A Trauma-Informed Mindfulness Approach to Foster Improved Health and Wellness for Formerly Incarcerated Women

Phyllis Sharps, PhD, MS, BSN, RN, FAAN  
School of Nursing, The Johns Hopkins University School of Nursing, Baltimore, MD, USA  
Patty R. Wilson, PhD, PMHNP, RN  
School of Nursing, The Johns Hopkins University, School of Nursing, Baltimore, MD, USA  

Background: The number of women incarcerated has increased by 700% from 1986 to 2014.1 While men are more likely to be incarcerated than women, the rates for women’s incarceration compared to men continue to rise.2 While the current narrative of the “school to prison” pipeline has brought much needed attention to and investment in the systemic issues affecting urban youth in our country, much of this discourse has revolved around the experiences and needs of men. For women, the “abuse to prison pipeline” is perhaps a more apt description of what women who interface with the criminal justice system experience. Studies estimate that up to 90% of incarcerated women report a history of violence (e.g., childhood sexual abuse, exposure to community violence, teen dating violence, intimate partner violence), with the majority experiencing poly-victimization resulting in multiple traumatic experiences.3 Removing women from society and placing them behind bars deeply impacts their own lives but also fractures the composition of the families, neighborhoods and communities they leave behind. Upon reentering the community women are expected to manage complex social roles as mothers, daughters, wives, and friends, while securing housing, food, clothing and employment for themselves and their families. Although there are many interventions that assist formerly incarcerated individuals, reintegrating into the community following periods of confinement, most are male oriented and those targeting women, few, if any, systematically help women heal from their multiple traumatic experiences. Evidenced-based components of trauma-informed care, mindfulness activities that increase women’s ability to manage the trauma related symptoms such as anxiety, depression and PTSD that when not addressed increases the likelihood that women are more vulnerable for substance misuse lapses, unemployment, homelessness and re-arrest.4

Purpose: The purpose of this study to test the feasibility of a woman-centered, trauma-informed reentry program designed by a collaborative, inter-professional team of nurse clinicians, public health professionals, social workers and women’s advocates. The goal of the Passport to Freedom program was to provide the women with a supportive context necessary for previously incarcerated women to process cumulative lifetime trauma and to provide them with skills and strategies to manage health, including and mental health consequences of exposure to multiple traumas as well as finding ways to flourish in the communities.

Methods: A concurrent mixed method intervention research design was used to examine the content and context implementing the intervention and evaluation of program outcomes. The three phase study consisted of focus groups with key informants and previously incarcerated women; a 6-session trauma informed mindfulness intervention; and a 4-week post session follow-up and evaluation. The
sample consisted of formerly incarcerated women. Data was collected at baseline and 4 weeks post intervention included demographics, Severity of Violence against Women, Everyday Stressors, and Center Epidemiologic Studies of Depression. Data analysis included content analysis for focus groups discussions, and descriptive statistics for the pre and post intervention data.

**Results:** The sample of 24 women, was primarily African American, ages of 25-34, and for 3% of the women this was their first incarceration. There were no significant differences in pre-post scores. However, the post intervention scores for were lower for depression, violence and stressor rates. The 84% of the women expressed satisfaction with the Passport Program, 84% would recommend the program to other women, 84% had practiced the mindfulness exercises between sessions, 63% stated the mindfulness activities helped them manage their stress and 68.4% strongly agreed that the sessions will be helpful to their transition after they complete the program. Findings from this study suggest that The Passport to Freedom program is feasible. Session content and skills provided women with strategies to manage the symptoms trauma-related symptoms and stress.

**Conclusion:** The program was well received by women, and indeed many women said they wanted longer sessions and more sessions. Women felt the cultural relevant and the all- female team of professional women of diverse backgrounds made a difference. Women found it very useful to see how unresolved trauma issues were effecting their thoughts and behaviors, and that the mindfulness activities were useful to help them manage on a day-to-basis. While women in residential and transitional housing programs may have been easier to reach and for the program to take the sessions to their facilities, the women not in programs, were harder to reach and may need the sessions more. These are the women who may be more likely to “fall through the cracks” and are at greater risks for returning to prison, and probably need Passport to Freedom program even more.

The unique aspects of this program that focused on trauma and its impact on health and well-being and the use of mindfulness activities to manage stress related symptoms provide formerly incarcerated with lifelong strategies that are complimenting existing programs. This promising intervention strategy needs further rigorous testing with larger more diverse groups of women.

The fact that our program had fewer sessions, a community based sample, added to existing services previously incarcerated women receive, and gave women practical strategies to use had a positive impact, is promising and needs further testing and evaluation. We recommend, similarly to King (2015), more research related to trauma informed interventions with informally incarcerated women is needed that is rigorous, larger more diverse samples and comparison groups. Evidenced-based trauma informed approaches are important to integrate into any support program for incarcerated women returning to community, to provide women with knowledge and skills to address mental health and stressors that might increase their risk for returning to prison.

---

**Title:**
A Trauma-Informed Mindfulness Approach to Foster Improved Health and Wellness for Formerly Incarcerated Women

**Keywords:**
Trauma-informed, formerly incarcerated and mindfulness

**References:**
2. “Incarcerated Women and Girls”

**Abstract Summary:**
We will discuss the main findings from a pilot study to test the feasibility of a woman-centered, trauma-informed reentry program designed by a collaborative, inter-professional team of nurse clinicians, public health professionals, social workers and women’s advocates.

**Content Outline:**
1. The learner will be able to identify the relationship between trauma and negative health outcomes/behaviors.
2. The learner will be able to identify mindfulness strategies to help relieve symptoms of stress/trauma.
3. The learner will be able to discuss the importance of self-awareness when identifying body’s response to emotional triggers.

**First Primary Presenting Author**

**Primary Presenting Author**
Phyllis Sharps, PhD, MS, BSN, RN, FAAN
The Johns Hopkins University School of Nursing
School of Nursing
Associate Dean of Community Programs and Initiatives, Professor
Baltimore MD
USA

**Author Summary:** Phyllis Sharps, is a Professor and Associate Dean for Community Programs and Initiatives, at the Johns Hopkins University School of Nursing. She leads the Center for Community Initiatives and Scholarship, directing and coordinating
community based health and wellness programs, and community-based research initiatives for faculty and students. She is also the director of three community health nurse based centers. She has published numerous articles on improving the reproductive health, reducing violence among African American women.

Second Secondary Presenting Author

**Corresponding Secondary Presenting Author**
Patty R. Wilson, PhD, PMHNP, RN
The Johns Hopkins University, School of Nursing
School of Nursing
Director, Wald Center
Baltimore MD
USA

**Author Summary:** Dr. Wilson is a Psychiatric Nurse Practitioner who has done extensive research targeting community and public health problems related to intimate partner violence and housing instability.