

# A Pilot Program of a Peer Support Group by and for Formerly Incarcerated Women

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## **ABSTRACT**

**Background:** Women leaving incarceration face numerous barriers to reentry, including lack of social support, mental health conditions, and trauma.

**Objective:** To evaluate the feasibility of developing and implementing a peer-support group by and for formerly incarcerated women (FIW).

**Methods:** A draft peer support curriculum was developed and refined based on a focus group with FIW. The program was implemented, and participants engaged in a follow-up focus group to provide feedback.

**Results:** Participants reported several benefits of participation, positive experiences regarding program logistics and content, and they valued having an FIW as the facilitator.

**Conclusions:** A peer support intervention by and for FIW was well-received. Additional research is needed to assess whether such an intervention can improve mental health among FIW.

**KEYWORDS:** Mental Health Services, Mental Health, Community-Based Participatory Research, Health promotion, Curriculum, Psychosocial support groups, Incarcerated populations

## Introduction

Women are the fastest-growing incarcerated population in the United States. The incarceration rate for women in Louisiana is significantly higher than the national average.<sup>1-2</sup> While the general prison population increased five-fold between 1970 and 2014, the rate of incarceration for women increased 14-fold.<sup>2</sup> The United States Commission on Civil Rights (2020) recognized that women are more likely than men to enter prison with chronic or severe mental health issues and to be survivors of trauma or sexual violence.<sup>3</sup> Fully 86% of jailed women reported a history of sexual violence; over three quarters reported partner violence; and three in five reported caregiver violence.<sup>4-5</sup> Adverse childhood events and mental health problems are also associated with an increased likelihood of incarceration and female-perpetrated violence.<sup>5-6</sup>

Mental health problems and trauma are not just a predictor of incarceration, but also a consequence. During incarceration, women are more likely than men to experience sexual violence and abuse, disproportionately harsh discipline, and unmet healthcare needs, exacerbating the need for mental health services.<sup>3,7</sup> Formerly incarcerated women (FIW) in Louisiana have reported limited access to mental health, preventive, and dental services; insufficient providers; and being denied care during incarceration.<sup>8</sup> Additionally, women are more likely to be in active parenting roles at their time of arrest. In fact, 80% of incarcerated women in jails are mothers, contributing to stress both during and after incarceration. During re-entry, women often experience strain related to family reunification, and conflict with other caregivers, child protection agencies, or family court judges.<sup>2,9</sup>

Social support is defined in criminology literature as “the perceived or actual instrumental and/or expressive provisions supplied by the community, social networks, and

confiding partners.”<sup>10</sup> Social support offers opportunities for prosocial modeling; provides informal and formal control; reduces opportunities for victimization; and creates social bonds that deter recidivism by forming a sense of mutual obligation and responsibility.<sup>11</sup> Previous studies have suggested that for FIW, family and romantic partners can either be a positive source of support, or create a stressful “cycle of hope, mistrust, and cynicism.” (Leverentz, 2011, p. 259). In contrast, peers such as other FIW they meet in reentry services and addiction recovery groups appeared to be more effective in promoting life satisfaction.<sup>12-13</sup>

Systematic reviews and meta-analyses have suggested that peer support in mental health settings modestly reduces psychiatric inpatient service use and crisis emergency services, while increasing levels of hope, empowerment, and quality of life among people with mental health problems.<sup>14-17</sup> Systematic reviews of the effectiveness and cost effectiveness of peer-led interventions in prison settings underscore the potential for peer-led programs to promote successful reentry after release.<sup>18-21</sup> As White and Epston state, the practice of personal storytelling helps make sense of and give meaning to one’s life.<sup>22</sup> Providing space for FIW to narrate how they survived hardships and discuss coping mechanisms may develop their strengths and sense of agency.<sup>23</sup>

Despite the high prevalence of mental health stressors and trauma before, during, and after incarceration for women, and the recognized need for support during the re-entry period, few entities provide such resources in Louisiana, and none are designed for FIW. To address this gap, a community based-organization led by a FIW, with support from health professionals, students, and other FIW, developed and implemented a peer support curriculum for FIW in 2021. The goal of this work is 1) To assess the feasibility of developing and implementing a pilot peer support program by and for FIW; and 2) To assess participant perceptions of the program.

## **Methods**

### *Partnership background*

Beginning in 2015, a community-academic partnered effort to address the health needs of formerly incarcerated people (FIPs) known as the Prisoner to Patient (P2P) initiative began in New Orleans, Louisiana. Partners included FIPs; university-based researchers and physicians; legal experts; loved ones of incarcerated people; a non-profit engaged in political activism on behalf of FIPs and their families; and a re-entry clinic, which provided support, case management, and primary care for people returning from prison. Clinic providers identified unique mental health needs among patients and partnered with a FIP with experience in counseling to develop the Formerly Incarcerated Peer Support (FIPS) Group. FIPS Group began formalizing a curriculum and evaluation strategy in 2019. Though the group was open to all FIPs and their family members, the majority of participants were men. There was a clear need for a defined space for women. Simultaneously, a P2P advisory group member founded Southern Women with Amazing Purpose (SWAP), which aims to support women while they rebuild their lives during and after incarceration by connecting women to trauma-focused resources. SWAP, health professional students and members of P2P collaborated to develop and pilot a peer support curriculum for women, informed by the prior successes and lessons learned from FIPS Group.<sup>24</sup>

### *Curricular Development Focus Group*

The program curriculum was developed through a FIW-led process and all research procedures were approved by Tulane University's Institutional Review Board. An FIW and founding director of SWAP in New Orleans, Louisiana (DM) drew upon her years long

experience doing direct case management for women returning from incarceration and her lived experience to develop an initial 8-unit curriculum. DM engaged with members of the P2P partnership and student volunteers to further develop, pilot, and evaluate the curriculum.

The research team convened a 90 minute online focus group of five FIW who had received reentry case management services. These FIW were invited via email or text to participate in a focus group about reentry challenges and lessons for women coming home from prison. DM facilitated an open-ended discussion regarding the challenges of reentry and which topics participants thought critical to include in a curriculum to improve mental health among FIW. The meeting was audio-recorded and team members took detailed notes. Key themes were collectively identified and discussed with the focus group. Subsequently, these topics were incorporated into the next draft of the curriculum to be piloted.

#### *Pilot Group & Exit Focus Group*

Participants for the pilot group were recruited from a transitional housing space for women recently released from incarceration. Transitional housing staff provided the research team with the residents' contact information and preferred methods of contact (e.g., phone, email). Residents were invited to participate in the 6-week long curriculum. All seven members of the house agreed to participate in the program and provided verbal informed consent.

DM facilitated the pilot curriculum at the participants' transitional house. Sessions were approximately 90 minutes and took place on Sunday afternoons. Lessons included discussion, direct instruction, handouts, vision board creation, and post-class journal reflections. Two student volunteers were present at each session to document participants' feedback. A licensed

clinical social worker and a team member with a master's in psychology was present on site to address any participant distress.

Participants who completed the curriculum were invited to take part in an optional, 1-hour long exit focus group to offer feedback about the group. DM was not present to ensure participants would be comfortable providing critical feedback. Three team members facilitated the group using a focus group guide. Questions covered logistical considerations, curriculum content, and overall satisfaction. Two program participants joined through a virtual meeting platform, while the other four participants joined in-person at the transitional house. The focus group was recorded through the virtual meeting platform and transcribed using an online transcription service. The transcript was then redacted of any personally identifiable information and the audio recording was deleted. Two team members then used thematic analysis to identify themes in the data. They separately read the transcript and developed an initial set of inductive codes based on the data, as well as deductive codes based on the focus group guide. They coded the transcript separately, then reviewed all line-by-line coding together. Through discussion, they developed definitions for each code and merged and divided codes, as needed. Using final codes, they discussed and reached consensus on the major themes, described below. They used codes to extract illustrative quotes.

## **Results**

### *Curriculum Development Focus Group*

Several themes informed development of the pilot curriculum. Participants described a pervasive feeling of having to “prove” themselves to loved ones, judges, parole officers, employers, and themselves. The research team used this information to create a unit focused on

discussing that feeling, exploring its origins, and sharing how to self-regulate that emotion. This unit also touched on how social injustices such as racism and sexism contribute this feeling of having to prove oneself.

Participants expressed difficulty with communicating with professionals, such as lawyers or doctors, who have dismissed their concerns. The research team added a section to the curriculum to discuss successes in resolving conflicts through self-advocacy and balancing respect and trust for professionals' training with one's own intuition and desire.

Participants shared that the hyper-independence they used as a survival tactic before and during incarceration led to loneliness and distrust in others post-incarceration. This theme informed a unit designed to allow participants explore their relationship with trust in themselves and others, the importance of asking for help, and accepting rejection when help is denied.

Another key theme was the sources of support women harnessed to get through the difficult times during re-entry (e.g., relying on someone who believed in them, having a steady job, prayer, participating in a club or class). Based on this finding, the team included questions in several units to prompt participants to reflect on what sources of strength have or could have helped them navigate reentry challenges. Finally, the team again reviewed and consolidated redundant curriculum topics, resulting in a total of six sessions. The final curriculum topics are found in **Table 1**.

### *Pilot Group Retention*

The pilot group initially consisted of seven participants. Among them, all were Black women with an average age of 41. The average time since their last incarceration was 18 months at the start of the program, and 85% of them were employed. Four women completed all



sessions; one woman completed five of six sessions; one woman completed half of the sessions; and one dropped out after one session due to competing priorities. Group retention could have been improved by engaging with participants after each session to assess potential barriers to attending the next session that the team could have feasibly addressed (e.g., by adjusting topics to better align with participant interest, providing child care, changing the time of sessions).

### *Exit Focus Group Results*

A total of 7 women participated in the exit focus group. Four main themes were identified from the discussion: positive aspects of the logistics, highlights of the curriculum content, perspectives on the roles of team members, and benefits of participation.

**Logistics.** Participants identified convenience as an appeal of the group because sessions were held at the transitional home where participants lived. All reported either not having a vehicle or public transportation being unreliable so they appreciated the time saved and not needing to arrange transportation. One participant said, *“Trying to find another location would be very inconvenient.”* Holding it in their home was *“more comfortable.”* Participants valued sessions taking place during a weekend when they usually did not work and being short enough they could still do *“other things we wanted to do...during the day.”* The majority of participants also appreciated that session durations were flexible depending on the flow of conversation: *“I feel like sometimes...we needed more time to discuss more stuff, because we was into the conversation.”* Most participants agreed that less than 10 members in a session is ideal because *“if I’m around a bunch of people, I’m not gonna talk.”* However, some participants were still unable to attend group due to having to work on a Sunday so polling participants in advance about the most convenient time for meetings would have likely improved attendance.

Alternatively, holding parallel sessions at two different times could allow participants flexibility and the ability to attend sessions when competing priorities arise.

**Content.** Participants did not suggest content changes, but identified favorite topics. Most said that a checklist in which they identified the frequency of various self-care habits was useful because it promoted self-awareness. One person mentioned, *“It got me to look at things I need to work on, and things I could excel in.”* Participants also enjoyed journaling and creating vision boards. One said, *“I look at it all day, every night, and it makes me stay focused...”* Another woman valued multiple options to engage because *“people might attach themselves to different things that personally help them.”* Group members appreciated the flow from more emotional units at first (e.g., self-forgiveness, difficult experiences growing up) to more productive, lighter units (e.g., individuals’ preferred methods to practice self-care). All participants agreed that this order was preferred because it *“makes you feel more comfortable around the people you’re talking with in later sessions.”*

**Role of team members.** In response to a question about the student volunteers and mental health providers who attended the group, participants said they appreciated that all team members, regardless of incarceration history, engaged in group activities to build trust with the team. One participant enjoyed, *“how y’all started the group talking about y’all selves...telling us stuff that relates to us... it makes it just, more open.”* All participants appreciated that the facilitator guided the conversation by sharing her own, deeply personal stories: *“It was really needed, because like it showed us...if she’s vulnerable and open enough to, you know, share her life story with us... we should be able to... feel safe and comfortable enough to do the same.”*

**Benefits of participation.** All participants said the group promoted self-reflection that translated into either improving their relationship with themselves or others. For example, one

participant described, *“It made me think about how I handle myself. And I had to change a few things in my ways.”* Similarly, another reported, *“...When I’m going through something...I think back on a session and I think about, like, how I could handle it in a better, different way.”*

Another participant described drawing upon coping strategies by saying, *“I just think back to the program... I have to humble myself and take deep breaths and just it worked for me so far.”* Two participants said they were less likely to jump to conclusions about people: *“It’s not always other people doing this and that. I had a couple faults myself. It made me a better person in how to talk to people...”*. Similarly, it promoted awareness of others’ perspectives: *“I thought my way was the only way...Other people go through stuff too... Everybody’s not, you know, lying.”*

Throughout the focus group, participants mentioned that the ability to share comfortably was both therapeutic and rare for them: *“It’s like a burden lifted off your chest...To trust people to sit around a table and open yourself up to them, and it won’t go nowhere...It helped”*. When asked about any other spaces where participants feel comfortable sharing personal topics (eg, therapy, drama clubs, book clubs, social groups), every participant denied having any. As one participant noted, *“This group has made...a huge impact on me being able to communicate my feelings and thoughts...because I’m very closed in...It helped me feel more comfortable when expressing myself.”*

## **Conclusions**

This study assessed the feasibility of developing and implementing a post-incarceration peer support curriculum for FIW, by FIW, in collaboration with health professionals and students. Peer support may have particularly promising potential for women. As previously described, a qualitative study on the social support networks of women found that peers, but not

family or friends, were associated with improved life satisfaction. Peers may not have the same complex histories and expectations as family and other pre-prison relationships, and peers may be less likely to judge or make women feel stigmatized based on history of incarceration.<sup>12</sup>

Overall, participants reported positive experiences regarding program logistics, content, and team members. They also highlighted several benefits of group participation.

One important finding is that minimizing logistical demands on participants while also creating shared space based on trust and mutuality were drivers of feasibility. Two areas that are well-established challenges for returning women—housing and transportation—were addressed by hosting classes on site at a transitional house. The convenience of the program was considered a main strength and promoted regular program attendance. Participants' specific remarks on avoiding public transportation mirrors the reentry literature, which has shown unreliable public transportation is a barrier to many recently released women engaging in reentry services, including mental health support.<sup>25-27</sup> Future work in this area should aim to minimize barriers to participation by hosting groups in convenient locations and providing transportation.

Participants' positive reports about journaling exercises during the group align with previous studies which have found writing interventions for incarcerated women to be effective, feasible, and well-received.<sup>28-30</sup> In addition, it is encouraging that women reported journaling was useful for tapping into their self-expression because expressive writing, particularly about one's stressful or traumatic experiences has an empirical evidence base for decreasing posttraumatic symptom severity, depression, and anxiety scores among traumatized women.<sup>31</sup>

Finally, it is important to note that, although the program did not offer formal mental health counseling, program participants identified the peer support group as a unique opportunity to process their experiences with incarceration and reentry, and that no other spaces (i.e., the

formal mental healthcare system or informal groups promoting wellness or creativity) allowed them the same opportunity. Available reentry programs often fail to meet the mental health and counseling needs of FIW,<sup>32</sup> so peer groups may play an important role in providing much-needed support. Qualitative studies of formerly and currently incarcerated women have found that peer support groups are among the most promising ways to promote successful re-entry so it is unsurprising that facilitation by a formerly incarcerated peer was well-received.<sup>33-34</sup> Particularly, these studies suggest that feeling understood by other women in their community gave FIW motivation in the face of adversity and setbacks, while speaking with peers who are further along in the reentry process gave women encouragement and inspiration.<sup>33-34</sup>

As for future directions, while the current curriculum focused on individual-level determinants, another iteration of a peer support group for FIW could consider adopting an ecological model of the intervention by also highlighting the structural determinants of incarceration and their sequelae. Social injustices such as racism and sexism were discussed as a contributor to the feeling of needing to “prove” oneself, but these forces as well as the U.S.’s overreliance on incarceration could have been elaborated on as a driver of incarceration and reentry challenges. Secondly, while the focus group participants did not decide on having a unit dedicated to motherhood, the topic did come up during discussion during many units of the pilot group. The literature on motherhood after incarceration describes post-release as a challenging time when FIW may be fighting to reclaim their mothering role (e.g., trying to regain custody, grieving loss of custody, rebuilding emotional relationships with children after a traumatic separation due to incarceration).<sup>35-36</sup> Therefore, it would likely be beneficial to develop a unit dedicated to motherhood or incorporate discussion questions about parenting after incarceration into the curriculum.

### *Limitations*

This study has several key limitations. First, this was a feasibility study with a small number of women living in a communal setting so results may not be generalizable to other communities or settings. Next, it is possible that focus groups did not capture the full range of participant experiences. There is a possibility of social desirability bias if participants felt obliged to report positive experiences due to personal relationships with the facilitator or other members of the team. Additionally, all participants of the focus group and pilot group are Black women who were incarcerated in Louisiana. While Black women are overrepresented among the FIW population nationally, the group's homogeneity does limit the results' generalizability for FIW of other races/ethnicities and FIW who were incarcerated in other parts of the country. Furthermore, FIW who volunteer for a focus group may be different from other FIW. Finally, there were no quantitative measures of mental health or self-efficacy pre-and post-participation, as the sample size was too small to appropriately power a study. In spite of these limitations, this feasibility study indicates that FIW find value in participating in a peer support group. Further research is needed to assess whether the curriculum could be implemented in other settings and improve mental health outcomes.

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**Table 1. Curriculum Contents**

Lesson #	Topics & Learning Objectives
1	<p><b>Communication:</b> Defining, Barriers, Strategies for Navigating Conflict</p> <ul style="list-style-type: none"> <li>• Define communication and its relationship with trauma</li> <li>• Identify common barriers to communication</li> <li>• Describe what an unhealthy relationship with conflict looks like.</li> <li>• Name three strategies to engage in productive conflict instead of destructive conflict</li> </ul>
2	<p><b>Harms:</b> Accountability, Forgiveness, Acceptance</p> <ul style="list-style-type: none"> <li>• Recognize when and when not to take responsibility for harm</li> <li>• Name pros and cons to forgiving others</li> <li>• Identify strengths and resources that people use to live with harms done to them/they've done.</li> </ul>
3	<p><b>The Need to Prove Yourself:</b> Internalized Oppression, Personal Experiences, Social Context</p> <ul style="list-style-type: none"> <li>• Define internalized oppression</li> <li>• Describe how social injustices (e.g., sexism, racism) can prevent one's ability to heal</li> </ul>
4	<p><b>Wellness Inventory</b></p> <ul style="list-style-type: none"> <li>• Name at least 3 of SAMHSA's 8 dimensions of wellness</li> <li>• Define wellness for themselves</li> <li>• Identify the aspects of wellness and self-care that feel most important to their survival and healing</li> </ul>
5	<p><b>Creating a Self-Care Plan</b></p> <ul style="list-style-type: none"> <li>• Use vision boards, journaling, or other methods to create a self-care plan tackling different dimensions of wellness that aligns with future goals</li> </ul>
6	<p><b>Putting the Plan into Action, and Updating As Needed</b></p> <ul style="list-style-type: none"> <li>• Describe their progress in their self-care plan and barriers they faced</li> <li>• Strategize ways to make self care plans sustainable as they evolve</li> </ul>