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Understanding and Addressing the Mental Health Challenges of Incarcerated Women: A Comprehensive Approach

Joi Griffin Showell[1*], PhD, LCSW, and Shonda K. Lawrence[2], PhD, LMSW, MS

[1]*Assistant Professor, Department of Social Work, Delaware State University, 1200 N Dupont Hwy, Dover, DE 19901, United States.*
[2]*Associate Professor, Governors State University, 1 University Parkway, University Park, Illinois 60484, United States.*

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***Corresponding Author:** Joi Griffin Showell, PhD, LCSW, Assistant Professor, Department of Social Work, Delaware State University, 1200 N Dupont Hwy, Dover, DE 19901, United States.

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Abstract

With approximately 191,000 women currently incarcerated and a significant percentage living with mental health disorders, there is an urgent need for effective interventions [1]. The article begins by examining the multifaceted challenges women encounter before, during, and after incarceration, including poverty, homelessness, and chronic health issues [2]. It also discusses the prevalence of trauma among incarcerated women and its relationship to mental health, highlighting the need for trauma-informed care and support [3].

Key barriers, such as limited access to healthcare and support systems, are discussed, along with their implications for successful reentry into society [4]. The article identifies specific interventions, including psychotropic medication, individual and group counseling, and discharge planning, tailored to the unique needs of women within the criminal justice system. Additionally, it emphasizes the importance of a strengths-based approach and gender-specific care [5].

This article advocates policies that address housing, mental health services, and community support to ensure incarcerated women receive the resources needed for recovery, reintegration into society, and reduced recidivism [6]. Through collaboration among social workers, policymakers, and community organizations, change can improve these women's lives and foster healthier communities.

Introduction

The rising incarceration rates among women in the United States reflect a significant and troubling trend in the criminal justice system. Currently, approximately 191,000 women are incarcerated, including about 93,000 in local jails, 60% of whom are awaiting trial [1]. Many of these women enter the system burdened by poverty, homelessness, unemployment, and limited access to healthcare [6]. These challenges are compounded by extensive physical and mental health concerns that often go unaddressed before and during incarceration [4].

Research indicates that incarcerated women are more likely than their non-incarcerated counterparts to have experienced traumatic events, including physical, emotional, or sexual abuse [2]. Many face higher rates of chronic health issues and elevated mortality while in custody, particularly from suicide [2]. A comprehensive survey by the Bureau of Justice Statistics [7] found that a significant portion of incarcerated individuals reported disabilities, including mental health challenges, and had past or ongoing mental health problems. However, a stark disparity exists between those who need care and those who receive essential mental health services while incarcerated, underscoring the significant systemic barriers these women face daily.

This article aims to identify the multifaceted challenges and barriers faced by incarcerated women with mental health issues and to recommend targeted interventions. It will also provide a framework for aftercare and successful reentry into society, helping these women avoid recidivism and lead healthier lives. To fully understand the complexities of these issues, it is essential to examine the challenges women face before, during, and after incarceration.

Despite growing awareness of incarcerated women's mental health needs, systemic failures in correctional institutions continue to undermine effective care. Correctional mental health systems are often underfunded, understaffed, and crisis-driven rather than prevention-oriented. Services frequently prioritize symptom stabilization and risk management over comprehensive, evidence-based treatment. In many jails particularly local facilities with high turnover mental health screening may be brief and inconsistent, and continuity of care is disrupted by short stays or frequent transfers. Although cognitive-behavioral and trauma-focused interventions are widely regarded as evidence-based, their availability in correctional settings varies significantly by jurisdiction. As a result, treatment may depend more on institutional resources and geography than on clinical need. When gender-responsive and trauma-informed frameworks are not fully implemented, women's trauma-shaped behaviors may be

misinterpreted as defiance or noncompliance, leading to disciplinary sanctions, isolation, or segregation. Such responses can exacerbate mental health symptoms, increase suicide risk, and perpetuate cycles of institutionalization rather than promote rehabilitation.

Structural inequities further compound these challenges. Women of color, particularly Black and Indigenous women, are disproportionately represented in the criminal justice system because of intersecting forces, including poverty, systemic racism, over-policing, and limited access to community-based healthcare. Policies such as cash bail, mandatory minimum sentencing, and restrictions on public benefits disproportionately affect low-income women and mothers, intensifying instability before and after incarceration. Even when discharge planning is initiated, systemic barriers persist: Medicaid benefits are often terminated rather than suspended during incarceration; affordable housing options remain scarce; employment discrimination against formerly incarcerated individuals limits economic mobility; and community mental health systems may have long waitlists or limited trauma-specific services. These structural constraints reveal a critical gap between policy intent and lived reality. Without coordinated reforms that address poverty, racial disparities, healthcare access, and housing insecurity, discharge planning alone cannot ensure successful reintegration. A comprehensive response must therefore extend beyond individual-level interventions to include structural and policy transformation that addresses the root causes of women's criminal justice involvement.

In many cases, women who are jailed or incarcerated enter the criminal justice system with significant challenges. These include mental health challenges, limited or inadequate healthcare, lack of stable housing, a limited support network, and scarce resources [1]. These factors can, in many instances, result in arrests. For example, unresolved trauma or untreated mental health disorders can lead to symptoms such as aggression, depression, and hallucinations [2]. These behaviors can lead to interactions with law enforcement and subsequent arrests.

Homelessness or housing instability can hinder access to consistent psychotropic medication, leading to mental instability and incarceration [6]. Additionally, these women may struggle to obtain the food and fluids needed to take their prescribed medications, increasing the risk of adverse health outcomes.

Grekul et al. [8] examined successful reentry among formerly incarcerated women and emphasized the importance of stable housing, access to behavioral health services, employment opportunities, and supportive social relationships in promoting long-term recovery and community reintegration.

Another issue women often face is inadequate or limited healthcare. Chronic conditions and health disparities disproportionately affect women from marginalized and racially diverse backgrounds [4, 9]. These women often delay seeking care for chronic illnesses due to cost concerns, caregiving responsibilities, or a lack of symptom awareness. In rural areas, women often face challenges accessing healthcare services because of fewer providers and longer travel distances [6].

Recent evidence suggests that incarcerated women experience a disproportionately high burden of mental and physical health conditions. In a systematic review of 247 studies involving more than 452,000 women in prisons worldwide, McLeod et al. [10] found that mental health disorders were among the most prevalent health conditions reported and concluded that substantial gaps remain in the availability of research, treatment, and continuity of care for incarcerated women.

These challenges often result in entry into the criminal justice system. Women struggling with mental health face a unique set of challenges within the system. They encounter difficulties adjusting to recommended mental health interventions and the jail environment, as well as separation, loss, and fear.

Women with mental health challenges may require immediate stabilization. This may include placement on a mental health stabilization unit within the criminal justice facility (if available) or temporary hospitalization in a hospital or inpatient facility [2]. Stabilization improves the effectiveness of interventions such as individual or group counseling.

In some cases, women may have difficulty adjusting to the jail or prison environment. This difficulty may stem from isolation, noise, or a lack of privacy. Those with a history of homelessness may find it challenging to adjust to the small cell space [1].

Separation from family and friends is a profound theme in the lives of incarcerated women. Many experience loss through separation from family and friends during incarceration. These losses also include separation from children due to the child welfare system, evictions, loss of employment, and a sense of independence. This cycle of loss can continue to deteriorate their mental well-being, often leading to feelings of despair and hopelessness [3]. In many instances, separation and loss can exacerbate socialization and adjustment issues in the jail and prison setting.

Fear for personal safety is another significant concern for incarcerated women. Some fear physical assaults or altercations, which may stem from real or imagined threats. First-time arrestees may also fear the unknown [2]. Others may fear eventual reentry into the community.

A major part of the healing process is reentry into the larger community. While most look forward to their release date, reentry can be formidable and requires preparation and ongoing effort. A major part of successfully reentering society is following through on five key points: (1) housing, (2) community mental health, (3) establishing and maintaining a healthy lifestyle plan, (4) addressing unemployment and lack of job skills, and (5) establishing and connecting with a support network.

A much-needed resource for women with mental illness as they return to society is safe, affordable housing [6]. Stable housing can be a link to a successful life by providing a place to store medication, supporting a consistent medication schedule, and addressing side effects, such as drowsiness or an upset stomach. In addition, adequate housing can help women feel safe and avoid triggers for re-lived trauma [3].

Linkage with a community mental health provider is a significant resource immediately upon release. A lack of follow-up with a mental health provider could result in limited or no use of coping skills or a return of mental health symptoms. Women will benefit from psychiatric medication management and evaluations. They may require medication adjustments to meet the patient's current mental health needs and lifestyle changes.

Community mental health also includes individual, group, and family therapy. These services, provided by a psychologist or licensed social worker, help patients learn and strengthen coping skills, explore and resolve trauma, and communicate and relate to their support network. Group therapy can provide an opportunity for women to share and receive support from others, helping prevent feelings of isolation and loneliness in the community.

Chronic, untreated illnesses are prevalent among incarcerated women [2]. Although physical and dental care are available in jails, follow-up with providers after release can be challenging due to limited transportation and unstable living situations. To address medical issues, linkage to and follow-up with a healthcare provider are paramount for this population [4].

Additionally, maintaining a balanced diet and healthy eating habits is critical. Getting adequate sleep and rest, adhering to a medication regimen, and using coping strategies can also support a healthy lifestyle.

Unemployment and a lack of job skills significantly affect these women's reintegration into society [6]. The inability to secure stable employment can contribute to a cycle of poverty and mental health

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challenges, making recovery more difficult [9]. When appropriate, women should be referred to job-readiness programs to build job skills and prepare for gainful employment. Some may already have skills and employment histories. In these cases, assistance with job placement or identification may be helpful.

A support network is essential for women dealing with mental health issues [11]. Support systems provide emotional, social, and daily-life support, which can greatly aid recovery and well-being. They also offer validation, information, resources, and a balanced perspective that helps prevent fixation on the negatives of their condition [5]. Developing and sustaining these networks can significantly affect the recovery process and overall quality of life.

Therapeutic Interventions and Approaches for Working with Women in the Criminal Justice System

Therapeutic approaches to working with women with mental health challenges in the jail or prison system may include psychotropic medication, group therapy, individual counseling, and discharge planning. Additionally, the Strengths-Based and Gender-Based approaches, along with the Trauma-Informed Perspective, are recognized as frameworks for working with this unique population [5]. Together, these interventions and approaches can help women overcome trauma and mental health challenges, begin the journey toward recovery, and improve their quality of life in jail and prison settings and upon reentry into society.

Psychotropic Medication

Psychiatric evaluations and treatment can help stabilize and reduce mental health symptoms. Psychiatric medications, when taken as prescribed, play a vital role in treating mental health conditions by relieving symptoms and improving quality of life. However, they work best as part of a treatment plan that may include therapy, lifestyle changes, and support systems [5]. To maximize the effectiveness of this intervention, individuals are encouraged to report any side effects they experience.

Individual Counseling

Individual counseling enables incarcerated women to address personal issues, challenges, and mental health concerns with a trained mental health professional. This counseling offers a safe, confidential space for women to explore their feelings, thoughts, and behaviors. Common issues addressed include anxiety and depression, grief and loss, trauma and post-traumatic stress disorder, life transitions, relationship challenges, and anger and stress management [3].

Group Therapy

This therapeutic approach enables women to share their experiences, explore personal issues, and support one another in a group setting. Benefits may include a sense of community and belonging, diverse perspectives, and opportunities to practice coping skills and behaviors in a supportive environment alongside other women and trained professionals. Types of groups include psychoeducation (education on mental health, coping strategies, and related topics), support groups (providing emotional support for specific issues such as grief, addiction, or mental or chronic illness), and skill-building (teaching specific skills such as communication, coping, or anger management).

Discharge Planning

Discharge planning is a key part of the intervention continuum, emphasizing access to services during women's transition back into society. This process includes goal setting and aims to ensure that women continue to receive appropriate care and support after leaving the criminal justice system. The overall goal is to reduce the risk of rearrest and to improve women's mental and physical health outcomes and quality of life [6].

Strengths-Based Approach

This approach emphasizes the inherent strengths and resources of incarcerated women [5]. It shifts the focus from problems and deficits to women's positive aspects and potential, thereby promoting empowerment and resilience. Applying this approach helps women recognize and build on their strengths. They are encouraged to discuss past achievements and positive experiences, which can foster resilience, empowerment, greater motivation, higher self-esteem, and improved problem-solving [11].

Gender-Based Approach

The Gender-Based Approach focuses on the specific needs and experiences of women in the criminal justice system. This approach acknowledges that women's needs and experiences differ from those of men and other groups, requiring gender-specific approaches and interventions. Women in the criminal justice system are oftentimes survivors of physical, sexual, and emotional abuse, and their pathways to incarceration are often deeply rooted in these traumatic histories [2]. A gender-based framework acknowledges these experiences and ensures that treatment is designed for women rather than for male populations.

Trauma-Informed Perspective

Trauma-Informed Perspective (TIP) emphasizes recognizing and understanding the trauma experiences incarcerated women have faced and the profound impact those experiences have on their lives, behaviors, and decision-making processes [12, 13]. Rather than viewing problematic behaviors solely as rule violations or personal deficits, TIP reframes them as potential adaptations to trauma. Many women involved in the criminal justice system have experienced multiple forms of trauma, including childhood abuse, intimate partner violence, sexual assault, community violence, and chronic adversity. These cumulative experiences can alter neurological stress responses, impair emotional regulation, and shape survival-based coping strategies.

As a result, trauma may manifest as hypervigilance, mistrust of authority, substance use, aggression, withdrawal, or difficulty complying with institutional expectations. Without a trauma-informed lens, these behaviors may be misinterpreted as resistance or noncompliance, leading to punitive responses that reinforce shame and re-traumatization. Trauma-informed care instead prioritizes safety, trustworthiness, collaboration, empowerment, and choice, creating environments that reduce triggers and promote healing. Research indicates that trauma histories are strongly associated with serious mental illness, substance use disorders, and pathways to incarceration among women [14]. By acknowledging trauma as a central factor in women's justice involvement, TIP shifts practice from punishment to rehabilitation and supports interventions that foster resilience, stability, and long-term recovery.

Implications for Social Work Practice

Further research is needed on women's mental health within the criminal justice system. This research will help develop and refine interventions that address mental health challenges within correctional environments and prepare women for successful reentry into society. In particular, additional research is needed on women of color and other marginalized populations whose experiences are shaped by intersecting forms of racial, economic, and gender inequities.

Social workers play a critical role in addressing the complex, intersecting needs of incarcerated women. Given the high prevalence of trauma histories among justice-involved women, practitioners should integrate trauma-informed principles into assessment, treatment planning, and service delivery [12, 14]. Trauma-informed practice must move beyond general awareness to include structured and culturally responsive assessment strategies. The use of validated screening tools such as the Adverse Childhood Experiences (ACE) questionnaire, the PTSD Checklist for DSM-5 (PCL-5), and trauma symptom inventories can assist in identifying trauma exposure and symptom severity in a systematic manner. However, screening must be paired with careful clinical interpretation to avoid re-traumatization and misdiagnosis.

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In terms of intervention, social workers should advocate for and implement evidence-based treatments tailored to women's needs. Approaches such as Cognitive Processing Therapy (CPT) for trauma, Seeking Safety for co-occurring trauma and substance use disorders, and Dialectical Behavior Therapy (DBT) skills training for emotional regulation and distress tolerance can be particularly beneficial within correctional settings. These interventions should be delivered within a gender-responsive framework that acknowledges relational dynamics, caregiving roles, histories of victimization, and the social contexts that shape women's pathways to incarceration [15]. By combining structured therapeutic modalities with relational and empowerment-focused approaches, practitioners can promote both stabilization and long-term recovery.

Beyond clinical practice, social workers serve as essential advocates for systemic reform. Policy advocacy is especially critical in promoting continuity of care during reentry. In many jurisdictions, Medicaid benefits are terminated rather than suspended during incarceration, creating delays in reinstatement and interrupting access to psychiatric medication and outpatient treatment. Social workers can advocate for suspension policies that ensure immediate reactivation upon release, thereby reducing treatment gaps and relapse risk. Additionally, expansion of diversion programs, mental health courts, and community-based crisis stabilization services can prevent unnecessary incarceration for women with behavioral health conditions. Advocacy efforts should also support housing-first initiatives, expanded funding for gender-responsive reentry programs, and policies that reduce employment discrimination against individuals with criminal records.

Interdisciplinary collaboration is equally important. Effective discharge planning requires coordination among correctional mental health providers, psychiatrists, probation and parole officers, primary care providers, housing authorities, workforce development agencies, and community behavioral health organizations. Structured pre-release case conferences can align medication management, housing placement, identification documentation, and scheduled outpatient appointments to reduce service disruptions. Partnerships with community health workers and peer support specialists particularly those with lived experience of incarceration can enhance engagement, trust, and accountability during reentry. Establishing formal memoranda of understanding between correctional institutions and community agencies can further strengthen continuity of care.

Conclusion

The mental health challenges faced by incarcerated women are extensive and multifaceted [2]. Despite these challenges, some incarcerated women possess notable strengths [5]. By understanding women's experiences and recognizing their strengths within the criminal justice system, we can develop effective interventions and supportive programs that address their unique needs and reduce rearrests [11].

Several states have enacted statutes, regulations, and legislation that directly affect incarcerated women with mental health needs. For example, California Penal Code § 3430 authorizes and structures gender-responsive programs for incarcerated women. California also enacted SB 132, the Transgender, Nonbinary Housing Act, which requires that gender identity be considered in housing decisions and that those decisions be reviewed by custody, medical, and mental health staff.

Florida, New York, and Georgia have implemented measures to protect mentally ill women in the criminal justice system and to designate separate housing facilities for this population. Other statutes and legislation provide treatment for pregnant and postpartum women and prohibit the shackling of pregnant and postpartum inmates.

To address these challenges effectively, social workers and the broader community must advocate for additional policies that ensure adequate mental health services for women in the criminal justice system. To prevent recidivism, homelessness, and chronic illnesses, we must expand services for women and enhance mental health and drug diversion programs [6]. Policymakers, social workers, and the community must collaborate to create meaningful change by ensuring these women have access to the resources and services needed for recovery, reintegration, and reentry into society.

Conflicts of Interest: The authors declare no conflicts of interest.

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