Rethinking Rehabilitation for Women in Prison

Insights from Correctional Leaders on Behavioral Health, Reentry, and Prison Culture

July 2026

To better understand how prison systems are approaching rehabilitation for women, the Council on Criminal Justice convened three virtual focus groups with correctional leaders. The conversations, involving leaders from 17 states, focused on behavioral health and wellness programming, reentry preparation, prison operations, and the barriers agencies face in delivering and evaluating supports for women in prison.

Across the discussions, leaders described rehabilitation as more than compliance, program completion, or recidivism alone. They framed it as a set of practices and conditions that help women stabilize, address trauma, regulate emotions, strengthen family and peer relationships, prepare for reentry, and live in prison environments that support safety and dignity. The focus groups also discussed persistent barriers that limit progress, including uneven program access, staffing constraints, assessment limitations, geographic distance from families and providers, and limited data on what works.

Key Takeaways

- Correctional leaders described rehabilitation for women as **extending beyond compliance, program completion, or recidivism** to include stability, healing, relationships, reentry preparation, and prison environments that support safety and dignity.
- Many correctional leaders said their states were undertaking efforts to **tailor prison programming and operations to women's distinct risks, needs, and pathways**

into the justice system.

- Leaders highlighted **stabilization as an early priority for women in prison**, emphasizing the importance of safety, trust, and readiness before intensive treatment begins.
- **Behavioral health and wellness programs were described as central to rehabilitation**, particularly when they address trauma, emotional regulation, mental health, substance use, family relationships, and recovery.
- **Relational supports**, such as parenting programs, family engagement, peer mentorship, and healthy relationship programming, were cited as especially important.
- Focus group participants described **uneven access to programming**, with sentence length, custody level, staffing, geography, volunteer availability, and assessment practices limiting program reach.
- Leaders said **evaluation of prison programming for women is limited,** emphasizing the need for better data, fidelity checks, and measures of progress beyond recidivism.

Methodology

In June 2025, the Council on Criminal Justice (CCJ) convened three 90-minute virtual focus groups with correctional leaders recruited through the Correctional Leaders Association (CLA). Twenty-four participants from 17 states joined the discussions, after responding to an invitation distributed through CLA's listserv (Figure 1). Guided by a semi-structured protocol, CCJ facilitators asked participants to describe state-level correctional programming, operations, and implementation related to behavioral health and wellness programming for women in prison. Topics included trauma, mental health, substance use, relationships, emotional wellness, family connection, reentry preparation, program access, staff training, facility design, assessment practices, and continuity of care after release.

Figure 1. Focus Group Participants by State

The discussions focused on agency practices and policies, not participants' personal experiences or private information. They were designed to identify themes, challenges, and emerging practices among participating agencies; they were not intended to measure the

prevalence or effectiveness of specific programs across the country. Because participation was voluntary, the findings may overrepresent agencies already engaged in efforts to improve outcomes for women or actively considering women's distinct needs.

CCJ staff identified themes through a close review of transcripts and notes, with attention to points raised across multiple focus groups and illustrative examples from individual states. Because some states had more than one participant, the analysis intentionally avoided overrepresenting states with multiple respondents. Participating states are shown in the map, but comments are not attributed to specific participants, agencies, or states to encourage candor and protect confidentiality. Direct quotations have been lightly edited for clarity.

Why Many Agencies Are Taking a Different Approach With Women

Across the focus groups, correctional leaders described a growing recognition that many traditional prison programs and policies were built around men's experiences and do not always fit the needs of women. Participants emphasized that women's pathways into the justice system often involve trauma, intimate partner violence, caregiving responsibilities, poverty, substance use, and relationships marked by coercion or instability. These factors do not explain every woman's justice involvement, but most participants said they are common enough that prison programming and operations should account for them directly.

As one participant put it, "We're still trying to serve women with programs and policies designed for men. It's like putting a square peg in a round hole." That sentiment captured a common theme across the discussions: Simply adapting programs designed for men may not be sufficient if the underlying model does not reflect women's experiences, needs, or motivations for change.

Participants said differences between men and women in the justice system show up across the prison experience, from intake and stabilization to treatment engagement and reentry planning. Several leaders noted that their agencies are trying to move toward more trauma-informed, relational, and dignity-centered approaches that better reflect women's personal experience and long-term goals. These changes varied across states and facilities, and the focus groups were not designed to assess how widespread or effective they are. Still, the discussions indicate that at least some correctional leaders are reexamining what rehabilitation should look like for women in prison.

This shift is consistent with research showing that gender-responsive approaches can improve engagement and outcomes when they address women's specific risks, needs, and pathways into the justice system.[1] The sections that follow describe how participating leaders are applying these ideas in practice, including through crisis stabilization, trauma-informed care, emotional wellness programming, relational supports, reentry planning, and changes to prison culture and operations.

Read more about women's pathways into the justice system in CCJ's publication, *Women's Justice: A Preliminary Assessment of Women in the Criminal Justice System.*

Stabilization Must Precede Treatment

Several participants noted that many women enter prison in crisis: physically unwell, emotionally guarded, withdrawing from substances, managing untreated mental health needs, or overwhelmed by the immediate shock of incarceration. Women in this stage may not be ready to engage in intensive treatment or cognitive-behavioral programming, participants said. Before asking them to examine trauma, change behavior, or plan for reentry, facilities often need to help women stabilize and begin to feel safe.

For participants, this lack of readiness was not framed as resistance to programming, but as a sign that many women first need support addressing acute health, behavioral health, and emotional needs. One participant described the challenge as asking women to make major changes while they are still focused on getting through the immediate crisis of incarceration:

"We're asking them to change everything while they're still in survival mode. That's not when most people make their best decisions."

This concern shaped how participants described treatment sequencing: intensive programming may be more effective when it follows stabilization, rather than beginning while women are still managing crisis.

Participants described stabilization as an essential first step in behavioral health programming. In their view, programs are more likely to engage women effectively when they begin by meeting immediate needs, building trust, and supporting emotional regulation before moving into more intensive treatment. This front-end work may include withdrawal support, crisis intervention, orientation to the facility, peer support, or less intensive voluntary wellness programming like yoga, mindfulness, or grief support that gives women an easier entry point into services and helps them become emotionally steady enough to

participate. As one leader said, “For a lot of women, their recovery starts in this moment of crisis and upheaval—so stabilization has to come first.”

These observations are consistent with national data showing high rates of mental health needs, substance use, and trauma exposure among incarcerated women.[2] They also align with trauma-informed approaches that emphasize safety, trust, choice, collaboration, and empowerment as foundations for effective care.[3] The focus groups did not evaluate whether particular stabilization models improve outcomes, and evidence on phased programming in women’s prisons remains limited. Still, participating leaders consistently described early stabilization and trust-building as important starting points for treatment engagement.

Trauma is Widespread, and Prison Can Compound It

Research has long documented high rates of trauma among justice-involved women; studies have found that up to 90% report exposure to trauma, often repeated and relational in nature.[4] Participants across the focus groups echoed this finding, describing trauma as a central feature of many women’s lives before prison and a critical consideration for rehabilitation and prison-based programming once they are incarcerated.

Several participants said women themselves often identify trauma as a core need.

“In site visits, I ask women what they need to heal. Every time, they say: trauma work, I need help with trauma. They ask for it.”

Leaders emphasized that while trauma is not unique to women, many women in prison have experienced forms of harm that are deeply interpersonal, including childhood abuse, sexual violence, domestic violence, coercion, and betrayal by caregivers and intimate partners.[5] These experiences can shape women’s mental health, substance use, relationships, emotional regulation, and sense of safety.

Participants also noted that incarceration itself can compound trauma. Separation from children, distance from home, loss of autonomy, institutional rules, searches, isolation, and other features of confinement may echo earlier experiences of control, violence, or abandonment. Participants said this does not mean accountability is unimportant; rather, they emphasized that rehabilitation is harder when prison environments recreate conditions that have harmed many women in the past.

One participant connected this concern directly to the experience of being incarcerated far

from home and family:

“For women, the trauma intensifies due to the incarceration itself—they are so far from home that they never see their kids, and everything at home just falls apart. Prison is difficult for men too, but at least someone is at home with their kids, holding everything together.”

For discussion participants, these dynamics made trauma-informed care more than a clinical program or curriculum. In their view, it requires a facility-wide approach that shapes how staff communicate, how policies are implemented, how physical spaces are designed, and how women are given opportunities to build trust, exercise agency, and participate in treatment. Several leaders emphasized that trauma-informed practice should not be limited to behavioral health staff because day-to-day interactions with officers, case managers, medical staff, and volunteers can either support healing or deepen distrust. One participant put it this way: “Everyone walking through the door should have the training to work with this population. It shouldn’t just be one or two clinicians.”

That broader approach aligns with longstanding guidance on gender-responsive and trauma-informed correctional practice, which calls for strategies that promote safety, trust, choice, collaboration, and empowerment throughout prison operations.[6] In this framing, trauma is not only a treatment issue; it is a central consideration for programming, staffing, policy, and the day-to-day environment in women’s prisons.

Wellness Programs Can Support Emotional Regulation

Participants said wellness programs such as yoga, mindfulness, journaling, art, and grief support are not just recreational activities. In their view, these offerings can help women begin to feel safe, regulate emotions, process loss, and build enough trust to participate in more intensive therapeutic work. Several described these options as less intensive, easier-to-enter programs that may feel less clinical or intimidating for women who are grieving, withdrawn, emotionally dysregulated, or distrustful of formal treatment.

One participant described yoga as a starting point for women who may not yet be ready to discuss trauma directly:

“Some women aren’t ready to talk about trauma. But they can go to yoga. It helps them feel safe. And then maybe after they feel safe for a while, they can talk about trauma in the future.”

Participants also said these programs can create space for women to process grief, stress, and loss—needs that may otherwise go unaddressed in prison. As one leader put it, “Grief is huge. We see women just shut down from unaddressed loss. Giving them space to process is a lifeline.”

Beyond emotional regulation, participants emphasized that wellness programs can give women rare time to pause, reflect, and begin making sense of what has happened in their lives—a step participants described as important for women who may have spent years navigating trauma, instability, substance use, or survival.

“Some of these women have never had time to themselves, to reflect or even just breathe.”

Participants framed these programs as foundational to rehabilitation and reentry success, not separate from it. From their perspective, wellness programs can help women practice self-regulation, reflection, and stress management while serving as a bridge between crisis stabilization and more structured mental health and substance use disorder treatment.

Research on wellness programs in correctional settings is promising but still limited. Some studies suggest that mindfulness-based, expressive, and body-based practices may help reduce stress, anxiety, depression, and trauma-related symptoms among incarcerated people, including women, though the evidence is not specific to women in all cases.[7] The themes highlighted by participants also reflect trauma-informed principles that emphasize safety, empowerment, and choice as foundations for recovery.[8]

Relationships Can Be a Risk or Resource

Consistent with research on women’s pathways into the justice system, participating correctional leaders described relationships as central both to women’s incarceration and to their prospects for healing and reentry. Several participants identified unhealthy or coercive intimate relationships as a contributing factor in women’s justice involvement, particularly when those relationships involve violence, substance use, dependency, or pressure to participate in criminal behavior. Studies similarly show that women’s justice involvement is often shaped by relational contexts, including efforts to preserve relationships, meet a partner’s demands, cope with violence, or survive instability.[9]

Participants said programming can help women recognize and disrupt these patterns. As one

leader noted:

“We’ve started programs focused on co-dependency and unhealthy attachments. Women are hungry for them.”

Another described the goal as helping women avoid repeating harmful cycles after release:

“They get caught up in co-dependent or toxic relationships again and the cycle just repeats. So we address it head-on in programming, to help them do something different next time.”

At the same time, participants emphasized that relationships can be a powerful source of healing and motivation. Positive relationships with peers, prison staff, children, family members, and community supports can help women build trust, practice healthier communication, and imagine a different future. Peer mentorship programs were cited as especially valuable because they allow women to receive support from others with lived experience who may be able to connect in ways staff cannot. One participant described peer mentors as people who “walk with women in a way staff can’t,” calling the support “transformative.”

Some agencies represented in the focus groups have built more formal peer support systems. One participant described a peer advisory council that matches women with peer mentors based on specific needs, such as navigating a medical issue or housing change, so that support comes from someone chosen because she is the right fit.

Parenting relationships were another major theme. Participants described separation from children as a profound source of grief and stress for incarcerated women, but also described family ties as a major reason women engage in treatment and behavior change. Several agencies represented in the focus groups offer parenting classes, family days, child-friendly visitation spaces, enhanced video visitation, and coaching before and after family contact to help women maintain or rebuild relationships with their children.

For some women, maintaining those relationships can reinforce why treatment matters:

“Family is the number one motivator. If they’re engaged with their kids, they want to get better.”

Some states represented in the focus groups try to support that motivation through family-centered activities that make visits feel less institutional and more relational.

“We do things like 'family days' and have structured activities—crafts, games, shared meals. It’s a different atmosphere. It helps rebuild those connections.”

Participants also emphasized that contact with children can be emotionally complicated, especially after long separations. For that reason, some agencies do more than provide time or technology; they help women prepare for interactions with their children, and process it afterward.

“We don’t just give them Zoom time. We help them plan for it, talk through what to say, and how to handle it if the kid’s upset. Then they meet again after to reflect and learn for next time.”

Research on women’s justice involvement and rehabilitation has long emphasized the dual role relationships can play in women’s lives.[10] Participants described that idea in practical terms: relationships can contribute to instability, coercion, and justice involvement, but they can also help women stay engaged in treatment, rebuild family ties, and prepare for reentry.

Reentry Readiness Is Part of Rehabilitation

Participants said that behavioral health and wellness programming must prepare women not only to function while incarcerated, but also to navigate the conditions they are likely to face after release. They described reentry as a critical period when women may be dealing with unstable housing, untreated or undertreated behavioral health needs, financial insecurity, strained family relationships, parenting responsibilities, and pressure to return to old relationships or environments—the kinds of instability that can make it harder to comply with supervision, avoid unsafe situations, and stay safely in the community.

Several participants emphasized that even strong prison-based programming can lose its impact if women leave custody without continued support.

“We offer great services inside, but if there’s no continuum of care after release, it falls apart.”

Others focused on the number of pressures women may face at once when they return home. The challenge, they said, is not any single need, but the way housing, work, parenting, relationships, and money can all become urgent at the same time.

“They return home to strained relationships, co-parenting stress, no job, and no money. It’s overwhelming.”

Participants also said correctional systems may underestimate the instability many women face after release.

“We don’t always have realistic expectations for them when they leave. If there’s no stability—housing, childcare, money—it’s like setting them up to fail.”

For participants, continuity of care was one of the most important gaps between prison and home. Even when women receive strong programming inside, leaders noted that progress can be difficult to sustain without timely access to treatment, medication, housing, employment, childcare, transportation, and supportive relationships after release. For some women, release means returning to the same conditions that contributed to their justice involvement in the first place, making the handoff from prison to community support important for both individual stability and public safety.

One participant put the concern plainly:

“There’s no net to catch them. Once they’re out, they’re on their own.”

Some participants said their agencies are trying to close that gap by beginning reentry planning earlier and building stronger connections to community-based support. These efforts include peer mentoring, volunteer navigators, family engagement, parenting support, referrals to treatment providers, and partnerships with community organizations. Correctional leaders framed these approaches as ways to create a “soft landing” after release, especially for women returning to unstable or strained home environments. This emphasis is consistent with gender-responsive and trauma-informed reentry research and practice guidance, which highlight the importance of continuity between prison- and community-based supports.[11]

Participants also underscored that relationships often shape what happens after release. For some women, release means trying to rebuild relationships with children after long separation; for others, it means returning to family conflict, unhealthy intimate relationships, or caregiving expectations without enough support. Parenting programs, family visitation, and coaching in communication with children were described as ways agencies can help women prepare for these realities before they leave prison.

Several participants connected women’s reentry success to broader family, community, and

public safety goals. Helping women return home with greater stability and stronger support, they said, can benefit not only the women themselves but also their children, families, and neighborhoods. One participant described the goal as preparing women to be “good neighbors”—people who can live safely in the community, build and maintain healthy relationships, and contribute to family and community life. Another put the broader aspiration this way:

“Our goal is to return someone to society better than when they came in.”

Focus group participants consistently described continuity of care, family connection, and community-based support as essential to sustaining the progress women make during incarceration. Research on gender-responsive correctional practice similarly emphasizes that women’s reentry needs are often shaped by behavioral health, caregiving, economic instability, and relationships.[12]

Prison Environments Shape Rehabilitation

Beyond the shift to new programming approaches, participants said their agencies were working toward a broader goal: making women’s facilities more humane, therapeutic, and responsive to the realities of women’s lives. These efforts included changes to physical space, staffing practices, search policies, visitation areas, therapeutic housing units, peer mentorship, and staff training. Participants said such changes reflect the fact that programming alone is not sufficient. How women are treated in everyday interactions, how policies are carried out, and whether prison operations support safety, dignity, and connection can all shape whether women are able to engage in rehabilitation.

For example, several participants described trauma-informed staff training as essential, not just for clinicians but for everyone who interacts with women in custody. Others pointed to operational changes, such as revising search practices, improving visitation spaces, creating therapeutic housing units, and using peer mentors, as ways to reduce avoidable harm while maintaining safety.

One participant described changes to search policies as an example of trying to balance security with women’s histories of trauma:

“Search policies have always been rooted in control. We’re working to change that because we’re not finding contraband in a cavity search that we didn’t already find

on the scan. Why put someone who's likely to have been assaulted and abused through something that's just not necessary?"

Another described the larger goal more simply:

"We're trying to make the entire environment a little more humane, without compromising safety."

Participants also said some agencies are trying to make values such as hope, purpose, accountability, and dignity more visible in women's facilities. They described this less as a formal change in mission statements than as an effort to align daily practice, including programming, staff expectations, facility operations, and public messaging, with the goals of rehabilitation.

"Two of our stated values are hope and purpose. Programs are supposed to reflect that."

For participants, this broader approach reflected a basic premise: women cannot simply be warehoused during incarceration and expected to return home better prepared for their families and communities. Several leaders described rehabilitation as requiring opportunities for women to address trauma, build healthier relationships, strengthen parenting and family connections, and practice the skills they will need after release. One participant summarized the point this way:

"Women need healing, not just warehousing."

Some leaders described facility design as an important part of culture change. They discussed efforts to create spaces that feel less punitive and more conducive to growth, including open layouts, green space, communal areas, and child-friendly visitation spaces.

"We're building a new women's facility, and we're intentionally designing it to look and feel more like a junior college than a prison—green spaces, open housing units, beautiful architecture. We want it to be a place that promotes accountability, growth, and healing, not just punishment."

Another participant described the goal as creating an environment that better prepares women for life after release:

"The bigger goal is to create a normalized environment that mirrors the world they'll return to—one where they're called by their first name, where they feel seen,

and where rehabilitation is actually possible."

Participants also noted that changing prison culture can require changing public perception. Some leaders described inviting legislators, media, and community partners into women's facilities so they can better understand who is incarcerated, what women need, and what rehabilitation can look like in practice.

"We want people—legislators, media—to come inside. Let them see who these women are, let them see what they need and what they're capable of when someone believes in them."

These examples reflect a broader theme raised throughout the focus groups: Rehabilitation is shaped not only by curricula, but by the environment in which programming occurs. Participants emphasized that policies, spaces, language, discipline practices, and daily staff interactions can either reinforce trauma and distrust or support safety, dignity, accountability, and engagement. This emphasis is consistent with gender-responsive and trauma-informed correctional guidance.[13]

Barriers Limit Access, Consistency, and Evidence

Even as participants described efforts to better support rehabilitation for women in prison, they identified persistent barriers that limit access to programs, consistency of their delivery, and evidence of their effectiveness. These barriers include eligibility rules tied to sentence length or custody level, staffing shortages, geography, reliance on volunteers, assessment practices, limited program capacity, and gaps in data infrastructure.

Participants noted that sentence length and release timing can determine whether women are able to access programming at all. Women with shorter stays may leave before they can begin or complete available programs, while women serving long or life sentences may be excluded from programs that prioritize people nearing release.

"We use sentence length as the gatekeeper for programming, and that bumps people out—especially women on short stays. They might stay in jail for a few months and then come here for a few months and leave without ever touching programming."

Limited capacity can also make the sequencing of supportive programming difficult.

Participants said that while moving a woman into a program earlier may help her access treatment, a lack of follow-up services may leave her with little structured support for the rest of her sentence.

“There’s also the logistical problem: If I move someone into this program earlier to get them access, then I have to figure out what happens with them for the rest of their time—I can’t just leave them with nothing for months while they wait for the next step.”

Because prison programs often focus on people preparing for release, participants said women serving long or life sentences may be left out, despite having their own behavioral health, wellness, and relational needs. Several leaders noted that these women often help shape the culture of the facility and may need programming that supports purpose, stability, and leadership over time.

“We have women who are going to be with us for 20, 30 years—or forever—and there’s just not much for them. Most of our programming is geared toward reentry, but what about the ones who aren’t going anywhere? They still need purpose. They still need support.”

Another participant made a similar point about the role long-term residents play inside the facility:

“We don’t always include our long-termers, but they need the programming just as much. And they set the tone for the whole unit.”

Geography is another barrier to family connection and community-based support, participants said. Because many states operate only one or two women’s prisons, women may be housed far from home, making visitation and family engagement difficult even when facilities offer parenting programs, family days, or child-friendly visitation spaces.

“It doesn’t matter how good our parenting program is if the kids can’t get there.”

Program delivery is also constrained by staffing shortages, facility location, and reliance on volunteers or community partners. Participants said sustaining therapeutic, wellness, and enrichment programs is difficult when there are not enough staff, clinicians, trained facilitators, or volunteers to run them consistently. These challenges can be especially acute when women’s facilities are located far from population centers and service providers.

“You can have the best program in the world, but if there’s no one to run it, it’s just

a binder on a shelf."

In response to such challenges, some participants said their agencies were adapting program delivery through one-on-one counseling, informal peer support, modified schedules, or creative use of limited staff time. These adaptations may help women receive some support, but they also underscore how fragile programming can be when it depends on limited personnel or inconsistent volunteer access.

Assessment and classification practices present another challenge. Some participants said their agencies are interested in tools that better capture women's criminogenic risks, needs, and strengths, but face practical barriers to implementation. Adopting a new or gender-responsive tool may require retraining staff, changing case planning processes, updating data systems, revising policy, validating the tool for the population, and coordinating with jails, prisons, and community supervision agencies that rely on a shared assessment structure. As a result, even agencies that want to shift may find it difficult to change one part of the system on its own.

"When you're trying to pivot to something just for women, but your whole system is built around a single tool, it's hard to shift just one piece without getting everyone else on board."

Several participants also raised concerns that so-called "gender-neutral" risk and classification tools may not fully capture what is driving women's behavior, a limitation that can influence eligibility for certain programs and have other negative impacts. These tools are designed for use with all incarcerated people, but were developed or validated primarily with male populations and may not adequately account for factors shaping women's pathways into the justice system, including trauma, caregiving, economic instability, coercion, and relationship dynamics.[14] In some cases, leaders said these tools may contribute to higher custody placements or program restrictions that do not reflect women's actual needs or risks.

"We use the same tool for men and women, and it doesn't always capture what's actually driving women's behavior. So they end up with a higher custody level than what really fits. And that means they can't do some programs."

Another participant described how common risk factors can obscure the underlying issues shaping women's behavior:

"The assessment flags them as high risk because of unemployment, prior arrests, or

unstable housing, but when you dig deeper, it's really trauma or relationship-driven. That doesn't always get picked up."

Participants also emphasized that evaluating program effectiveness remains difficult. While leaders described many programs as promising, few systems have the data infrastructure, staff capacity, or validated measures needed to assess what is working for women, and what is not. Recidivism remains the default metric, but participants noted that it does not capture many of the critical—and sometimes undervalued—changes they are trying to support. These include emotional regulation, trauma recovery, family connection, treatment engagement, and stability after release.

The problem is not simply that agencies lack outcome data. Participants said many systems also struggle to track whether programs are delivered consistently, whether women receive the right services at the right time, and whether programs are implemented with fidelity. Even in-facility measures, such as disciplinary infractions, may be of limited use because some of the outcomes leaders are trying to improve may not show up in misconduct data, given that women often have relatively low rates of serious misconduct.

One participant summarized the evaluation challenge directly:

"We have a lot of heart behind these programs, but not enough data to prove they work."

That gap has practical consequences. Without stronger data, agencies may struggle to decide which programs to expand, which need revision, and which are reaching the women most likely to benefit. It also makes it harder to build the case for funding, staffing, training, and long-term support.

These barriers illustrate the gap between recognizing women's behavioral health needs and building systems that can consistently respond to them. While this report is not an exhaustive national review, participants across the states represented described similar difficulties in matching women to appropriate programming, sustaining services, maintaining family and community connections, and measuring progress beyond traditional correctional outcomes.

Conclusion

Across the focus groups, correctional leaders described agencies working to rethink rehabilitation for women in prison. In their view, rehabilitation is not limited to programs, classes, or treatment slots. It also depends on the daily environment and range of supports that help women stabilize, build trust, address trauma, strengthen relationships, and prepare for the realities they will face after release.

That theme was a continuous thread through the discussions: Participants described the need to meet women in crisis, address trauma without recreating harm, support emotional regulation, strengthen family and peer relationships, improve continuity of care, and create prison environments that promote dignity, safety, and accountability. Research on gender-responsive correctional practice supports many of these principles, including the importance of trauma-informed care, relational supports, and programming that reflects women's pathways into the justice system.

Participants also emphasized a practical challenge: Recognizing women's distinct needs is not the same as building systems that can reliably meet them. Access to programming and support can be shaped by sentence length, custody level, staffing, geography, assessment practices, and limited program capacity. Even when programs are available, agencies often lack the data infrastructure, staff capacity, and validated measures needed to evaluate whether they are being delivered consistently or improving outcomes for women. These barriers make it difficult for agencies to deliver programming at the right time, reach the women who need it, and determine which efforts should be sustained, expanded, or changed.

The discussions point to a view of rehabilitation that goes beyond compliance, program completion, or recidivism alone. Participants described an approach that gives more weight to stability, healing, relationships, and preparation for life after release. For women in prison, rehabilitation works best when it helps them not only get through incarceration, but return home with the support, skills, and stability needed to stay safely in the community—a goal that benefits women, families, and public safety.

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Endnotes

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