California Coalition for Women Prisoners, et al.,
v.
U.S Federal Bureau of Prisons, et al., Consent Decree
Case No. 4:23-cv-04155-YGR

ADDENDUM

8th Public Monthly Status Report
November 1 - 30, 2025

Submitted by

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U.S. District Court
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ADDENDUM TO THE 8th PUBLIC MONTHLY STATUS REPORT, NOVEMBER 1 – 30, 2025

Purpose of Addendum: The intent of this addendum is to revise specific sections within the 8th Public Monthly Status Report, November 1 – 30, 2025, originally dated February 20, 2026. Revised language is reflected via strikethrough or in italics.

Paragraph 34, Page 11 of the Original Report:

Original Language: BOP uses group therapy widely, and although studies show that group therapy works well in prison settings, programs are most effective when facilitators are trained in trauma informed care, gender responsive approaches and management of dissociation and triggers. This type of training is provided by BOP to staff; however, there is nuance to effectiveness of group therapy that includes access to individual support when needed, particularly for women with extremely complex trauma who may require individual therapy alongside group treatment. ~~Given that CMs, by definition, have been victims of sexual assault within the prison system, and that many studies have found that anywhere between 65% - 75% of women in prison report significant childhood trauma, CMs may need to a more tailored approach to their mental health care.~~

Revised Language: BOP uses group therapy widely, and although studies show that some group therapy works well in prison settings, programs are most effective when facilitators are trained in trauma informed care, gender responsive approaches and trauma triggers. This type of training is provided by BOP to staff; however, there is a necessary dimension of group therapy treatment which will improve effectiveness that includes access to individual support when needed, particularly for women with extremely complex trauma, who may require additional individual therapy alongside group treatment.

The disproportionately high rates of childhood trauma, sexual assault, and mental illness, among incarcerated women, increase their susceptibility to victimization during incarceration.(Bennedict, 2014). Major empirical studies have established women's pathways to prison are shaped by violence and subsequent trauma in their lives as girls and women. This suggests CMs may need a more gender-based and trauma-informed tailored approach to mental health care. The Women and Special Populations Branch outline the annual gender responsive, and trauma-informed training provided to staff, and claim inmates have available to them commensurate evidence-based treatment and programs. However, there is little evidence that this is in fact is delivered or that any evaluations of staff training or program efficacy have been conducted.

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Paragraph 48, Page 22 of the Original Report:

Original Language: Of the 10 CMs who had existing prescription medications and/or medical devices, were they all provided these items within 24 hours? **It is unclear if CMs were provided their prescription medications and/or medical devices within 24 hours. The reason is because BOP does not provide rounding information to the Medical Experts or Senior Monitor.** ~~**During this monitoring period, the Medical Experts received two complaints; one directly from CM 18 and another from Class Counsel (CM 19) indicating they did not receive their medications nor were they given access to sick call while housed in SHU.**~~

Revised Language: Of the 10 CMs who had existing prescription medications and/or medical devices, were they all provided these items within 24 hours? **It is unclear if CMs were provided their prescription medications and/or medical devices within 24 hours. The reason is because BOP does not provide rounding information to the Medical Experts or Senior Monitor.** ***During this monitoring period, the Medical Experts received two complaints; one directly from Class Counsel regarding CM 18, and another from CM 19 indicating they did not receive their medications nor were they given access to sick call while housed in the SHU.***