hinder women's supervision and treatment success (Bloom et al., 2003; Northcutt Bohmert & DeMaris, 2018; Servon et al., 2021). Given the cumulative disadvantages women on community supervision face, Northcutt and Bohmert (2018) found limited access to transportation was a significant predictor of future convictions for women. Additionally, Woolford (2022) found the accessibility of tele-models was particularly helpful for women with mental health diagnoses – finding transportation, interacting with the public, etc., could possibly exacerbate their symptoms. It is important to note that justice-involved women have higher rates of mental health diagnoses than men (for a review, see, NRCJIW, 2016). The current study's findings align with previous literature, highlighting the importance of providing women with accessible options (e.g., tele-models) and reducing barriers to improve their overall likelihood of success on supervision. Additionally, tele-treatment was also viewed by clients as possibly being safer in non-

gender-specific groups; the anonymity kept women from engaging with someone they did not want to (e.g., an old friend, ex-partner, etc.). Creating a sense of safety when working with justice-involved women is a critical component of being gender-responsive (Bloom et al., 2003), given women experience higher rates of abuse, trauma, and victimization than men (DeHart & Lynch, 2021). Therefore, this finding is beneficial as it suggests that tele-treatment is a program-delivery method that may help increase women's sense of safety.

However, in the current study, some clients and staff discussed how the relational component and a sense of accountability were missing in tele-models (see, also Viglione & Nguyen, 2022). While some clients seemed to thrive in the tele-approach, others missed the face-to-face interactions with other clients or their POs and wanted things to "*get back to normal*." Similarly, women in Woolford's (2022) study were enthusiastic about their return to face-to-face meetings with their probation officers and other clients – highlighting the importance women place on these personal interactions and aligning with gender-responsive emphasis on the importance of relationships (see, Bloom et al., 2003). Additionally, in the current study, some staff felt they were not as successful in building rapport virtually (see, Phillips et al., 2021). This is another crucial consideration surrounding the use of tele-supervision within a gender-responsive supervision framework (see, Bloom et al., 2003) – given the literature's emphasis surrounding the importance of POs establishing a supportive rapport with women on their caseload to improve community supervision outcomes (see, Cornacchione & Smith, 2017; Cornacchione et al., 2016; Morash et al., 2015). For example, previous research has found that POs often serve as a major source of social support for women on supervision (Holmstrom et al., 2017). Bloom et al. (2003) also found that women were more likely to open up, trust, and communicate with their supervising officers compared to men on supervision. In interviews with women on parole, Cobbina (2010) found that women stressed the importance of having a positive and supportive relationship with their PO (see, also Cornacchione et al., 2016). The findings of the current study, alongside previous research, further emphasize the vitality of being relational when working with women on supervision to help improve their success on supervision (see, also Bloom et al., 2003; Cobbina, 2010; Morash, 2010; Morash et al., 2015, 2016).

Future research should build off the available literature and explore how POs can improve that relational component when utilizing tele-approaches for their gender-responsive caseloads. Cornacchione et al. (2016) work suggests that incorporating communication research may improve our understanding of how various types of communication assists POs in building rapport and facilitating positive outcomes for women on their caseload. Additionally, there is a need to further examine the concept of accountability with tele-supervision to better understand some of the outcomes of women on tele-supervision compared to the more traditional, face-to-face supervision approach. By viewing these interactions from a communication research lens, it might be possible to develop a type of training to provide POs the skills to utilize specific communication skills, such as specific types of memorable messages (e.g., behavioral advice, motivational), that might be more or less effective at helping women abstain from antisocial behavior, even in tele-supervision settings (Cornacchione et al., 2016).

There was also concern about a lack of culturally-responsive tele-treatment options for women identifying as a racial/ethnic minority. Recognizing the intersectional nature of gender and race/ethnicity, culturally relevant treatment and services are crucial components

of gender-responsive practices (Bloom et al., 2003; for more on culturally-responsive CBT, see, Pamela, 2006). Not only does this highlight the need for community partners/service providers to identify these gaps in tele-services, but it is also an area that would enormously benefit from additional research surrounding the effectiveness of culturally-responsive tele-treatment. For example, the Substance Abuse and Mental Health Administration (SAMSHA, 2021) released a report on culturally-responsive behavioral health interventions and discussed how some programs adapted during the pandemic. One of these programs was *Familia Adelante*, a "... psycho-educational, curriculum-based, culturally relevant prevention program focused on helping Latino families manage negative behavioral outcomes associated with stress exposure" (SAMSHA, 2021, p. 5). This program was adapted to be delivered virtually during COVID, however research is needed surrounding how the adaption to virtual delivery may have impacted the fidelity of this program.[4] This also becomes important for tailoring services toward LGBTQ+ populations since gender-responsive strategic work has said very little on this topic (Kahle & Rosenbaum, 2021).

Finally, addressing the "digital divide" is crucial to ensure clients have access to the technology required to participate in tele-supervision and treatment models. This is an essential consideration for agencies on the implementation side of tele-model options, particularly those working with women, given women tend to experience economic disadvantages at greater rates than men (see, NRCJIW, 2016). An interesting funding approach to consider is the Federal Communications Commission's (FCC, 2021) E-Rate grant program, which assists schools across the U.S. in accessing telecommunication services through a grant solicitation protocol. With over $4 billion in funding, one wonders how a similar model might be leveraged to fund technological improvements among community corrections agencies, especially in rural spaces, and to improve data and IT infrastructure.

Limitations

The limited generalizability of these findings due to the small and purposive sampling and the unique context of the office serve as considerable limitations. The experiences of staff and clients interviewed are not inclusive of all experiences. For example, there was very little racial/ethnic diversity among the participants interviewed, which limited our understanding of the diverse experiences of women on supervision and those supervising them during the pandemic. It was difficult to conduct client interviews while navigating the pandemic, and we relied on staff to help arrange the meetings and provide participation incentives. Even so, this is a challenging population to work with; many clients did not attend their interviews, and ultimately, only a few clients were interviewed. Another limitation to note was the use of Zoom for some interviews. Although research indicates benefits to interviewing virtually, such as reduced cost, increased flexibility, and participant comfortability (Jenner & Myers, 2019), there are a few concessions of note: the addition of distractions that may not be present during an in-person interview, barriers to noting participant body language and demeanor, and technological issues as a disruption to the flow of conversation (Oliffe et al., 2021).

Lastly, we want to highlight the unique nature of the office. This office has been a champion for change and a progressive leader of gender-responsive supervision. They have cultivated a safe, supportive, evidence-based, and trauma-informed culture that truly encapsulates what it means to be gender-responsive. While the findings related to their

supervision approach can be found elsewhere (see Salisbury et al., 2023), it is vital to recognize the progressive nature of the office. Therefore, we must consider how these experiences might differ across agency settings.

Another noteworthy limitation of this study is that the experiences of working in this field and being on supervision during COVID-19 was not the original focus of the study. As frequently happens in applied social science settings, we adapted the research design and pivoted to a more qualitative approach, including adding COVID-related interview questions. Additionally, we did not investigate outcomes related to the changes in supervision practices due to COVID. While these are notable limitations, we believe in the importance of sharing participants' experiences to learn from adversity and continue to improve gender-responsive community supervision policies and practices.

Conclusion

The COVID-19 pandemic brought the "normal" workday to a screeching halt. Essential workers risked their lives every day to meet their community's needs. For others, they learned how to work remotely, balance their children's schooling between Zoom meetings, and maybe even adopted a pandemic dog (or two). Among these professionals were community corrections personnel. They were tasked with a challenging job – adapting to new tele-supervision models and methods to help maintain public safety and support those on supervision, while maintaining social distancing and working from home. It is crucial to learn from the adaptions related to gender-responsive community supervision practices during the pandemic. The experiences of those directly impacted by these changes, both community corrections staff and clients, can help shape gender-responsive supervision moving forward.

Notes

1. See, Bloom et al. (2003) for a comprehensive review of the principles of gender-responsive strategies: (1) acknowledge that gender matters, (2) create an environment based on safety and respect, (3) develop approaches and practices that are relational in nature, (4) provision of comprehensive services to address gendered needs, (5) improve social and economic conditions, and (6) utilize community-based services and supervise to provide collaborative and comprehensive services.
2. The difference in length between the staff and client interviews was due to staff interview guides being longer due to questions such as their work experience and questions about the more extensive RCT study (e.g., the conceptualization of gender-responsive work, training in gender-responsivity, barriers to the model implementation).
3. This decision was made to increase reliability of the study by having a separate party (e.g., not a person who collected the data) analyze the study. Additionally, this person was highly trained in qualitative analysis.
4. For examples of cultural competency among tele-health, see, Hilty et al. (2020), Magnus et al. (2020), Muttitt et al. (2004), and Yellowlees et al. (2008).

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