

# Forensic Briefs

## Emily Salisbury – Gender Responsive Strategies

In this episode of *Forensic Briefs*, Dr. Emily Salisbury explores gender-responsive strategies within the criminal legal system. She discusses how trauma, relationships, economic marginalization, and gender norms shape women's pathways into justice involvement. The conversation examines risk-needs-responsivity models, gender-specific assessment tools, reproductive justice, and probation practices, highlighting how policy and practice changes can improve outcomes for justice-involved women and their families.

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### **Dr. Guyton**

Hi everyone. Welcome to this episode of Forensic Briefs. Today we are delighted to introduce you to our guest, Doctor Emily Salisbury. Doctor Emily Salisbury is an associate professor of social work and the director of the Utah Criminal Justice Center at the University of Utah. She is trained as an applied criminologist and is one of the founding scholars of gender responsive correctional treatment for justice-involved women.

### **Dr. Guyton**

Her research focuses on the rehabilitation, decarceration, and social reintegration of women in the criminal justice system, impacting the lives of more than 50,000 women. She is the co-creator and research director of the Women's Risk Needs Assessment, known as the WRNA, which is the only peer reviewed, validated risk and strengths instrument in the public domain designed specifically for justice-involved women.

### **Dr. Guyton**

Doctor Salisbury approaches her role as a public servant with deep commitment and purpose. She serves as a commissioner for the Council on Criminal Justice's Women's Justice Commission, chaired by former U.S. Attorney General Loretta Lynch, exemplifying her dedication to advancing justice for women. Driven by a strong sense of professional responsibility, Doctor Salisbury is committed to sharing her expertise not only with academic peers, but also with practitioners, policymakers, and

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**Dr. Guyton**

Driven by a strong sense of professional responsibility. Doctor Salisbury is committed to sharing her expertise not only with academic peers, but also with practitioners, policymakers and other stakeholders who shape the lives of individuals impacted by the criminal and juvenile legal systems. We are excited to have her share her expertise with us here at Forensic Briefs as well. So welcome to the podcast.

**Dr. Salisbury**

Hi there. Thanks so much for having me.

**Dr. Guyton**

Well, thanks for being here. And, you know, you have dedicated so much of your career to understanding and educating others to the unique needs of women and girls in the legal system. Can you tell us how you became interested in this area? Yeah.

**Dr. Salisbury**

For sure. Happy to. So way back when I was a doctoral student, many moons ago, I had a really incredible mentor at the University of Cincinnati and Doctor Pat Van Boris, my academic mother, so to speak, really helped me understand the importance of thinking about the needs of, of justice-involved women in a different kind of way.

**Dr. Salisbury**

It was not something I was initially sort of thinking about. You know, I was convinced I would, earlier on in my career, go into sort of jury consulting or something like that, because I have a master's degree in forensic psych, and but she really pulled me in this direction in a way that helped me understand just the amount of injustices that happened on behalf of women every day and that very, very few people were taking a look at it.

**Dr. Salisbury**

And I'm really happy to say that, you know, more and more scholars and junior scholars are taking a look at the issue and coming up with better interventions, of course, for women and women of color. Yeah. Mentorship really is the reason.

**Dr. Guyton**

Well, how wonderful. And for you to get to work with such a, such a luminary in the field of gender responsive practice and, and I think we've all kind of heard terms like that and probably note what they mean to some extent. But I'm wondering if you could really help our listeners and us understand what gender

responsive pathways in practice mean in the context of the criminal legal system.

**Dr. Salisbury** So we call it gender responsive strategies or gender responsive pathways or interventions. It was originally, of course, meant to focus solely on women and girls. And there was actually a strategy for calling it gender, because we know that there are going to be so many different interventions that we learn with justice involved women that can be applied to men.

**Dr. Salisbury** Right? For instance, of course, the issue of trauma is a big one, and I can go into that momentarily, but it's it's intended to for agencies, correctional agencies, criminal legal agencies to understand that environment matters in terms of the kinds of policies, practices and strategies that we put in place every day for women that are originally designed for men without any thought or consideration about how that environment, how those policies, strategies, practices are affecting women every day, based on the fact that policies and strategies, of course, were designed for men.

**Dr. Salisbury** So it's in an effort to try to help agencies really recognize that women's experiences in this world are just oftentimes very different because of the gender norms and gender stereotypes that women face. It doesn't mean that one gender, of course, is better than another, or that one strategy is better than another, but that if we really want to have more positive outcomes for women, we should have policies and strategies and practices that are designed based off of their needs and their life course, and how they end up in the system and exit the system.

**Dr. Salisbury** We can't make an assumption any longer that those are the same.

**Dr. Millkey** This is a basic question, but a question that I think I probably don't fully know the answer to. And I'm hoping I'm not the only one. There are differences between what bring men and women into the criminal contact with the criminal justice system. Would you help us understand what what those differences are?

**Dr. Salisbury** Yes, absolutely. So, you know, for so long, we have in our system really ignored the importance of trauma and victimization in justice involved people's lives. And that's really been at a detriment to justice involved women and girls because of the amount of victimization and trauma that they have experienced.

And so, you know, one of the early articles that I wrote many years ago was just this idea that women's prior trauma, victimization, mental health, depression, anxiety, PTSD, and substance use oftentimes come together in a way that is very different than what we see with justice involved boys or justice involved men.

**Dr. Salisbury**

And on paper, these things, you know, maybe it can look a little bit similar, but we know that women and girls disproportionately experience higher rates of victimization and trauma, as well as co-occurring disorders. And the entry and exit to addiction and the different types of addiction that exists because of gender norms and gender social forces do look different.

**Dr. Salisbury**

So, you know, for instance, right, women and girls are far more relational in the way that we see our lives and the way that we live our lives. And so relationships, whether you and I would deem them good or bad, is so crucial to oftentimes to how women see themselves and their sense of self-worth and their identities.

**Dr. Salisbury**

And it oftentimes, of course, when girls and women don't understand what healthy relationships look like, coupled with low levels of self-esteem and self-efficacy, it's a recipe for harm to happen. It's a recipe for that individual, that woman making really bad decisions on behalf of her interpersonal power in a relationship, giving up herself and her compromising herself, if you will, for the sake of relationships.

**Dr. Salisbury**

This is why oftentimes we see women, unfortunately, get involved in relationships that are just not good for them. And of course, it's not their fault, right? Like the gender based violence that women experience is. I mean, I couldn't have survived many of the things that they have experienced in the kinds of work that I've I've done and seen with women.

**Dr. Salisbury**

So I think it's just really important to think through how the paradigm of criminology and forensic psychology has thought about women in a different kind of way, and how or how they thought about women as sort of the same as men, as if the policies are the same. So I think, right, like the masculinity and femininity piece are really important.

**Dr. Salisbury**

Carol Gilligan has a really beautiful quote that I'll just share that I feel like illustrates it so well. And she says that "masculinity often

implies an ability to stand alone and forgo relationships." Right. It's that idea of independence. Whereas "femininity connotes a willingness to compromise oneself for the sake of relationships." Of course, both of those strategies entail a loss of voice and relationship.

**Dr. Salisbury** But we just see this concept over and over and over again with women that if we're not paying attention to how intimate relationships are affecting women's lives, then we're really doing a disservice to a major driver of women's criminality.

**Dr. Guyton** And I also wonder too, you know, I think we all understand that, you know, lower socioeconomic status is a risk factor for crime, generally speaking, but that I'm guessing that also looks different for women, perhaps due in part to these relationships or other factors. Can you talk about that?

**Dr. Salisbury** So yeah, I mean, women are still far more economically marginalized than men, right? That's still a fact. And then when you start disaggregating that by gender and race, the numbers get even more abhorrent and more scary, right? So low income women of color, of course, are disproportionately more likely to have to make really difficult decisions on behalf of themselves and their families.

**Dr. Salisbury** Women are oftentimes the primary caregivers of children - they're more likely to be. And so they're not just caring for themselves. They're caring for their children. And so when we talk about, for instance, just the constructive helping individuals find gainful employment, we have to think about employment that, of course, is going to be a livable wage for herself and her family.

**Dr. Salisbury** And that becomes really, really crucial to think about.

**Dr. Guyton** In your article that you just recently published with coauthor Allison Crawford, entitled Gender Responsive Treatment to Improve Outcomes for Women and Girls in Correctional Settings, Foundations, Limitations, and Innovations that was published in Health and Justice, this, in 2025, you detailed some research about how the rates of violent victimization have overall gone down, sort of at the umbrella level, but that they have actually increased for women over time, over the I think it was the last 30 years or something.

- Dr. Guyton** Can you talk to us a little bit about what this looks like in terms of these differences in rates, or where the violence is happening, or the types of violence that people are experiencing?
- Dr. Salisbury** Yeah. So right I don't mean to - thank you for the question - I don't mean to suggest certainly that like men's victimization, of course, isn't important and that we shouldn't think about it, right. But the way victimization occurs typically across gender looks really different, right? I mean, girls and women are more likely to be harmed by somebody saying "I love you," by somebody in the home, by somebody you know, in their immediate environment.
- Dr. Salisbury** Whereas when you see victimization for boys and young men, I mean, the amount of victimization that young black men, of course, like experience is just awful too. But it looks different. It manifests different. It's more seen when a gun is involved, or right, like police are more likely to be called. When a girl is harmed, there's oftentimes so much shame and blame involved.
- Dr. Salisbury** It's a it's a quieter, if you will, type of violence that happens to justice and ball to, to girls. And unfortunately there is just this sort of normalization that can happen in family dynamics that the denial of the of the abuse can also keep it underreported.
- Dr. Guyton** Yeah. And I thought, you know, it was something that I hadn't really thought about. But when I read what you guys wrote about it, it made sense was that the the violence against girls and young women tends to be more located in the home, or those familiar places where these relationships are, whereas the violence that, and the victimization that boys experience can is more likely to, you know, be public.
- Dr. Guyton** Right. Which I think gets to the point where you're talking about where police are going to be called. And because it's happening kind of out in the open versus the victimization that is more secretive and perpetrated by people who, you know, supposedly love and care about this person. Yes.
- Dr. Salisbury** Exactly.
- Dr. Millkey** You had written that, that over recent years and since the Covid pandemic, the proportion of women involved in the criminal

justice system has been historically higher than it has been in the past, if I'm remembering that correctly. Could you talk a little bit about what's going on there?

**Dr. Salisbury**

Yeah. I mean, women are still the fastest growing population or subpopulation in the criminal justice system and in corrections. And I think it's just it's honestly been a compounding effect of the public policy decisions that we've made over the last 40 to 50 years has really widened the net when we decided to get hard, tough, you know, the main season of crime, when politicians realized they could win political points, right, off of being tough on crime.

**Dr. Salisbury**

And yes, there was a movement towards smart on crime. But we're seeing that shift certainly back. Any time you widen the net and bring in more people, of course. Right. You're going to have more people, individuals that are at the lower end of risk, the lower end of criminal offending where crimes are occurring, but it ensnares women in a way that disproportionately affects them.

**Dr. Salisbury**

The idea, of course, the compounded neglect and behavioral health services, the opioid crisis, I mean, there's there's a number of reasons why I think we've seen more and more women. I think there's been a backlash, again, again, around women who commit crimes that were things like, well, they're convicted of crimes like conspiracy or neglect to take care of their children in a way like protect them from staying safe, even though they're not the ones harming them.

**Dr. Salisbury**

Like these laws and these offense codes have have really been exacerbated to the detriment of women. Even Senate, even like prosecutorial practices that use erroneous or irrelevant gender based stereotypes against women can contribute to women ending up in the system for longer and longer sentences. So I'm not sure if people realize, but I just learned this very recently.

**Dr. Salisbury**

The Supreme Court earlier this year actually made a pretty landmark decision that is going under the radar that those erroneous or irrelevant gender harassment or gender based allegations about a woman's sexuality or her role as a mother - if it's completely irrelevant to the case, it actually can violate the 14th amendment and her due process. It opens up the door for lots of different cases to be looked at again, because those

practices have happened, you know, since the dawn of time, since our legal system.

**Dr. Salisbury** I mean, we women are constantly having to face those sorts of gender based stereotypes, regardless of whether or not it actually would be relevant to their case.

**Dr. Millkey** Can I restate what I hear you saying, and you can tell me how far off I am that behaviors by women, I think you're saying that behaviors by women that violate sort of the the gender norms imposed on women regarding, for example, caretaking behavior or, I don't know, perhaps promiscuity or something like that can be irrelevant but aggravating to sentencing.

**Dr. Millkey** And the Supreme Court recently found that inclusion of that irrelevant information that could be aggravating the sentencing could be a violation of due process rights? Is is that what you're saying, Doctor Salisbury?

**Dr. Salisbury** Sort of. Yeah. So this is this is the it's the decision is Andrew v White for people that maybe want to look it up. It's a case out of Oklahoma. The prosecution basically waved around this woman's, Brenda Andrews, underwear during the case. And it had absolutely no relevance to the to the reason why she was on trial. And it was her promiscuity was sort of highlighted.

**Dr. Salisbury** And it her husband was murdered, right. Like there was actually no reason why these sorts of these practices should have even entered into the prosecutorial like into the trial. And so the sex shaming that happened as a result of this prosecution, right. The Supreme Court took a look at it and sent it back to the to the federal courts and said, this is not allowed.

**Dr. Salisbury** This is violating her due process. And so it actually could open up, you know, when prosecutors use sort of sex based or sexist, sexist tropes or strategies to try to persuade a jury, particularly when it's irrelevant.

**Dr. Guyton** Well, I think that that really goes from I was thinking like, how is that relevant to, right. Like if it, you know, if it's unrelated to that, but then it goes from being irrelevant to harmful, right, that you're taking this information. So that is not germane to the proceedings, but it's clearly inflammatory and yeah, somehow allowed, I guess,



during the trial and then leads to these harms and so that I hoped and then her conviction was overturned or returned to the lower court.

**Dr. Salisbury**

Yeah. She, I mean, she's getting a, yeah, second look here, so.

**Dr. Guyton**

Good. Wow.

**Dr. Millkey**

I don't consider myself to be particularly naive. Like flashing somebody's underwear around and screaming Jezebel seems like unbelievable. I thought it would be something much, much more subtle than that which I have seen. Yes, but that's just, that just beggars belief.

**Dr. Salisbury**

Yeah. This was in 2004 when the Oklahoma jury looked at her.

**Dr. Guyton**

Goodness gracious.

**Dr. Salisbury**

To die for the killing of her husband, three years earlier.

**Dr. Guyton**

Wow.

**Dr. Salisbury**

Right. These are not trivial sorts of things. And I'm not right, like, there's there's so many different reasons why we see more and more women in the system, and it's not any, of course, one thing - it almost never is - but kinds of practices that are just downright sexist also really, really harm women's trajectories.

**Dr. Guyton**

Another thing that you and Crawford write about in your paper is this reproductive justice model, which is not something I had frankly heard about before. And I'm wondering if you could tell us, like, what that is and how it applies to women and girls in the legal system.

**Dr. Salisbury**

Yeah. That's Allison, Doctor Allison Crawford's expertise. Right. So she really contributed to that section. So it's it's this idea that, right, women have a right to bodily autonomy, that they should not be sort of shamed for wanting to take control of what happens to their bodies. They have a right to have or to not have children, which.

**Dr. Salisbury**

Right. Like when you think about the number of women who are incarcerated in their reproductive years, right? Like the loss, the

pains of imprisonment that we oftentimes talk about with justice involved men, we don't think about the pain of imprisonment for women who cannot actually have children as a result of being incarcerated. We don't think about the idea that very few jails screen for things like postpartum.

**Dr. Salisbury**

If a woman is, I mean, that the screenings for pregnancy typically happen, but then the resources for pregnancy and postpartum in jails and prisons are very, very, minimal. Most jails don't really know what to do with a pregnant woman if she starts bleeding, they don't know. Right? Like there's very little understanding about how women's bodies can sometimes,

**Dr. Salisbury**

Right? The medical complexities of women's bodies. For instance, menstrual bleeding is a serious medical issue. If a woman is pregnant, no bleeding should be occurring. And that it's a serious medical emergency, even if a woman is not pregnant. We don't talk really about the fact that 25% of women in prison are 45 and older.

**Dr. Salisbury**

And so we don't talk about actually enough about perimenopause and menopausal symptoms with the women who are incarcerated. Right. Like, these are things that just have not been discussed. I mean, we track deaths in custody, but not births in custody as a country. Wow. Right.

**Dr. Millkey**

All right. Very interesting.

**Dr. Guyton**

I like can we just pause on that for a minute? Yeah. Like, yeah. We track deaths and and I know, you know, you hear, that when people pass away in custody, it's like, makes the news, you know, you know, somebody died in custody at such and such and such facility. And we're investigating the reasons why. But but births in custody,

**Dr. Guyton**

just you never, ever hear about that or see statistics about it. And I know very you know, there's some have been written about, you know, children born to parents in the carceral system, but, you know, there's it's it's pretty limited.

**Dr. Salisbury**

Yeah. This is the work of Doctor Carolyn Sufrin from Johns Hopkins University has really opened my eyes to this to this work as well. She ran a study a few years ago. She's very much in this in this

space. She's an ObGyn that worked in a jail for several years. And so she's really an expert in this topic, and she's really trying to push for legislation to track births and custody and to provide resources to staff to understand what does it really look like when a pregnant woman comes into your custody?

**Dr. Salisbury**

What does it look like to create safety for that person and not put them, for instance, on a top bunk as opposed to a - she should be on a bottom bunk. Right. What are there's just so many horrific stories about women losing their children as a result of medical neglect inside institutional facilities. And there's just no excuse for that.

**Dr. Millkey**

Are there issues with reproductive justice beyond the carceral environment, beyond the four walls and to parole and probation?

**Dr. Salisbury**

You know, it's not my area of deep expertise, Alex. And so I'm I'm not going to try to speak to that, but I mean, I the way that I think about parental rights in terms of, you know, women and men who are on community supervision, right, and also straddling the family court, right? Child custody issues, parental rights, I mean, I don't think we even know the number of people who are in criminal court who are straddling both criminal and civil court in that way.

**Dr. Salisbury**

And, of course, we do see disproportionate numbers of mothers who are straddling those two types of civil and criminal court. And I just think about if I'm if I'm a woman trying to navigate both of those systems, I mean, at what point do I just sort of give up and hope for the best in terms of like, it's like the coercion of giving up parental rights, right?

**Dr. Salisbury**

And part of one of the tenants, of course, of reproductive justice is the right to parent in safe and sustainable environments. And when we try, when we put so much pressure on mothers, right, in this, I just what's the recipe for success here?

**Dr. Guyton**

Yeah, yeah. You know, I had a case a while back a long time ago, of of the family that was involved in a family law matter. And I think the basic crux of it was that the male partner was domestically violent towards the female partner, and they had a number of children and she wouldn't leave him. And so now they were caught up in the legal system.

- Dr. Guyton** He in the criminal aspect, her not so much yet, but, you know, having access to their children. And it just struck me as incredibly complex and painful for her because, you know, she was with a partner whom she loved, whom she depended upon financially. And yet she also loved her children, right? And it was just this incredibly painful to watch as, as a sort of collateral person involved with with the case, that it just felt like kind of a no win situation for her.
- Dr. Salisbury** Yeah. You know, and I think the other issue is you're talking Michelle, you know, it reminds me, too, that 60% of women who are in jail are there pretrial and the termination of parental rights that begin the moment you enter jail? These are these are things that are likely to affect women once they're released, right? If they even if they're there for just a short amount of time, the fact that she was incarcerated increases her likelihood that she might have her rights terminated.
- Dr. Salisbury** And I will also say, just briefly, I know of one state that is trying to use risk assessment data, meaning, you know, risk needs assessment data to try to terminate parental rights, like get access to LSCMI data.
- Dr. Guyton** But to use an LSCMI in order to terminate parental rights. Oh wow.
- Dr. Millkey** That seems like a very dangerous mission creep to me.
- Dr. Salisbury** Extremely. Yes. You know, risk assessment data isn't necessarily - I mean, it's protected in the sense that, right, like some Department of Corrections or probation provider or, you know, probation agency, it's their data and but is it is it considered HIPAA protected? Is it considered, right?
- Dr. Guyton** Like, well, you might even wonder if it's if it's relevant at the right because an LSCMI is based on sort of risk for recidivism. You know, and it was norm and developed and studied and in a particular way that had really nothing to do with parenting, and parenting capacity.
- Dr. Salisbury** Yeah. But if you're a criminal and you have a high propensity to be a criminal, Michelle, maybe you shouldn't be a parent, right? Like I'm just.

**Dr. Guyton** Yeah. No I know, I know.

**Dr. Salisbury** It's sickening.

**Dr. Guyton** Yeah. Maybe. Could we talk a little bit about risk then? Alex and I like to talk to people about risk on this podcast. And so I think you referenced the risk-need-responsivity or RNR model a little bit. Could you just give us a refresher about what that means. And then maybe we can then try to think about what does that mean in the space of working with with women and girls.

**Dr. Salisbury** Yeah, absolutely. Right. So the risk these are the core right principles of working with justice involved people and helping them, of course, make better decisions and in treatment and case planning. So risk of course just meaning that not everybody poses the same risk to recidivism, the same risk to ongoing offending, and that that can be measured actuarially through validated risk needs assessment tools.

**Dr. Salisbury** The first thing I'll say about that is that we just don't accept the fact that women do not pose the same risk of recidivism as men. We assume on many of our risk assessment tools, and in the sort of theoretical basis of this construct of risk, that that women are just as dangerous, just as easily violent as men, and one of the best, in fact, the best predictor of crime is your sex, your gender.

**Dr. Salisbury** Right. And that just does not oftentimes built into this model of harm. The need principle, of course, being the idea that people come to the system with lots of psychosocial needs and not all of them are related to recidivism. Not all of them are actually drivers, primary drivers of ongoing offending and related to risk. So we have to make really careful decisions about what we work on in treatment for for treatment interventions to reduce recidivism and to increase that person's likelihood of being successful in the community or in institutional settings for women.

**Dr. Salisbury** Right. We just simply have not until we've we've not been able to understand the fact that there are many criminogenic risk factors that are gender specific, that you will not find on most of the risk needs assessment tools out there like the LSCMI, the ORAZ, you know, those are the biggies really. There are the LSIR, which is of course a derivative earlier derivative of the LSCMI.

**Dr. Salisbury** As part of my career, early on in my doctoral program, I helped design really the only validated risk-need strength assessment tool specifically designed from the ground up by and for justice involved women. And there are some needs on that women's risk-need assessment that tell us after, you know, 12 validation studies that they are actually criminogenic.

**Dr. Salisbury** And these are things like just symptoms of depression and anxiety can be actually criminogenic for women. Now we don't want to punish women for having behavioral health needs and increasing their likelihood of or their risk levels and supervision levels as a result of that. You wouldn't know that unhealthy intimate relationships if you just looked at a gender neutral or male base risk assessment tool, you would not know that that is a main driver for

**Dr. Salisbury** justice-involved women to be further into the system because these instruments don't include it. You wouldn't know how much trauma and victimization somebody has experienced. You wouldn't know that parental involvement, the fact that women want to be involved in their kiddos' lives, is actually a strength that can be a protective factor for women in the system. And these are all, of course, constructs that the WRNA measures.

**Dr. Salisbury** For a very long time, self-efficacy was bastardized like we don't need to make, you know, my mentor, God rest his soul, Doctor Ed Letecia right, saying for for the longest time, we don't need happier offenders. We don't need more confident offenders. For women, it looks really different, right? That low, low level of self-esteem and self-efficacy is oftentimes driving them to get involved with people that just are not good for them.

**Dr. Guyton** No, I was just I, I really like that example because it's kind of a sort of a pathway example, right? As opposed to sort of thinking about these static risk factors or even dynamic risk factors out there floating around. And I have these or I have those, but if self-efficacy is slow, then that maybe creates a vulnerability to then getting involved in a relationship that is unhealthy and is exposing the women to sort of these coercive of, you know, experiences or invitations.

**Dr. Guyton**

I should put some air quotes around that word invitation, right. But to to engage in behavior that could be criminalized or things like that, right. So it's this is kind of getting back to that gendered pathway that it it's not just sort of a collection of risk variables models, but how they relate to one another and create these paths that can then lead to, you know, legal system involvement.

**Dr. Salisbury**

Absolutely. And it's why when I get asked, well, Salisbury, you're the expert in gender response, what are the big four risk factors that if it's not antisocial attitude right - criminal history, antisocial attitudes, peers and personality characteristics - what is it then. I say, well, I'm not going to give you the big four because it depends. It depends on that woman and that woman's pathway and how she got here, because there are some women, right, that actually have been in the system for a very long time, that it was their eighth DUI and they ended up harming somebody, like killing somebody in a car accident.

**Dr. Salisbury**

And the main issue was the substance use. But she actually grew up right pretty in a pretty healthy environment, middle class, but had an addiction that never got treated. And then on the other hand, right, of course, is your as you're describing and that we've been talking about there are so many women where those needs of mental health, substance use, and prior trauma just coalesce in a way that and the lower self-efficacy that just come together in a way that really has to be addressed holistically, as opposed to mental health, you know, behavioral health services on a Tuesday and the trauma group on a Thursday.

**Dr. Salisbury**

And then substance use and addiction treatment on a Monday. Right. Like they have to be tied together and help women understand just how they got there, right. And that I just feel like that's so crucial.

**Dr. Millkey**

Feels like we're adjacent to responsivity here.

**Dr. Salisbury**

Yeah. Yeah. So. Right. This idea I like to talk a lot about specific responsivity and how this also, you know, looks different or how we need to think about gender and race and some other immutable characteristics that historically have been subsumed underneath this idea of specific responsivity, which really just means these are things that we need to address in order to get at

the risk factors or get at the criminogenic needs in a more effective way.

**Dr. Salisbury**

But gender and race are subsumed with things like lack of motivation, lack of transportation, mental health, behavioral health needs. Right? In the traditional RNR model and you just heard me say depression and anxiety symptoms, not even diagnoses, from the WRNA are actually predictive of women's ongoing offending, which means those need to end up in a as you know, they need to be thought of as criminogenic needs, but in the sense of not necessarily elevating somebody's risk level, if that makes sense.

**Dr. Salisbury**

Like if we had thought about it differently. And I'm just not convinced that my gender is a barrier to treatment if you, and that's how I sometimes think about specific responsivity, right. Like these factors, they're not my gender, my my race. If I were a person of color right, is not something - if you designed programs and interventions on my behalf, it would not be a barrier.

**Dr. Salisbury**

And so I just think we need to be really careful about how we think about RNR and how it can get - we can get so caught up in the criminogenic risk factor piece that it's really a detriment, in my view, even more to women because I oftentimes wonder, right? You mean you both know that in theory we're supposed to really work on the specific responsivity factors first before we target risk factors.

**Dr. Salisbury**

And that almost never happens. What if what if we did? What if we actually did? What if we targeted specific responsivity factors first? I feel like because women pose far less risk, it probably would have been, but we would have been far more successful, a lot more women, if we provided housing, if we provided transportation, if we'd help them get to court, if we're right, like, anyway, it's an issue I feel strongly about.

**Dr. Guyton**

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