Using a Trauma Lens on the Criminal Legal System for Women

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ABSTRACT: This chapter examines the evolution of trauma-informed (TI) and gender-responsive principles within the criminal legal system for women. The initial section explores how trauma—especially gender-based violence and early childhood abuse—often precedes women's incarceration and then is compounded by the carceral experience itself. Interventions occur at three levels: TI, trauma-responsive, and trauma-specific. Successful programs and policies at all three levels are necessary for a system to deliver appropriate services. The second part turns to the persistent barriers to implementing trauma- and gender-responsive practices in prisons and jails, including institutional resistance, the relational demands of such models, and the limits of reform within inherently punitive environments. In the last part, the discussion shifts toward alternatives, including prevention and reentry models rooted in community care, family support, and wraparound services, as well as a reconceptualization of crime as a symptom of collective distress, rather than solely an individual pathology. While TI practices have improved conditions for many justice-involved women, true transformation requires a significant investment in community-based alternatives and a fundamental reevaluation of justice itself.

Keywords: Criminal justice system, criminal legal system, women's services, corrections, gender-responsive, incarceration, prison, women's prison, trauma-informed services, gender-responsive programming

1. THE ROLE OF TRAUMA IN WOMEN WHO ARE INCARCERATED

Researchers and policy advocates have long understood that women's pathways to prison are, in general, different from those of men. "Pathways" refers to the experiences of women throughout their lives, including forms of childhood and adulthood adversity that are interconnected and contribute to their involvement in the criminal legal system. I use *criminal legal* rather than *criminal justice* whenever possible to indicate that while these systems are our answer to laws that are broken, they do not create or deliver justice. Pathways include housing insecurity, interpersonal violence and victimization, childhood sexual, physical, and emotional abuse, and persistent poverty and economic and material hardship (Wattanaporn & Holtfreter, 2014). While recent research acknowledges men's trauma, traditional assessment tools predict men's criminal behavior through their association with criminal peers, history of prior offenses, and financial motives (Messina & Schepps, 2021; Messina, Wish, & Nemes, 2000). Because women experience

discrimination based on their race, class, gender identity, ability/disability status, sexual identity, and other dimensions of identity such as age, body size, and level of education, women's pathways to the criminal legal system reflect the criminalization of behaviors associated with trauma, substance use disorders, and racial and socioeconomic disparities.

In addition to the difference in pathways to incarceration, women experience the realities of jail and prison differently. Thirty years ago, Dr. Joanne Belknap published *The Invisible Woman: Gender, Crime, and Justice (1995)*, now in its fifth edition, which established that justice-involved women were more likely to have been the primary caretaker of young children at the time of arrest, they are more likely to have experienced physical and/or sexual abuse, and they have distinctive physical and mental health needs. Women are also less likely to be convicted of violent offenses than men (Bloom, Owen, & Covington, 2002).

Overall, women enter prison with fewer financial resources than men and receive less support from communities outside once they are incarcerated. Because the majority of incarcerated women are mothers, many have minor children who may enter foster care without a family member or trusted adult to care for them. Thus, the incarceration of a woman is more likely to break apart a family. These gender differences have remained robust, even as the population of women living in prisons, jails, on parole or probation has increased by 700% since 1980—double the rate of men (Carson & Kluckow, 2023).

When I had my first experience with incarcerated women in the late 1980s, very little information had been published about the specific needs and experiences of this growing population. I spent three days in a women's prison in Black Mountain, North Carolina, to observe and gain a better understanding of areas that were not covered in my social work training or my experience as a trauma and addiction specialist. I wanted to understand how it was that I knew nothing about women in prison. What I learned there has stuck with me over 35 years: women in prison are made invisible first by the systemic erasure from society that incarceration brings, and secondly, because their experiences are stigmatized via their gender. They are seen not just as bad people but as *failed women* (Covington, 2024).

The majority of women who enter the criminal legal system already have experienced significant trauma and therefore may be both victims and victimizers at the same time. This truth is extremely difficult to incorporate into a system built to punish adult "offenders." The behaviors that land girls and young women in juvenile facilities, such as drug use, truancy, and running away, are also the behaviors most associated with the experience of sexual abuse and trauma (Covington, 2024). The demographics of girls and young women who enter the system reflect those of adult incarcerated women, and indeed, a large predictor of whether a woman will enter the criminal legal system is prior experience as a juvenile (Covington, 2024).

It is important to note also that transgender women, nonbinary people assigned female at birth, trans men, and other gender-expansive people are also more likely to experience sexual abuse and trauma and are also overrepresented in the criminal legal system (Somjen et al, 2022). Because all jail and prison systems operate according to a gender binary, trans and gender-expansive people are not guaranteed gender-affirming

healthcare, gender-appropriate housing, or safety from gender violence. Many do not disclose their gender identity to protect themselves. Some transgender people are housed in solitary confinement as a "safety" strategy. The present discussion, therefore, does not presume that any person housed in a woman's jail or prison is a cisgender woman, although the participants in research on incarcerated women are generally assumed to be cisgender unless otherwise specified.

A theory of crime that ascribes only individual choice or individual pathology to women and gender-expansive people who enter the system is inadequate to the task of explaining what we see in aggregate. American jails and prisons house an overrepresentation of Black and Latina women, women who did not finish high school, women without sustainable income, women lacking safe and adequate housing, women who had no sustainable income before arrest, women needing substance use disorder treatment, as well as women who have not received sufficient mental and physical health care (Fedock & Murray, 2024).

Two things can be true: women who enter the system have made choices, and taking personal responsibility for their choices is often something they self-report as therapeutic. At the same time, for the vast majority of incarcerated women, their choices were often painfully circumscribed by the traumas of poverty plus racism, sexual and physical abuse, and coping through disordered substance use (Covington, 2024).

If a large majority of women living under correctional supervision are trauma survivors, then it seems evident that the facilities that house them should be trauma-informed (TI). However, creating a TI organization within a prison, jail, or detention facility is a unique challenge. While all organizations require a "trauma champion" who understands the effects of violence and victimization, a correctional facility requires a visionary leader to facilitate a transformation that can take years (Covington, 2022). All the policies and procedures of the facility must be reviewed, staff will need to be retrained and offered ongoing support, and there must be knowledge about TI care in all aspects of service delivery (Covington, 2022). The barriers and limitations of this vision of reform are discussed later in this chapter.

2. Three Different Concepts: TI, Trauma-Responsive, Trauma-Specific

Throughout a 30-year career providing therapeutic programs to incarcerated women and men, training corrections staff in TI and gender-responsive practices, conducting research on the efficacy of these programs and practices, and advocating for policy change, I have developed a three-part framework to aid systems-wide change. Institutions, facilities, and treatment settings, especially inside the criminal legal system, need to become *TI, trauma-responsive,* and *trauma-specific*. Successful programs and policies at all three levels are necessary for a system to deliver appropriate services.

Doing *TI* work means having knowledge about adversity and trauma, as well as their effects on individuals, communities, and society more broadly. In practice, this means

training all staff members in correctional settings to understand the process of trauma and its link to mental health problems, substance use disorders, behavioral challenges, and physical health problems in women's lives.

Trauma-responsive work involves ensuring that policies and practices are in place to minimize damage and maximize opportunities for healthy growth and development in all populations at risk. It consists of creating an environment that fosters healing and recovery. After becoming TI, a custodial or community-based criminal legal setting or program would need to review policies and practices and incorporate new information. This would involve all administration and staff and require most, if not all, facilities to create a significant culture change (Covington & Bloom, S., 2018).

Trauma-specific work is the provision of services designed specifically to address violence and trauma, the related symptoms, and to facilitate healing and recovery (Covington, 2022). For women living inside prisons and jails, opportunities to participate in meaningful education, skills training, and therapeutic programs are paramount. Not only does "working a program" provide meaningful space to connect with others and offer some relief from the stress of living inside, but some programs also offer benefits that last after release. For example, the program *Beyond Violence: A Prevention Program for Criminal-Justice Involved Women*[1] is a 40-hour evidence-based and manualized therapeutic program for women in criminal legal settings with histories of aggression and/or violence (Covington, 2013). It deals with the violence and trauma they have experienced, as well as the violence they may have perpetuated. This is a *trauma-specific* program. A randomized control study found that women who completed *Beyond Violence* experienced significantly less recidivism—25% at one year post-release—than women who completed a much longer comparison program designed for men, who returned at a rate of 47% one year post-release (Kubiak, Fedock, Kim, & Bybee, 2016). Another study by Messina and Calhoun (2021) found that women who were living inside the prison and were predominantly incarcerated for violent crimes, who participated in *Beyond Violence,* reported less depression, aggression, and anger than control participants.

Importantly, these results were achieved despite numerous anecdotal reports from program coordinators and incarcerated persons that corrections staff would interrupt programming by walking through the meeting room jangling keys, deliberately keep women locked inside their cells so they would be late to group, deny them access to basic needs like pens and pencils for writing in their workbooks, or create other obstacles. This *trauma-specific* program had a positive effect even when it was run in an environment that was not adhering to *TI* and *trauma-responsive* principles.

[1] New edition is titled *Beyond Violence +: A Program for Women and Gender-Diverse People* (Wiley, 2025)

3. The Relationship Between Trauma-Responsive and Gender-Responsive Programs

Over the years, various programs have been developed to address both the issues that lead to incarceration and the effects of imprisonment itself, including the challenges faced upon release without support. Many of these programs are what my colleagues and I would label "gender-responsive," meaning they recognize women's distinct needs, psychological development, and life experiences. Given the high rates of trauma in the lives of justice-involved women, it is impossible to be gender-responsive if you are not TI.

A recent meta-analysis conducted by Summers et al. (2025) suggests that gender-responsive interventions lead to significantly lower recidivism rates compared to gender-neutral ones, resulting in approximately a 42% reduction when controlling for all other covariates. This analysis revealed persistent significance, even after controlling for study quality, measures of recidivism, intervention length, follow-up duration, and location. Gender-responsive interventions can reduce recidivism. We have had the anecdotes for years; now we have plenty of data.

Although this is promising news for those who work in the criminal legal system, we must not lose sight of the fact that recidivism is only one aspect of a person's life. For example, a formerly incarcerated woman may be having difficulty finding employment, regaining custody of her children, or she may be in an abusive relationship. Gender-based violence, childhood sexual abuse, and the consequences of poverty, prejudice, substance use disorder in the family, family separation due to incarceration, deportation, or other means, all can and need to be addressed. The lack of societal support for women is foundational to their pathways into the system, and it is part of why the criminal legal system is resistant to changes that would improve women's lives both inside and outside prisons and jails.

4. Barriers to Trauma- and Gender-Responsive Practices in Women's Prisons

4.1 Level One: Immediate Institutional and Community Barriers

4.1.1 Resistance Inside Correctional Institutions

Despite the increasing use of TI and gender-responsive language in correctional settings, deep institutional resistance persists. One frequently cited concern among correctional staff is the possibility that trauma-specific programming could destabilize participants—that incarcerated women will "decompensate" or become emotionally overwhelmed when discussing past abuse. However, studies do not provide an empirical basis for this fear. In multiple program evaluations, including those of my programs *Healing Trauma*+ and *Beyond Violence*, several researchers have found that structured,

gender-responsive groups reduce behavioral incidents and support emotional regulation, rather than disrupt institutional order (Messina, Bloom, & Covington, 2020).

Correctional culture remains dominated by control-oriented practices that contradict trauma-responsive principles. One of the most frequently critiqued is the routine use of strip searches, which are widely acknowledged to be retraumatizing for individuals with histories of sexual violence. These physical invasions, when paired with antagonistic or abusive staff behavior, undermine the safety and trust necessary for therapeutic or relational programming to succeed. As Angela, a formerly incarcerated woman, told me, "*That first strip search at county jail let me know that my life would never be the same. It's one of the most dehumanizing things that they do*" (Covington, 2024).

While some facilities have a policy, usually imposed via lawsuits, to allow incarcerated women to request same-sex corrections officers to perform a strip/cavity search, most facilities have no such limitations. This is despite cross-gender searches being explicitly discouraged by the United Nations (Penal Reform International, 2021). The practice itself is deeply embedded in corrections culture in the United States. Like many practices that are justified by a need for "security," strip searches do not have evidence to support their efficacy. They do not stop or even slow the flow of contraband into prisons and are against humane international standards (Penal Reform International, 2021).

Staff resistance to trauma-responsive policy change is compounded by a lack of institutional investment in what Fallot and Harris (2006) have identified as the core values of TI services: safety (both physical and emotional), trustworthiness, choice, collaboration, and empowerment (United Nations, 2010). When the warden of a prison approves a policy designed for security and efficiency in the facility's operation, that policy may not consider the needs and experiences of the prison residents. One example is the way prisons have elected to feed incarcerated people by using increasing amounts of powdered nutrients and protein substitutes and using fewer fresh ingredients and produce. This may be a cost-cutting measure, but it certainly does not support the overall health and well-being of the people living inside.

4.1.2 Gaps in Community Reentry and Post-release Support

While in-prison programming faces resistance, the lack of TI services outside of prison walls may be even more limited. Incarcerated women are released into communities that are often deeply under-resourced, especially in the areas of mental health care, substance use treatment, and family reunification. Research indicates that women released from custody face elevated risks of death from overdose or suicide, particularly in the first weeks after release (Covington, 2024). Despite these risks, reentry services tailored to women's trauma and caregiving roles remain scarce.

Although more than 60% of incarcerated women are mothers of minor children, reunification is rarely prioritized in reentry planning. Parenting classes offered inside prisons may help develop reflective capacity, but without legal and social support post-release, many women are unable to regain custody or even consistent visitation. Trauma-responsive care emphasizes relational healing and the repairing of attachment bonds. Yet, the probation and parole systems consistently fail to support this core element of

recovery, opting instead for punitive forms of surveillance. The conditions of parole are numerous and strict, often including rules such as meeting with a parole officer on a monthly basis, not associating with others on parole or co-defendants, obtaining a job within a specified time period, not traveling more than 50 miles, abstaining from substance use, and other requirements. I've often thought that the most resourceful, organized, and motivated people I know would struggle to complete a successful parole. The challenges do not support healing from the trauma of incarceration.

4.2 Level Two: Structural Incompatibility and the Co-optation of "Trauma-Informed"

4.2.1 The Structural Incompatibility of TI Principles with Prison

It took thirty years of reform work for me to fully appreciate the structural contradiction I was advocating for. Prisons are not designed to be healing environments. TI principles—including choice, trust, and relational safety—require conditions fundamentally incompatible with incarceration, where surveillance, coercion, and containment define daily life.

Because I know access to programs can help, I still advocate for programs that support women living inside prison. However, I agree with researchers and advocates who argue that while gender-responsive and TI reforms may offer temporary or local improvements, the prison as an institution cannot be reformed into a setting that truly promotes psychological healing (Davis, Dent, Meiners, & Richie, 2022).

Programs like *Beyond Violence* succeed in reducing internal infractions and enhancing insight, but their effectiveness is persistently undermined by broader institutional and systemic logics rooted in punishment rather than restoration (Covington, 2024). Peer support, a cornerstone of many trauma-responsive interventions, often emerges organically among incarcerated women despite—not because of—the institutional setting, and is typically unsupported by policy or resources. Women survive prison by helping each other.

4.2.2 Co-Optation and Misuse of TI Language

Recent scholarship critiques not only the limits of implementation but also the ways TI language is co-opted to justify increased control. Carlton and Russell (2023) argue that women identified as "traumatized" are increasingly framed as unstable, irrational, and unpredictable, leading to their classification as higher-risk and less manageable. This framing paradoxically justifies intensified surveillance and exclusion from programs intended to address their needs. One poignant example is the way women are often placed in solitary confinement when they are deemed at risk of suicide.

Women with trauma histories are more likely to be diagnosed with disorders such as borderline personality disorder —a diagnosis historically applied disproportionately to incarcerated women. It is used to justify both punitive segregation and denial of treatment (Carlton & Russell, 2023). Like Jackie, a formerly incarcerated woman remembered,

"*Everybody has it, apparently. It was my first time in prison. I was a train wreck. I was detoxing off heroin, and suddenly, I and everyone around me had borderline personality disorder. So, we're beyond help*" (Covington, 2024).

Programs labeled "gender-responsive" sometimes emphasize traditional femininity—such as motherhood, emotional regulation, and submissive behavior—as evidence of rehabilitation (Hannah-Moffat, 2001). Rather than challenging the conditions that led women into conflict with the law, these models may pathologize nonconforming behavior and reward compliance with conventional gender norms. It is a personal pet peeve of mine when I visit a facility that proudly touts its "gender-responsive" programming, to find out that they are only teaching women to sew and crochet. An even more distressing example of this is the way parole boards often require women to show "adequate remorse" for their crime of commitment, regardless of the circumstances—it is irrelevant if she was fighting back against an assault, for example.

5. Envisioning Alternatives

As debate about decarceration and abolition gains traction across academic, clinical, and policy-making circles, it becomes increasingly clear that a trauma-sensitive framework is essential to envisioning a future beyond incarceration. Incarceration is not a neutral practice—it is an intervention that frequently compounds the trauma histories of individuals, particularly those most vulnerable to state-sanctioned violence (Bloom, Owen, & Covington, 2003; Covington, 2007). A future without incarceration requires not only systemic transformation, but a rigorous redefinition of justice itself—one that centers on healing, accountability, and the structural conditions that give rise to harm.

The vast majority of incarcerated women enter the system with extensive histories of trauma, including physical and sexual abuse, racialized violence, poverty, and substance use disorders that co-occur with complex trauma symptoms (Council on Criminal Justice, 2024; Messina & Grella, 2006). My colleagues and I have long argued that the criminal legal system has pathologized these responses, criminalizing the effects of trauma and addiction rather than attending to their origins (Bloom & Covington, 2002; Bloom & Covington, 2003; Covington, 2022; Covington & Bloom, 1999). A gender- and trauma-responsive, post-carceral framework does the opposite: it locates individual behavior within ecological and social contexts, recognizing women's actions as survival in the face of chronic adversity. Adversity is at the root and must be addressed (Council on Criminal Justice, 2024). Punishment has continuously proven a disastrous response to behavior stemming from trauma.

In this vision, the removal of incarceration as a primary response to harm is not simply a matter of eliminating prisons, but of replacing them with systems designed for care, accountability, and restoration. These systems must be TI, not only in their content, but trauma-responsive in their structure and philosophy, and provide trauma-specific programs and resources. This means embedding principles of safety, trustworthiness, collaboration, empowerment, and cultural humility across all aspects of justice delivery (Covington, 2008).

A TI justice system shifts from a punitive model to one rooted in public health. Rather than treating harm as a sign of individual pathology, it approaches harm as a signal of systemic failure—an indicator of unmet needs, fractured social bonds, and unsupported trauma. This reconceptualization requires investments in community-based, wrap-around services that address the social determinants of both harm and healing. Such services would include permanent supportive housing, accessible and culturally responsive mental healthcare, community-led substance use recovery programs, trauma-specific therapy, and pathways to economic stability through employment and education.

Restorative and transformative justice models play a central role in this paradigm (Fulham et al., 2023). These models reject retribution in favor of processes that prioritize accountability, reparation, and community reintegration. Rather than isolation, they offer opportunities for those who cause harm to understand its impact, take meaningful responsibility, and engage in sustained repair—supported by trained facilitators and, when appropriate, survivors themselves. These practices are grounded in principles of trauma-responsive care: they attend to power dynamics, avoid retraumatization, and center survivor-defined needs while also refusing to treat any individual as disposable. Harm occurs in relationships, and healing must happen in relationships as well.

A fully implemented trauma-responsive, non-carceral system would also fundamentally transform reentry practices. The current punitive model of reentry is laced with surveillance, bureaucratic barriers, and stigmatization. In contrast, a trauma-responsive system would approach reentry as a continuation of healing, not a probationary test of worthiness (Messina & Calhoun, 2020). Support would begin immediately—ideally before separation from community ever occurs—and include peer mentorship, relational repair, employment pathways, harm reduction and treatment access, and family reunification supports. The continuity of care across sectors (housing, behavioral health, legal aid, vocational services) would be a core principle, rather than an aspirational ideal. We know how to do wrap-around services—this is about implementation, not invention.

Additionally, this model centers on the needs of children and families. Children of incarcerated parents experience profound attachment disruptions and increased risk of entering the criminal legal system themselves (Glaze & Maruschak, 2008; Maruschak, Bronson, & Alper, 2021). If we were truly planning for a future with less trauma, we would treat familial disruption as a form of harm to be avoided whenever possible, and design interventions that preserve caregiver-child bonds, support parenting inside community settings, and provide developmental and therapeutic support for children impacted by violence or parental absence.

These ideas are not new, nor are they impossible to achieve. My beliefs and work are informed by abolitionists such as Beth E. Richie (2012), Victoria Law (2009), Angela Davis (2022), and Ruth Wilson Gilmore (2007). I have also been personally involved in the development of a real-world alternative to incarceration. The Hope Street site in Southampton, England, is a trauma-responsive community project undertaken by Lady Edwina Grosvenor and the *One Small Thing* organization (https://onesmallthing.org.uk/hopestreet). Beginning with a residential community that addresses the diverse needs of justice-impacted women, the broader goal of *One Small Thing* is to redesign the justice system for women and their children from the ground up.

Another example is the *Time for Change Foundation*, started by Kim Carter, a formerly incarcerated woman (https://www.timeforchangefoundation.org/). *Time for Change* is a housing-first organization in California that provides a range of options from emergency shelter to permanent housing, along with many services women and children need upon a woman's reentry to the community after incarceration, or when experiencing homelessness. Kim Carter says, "*We now have programs that work, we know how to reduce recidivism, and we have solutions*" (Covington, 2024). The missing piece is a broad-based political will, a large-scale commitment to public health.

Even as we work on structural change, I encourage existing facilities to start the process now and take action that shows women living inside that things are changeable. I believe we can do both: make changes that are immediately achievable to support the women living through incarceration right now, *and* work to create something entirely new that offers women the things they've told us they need. Changing prisons alone is not enough to solve the broader social problems that prisons reveal, but the situation is so dire that immediate changes are desperately needed (Covington, 2024).

We can take inspiration from formerly incarcerated women themselves, who have overcome incredible odds to create new lives. When reflecting on her years in prison, Geri told me in an interview, "*This is where we are, so what are we going to do with our lives? I have to have meaning when I wake up, so what does that look like for me? Every day, I asked that question. That's how I did my time*" (Covington, 2024).

If women can figure out how to survive a system that was not built for them and continues to harm them at every turn, then we can figure out how to dismantle that system and replace it. What I've seen is that there are already countries with more humane facilities, far fewer people incarcerated, and much shorter sentences (Covington, 2024). These criminal justice systems are usually also operating within a broader system of universal or subsidized healthcare, greater support for women and children, and a significantly stronger social safety net—including free higher education and supported retirement.

A TI future without incarceration is not utopian—it is pragmatic, evidence-based, and already underway in fragments across the globe. We cannot reform our way there piecemeal. At the same time, we must handle what is right in front of us with the urgency incarcerated women deserve.

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