



THE JOURNAL OF THE AMERICAN PROBATION AND PAROLE ASSOCIATION

PERSPECTIVES

WWW.APPA-NET.ORG
VOLUME 49, NUMBER 2



WINTER
2025-2026

president's message



MARCUS M. HODGES
PRESIDENT

transparency and effectiveness. And yet, through every transition, the strength of this field remains rooted in the relentless commitment of its people.

Community corrections is one of the most dynamic and human-centered components of the justice system. It is a profession that requires patience, consistency, and clarity of purpose. The men and women across this country—and internationally—who supervise, guide, and support individuals in the justice system do so with a unique blend of accountability and compassion. Their work is often unseen, but its impact is immeasurable.

It is precisely because our work is so important and so people-driven that we must continue to place a strong and intentional emphasis on APPA's Professional Standards. Standards are not merely guidelines on a shelf; they represent a shared commitment to excellence across the entire field of community corrections. They ensure that the services delivered in a rural county in Oklahoma align with those in a metropolitan agency in New York City. They help us move toward a system where fairness is not determined by geography, where evidence guides practice, and where every agency—regardless of size—has a pathway to achieving excellence.

Why Standards Matter Now More Than Ever

The justice system continues to evolve. We are witnessing rapid development in technology, data analytics, trauma-informed care, officer safety innovations, and evidence-based practices. But without a consistent framework, these advancements can be

As we begin the new year and moving on from the holiday season, I find myself reflecting on the profession we proudly represent and the direction in which we are moving as the American Probation and Parole Association. Every year brings its own challenges—emerging risks, evolving community needs, shifting policy landscapes, and the continued demand for

unevenly adopted and inconsistently implemented. APPA's Standards offer a stabilizing foundation—a compass that keeps our field aligned with research, with emerging best practices, and with the expectations of the communities we serve.

Consistency across agencies enhances transparency. It strengthens public trust. It supports officer wellness by reducing ambiguity. It allows policymakers to understand what high-quality community supervision should look like. And, most importantly, it ensures that the people under our supervision receive equitable treatment and opportunities for positive change.

At a time when our field is being asked to show results, explain decisions, and demonstrate effectiveness, standards give us the language, structure, and credibility to do so.

This year, APPA has recommitted itself to elevating and modernizing these standards—ensuring they reflect the realities of today's work while also anticipating the future. We are building a stronger bridge between practice and research and creating clearer pathways for agencies to implement, assess, and sustain high-quality supervision practices. This work will remain a priority throughout my presidency.

The Holidays: A Reminder of What Truly Matters

While our profession is grounded in purpose, service, and accountability, we are also human. And humans need rest. This season is an important reminder of that truth.

I hope your holiday period gave each of us a chance to pause and reconnect—with our families, our friends, our communities, and our own sense of balance. Whether you celebrated with large family gatherings, quiet reflection, travel, or simply time away from the pace of daily operations.

I hope you took time to relax and stepped back from the intensity of the work.

In a field where we constantly give of ourselves—our time, our patience, our guidance, our energy—rest is not optional. It is restorative. It is protective. It is essential for sustaining both wellness and performance.

For many of you, this year may have brought professional milestones or perhaps professional challenges. It may have brought growth, new

responsibilities, or unexpected change. Whatever your journey has been, I hope the holiday season gave you a moment of renewal. A moment to feel proud of what you have accomplished. A moment to recalibrate and prepare for what lies ahead.

The Work We Do Matters—Every Day

Community corrections professionals often operate in quiet heroism. You work evenings, weekends, holidays, and in emergency situations. You manage risk, support change, and navigate complex psychosocial needs. You stand at the intersection of accountability and hope.

And every day, you contribute to safer communities, stronger families, and better outcomes for individuals seeking to rebuild their lives.

Your work transforms systems.

Your leadership transforms organizations.

Your compassion transforms people.

It is no small thing.

As we begin the new year, I want every member of APPA—from line staff to executives, from researchers to policymakers, from service providers to volunteers—to feel recognized and valued. You are the backbone of a profession that saves lives, reduces harm, and builds pathways to brighter futures.

Looking Ahead with Purpose

I am energized about where we are headed as an association. Our commitment to standards, to professional development, to innovation, and to the well-being of our workforce remains unwavering. APPA will continue strengthening partnerships, amplifying research, elevating voices from the field, and promoting national consistency that benefits every agency—and every community—in our network.

In the coming year, we will deepen our focus on:

- Standards implementation and modernization
- Officer wellness, resilience, and safety
- Evidence-based decision-making and data transparency
- Equitable access to programs and services
- Leadership development at all levels
- Collaboration that bridges systems and strengthens outcomes

This is an exciting time for community corrections, and I am honored to serve alongside such capable, dedicated, and visionary professionals.

A Final Word of Gratitude

Thank you for your service. Thank you for your integrity. Thank you for showing up for the people who need guidance, structure, support, and accountability. Thank you for embracing both the science and the humanity of this work.

Stay encouraged, stay energized, and come into the new year ready to continue the extraordinary mission we share.

With deep appreciation and respect,

Marcus M. Hodges

executive director/ceo's message



VERONICA CUNNINGHAM
EXECUTIVE DIRECTOR/
CEO APPA

Over the years, you've probably read many articles exploring different aspects of our challenging profession. (I certainly hope you have!) Let's focus on the word "challenging" here, because it seems to me that every article related to the work we do includes "challenge" or "challenging" at least once, if not multiple times. Those words are definitely not absent from my own writing!

On a whim, I went to the Merriam-Webster

website to look up this term. Under the definition of a challenge, it read, "something that requires thought and skill for resolution," with similar words ranging from quite serious, like the rather dire quagmire and pitfall, to the playful puzzle, poser, and brainteaser, and then to the enticing stumper, toughie, and sticky wicket. "Sticky wicket"—a term from my new sport of interest, which was invented in England, cricket—refers informally to a playing field that's become damp or soft, causing a ball to bounce unpredictably, making it difficult to perform well or score, especially if the batsman is unaware of the issue. An analogy that comes to mind is that an unexpected or unfortunate factor may affect someone under supervision, causing that individual to behave unpredictably in a way that creates difficulties for both the individual and the supervising officer. Two articles in this issue of Perspectives discuss issues that can have a negative impact if, like a cricket batsman, the supervising officer is unaware of a problem.

Johnny Alexander promotes awareness in his article, "Breaking Generational Chains: The Hidden Impact of Adverse Childhood Experiences on Black Fathers in Community Corrections." As he emphasizes, agencies and officers must be vigilant about the lasting impact that adverse childhood experiences (ACEs) can have on adult health and behavioral outcomes. He argues that ACEs are key responsibility factors that might be difficult to notice but will influence how individuals interact with supervision. Focusing on ACEs and including appropriate strategies in supervision policies and practices can help reduce recidivism while also breaking intergenerational

cycles of trauma and restoring fathers to families.

In another article, "A Hidden Need: Menstruation from Incarceration Through Reintegration," contributor Lindsay R. Smith highlights an often-overlooked issue that is a stressor strong enough to affect the success of those under supervision. A lack of awareness or dismissive attitude toward the needs of menstruators has been an ongoing issue—a problem worsened by stigma. The cost of menstrual management products is significant, especially for those with limited resources, and taking breaks or time off to manage menstrual flow and related symptoms can lead to issues at work. Smith makes a cogent case for ensuring access to suitable menstrual products and addressing related issues, such as the need for access to private bathrooms for changing and disposing of these products. Again, the menstruation needs of those under supervision may be overlooked due to cost and stress, but they should not be ignored or allowed to hinder an individual's chances of successful reentry into the community.

Returning to sticky wicket problems and our need to overcome them, it seems that some renowned cricketers have developed an exceptional ability to perform on sticky wickets. That's good to know, but I assume that technique and skill in cricket batting are not easily studied. Fortunately for us, technique and skill in community supervision are amenable to research, and our practices and outcomes have been studied for decades. APPA has incorporated that knowledge into its national standards, which were published in 2024 after five years of dedicated effort by an outstanding group of community supervision practitioners, current and former leaders, researchers, and subject-matter specialists. It is the subject of our third article, "APPA National Standards for Community Supervision and the Purpose of Community Supervision," by Dr. Brian Lovins. Dr. Lovins encourages agencies to widely follow standards of practice that can elevate our profession and increase success. As he points out, aligning standards of practice across jurisdictions doesn't mean losing the ability for any department also to develop local programming that suits their community. Nevertheless, APPA's National Standards for Community Supervision offer a clear framework that enables all probation and parole departments to implement core components with effective strategies for meeting the needs of those under supervision and establishing expectations for a high-

quality department. Like Dr. Lovins, I urge each agency to adopt and consistently implement best practices and “what works.”

I would like to conclude by sincerely thanking the contributors to this issue as well as the readers. I must say that I am looking ahead. I am optimistic that 2026 will be the year when our combined efforts lead to significant and transformative progress, not only in the topics covered in this edition but across the entire field. So, thanks in advance.

I hope your holidays were filled with the joyful cricket of cheer and goodness. In these challenging times for our nation, please remember to pause, step back from the demands, and intentionally prioritize the rest needed to recharge your spirit. And, if possible, help someone in need. Sending comfort and happiness to families at home and work.

Veronica Cunningham

instructions to authors

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Perspectives disseminates information to the American Probation and Parole Association's members on relevant policy and program issues and provides updates on activities of the Association. The membership represents adult and juvenile probation, parole, and community corrections agencies throughout the United States and abroad. Articles submitted for publication are screened by an editorial committee and, on occasion, selected reviewers, to determine acceptability based on relevance to the field of criminal justice, clarity of presentation, or research methodology. Perspectives does not reflect unsupported personal opinions.

Articles must be emailed to perspectives@csg.org in accordance with the following deadlines:

- Unless previously discussed with the editors, submissions should not exceed 12 typed pages, numbered consecutively, and double-spaced. All charts, graphs, tables, and photographs must be of reproduction quality. Optional titles may be submitted and selected after review with the editors.
- All submissions must be in English and in American Psychological Association (APA) Style.
- Authors should provide a one-paragraph biography, along with contact information.
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- Alphabetize each reference at the end of the text using the following format:
 - Mattson, B. (2015). Technology supports decision making in health and justice. *Perspectives*, 39(4), 70-79.
 - Hanser, R. D. (2014). *Community corrections* (2nd ed.). Thousand Oaks, CA: Sage.

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Perspectives is published four times annually by the American Probation and Parole Association through its secretariat office in Lexington, Kentucky.

ISSN 0821-1507

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The American Probation and Parole Association is an affiliate of and receives its secretariat services from The Council of State Governments (CSG). CSG, the multibranch association of the states and U.S. territories, works with state leaders across the nation and through its regions to put the best ideas and solutions into practice.

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The American Probation and Parole Association is proud to showcase the tenth cohort of the Leadership Institute! In March of 2026, these national community supervision professionals will have spent twelve months working tirelessly to grow as a leader. Please join us in congratulating each individual as they prepare to graduate.



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A HIDDEN NEED: MENSTRUATION FROM INCARCERATION THROUGH REINTEGRATION

by Lindsay R. Smith

Most people who menstruate experience roughly 456 periods before menopause (Seibold & Fienberg, 2019). Given the average length of a period, that means about 2,500 days of bleeding, adding up to approximately seven years of one's life (Fettig, 2021). When individuals who menstruate are incarcerated, adequately managing their menstrual flow can be problematic, as in many cases menstrual products cannot readily be accessed (Smith et al., 2023). That issue and other difficulties faced by menstruators during incarceration have been studied (e.g., Shaw, 2019; Tapp & Henson, 2024; Broome, 2022; Fettig, 2021; Carney, 2020; Shiku, 2022; Shwaikh, 2022), and these studies point to ways that menstruation can potentially produce difficulties during reentry as well. Nonetheless, as of now we have an incomplete picture of the challenges related to menstrual management for those reentering the community. Moreover, much of the research already carried out in this area has been conducted in other countries, possibly reducing applicability to menstruators in the United States, particularly those individuals who are going through reintegration from incarcerated settings to their communities.

The number of women released from jail or prison in the United States is quite large, numbering over 1.7 million in 2022 (Wang, 2024). Upon reentry they are met with a plethora of obstacles that make trying to achieve a crime-free lifestyle more difficult, such as needing to find employment despite having a criminal record, striving to find affordable housing, and trying to access mental health services (Roddy et al., 2019; van den Broek et al., 2021). These women may face additional challenges such as severe mental health disorders, gender discrimination, substance dependence, and low social support (van den Broek et al., 2021; Roddy et al., 2019). Furthermore, such individuals tend to be in the lower income brackets and are returning to communities with high poverty rates (Greene et al., 2006). Menstruation may play a role in regard to many of these previously identified and well-researched obstacles to reentry. Given the current body of literature on menstruation among

justice-involved individuals, we can only assume that need for menstruation management is itself a reentry obstacle, especially given the economic toll of managing periods.

Menstruation can even be the cause for someone on probation or parole returning to the justice system, at least in at least some cases. One woman I interviewed during her incarceration had a disheartening story. Alea¹ told me, "That's why I'm here, petty larceny," because her offense involved taking tampons and pads that she and her daughter needed but could not afford to buy. Alea's problem was not that she did not have a job, as she was employed, but she was not scheduled often enough to make ends meet and hence resorted to taking the menstrual products she needed from stores without paying for them (Smith, 2020).

How much and in what ways does menstruation exacerbate the difficulties of those on parole or probation? Efforts to determine to what extent menstruation causes or compounds difficulties should not continue to be overlooked. This paper is both an effort to elucidate the problem and a call to action to pay more attention to the menstrual needs of individuals following release from prison/jail and to conduct future research that focuses on menstruation as a reentry need.

EVIDENCE ON MENSTRUATION MANAGEMENT IN CRIMINAL JUSTICE

Although the first modern study of menstruation occurred in 1935, we have still not produced 100 years' worth of data (Allsworth et al., 2007). What we do have in the field of criminology comes primarily from law review journals and the theses/dissertations of graduate students, as evidenced by work cited. Most research studies that focus on menstruation-related issues for individuals who are also justice-involved were not carried out in the United States and, moreover, are usually focused on those in institutional settings such as prisons or jails. In fact, those studies were carried out primarily in India, Africa, Israel, Ireland, Uganda, the United Kingdom, and Australia. We know from those studies that women who become incarcerated have often not been afforded the privilege or secured the right to be

provided with menstrual products. For example, women in an Indian jail received pads from a non-governmental organization rather than the jail itself (Kulkarni, 2019). Globally, prior research revealed that women who were incarcerated received two pads for each day that they were menstruating, usually funded by the government (Corston, 2007).

Across the world, about 800 million people menstruate on any given day (Fettig, 2021). Yet, an astonishing 500 million people lack adequate facilities for managing their menstruation (Fettig, 2021). To effectively manage menstruation, using menstrual products to absorb blood and having the ability to change them in privacy as often as needed throughout one's period is required (Fettig, 2021). Furthermore, using soap and water to wash the body as needed and accessing facilities to dispose of used menstrual products are also necessities (Sommer & Sahin, 2013). That is a sizable group of people experiencing a bodily function that is still stigmatized and still not frequently discussed broadly as a public health issue worth addressing. We do not fully grasp the breadth or depth of the impact of poor menstruation management globally, because it is a hidden need. Menstruation is framed as a personal health concern that is supposed to remain sequestered within one's private realm (McCarthy & Lahiri-Dutt, 2020), not to be shared outside it—nor exposed for the pain it causes. Periods are personal, relating directly to bodily agency and dignity, and the ability to manage them safely and affordably affects menstruators' ability to engage fully within society (Cooper, 2021; McCarthy & Lahiri-Dutt, 2020). The solution for improved menstruation management is considered to be the burden of individual menstruators, regardless of one's financial circumstances. That perspective neglects the potential health consequences of inadequate menstruation management. The risk of skin infections, urinary tract infections, sepsis, and ovarian cancer is heightened as a result of poor menstruation management, such as menstrual products being dispelled from clothing, reusing already used products, and creating product "hacks" out of rags, toilet paper or other items (Cooper, 2021; Carney, 2020; Broome, 2022).

Additionally, the financial burden of menstruation management and the populations most heavily impacted by such costs are important issues. In American federal prisons, two tampons could cost almost \$6 (Silverman, 2021). For comparison, local drug stores typically sell a box of 36 tampons totaling \$10, making two tampons

worth roughly 55 cents. In states where individuals who are incarcerated are paid for working, the average resident earns \$0.14 per hour. Thus, a resident making minimum wage would need to work 64 hours over an average 40-hour work week in order to afford a 16-count box of tampons (Carney, 2020). Moreover, transportation difficulties in this population may limit access to stores that sell larger quantities of menstrual products for lower prices (Johnson, 2019). The same dire financial situation is common for those reentering their communities with minimal job prospects due to having a criminal record (Bergseth et al., 2011). At this time, we do not know the burden of menstruation on those reentering their communities, and it can only be assumed based on what we know about the difficulties of accessing menstrual products in prisons/jails and the difficulties of the reentry process itself.

Stigma is also part of the picture. Problems pertaining to menstruation are often hidden because of the stigma attached to this bodily function, and that becomes a factor in understanding the experience of menstruators. It has been argued that stigmatization is a constant component of gendered control over menstruators' bodies (McCarthy & Lahiri-Dutt, 2020), particularly for those who are reentering their communities following incarceration (Smoyer et al., 2023). Societal norms call for masking of menstruation, as evidenced by television commercials that avoid using the words "blood" or "period" and visually change the color of blood from red to blue (Shwaikh, 2022; Houppert, 1999). In some countries, asking for menstrual products is a form of resistance to the normative "etiquette," one that prefers menstrual cycles to be invisible and silent (Shwaikh, 2022). According to the "Tampon Experiment," which examined the effect of making others aware of menstruation in public, women who dropped either a tampon or a hairclip from their purse were evaluated more negatively when they dropped the tampon as opposed to the hairclip (Roberts et al., 2002), suggesting they were perceived as less competent and likable, and participants even avoided sitting close to those who had dropped tampons (Roberts et al., 2002). The experiences of people who meet at the nexus of enduring the stigmatization of menstruating and the stigmatization of having been incarcerated are not well known.

THE TOLL OF MENSTRUATION

To unpack the scale of the issue, the average person menstruates over 38 years, using close to 240 pads or

tampons annually, depending on one's flow rate (Seibold & Fienberg, 2019). It is recommended that pads or tampons be changed about every four to eight hours based on the size used (i.e., light, regular, or super). Changing products this often helps prevent toxic shock syndrome (Seibold & Fienberg, 2019). Toxic shock syndrome is the result of a bacterial infection usually associated with using tampons during menstruation, with symptoms including fever, hypotension, rash, and with risk of organ damage (Todd, 1988). Therefore, menstruating individuals tend to use approximately four products daily. The average period lasts three to seven days, adding up to an average of about 20 products every cycle (Seibold & Fienberg, 2019). An average box of 36 pads or tampons costs roughly \$7. Thus, a person who menstruates spends nearly \$70 on menstrual products every year (Seibold & Fienberg, 2019) and thousands of dollars over a lifetime (Cooper, 2021; Johnson, 2019; Fettig, 2021).

In the System

Research shows that women who are incarcerated have higher rates of absent periods and menstrual irregularities that may be associated with the strains of confinement (Iroegbulem, 2021), but periods continue for most inmates. While it is recommended that people who menstruate use 20 menstrual products per menstrual cycle, some prison policies only allot ten per month (Shaw, 2019). In a prior research study, I conducted interviews within a county jail where women repeatedly reported: "We get pads, but we have to buy tampons" (Smith, 2020). One woman described used her ingenuity to create tampons from the pads given to them by "ripping out the fluffy part, wrapping it in plastic, and tying a string around it." Reportedly, the three pads they were receiving per day were not enough while menstruating, and they refused to purchase tampons from the commissary because they were reported to cause "bacterial infections" regularly, as confirmed by the medical unit.

The toll of menstruation during confinement may extend to visitation and contact with families, as individuals who menstruate may forfeit opportunities for social connection with loved ones or others during incarceration. One menstruating resident on Rikers Island lacked access to menstrual products and therefore did not meet with her social worker during her periods to circumvent the possibility of bleeding through her clothes and facing embarrassment (Shaw, 2019). Similarly, women have declined to visit with their families and attorneys because

they were on their periods (Shaw, 2019; Broome, 2022; Rossouw & Ross, 2021). Women in one study equated their treatment by correctional staff during their periods to being treated "like an animal" because of the refusal to provide menstrual products as needed, leaving women to free-bleed on their clothes and denying them access to wash the clothing until the next week's laundry cycle (Smith et al., 2023). Transgender men or intersex menstruators confront the additional challenge of taking extra precautions during their periods to avoid being "outed" by leaks that result in blood stains. Furthermore, transgender menstruators often endure a lack of access to menstrual products, a difficulty that may occur if they are housed in a men's prison where menstrual products are not offered in the commissary at all (Kulkarni, 2019).

Leaving the System

Returning to Alea's experience as she was preparing for reentry to the community, she stated, "I wish there was a program for reentry that provides them when we leave." She explained that most places that provide social services, including food pantries and donation centers, do not have menstrual products available—perhaps because of the stigma associated with menstruation or because of organizations overlooking the need for menstrual products entirely (Smith, 2020). One factor is that shelters are not permitted to use federal grant money to purchase menstrual products, leaving menstruators needing to rely on community donations as their sole option (Seibold & Fienberg, 2019). This is now known as "period poverty," understood as being unable to afford or access menstrual products (Cooper, 2021; PERIOD. & Thinx, 2023).

Upon reentry, the barriers associated with menstruation may look different compared to those in prisons/jails. When menstruating, there is often a need to take a break or time off to deal with menstrual flow and its associated symptoms (e.g., cramps, vomiting, diarrhea, migraines). However, low-wage workers and individuals experiencing poverty frequently have less flexibility in their employment or schooling (Johnson, 2019; Cooper, 2021; Roddy et al., 2019). Plus, with the added possibility of having to pay probation fees or fines, financial struggles are exacerbated. An individual who has an unexpected period or a heavy flow may be late to work/school, take additional breaks, or be slow to return from a break because they need to change products or clothes (Johnson, 2019). In addition, an employee who experiences severe pain during a period may take unscheduled leave, even if the loss of

pay resulting from the work absence is a financial blow (Cooper, 2021). Moreover, an employer may then feel justified to take action against the individual in the form of a reprimand, suspension, or even termination (Johnson, 2019). For someone with a criminal record, it is already challenging to find stable employment, and menstruation should not be a reason that an individual finds it harder to maintain that employment.

Ancillary and unexpected costs associated with menstruation also need to be taken into account. These may include pain medication or the purchase of new clothing (e.g., underwear, pants, uniforms) due to stains resulting from unexpected periods, leaking menstruation products, and/or lack of access to menstruation products. Furthermore, due to the sales taxes added to the purchase of menstrual products, menstruating individuals are forced to spend more on these essentials, leaving less money for other basic needs (Johnson, 2019). It is well known that individuals reentering the community from prisons or jails often have economic problems during the stressful reentry period, and having the price for the necessary products hiked up by sales tax exacerbates the issue (Smith, 2020; Bergseth et al., 2011; Fettig, 2021). In fact, a Feeding America Survey distinguished menstrual products as one of the top ten most basic needs of individuals (Bobel & Fahs, 2020). Basic needs should not be so challenging to obtain, but, unfortunately, that is often the case for those reentering their communities with little more than the clothes on their back.

THE LAW ON MENSTRUATION MANAGEMENT IN CORRECTIONS

Although considered a “medical device” according to the Food and Drug Administration (Pollard, 2023), states still consider pads and tampons to be nonessential (Seibold & Fienberg, 2019). In the criminal legal system, a unilateral Department of Justice (DOJ) order issued in 2017 requires the federal government to provide people in federal prisons access to various menstrual products. However, this mandate does not apply to state prisons or county jails, where it is also needed. The DOJ issued a memo stating that federal prisons must ensure female residents, without specificity pertaining to transgender residents, have unobstructed access to menstrual products by providing the following items at request with zero cost: Tampons (size regular and super-size), pads (with wings, size regular and super-size), and panty liners (size

regular) (Seibold & Fienberg, 2019). Enforcement efforts of the order by the DOJ are unclear to date, meaning the needs of the specific population that menstruates and that is also incarcerated may still go unmet.

Since 2014, the United Nations has declared menstrual hygiene a public health concern related to gender equality (Shaw, 2019). Effectively, denying access to menstrual products does not align with the right not to have to experience discrimination based on one’s sex (Goldblatt & Steele, 2019). Fortunately, the last two decades have brought menstrual health into an increasingly brighter spotlight, making it more openly the global public health concern it already was (Sommer et al., 2015). The federal government and 14 states have enacted laws to increase access to menstrual products in prisons, jails, or detention facilities, including those for youths (Gomez & Karin, 2021), while 23 states plus the District of Columbia now mandate free menstrual products in all correctional facilities (Fettig, 2021; Broome, 2022). Only one piece of legislation pertained to youth detention populations. Specifically, Los Angeles, as of 2017, now requires tampons to be provided to menstruators in youth detention facilities (Loc, 2017). However, some laws cap the number of products that can be distributed, while others exclude incarcerated individuals who do not identify as women (Broome, 2022), leading to period poverty within correction facilities as well (Tapp & Henson, 2024). For menstruators in the community, six states now require free access to menstrual products in public schools, and one state requires such access in shelters for houseless individuals (Fettig, 2021). Upon signing similar legislation in New York City (NYC), the mayor indicated that stigma should not exist regarding something as fundamental as menstruation, and thus, menstrual products are a necessity and not a luxury (NYC Press Office, 2016). As of 2019, however, menstrual products cannot be purchased using government assistance such as the Supplemental Nutrition Assistance Program and the Women, Infants, and Children Program, and Medicaid does not cover menstrual products (Johnson, 2019; Fettig, 2021).

Given that justice-involved individuals are often lower-income prior to incarceration and even more so following incarceration (Sharp & Marcus-Mendoza, 2001; Greene, et al., 2006), it is not surprising that affording menstrual products would be more economically taxing on them. The women in Sharp and Marcus-Mendoza’s (2001) study, living in a Midwestern state and having approximately

two children per household, had an average family income prior to incarceration of less than \$30,000, and family income dropped to as low as \$10,000 during incarceration. Low family income affects how the burden of menstruation management is handled, and a study conducted in the United States revealed that almost two-thirds of low-income women in metropolitan areas had unmet menstrual needs due to not being able to acquire menstrual products in the prior year, and one-fifth experienced this difficulty monthly (Kuhlmann et al., 2019). These two issues coupled together highlight why significant rises in crime among women in previous decades can be attributed to larceny, fraud, and drug-related offenses often associated with their financial position (Sharp & Marcus-Mendoza, 2001).

THE FUTURE OF MENSTRUATION MANAGEMENT

Moving forward, there are advocacy needs at all levels of government where there are currently gaps in the legislation, including but not limited to the need to supply free menstrual products in all correctional facilities (local, state, and federal), K-12 schools and institutions of higher learning, and community entities such as shelters, food

pantries, and other social services agencies (Brinkley & Niebuhr, 2023). In an article discussing this issue, the Justice Action Network highlighted polling research indicating that 90% of voters favor offering free menstrual products in prisons, with strong bipartisan support (Meng et al., 2018). To reduce the financial impact of menstruation, allowing shelters, food pantries, and social services programs to purchase menstrual products using federal grant dollars is also essential (Meng, 2016).

Reducing or eliminating the taxation of menstrual products is another way of moving the needle towards menstrual equity. Despite the apparent burden on low-income individuals who menstruate, particularly those who are justice-involved, 30 states still taxed menstrual products as of 2020, which earned them an estimated \$130 million that year (Fettig, 2021). That same year, 21 states introduced bills to remove the sales tax on menstrual products, and 20 of those states passed and enacted the bills (Fettig, 2021). In fact, the American Civil Liberty Union and Period Equity assembled a legislative toolkit on menstrual equity (<https://www.aclu.org/wp-content/uploads/publications/121119-sj-periodequitytoolkit.pdf>), which provides a road map

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for legislators on how to put action behind those plans (Brinkley & Niebuhr, 2023). Additionally, the toolkit includes legislative and policy example language for writing op-eds or letters to send to legislators to craft future laws. Lastly, it offers insights through interviews conducted with advocates about the progress of the menstrual equity movement and how to become involved (Brinkley & Niebuhr, 2023).

Other under-discussed barriers to accessing appropriate menstrual products also require a solution. Women in one study indicated that menstrual products available through some organizations did not necessarily match menstruators' needs, especially in terms of insufficient absorbency, and suggested making more sizes and absorbency levels of menstrual products available via donations to organizations (Johnson, 2019). Addressing the need to increase public awareness about the availability of, or lack thereof, menstrual products may be helpful in this regard (Johnson, 2019). It may also be beneficial to consider other types of products for donation, such as menstrual cups, because many of these products are reusable and thus would lower the long-term cost of replacing disposable products (Shaw, 2019; Bobel & Fahs, 2020). Several companies now sell reusable period underwear as well. Although period-specific underwear will not likely replace traditional pads and tampons completely, since it requires laundering, they can provide needed coverage for lighter period days as well as a second layer of coverage for heavier period days and during the night (Johnson, 2021). Each new proposed solution to reducing the burden of menstruation for those who are incarcerated or reentering their communities is worth exploring. While there are barriers to overcome, this problem is well worth the effort to solve.

CONCLUSION

Menstrual injustice equates to oppressing menstruators, whether women and girls, transgender men and boys, or nonbinary people (Johnson, 2019). Therefore, we need to focus on obtaining menstrual equity not only for those who live in our communities or are reentering those communities after incarceration, but also for those in correctional facilities who will inevitably begin the reentry process. In 2022, correctional institutions released over 7.5 million people, of which over 1.7 million were women (Wang, 2024). Menstrual equity means making menstrual products safe and affordable for everyone, especially those recently released from a correctional facility and faced with

the difficulty of surmounting financial challenges as they reintegrate into the community (Fettig, 2021; Bergseth et al., 2011; Smith, 2020). In a time of high need, people who menstruate should not have to worry about not being able to manage their menstrual flow—and potentially ruining the only set of clothes they may have at the time.

For menstruation management to be achieved for all, access to appropriate and new menstrual products in quantities sufficient for one's flow, privacy to change them, opportunities to clean one's body as needed, and facilities to dispose of them are crucial (Shiku, 2022). Access to menstrual products alone is not enough, as dignity and wellness needs must also be addressed. Thus, additional discussions are needed regarding access to bathrooms for urination and menstrual hygiene purposes, providing medication for improving comfort, and addressing the stigma of monthly bleeding (Shwaikh, 2022; Smoyer et al., 2023). More information surrounding these issues in the form of sex and reproductive education at all levels of education, provided for all people, regardless of sex or gender identity, is vital so that individuals who menstruate know when specific symptoms should be of concern, where to find menstrual products when monetary issues arise, and how to talk about menstruation as a normal function of the human body. Overall, menstruation should not impede an individual's chances of successful reentry into a community, and menstruators should not be made to feel that they have to hide that need.

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BREAKING GENERATIONAL CHAINS: THE HIDDEN IMPACT OF ADVERSE CHILDHOOD EXPERIENCES ON BLACK FATHERS IN COMMUNITY CORRECTIONS

by Johnny Alexander, Senior United States Probation Officer

Behind every risk score and supervision plan is a human story, often shaped long before probation begins. Adverse Childhood Experiences (ACEs) help explain those stories, and, if recognized, they can also help us change their endings. The risk-needs-responsivity model remains central to evidence-based practice in community corrections. Risk guides who should be prioritized for interventions, needs determine what should be addressed, and responsivity directs how interventions should be delivered (Taxman et al., 2006). Too often the principle of responsivity is minimized, treated as a secondary consideration instead of being the critical bridge between research and real people. For fathers under supervision, particularly Black fathers, responsivity cannot be fully understood without considering ACEs.

UNDERSTANDING IMPACT OF ACES

The landmark Adverse Childhood Experiences study conducted by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente revealed that exposure to traumatic events in childhood, such as abuse, neglect, or household dysfunction, has a direct and lasting impact on adult health and behavioral outcomes (Felitti et al., 1998). Individuals with four or more ACEs are significantly more likely to struggle with substance use, physical illness, unemployment, and involvement with the criminal justice system (CDC & Kaiser Permanente, 1998). Within the general population, approximately 12% report four or more ACEs, yet studies consistently show that among justice-involved men, rates of four or more ACEs approach 50% (Baglivio et al., 2014; Wildeman & Western, 2010). As shown in Table 1, this disparity underscores why ACEs cannot be ignored in correctional settings (Baglivio et al., 2014).

POPULATION	% WITH 4+ ACES
GENERAL ADULT POPULATION	~12%
JUSTICE-INVOLVED ADULTS	~50%

Table 1: ACE Prevalence

As a practitioner, I see what these numbers mean on the ground. They are not abstractions. They show up when a father misses curfew because of unstable housing or when anger rooted in childhood patterns of survival flares during a probation meeting. Without a trauma-informed lens, these behaviors are often misinterpreted as willful defiance rather than as echoes of unresolved trauma (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014).

For Black fathers under supervision, ACEs often intersect with broader patterns of generational trauma. Many of the men I supervise come from neighborhoods marked by disinvestment, where structural inequities have shaped opportunity for decades. Research confirms what we see daily: the long shadow of mass incarceration, compounded by cultural stereotypes about Black fatherhood, deepens the challenges of reentry (Nembhard & Lima, 2022). These fathers are also more likely to have experienced parental incarceration, which itself is a well-documented ACE and a strong predictor of later justice involvement (Wildeman & Western, 2010).

I saw this most clearly in the aftermath of Hurricane Katrina. Families in New Orleans were displaced, neighborhoods were destroyed, and many fathers under supervision lost both their housing and their support networks overnight. Some never reunited with their children, while others carried the invisible scars of abandonment and systemic neglect. Research confirms this lived experience: Black residents were disproportionately displaced, and men under correctional supervision often returned to fractured communities with limited resources (American Civil Liberties Union, 2006; Johnson et al., 2015). For many fathers I have worked with since then, Katrina was not only a natural disaster but also an ACE that rippled into the next generation. While Katrina was unique to the Gulf Coast, the lesson applies nationally: when disasters and systemic disruptions occur, they magnify the impact of ACEs for

justice-involved families everywhere.

It is important to note that ACEs are not criminogenic needs in themselves. Instead, they function as responsivity factors, elements that influence how individuals engage with interventions. This distinction matters. When ACEs are misused as risk factors, they can stigmatize clients or inflate risk scores. When recognized as responsiveness factors, they guide officers to tailor interventions more effectively (Taxman et al., 2006).

ACE-INFORMED SUPERVISION

Awareness of the impact of ACEs and their role in shaping how individuals engage with supervision is the first step toward developing appropriate agency policies and practices. Responsivity requires that services be delivered in ways that match learning styles, capacities, and lived histories. In my experience, a father with high ACEs may not thrive in a group-based program that feels unsafe or overwhelming, but he can make progress in smaller, trauma-informed interventions. Officers who can recognize survival responses are better equipped to hold people accountable while avoiding unnecessary revocations (SAMHSA, 2014). Parenting programs that directly address the generational impact of ACEs can also equip fathers to rewrite the story for their children. As shown in Table 2, embedding ACEs into supervision requires commitment across multiple levels of practice (SAMHSA, 2014).

LEVEL	REQUIREMENT
Policy	Recognize ACE-informed supervision as evidence-based practice.
Training	Equip officers with trauma-informed tools and practical strategies.
Community	Partner with behavioral health, reentry, and fatherhood programs.
Research	Track outcomes such as recidivism, program completion, and family stability.

Table 2: ACE-Informed Practice Requirements

Embedding ACEs into supervision requires commitment at multiple levels: Policy, Training, and Research and Evaluation.

Policy Level

- At the policy level, agencies must recognize ACE-informed practice as consistent with evidence-based supervision rather than as an optional enhancement (Nembhard & Lima, 2022).
- Policy directives and strategic plans can explicitly connect trauma-informed approaches to public safety outcomes, officer wellness, and recidivism reduction.
- ACE screening and trauma-informed frameworks should be incorporated into organizational standards, risk assessment policies, and performance measures.
- Steps should be taken to ensure leadership buy-in through policy statements, mission revisions, and allocation of resources that sustain trauma-informed practice.

Example: Incorporate trauma-related questions or ACE awareness into pre-sentence investigations, case plans, and supervision objectives.

Training Level

- At the training level, officers need tools to integrate trauma-informed principles into case planning. At the community level, partnerships with behavioral health providers, fatherhood programs, and reentry agencies can provide holistic support.
- Officers and staff should receive ongoing professional development on trauma, resilience, and secondary trauma exposure.
- Training should teach officers how to integrate ACE knowledge into decision-making, communication, and sanctions to reduce re-traumatization and promote behavioral change.
- Agencies should include skill-building modules on motivational interviewing, strengths-based supervision, cultural humility, and managing trauma triggers during home visits or violation discussions.
- Providing reflective supervision and peer consultation opportunities can help prevent burnout and promote staff well-being.

Example: Use scenario-based learning that helps officers practice ACE-informed interactions and trauma-responsive de-escalation techniques.

Research and Evaluation Level

- Outcomes should be tracked, including recidivism reduction, program completion, and family stability, so that this work is evaluated with the same rigor as other evidence-based practices.
- Data should be collected and analyzed on recidivism, program completion, treatment engagement, and family stability to assess ACE-informed approaches with the same rigor as other evidence-based practices.
- Staff wellness and turnover should be included as measurable outcomes, since trauma-informed supervision benefits both clients and officers.
- Agencies should partner with universities, research institutes, and national organizations to evaluate trauma-informed initiatives and publish findings.
- The use of data dashboards and qualitative feedback from clients and officers allows continuous refinement of practices.

Example: Conducting longitudinal studies to compare outcomes of ACE-informed supervision versus traditional approaches.

Community Level

- At the community level, create wraparound support and improve outcomes by developing partnerships with behavioral health providers, fatherhood programs, mentoring organizations, housing authorities, and reentry agencies.
- Agencies should collaborate with faith-based and community organizations that understand local trauma contexts and can support client and family resilience.
- Fostering cross-sector case conferencing (probation, treatment, schools, employers) enables agencies to align interventions with clients' ACE profiles and protective factors.
- By encouraging community education campaigns, stigma around trauma, mental health, and justice involvement can be reduced.

Example: Establishing trauma-informed reentry circles or community resource fairs that connect justice-involved individuals to family therapy, vocational training, and peer mentorship.

None of these actions reframe supervision as leniency. Trauma-informed practice does not excuse behavior—it

contextualizes it. A father who learns to understand the roots of his own trauma, participates in treatment, and models resilience for his children not only complies with conditions of supervision but also builds a different future for his family. That shift from surviving to breaking generational cycles is the real measure of success.

DRAWING ON BLACK MEN'S LEADERSHIP: THE MOREHOUSE LENS

As a graduate of Morehouse College, I draw on its tradition of Black men's research and leadership. The 1998 Morehouse Conference on African American Fathers documented that nearly five million men were under correctional control, and more than one million children had an incarcerated father (Morehouse Research Institute & Institute for American Values, 1999). That conference issued a national call for the criminal justice system to reconnect fathers with their children, reframing father absence as a structural problem rather than a cultural cliché. Today, Morehouse's Black Men's Research Institute (BMRI) continues that work, reframing Black fatherhood beyond stereotypes. Its symposia highlight the diverse ways Black men father through biological, non-biological, and community roles, providing perspectives that resonate strongly with treating ACEs as responsivity factors rather than risk labels.

BMRI has also underscored the importance of Black men's mental health as a determinant of family stability and engagement. This aligns with the clinical side of supervision, where untreated trauma, depression, and stress can derail case plans unless officers and clinicians partner to stabilize fathers. Morehouse initiatives like Fathers to the Finish Line, which supports student fathers in completing their education, demonstrate how targeted interventions can strengthen protective factors, improve stability, and model resilience (Davis & Minn, 2020). While these programs have primarily been carried out in Atlanta, their lessons are national: reframe fatherhood, prioritize mental health, and align systems to break cycles of trauma. Drawing on the BMRI's work in reframing fatherhood and advancing men's mental health, these principles align closely with ACE-informed, trauma-responsive practice.

Below is a structured version with short, contextual explanations that connect each theme to BMRI's work and its broader relevance to trauma-informed, ACE-responsive practice (Morehouse College, n.d.):

LESSONS FROM MOREHOUSE'S BLACK MEN'S RESEARCH INSTITUTE

1. Reframe Fatherhood

- **Meaning:** BMRI challenges deficit-based narratives that portray Black fathers through absence or dysfunction. Instead, it highlights the diverse and active roles Black men play as biological fathers, mentors, teachers, coaches, faith leaders, and community builders. (Morehouse College, n.d.)
- **BMRI Example:** Through symposia and research, BMRI showcases multidimensional fatherhood—affirming that Black men's contributions to child and community development extend far beyond traditional definitions of parenting.
- **Why it matters:** Reframing fatherhood strengthens protective factors in families and communities, reinforcing the notion that connection and presence—not perfection—are central to resilience.

2. Prioritize Mental Health

- **Meaning:** BMRI recognizes that emotional well-being is a critical determinant of family and community stability. It calls attention to how untreated trauma, depression, and chronic stress among Black men can affect fathering, relationships, and engagement. (Morehouse College, n.d.)
- **BMRI Example:** The Institute's research and community dialogues normalize help-seeking behaviors, promote culturally competent therapy, and bridge the gap between mental health access and masculine identity.
- **Why it matters:** In ACE-informed supervision, addressing mental health is a responsibility factor—it improves outcomes by treating root causes of instability rather than labeling them as risk.

3. Align Systems to Break Cycles of Trauma

- **Meaning:** BMRI advocates for integrated systems—educational, clinical, and justice—that work together to support Black men and fathers rather than operate in silos
- **BMRI Example:** Programs like Fathers to the Finish Line at Morehouse demonstrate this alignment in action, helping student fathers complete their education while strengthening their family roles.
- **Why it matters:** System alignment models how partnerships between schools, mental health providers, and community agencies can enhance stability, reduce recidivism, and promote intergenerational healing.

CLOSING CALL TO ACTION

Breaking generational chains require us to see beyond conditions of release and into conditions of history. ACEs are not peripheral details; they are central responsibility factors shaping how individuals engage with supervision. For Black fathers, the stakes are generational. When community corrections acknowledge ACEs within the responsibility principle, we do more than enforce compliance. We help create pathways for healing.

When we embed attention to ACEs into supervision, we do more than reduce recidivism. We restore fathers to families, break cycles of trauma, and strengthen communities. Most importantly, we fulfill the promise of our profession: justice balanced with humanity. This is the challenge before us, and also the opportunity.



AUTHOR BIO

Johnny Alexander is a federal probation officer and licensed clinical social worker with extensive experience in community corrections, behavioral health, and reentry. A graduate of Morehouse College, Howard University School of Social Work, and the University of Louisville School of Law, he integrates legal and clinical perspectives in his work. His areas of expertise include trauma-informed care, substance use treatment, cognitive behavioral interventions, and reentry programming. He has presented nationally at APPA and other professional conferences, with a focus on advancing evidence-based practice and promoting wellness in community corrections. He is committed to advancing trauma-informed, evidence-based supervision at both the local and national level.

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APPA NATIONAL STANDARDS FOR COMMUNITY SUPERVISION AND THE PURPOSE OF COMMUNITY SUPERVISION

by Brian Lovins, PhD, President of JSP, Past President of APPA

Having a profession that is over 100 years old but lacks established standards of practice has been a challenge for us all. For the past decade, APPA has been working to develop and implement a set of standards for community supervision that can encompass what research tells us is most effective. Unfortunately, while research on probation departments has been relatively limited, it seems clear that the adoption of standards has been gradual and far from widespread. With 2,300+ adult community supervision departments and 1,200+ unique juvenile departments, community supervision organizations have largely been left to their own devices to decide what is best practice. This local rule has allowed for a wide range of supervision strategies that are often driven by state and local policies, elected and appointed officials, and, not surprisingly, “bad cases” more than by what we know works.

Given the lack of standards, vast differences can be seen in community supervision operations across jurisdictions. In some jurisdictions, community supervision predominantly consists of specially trained law enforcement officers, while in others social workers are utilized to help people engaged in crime find the right path forward. In most, department staff play both roles, changing hats as seen warranted. While there are some in the field who celebrate the opportunity for pure localization of community supervision, most of us recognize a need for common practices built on a set of standards that are universal to all jurisdictions.

Imagine if we allowed hospitals or police departments to establish their own standards locally. Every hospital could do its own thing, without any requirement to meet national quality of care guidelines. For police officers, each department could establish its own rules and treat community members in any manner it wanted, without an expectation of reasonable consistency between departments. What about accountants? Doctors? Engineers? Would you want to live in a community in which engineers have no minimal standards to follow and proceed to build bridges and roads however they see fit? That is our current landscape within community

supervision. Policies and practices are written at either the state or local level (or both) to address state and local interests instead of being grounded in research or even best practices. Without standards, the criminal justice system, and specifically community supervision, follows the unsteady path of a swinging pendulum operated by different elected and appointed officials, shifting with each change in administration.

Having standards of practice does not mean that there can't be or shouldn't be localization of community supervision. There should definitely be flexibility so that departments can create local programming that works for their community in addition to certain standards of practice that align across jurisdictions. The APPA National Standards for Community Supervision do exactly this, but they nonetheless provide a clear framework for probation and parole departments across the country to have core components in place that help each organizations deliver effective strategies to address the needs of people under supervision. In regard to the assessment process, case planning, and interventions, the APPA Standards set the expectations for a quality department. While not every jurisdiction can immediately rise to meet these standards, we as a profession should be working towards them at every level to continuously improve the outcomes of those under supervision.

In reviewing the standards, I don't want to overlook what I believe is the crux of the probation and parole debate, i.e., what is the purpose of community supervision? The introduction to the Standards sets down the guiding principles of a community supervision department, stating that first and foremost each agency is

...committed to enhancing the health, well-being, and safety of individuals on supervision, staff, and the community, and works to create an environment of trust, mutual respect, and understanding where all staff act in the best interests of individuals on supervision and the community. (APPA, 2024, p. 6)

If we all agree that the job to be done by community supervision is to enhance the success of people under supervision for the betterment of the community at large,

then the rest of the Standards are easy to understand and grow towards. In contrast, if we believe that the role of community supervision is simply to exact punishment, as if that were the sole goal and purpose of the justice system and courts, and is not directly charged with improving outcomes of the people under supervision and thereby working to prevent recidivism, then the Standards are relatively obsolete before we even get started.

If we are interested in being the system that helps people who are engaged in crime find successful pathways forward, the APPA Standards have set the right tone and direction. The Standards provide a road map, whether you are an urban department or a rural department, to do good work. From starting with the right approach, to building an understanding of a person's goals/needs/barriers (assessment), to then devising a unique plan designed to help that individual be successful (case planning), and to then ultimately asking staff to be coaches for the people under supervision and promote their increased success (and concomitantly the success of our staff), following the Standards will ultimately lead to safer communities.

I truly believe in the power of the people who work in this field to help change the trajectory of those who have engaged in criminal activity, ranging from those who are likely to succeed with little to no interventions to those who need significant support wrapped around them. With clear standards like those that have been set down by APPA for the field, community supervision can be an instrument for consistently helping people to thrive.

AUTHOR BIO

Brian Lovins has worked in the field for over 30 years trying to improve the practices of community supervision. He has worked across academia and practitioner spaces, and he now runs a non-profit criminal justice research and technical assistance agency. His work spans all aspects of the criminal justice system from early intervention to post-release supervision. As part of his work, Dr. Lovins has introduced the Coach Referee Model for Change (CRMC) to over 200 agencies interested in aligning their organization and staff with the delivery of core correctional practices. Dr. Lovins has been honored to receive the Simon Dinitz Award, the David Dillingham Award, and the Edward Latessa Practitioner Research Award, and he has also been recognized as a Distinguished Alumnus from the University of Cincinnati.

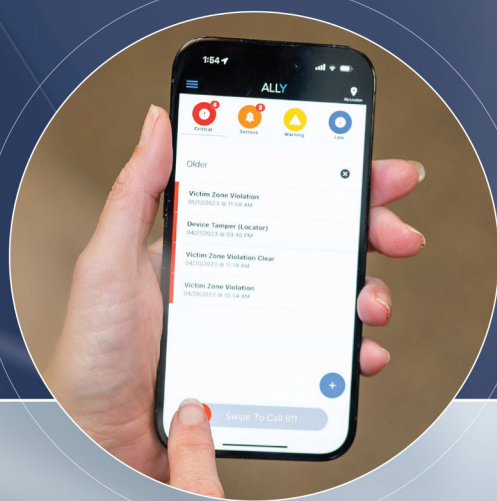
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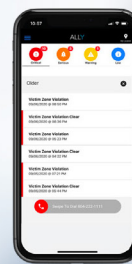
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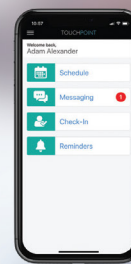
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