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RESILIENT AF: UNDERSTANDING THE LIVED EXPERIENCES OF WOMEN OF COLOR PSYCHOLOGISTS IN FORENSIC MENTAL HEALTH SETTINGS

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Resilient AF: Understanding the Lived Experiences of Women of Color Psychologists in Forensic Mental Health Settings

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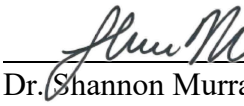 — 4/8/2024

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Abstract

This study explored the lived experiences of women of color psychologists who identify as ethnic-racial minorities. This qualitative study used interpretative phenomenological analysis (IPA) to understand the narrative experience of the participants from their perspective. A total of four participants took part in this study. All participants identified as cisgender women psychologists currently working in a forensic mental health setting and identified as an ethnic-racial minority. In the lived experiences of the participants, three themes, and several subthemes, emerged: challenges, self-preservation, and strengths / resilience. The results showed that women of color psychologists working within forensic mental health settings face continuous adverse challenges, such as cultural prejudice, lack of representation, and vicarious trauma. Further, this study explored the shared and nuanced self-preservation strategies of women of color psychologists to mitigate the negative consequences of vicarious trauma and pervasive discrimination, to preserve their overall health and sense of self. The findings of this study additionally demonstrated the resilience and strengths of women of color psychologists, and their ability to leverage their own adverse challenges to inform their clinical work. These interactions demonstrated the critical role of highlighting women of color psychologists' strengths and resilience, as it pertains to the prevention of burnout and preserving overall well-being, navigating adverse experiences, and deepening their clinical work to be more culturally responsive and relational.

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CHAPTER I

INTRODUCTION

Statement of the Problem

Vicarious trauma for therapists working with sexual violence survivors, initially identified by McCann and Pearlman (1990), is described as the process of a practitioner's fundamental values system, emotional needs, cognitions, and beliefs being impacted by the retelling of a traumatic event or narrative by a client (Hatcher & Noakes, 2010; Pearlman & Saakvitne, 1995a). Vicarious trauma can develop after the exposure to clients illustrating their traumatic experiences and has significantly impacted a spectrum of professionals engaging in trauma work. The impact of vicarious trauma is widespread and leads to a myriad of potential consequences for individuals who are empathically engaging with survivors of trauma (Sabin-Farrell & Turpin, 2003). Mental health professionals who have large caseloads and repeatedly work with trauma clients have an increased risk of experiencing the negative effects of vicarious trauma (Sartor, 2016). Additionally, due to the potential of disrupted core beliefs, intrusion symptoms, disturbances in spirituality and identity, and increased risk to burnout and mental health concerns, vicarious trauma can also have significant, long-term negative impact on mental health professionals' capacity to provide effective and culturally responsive therapeutic services (Pirelli et al., 2020; Sartor, 2016).

When examining the impact of vicarious trauma within the mental health field, Baum (2015) addressed disparity amongst the cisgender spectrum. Regarding gender variances, the literature classified cisgender female-identified mental health clinicians as being at a higher risk for susceptibility of experiencing the impact of vicarious trauma.

Further, women identifying as racial-ethnic minorities experience intersecting oppressions due to their race and ethnicity, thus, increasing their risk to experience discrimination compared to white women (Crenshaw, 1991). Intersectionality, originally introduced by Kimberlé Crenshaw, is a framework that recognizes how various social identities, such as race, gender, class, and sexuality, intersect and interact to shape individuals' experiences of discrimination and privilege. This approach emphasizes the interconnected nature of social categories and highlights the unique and compounded forms of oppression experienced by individuals who belong to multiple marginalized groups (Crenshaw, 1991).

Gendered racism speaks to the double jeopardy women of color encounter for identifying as both a person of color and woman (Hunter et al., 2020). Experiencing both subtle and overt discrimination based on the intersection of gender and race contribute to poorer mental and physical health outcomes and increased psychological distress for women of color (Williams and Lewis, 2019). Despite existing research investigating vicarious trauma among mental health practitioners (e.g., Kadambi & Truscott, 2013; Way et al., 2007), much of which has generally focused on sex-offender treatment providers, there is a gap in the literature highlighting the voices and experiences of ethnic-racial minority women mental health clinicians working with clients in forensic mental health environments (Pirelli et al., 2020).

Due to the potential severity that both vicarious trauma and discrimination can have on an individual’s overall health, it is critical to explore the effects these factors have on clinicians’ psychological, physical, and spiritual health. Considering the above, it is also critical to better understand the coping mechanisms and self-care strategies that ethnic-racial minority women mental health professionals utilize as protective factors against vicarious trauma and discrimination to support their psychological, physical, and spiritual health. Women of color

have been marginalized for generations, and in the face of oppression and hardship, have been able to cultivate coping and self-care strategies to help mitigate the impact of discrimination (Gutiérrez & Lewis, 1999). Wise and Gibson (2012) claimed that it is an ethical obligation for mental health practitioners to engage in self-care, as it relates not only to their overall health, but also their ability to provide competent services. Thus, exploring the narratives of ethnic-racial minority women mental health professionals and the coping mechanisms and self-care strategies they engage in to protect their psychological, spiritual, and physical health in the face of discrimination and vicarious trauma, is imperative to advancing the current research reviewing the self-preservation and overall health of psychologists.

Brief Rationale

According to Phoenix (2020), it is estimated that between 40%-85% of individuals working in the helping professions develop vicarious trauma and/or increased rates of traumatic symptoms. Factors such as years of clinical experience, case load, workplace environment, experience of own trauma history, empathy levels, self-care, and coping strategies have various effects on the development and impact of vicarious trauma (Andahazy, 2019; Brockhouse et al., 2011; Catanese, 2010). Rodrigues and colleagues (2021) found that forensic workers reported increased direct exposure (74%) to chronic stressors and a spectrum of potential events that were considered traumatic than those that are considered non-forensic staff (66%). Due to the intense nature of their professions, Pirelli et al. (2020) further claimed that individuals working within the subfields of forensics, such as psychology, nursing, psychiatry, and social work, may experience higher susceptibility to developing issues related to vicarious trauma that impact their health and capacity to continue providing effective services.

Additionally, the research reviewing the impact of vicarious trauma on mental health professionals is present, however, there is a lack of research focusing on vicarious trauma within forensic mental health settings (Pirelli et al., 2020). A majority of the research on coping and self-care strategies for mental health practitioners have included quantitative approaches, with minimal qualitative perspectives. There is an overwhelming gap in research and literature, respectively, in exploring the experiences of vicarious trauma, discrimination, coping, and self-care strategies for women of color psychologists providing psychotherapy and assessment services in forensic mental health settings from an interpretative phenomenological perspective.

As an attempt to bridge the research, the researcher explored the experiences of women of color psychologists providing clinical services in forensic settings. More specifically, this research highlighted their lived experiences of discrimination and vicarious trauma, and the various self-care, coping strategies, and strengths they embody to preserve their overall well-being and sense of self utilizing an anti-deficit lens.

Research Questions:

1. What is meaningful to women of color psychologists working in forensic mental health settings?
2. How does their cultural identities impact their experiences as women of color psychologists?
3. How do experiences of vicarious trauma and discrimination impact them?
4. How do women of color psychologists cope and thrive, despite these barriers?

Definition of Project-Specific Terms and Language Acknowledgement

As language can and will evolve, please adapt the verbiage of this dissertation to reflect future language around identity and culture that is most respectful of and accurate to the experiences of the target population. This dissertation uses the identity term "women of color" to represent women who identify as belonging to non-white racial or ethnic groups. It encompasses a diverse range of backgrounds, including but not limited to Black, Hispanic/Latina, Asian, Native American, and multiracial women. The term emphasizes the intersectionality of race and gender, acknowledging the unique experiences and challenges faced by women who navigate both racial and gender-based discrimination and marginalization (Gutierrez, 1990).

Coping: refers to the cognitive and behavioral efforts individuals undertake to manage, reduce, or tolerate stress, adversity, or difficult situations. It involves the use of various strategies, such as problem-solving, seeking social support, emotional regulation, or avoidance, aimed at adapting to and dealing with the challenges encountered to promote well-being (Ramos & Yi, 2020).

Forensic Mental Health Settings: refers to specialized facilities or environments where mental health services are provided to individuals who are involved with the legal system and/or mandated to mental health treatment. These settings focus on assessing, treating, and managing mental health issues within the context of legal proceedings, often involving evaluations for competency to stand trial, assessments of criminal responsibility, and interventions aimed at rehabilitation or risk management (Pirelli, Formon, and Maloney, 2020).

Interpretative Phenomenological Analysis (IPA): a qualitative research methodology for exploration of participant experiences.

Resilience: refers to the ability of individuals to adapt, bounce back, and thrive in the face of adversity, trauma, or significant stressors. It involves the capacity to withstand challenges, recover from setbacks, and even experience personal growth and transformation in the aftermath of difficult circumstances. Resilience is characterized by factors such as optimism, problem-solving skills, social support networks, flexibility, and a sense of purpose or meaning in life, and it plays a crucial role in promoting mental and emotional well-being.

Self-Care: refers to deliberate strategies individuals take to maintain or improve their physical, mental, and emotional well-being. It involves recognizing one's own needs and taking proactive steps to address them, which can include activities such as exercise, relaxation techniques, socializing, hobbies, seeking professional help when needed, and setting boundaries to protect one's time and energy. Self-care practices are essential for promoting resilience, reducing stress, and enhancing overall quality of life (Nicol & Yee, 2017).

Vicarious Trauma: refers to the transformation in self, worldview, beliefs/values caused by the emotional and psychological distress experienced by individuals who are exposed to the trauma experiences of others, such as clients, patients, or survivors, through their work or relationships. It occurs as a result of empathetic engagement with the traumatic material of others, leading to symptoms similar to those of direct trauma exposure, including intrusive thoughts, emotional numbness, hypervigilance, and changes in worldview (Pirelli et al., 2020).

CHAPTER II

CRITICAL REVIEW OF LITERATURE

Vicarious Trauma, Forensic Settings, and Mental Health Clinicians

According to the National Institute for Occupational Safety and Health (NIOSH, 1999), occupational health initiatives have been a critical aspect to upholding employee well-being, performance, and productivity. Smith and Gray (2001) identified individuals working within the caring professions (e.g., nursing, physicians, social workers, mental health therapists) amongst those at a higher risk of experiencing job-related stress. Literature on individuals working within caring professions have shown a higher level of stress and minor psychiatric disorders compared to other professions who do not focus on the health service of others (Sabin-Farrell & Turpin, 2003). Although these findings could be explained by various factors, such as job role, workload, individual personality traits and work environment, Sabin-Farrell and Turpin (2003) proposed that there may be specific conditions that health service professionals experience, which could be involved in increasing work stress, such as work environment, trauma work, and the caring nature of their profession. As identified by Figley (1995a), "There is a cost to caring. Professionals who listen to clients' stories of fear, pain and suffering may feel similar fear, pain and suffering because they care" (p. 1). Therefore, it should be considered that aside from the organizational factors and workplace environment that impact stress and negative health outcomes for healthcare professionals, the various caring aspects required within their role are additional contributing factors (Sabin-Farrell & Turpin, 2003).

The literature on mental health therapists' experiences has shown that similar PTSD symptoms addressed may manifest in mental health professionals who are repeatedly exposed to traumatic narratives and empathic engagement with clinical trauma work (Hatcher & Noakes,

2010; Sabin-Farrell & Turpin, 2003). Sabin-Farrell and Turpin (2003) identified the higher risk of adverse effects for mental health professionals who are directly engaging in trauma work with clients who have trauma histories revolving around physical and sexual abuse and military combat experiences. In addition to Sabin-Farrell and Turpin's (2003) findings, Pirelli, Formon, and Maloney (2020) found that practitioners are also at a higher risk of developing vicarious trauma if they have had direct exposure to trauma or if they have experienced a collective traumatic event with their client, as in the case of a natural disaster or mass shooting. Furthermore, professionals working in mental health, corrections, medicine, the legal system, and nursing, who routinely interact with trauma and violence, have the potential to cultivate symptomology aligned with the impact of vicarious trauma (Pirelli, Formon, & Maloney, 2020).

Vicarious trauma can manifest in a myriad of forms, ranging from but not limited to: alterations in views of society, self, identity and the larger context; clinicians' own intimacy with others; disconnection and social withdrawal; shifts in spirituality and beliefs, symptoms of dissociation; loss of trust, safety, and empathy; feelings of fear, anger, sadness, and overwhelm; intrusive thoughts, images, nightmares, and emotional numbing; and lastly, lack of energy, mood shifts, anxiety, depression, and other symptoms related to PTSD (CME, 2011; Devilly, Wright & Varker, 2009; Way et al., 2004). Concerns around the potential negative impact that vicarious trauma can have on one's physical, spiritual, and mental health can cause increased distress for mental health practitioners and can contribute to an ultimate decline in the quality of mental health services provided (Pearlman & Saakvatine, 1995; Way et al., 2004).

Within forensic psychology, practitioners work with clients across a spectrum of settings, such as prisons, jails, and outpatient forensic mental health organizations, that may place them at an increased vulnerability to experiencing distress. Additionally, forensic clinicians habitually

engage with those who have perpetrated or who have been survivors of various crimes, and those who have experienced psychological injury (Pirelli, Formon, & Maloney, 2020). Pirelli, Formon, and Maloney (2020) identified that forensic practitioners have increased exposure to working with individuals presenting with diverse personality traits and disorders, which typically requires firm boundary setting with clients and may escalate emotional distress for the practitioner and increase susceptibility to the potential harmful effects of vicarious trauma. Farrenkopf (1992) conducted a study with 24 sex-offender treatment providers (SOTPs) who ranged from ten to thirty years of experience providing mental health services. In this study, participants reported the following: "diminished hopes and expectations in working with sex offenders" (54%); "hardening or dulling of emotions" (42%); "frustration with the correctional system or society" (38%); "increased hypervigilance and suspicion" (29%); and "generalized high stress, exhaustion, depression, or burnout" (25%) (Farrenkopf, 1992). However, since 83% of participants were male-identified, these findings may not be generalizable to the female-identified community.

In 2004, Way et al. conducted a comparison quantitative study, reviewing levels of perceived vicarious trauma for clinicians working with survivors of sexual abuse and sexual offenders, as well as the coping strategies associated with minimizing the negative effects of vicarious trauma. Out of the 347 participants who identified as mental health clinicians, 72.6% of them identified as working with "offenders." Within this sample of mental health practitioners providing clinical work with "offenders," 50.4% identified as male and 92.83% identified as white. Way et al.'s results found that there was no significant difference between perceived levels of vicarious trauma of mental health clinicians working with survivors of sexual abuse and those providing services for individuals who had caused sexual harm to others. Additionally,

utilizing The Impact of Event Scale (IES), a self-report measure of subjected distress assessing vicarious trauma in terms of Intrusion and Avoidance, their findings concluded that 52% of their sample landed within the clinical range, suggesting that these mental health clinicians had been negatively impacted by vicarious trauma in their clinical work. Lastly, they found that the clinicians treating survivors endorsed more positive forms of coping, such as seeking consultation/supervision, engaging in spiritual practices and physical activity, and leaning on social support, compared to the practitioners working with "offenders."

Furthermore, Sartor (2016) conducted a quantitative correlational research design analyzing mental health professionals' experience with vicarious trauma and how it impacted their perceived sense of self-efficacy in their clinical work with traumatized clients. This research study had a sample size of 82 licensed mental health professionals and used the Trauma and Attachment Belief Scale to assess for vicarious trauma and the Counseling Self-Estimate Testimony (CSET) to report self-efficacy in clinical work. Within the participant sample, 81.7% identified as cisgender female and 78% of the sample identified as white; therefore, only 22% of the sample identified as mental health clinicians of color.

Sartor's (2016) findings suggested a strong correlation between levels of vicarious trauma for mental health clinicians and self-efficacy, demonstrating that mental health professionals reporting higher rates of vicarious trauma are more likely to experience lower levels of self-efficacy. Additionally, despite the years of experience these individuals had providing clinical services, mental health clinicians who reported having a caseload of working with 60% or more traumatizing cases expressed the lowest levels of self-efficacy in their clinical work. Thus, these critical findings demonstrated that having a higher caseload of trauma clients

could increase the susceptibility of developing vicarious trauma and negatively impact mental health professionals' capacity to provide effective and culturally responsive services.

A systematic review of literature was conducted by Baum (2016) to analyze the gender differences in susceptibility to secondary traumatic stress for cisgender mental health clinicians, which included 10 research studies focusing on the gender disparities of secondary traumatic stress within mental health clinicians. Despite the repeated claim that there are mixed findings regarding gender differences in the research to date, Baum (2016) found that 60% of the studies demonstrated an increased susceptibility amongst female-identified mental health clinicians. They also found that secondary traumatic stress was categorized in the literature as having similar distress manifestations as vicarious trauma after indirect exposure to a traumatic experience through client's narratives for mental health professionals. The potential effects of increased fatigue, feelings of despair and hopelessness, social withdrawal, and emotional numbing can have detrimental consequences on the quality of mental health services provided (Baum, 2016). This systematic review demonstrated the literature's tendency to ignore gender disparities for mental health clinicians and the need for additional research to explore mitigating potential negative consequences female-identified clinicians face. In alignment with Sartor's (2016) findings on how higher levels of vicarious trauma can impact mental health clinicians' clinical work, scholars have implied that the physical and emotional symptoms of secondary traumatic stress may prevent mental health professionals from working effectively and culturally responsively with their clients (Clemans, 2004; Harris, 1995).

Within the literature on vicarious trauma, Pirelli et al. (2020) expressed the need for additional research to develop deeper understandings on the impact vicarious trauma can have on forensic mental health clinicians due to limited published empirical literature specifically

focusing on forensic psychology. Sartor (2016) and Way et al.'s (2004) predominantly white sample sizes additionally demonstrate an overwhelming gap in the literature exploring the experiences of vicarious trauma and how it relates to women of color mental health clinicians. Lastly, Pirelli et al. (2020) additionally pointed out the need for additional investigation focusing on the role self-care strategies and coping mechanisms may have in mitigating the adverse effects of vicarious trauma.

Intersectionality, Discrimination, and Women of Color

Black feminist legal scholar, Kimberlè Crenshaw (1991), initially defined the term "intersectionality" to cultivate a deeper understanding of the experiences of Black women, where isolating the impacts of racism and sexism was too simplistic to provide a holistic comprehension of their unique experiences. This was in response to a wave of feminist ideals that were mainly grounded in middle-class and white experiences, as well as anti-racist organizing agendas that were rooted in male issues and ideals (Bauer, 2014). Individuals embodying multiple, historically marginalized identities experience unique and complex health disparities that cannot be understood from a unitary perspective. Bauer (2014) explained that implementing an intersectional approach honors that individuals' experiences and health are more than simply being the sum of their parts. For example, a Latinx woman's mental health implications are guided by her identities as a woman, as a Latina, and her intersecting experiences of sexism and racism. Health scholars have progressively researched how an individual's overall health cannot be holistically understood by analyzing it within a unipolar system (Mullings & Schultz 2006; Williams et al., 2012).

Examination of a single marginalized identity oversimplifies the health experiences and variations of communities identifying with multiple identities (Grollman, 2014). Grollman

(2014) and Williams and Lewis (2019) reported that individuals identifying with multiple marginalized statuses have an increased potential to develop overall poorer mental, emotional, and physical health outcomes and higher psychological distress. In studies by Grollman (2014) and Bauer (2014), Black women, due to their marginalized gender and racial identities, were found to have experienced disadvantages in health, as well as additional barriers to healthcare in comparison to both their unitary marginalized counterparts, Black men and white women, as well as their privileged peers, white men.

An intersectional approach to health disparities deepens the understanding of how the impact of intersecting oppressions and privileges may impact an individual's mental, emotional, physical, and spiritual health, as well as their overall well-being. Sex and gender identity as well as ethnic-racial identity play a critical role on physical and mental health for individuals. Utilizing data from the National Longitudinal Study of Adolescent to Adult Health, Hargrove and colleagues (2020) found that ethnic-racial inequalities are higher for women compared to men, and indirectly influence social factors on physical and mental health, which inevitably shapes their life experiences. Specifically, the data showed unique mental health disadvantages for Black and Asian American women in regard to depressive symptoms and access to similar mental health benefits as their white and male counterparts. Hargrove and colleagues' (2020) overall findings provided critical evidence stating:

> The unequal distribution of life course disadvantage by race/ethnicity and gender takes a toll on the psychological well-being of Blacks, Hispanics, and Asian Americans, particularly women, across adolescence, early adulthood, and into middle adulthood. This unequal distribution of disadvantage is likely a result, in large part, of the reproduction of

> socioeconomic inequality across generations and the gendered forms of racism that disproportionately affect women of color across the life course (p. 626).

They also posited that women of color may be susceptible to poorer health outcomes due to the sum of potential disadvantages they may face, rooted from identifying as a woman and as a ethnic-racial minority individual. Considering the inequities women of color may face due to their multiple identities, it is imperative to explore various coping and self-care strategies that may be supportive to women of color to mitigate potential adverse health outcomes.

In alignment with the above considerations, despite women outnumbering men in the psychology field, there are clear and concerning equity gaps (American Psychological Association [APA], Committee on Women in Psychology, 2017). Racism, stereotyping, bias, and discrimination are a few of the barriers experienced by ethnic-racial minority women who are in positions of access. Ethnic-racial minority women additionally experience an increase sense of distrust in their work setting and higher rates of anxiety compared to their white counterparts (Flores & Matkin, 2014). Moreover, women in psychology are underrepresented in APA fellow status, journal editorships, conferred awards, in leadership positions such as full-time professorships, and are approximately paid 78% of what their male counterparts receive (American Psychological Association [APA], Committee on Women in Psychology, 2017). Highlighting the voices and experiences of ethnic-racial minority women is a critical piece to fighting for equitable opportunities for women.

In light of the escalation in racially motivated hate crimes during the Trump era, Daftary et al. (2020) conducted a research study amongst women-identified university students examining how ethnic-racial discrimination relates to mental health. The researchers implemented a cross-sectional survey design between November 2017 to May 2018, with a sample size of 391 women. The sample size included the following breakdown regarding

race/ethnicity: 2.6% American Indian, 6.1% Asian American, 5.1% Black, 19.7% Hispanic, 7.1% Multi-race, and 59.3% White. Findings provided evidence that women of color faced increased rates of exposure to ethnic-racial discrimination compared to their white female counterparts since the 2016 election of Trump. However, the data demonstrated that experience of discrimination was significantly associated with depression, but not anxiety, and negatively associated with resiliency. Additionally, resiliency was found to have a negative relationship with both anxiety and depression. Along with the quantitative data, asked an open-ended question, "please share any additional changes you have noticed since the Trump administration took office" (p. 772); 282 women out of the 391 original sample answered this question, 41% identifying as women of color and 59% were white women. The following three themes were observed:

1. A resurgence of racism, nativism, and white supremacy
2. Increased hate, conflict, & division (with no specific discussion of racism or white supremacy)
3. Increased fear

Overall, these results revealed that women of color were experiencing higher rates of ethnic-racial discrimination since the election of Trump into office compared to their white female peers, increased levels of anxiety and depression, and lower levels of resiliency (Daftary et al., 2020); these valuable findings reflect similar data regarding the disadvantages ethnic-racial minority women endure compared to their white women counterparts found by Hargrove et al. (2020).

For generations, women of color have experienced unique disadvantages compared to their white female counterparts and male peers of color, which negatively impact their physical

and psychological health. In an effort to move towards a more equitable and just society, further quantitative and qualitative studies highlighting the profound experiences of ethnic-racial minority women should be considered a high priority within future research to support the overall health of women of color and decrease the perpetuating discrimination, oppression, and harm they face.

Current Socio-Cultural Context and COVID

Historically, national crises, like a pandemic, have often highlighted inequalities and injustices that disproportionately impact individuals from marginalized communities. Kantamneni (2020) expressed that in times of crisis, resources tend to be lower, and a sense of fear arises within communities, usually reinforcing and intensifying disparities between underserved populations and privileged populations. Thus, communities of color are bearing the hardships that the pandemic has inflicted regarding adverse economic repercussions, particularly individuals identifying as African American/Black, Latinx, and Native American. Additionally, higher rates of employment in professions that lack the privilege to work from home, to receive sick leave, and/or employee health benefits create more detrimental health outcomes for individuals identifying from these ethnic-racial groups (Kantamneni, 2020; Maness et al., 2020). Additionally, Kantamneni (2020) hypothesizes that women may be experiencing increased strain and distress due to multiple role conflict and workplace expectations, economic disparities between wages based on gender, and societal norms associated with child-care and household responsibilities.

Moreover, communities of color are experiencing increased rates of discrimination, racially motivated hate crimes, and racial injustices that exacerbate the structural and systemic racism embedded within our society, leading to potentially poorer health outcomes that already

disproportionately impacted ethnic-racial minority groups (Blake et al., 2021; Kantamneni, 2020; Maness et al., 2020). Maness et al. (2020) highlighted that Black identified communities experience higher rates of hospitalizations, death, and contraction of virus due to COVID-19 compared to their Non-Hispanic white counterparts. African American/Black communities are also facing increasingly elevated experiences of racial trauma related to police brutality and fatal shootings by police officers at a significantly higher rate compared to any other ethnicity (Statista Research Department, 2021).

Since the beginning of the pandemic, and in partial reaction to Trump's ignorant social media post referring to the virus as the "China virus," Asian Americans have been experiencing increased racially motivated hate crimes, xenophobia, and violence. According to the Asian Pacific Policy and Planning Council (APPPC), within the first eight weeks of COVID-19, there were at least 1,497 reports of discrimination experienced within the AAPI community; since last March, a total of 3,800 self-reported incidents of anti-Asian violence have been documented in 47 states and the District of Colombia. In a poll conducted by the Center for Public Integrity (CPI), 30% of Americans blamed Asian-identified individuals for COVID-19 (IPSOS, 2020). Asian American women additionally reported twice as many anti-Asian hate incidents compared to their male peers (Lee & Waters, 2021).

These repeated unjust experiences of racial trauma and violence within communities of color due to the current socio-cultural contexts and COVID-19 are imperative to consider in relation to the negative impact it may have on the psychological, physical, and spiritual health of women of color mental health clinicians.

Coping, Self-Care Strategies, and Women of Color

Coping strategies are a critical practice for clinicians engaging in trauma work within the mental health field. Developing coping mechanisms as a clinician can positively influence the balancing of demands between professional and personal life. Prioritizing time to engage in various coping strategies can also support mental health practitioners to practice healthier lifestyle choices, such as exercising, improved sleep, and eating more nutritious meals (Bamonti et al., 2014). Implementing these coping practices to improve physical and emotional well-being can be critical to mitigating the potential harmful effects vicarious trauma can have on practitioners identifying as ethnic-racial minorities. Additionally, engaging in consultation and collaboration with professional support systems and participating in continuing education can help decrease the impact stress and trauma work can have on clinicians (Dane, 2000; Hesse, 2002).

Pirelli et al. (2020) discussed the importance of future research in forensic psychology to highlight self-care and coping strategies utilized by mental health professionals to mitigate the potential adverse outcomes associated with vicarious trauma. One particular coping response identified by Pirelli et al. (2020) was the utilization of humor. This coping defense in the face of difficult situations could demonstrate a practitioner's emotional stability, strength, and resilience, as well as provide opportunity to feel connectedness amongst colleagues experiencing similar situations in the professional setting (Pirelli et al., 2020). Engaging in healthy coping strategies to combat the stress that vicarious trauma can have on mental health professionals may also positively impact their ability to remain more present with their clients and provide culturally responsive care. Furthermore, certain coping strategies, such as social support from friends and

family, maintaining a sense of humor, and creating a work-life balance have proven to be factors in increasing career satisfaction for psychologists (Stevanovic & Rupert, 2004).

Although not specifically acknowledged in the American Psychological Association's (APA) Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2017), the practice of self-care has been an increasingly relevant ethical consideration for practicing psychologists to reduce the risk of burnout and preserve healthier functioning outcomes (Barnett et al., 2007). Additionally, Principle A of the ethics code (Beneficence and Nonmaleficence) advises that practicing psychologists should be aware of the potential influence personal matters, such as emotional, mental, and physical well-being can have on their therapeutic capabilities (American Psychological Association, 2017; Bamonti et al., 2014). With this in mind, practitioners who do not effectively acknowledge their own well-being needs may not hold the same competency in providing care for their clients (Bamonti et al., 2014) as they typically would if they were maintaining their physical, emotional, mental, and spiritual well-being. The self-preservation of mental health practitioners should be valued in order to reduce the negative consequences that may impede on their ability to provide quality and effective care for their clients, negatively impacting both the clinician and client, and mental health care overall.

Despite the intersecting oppressions that women of color face at disproportionate rates compared to their white female and male peers, ethnic-racial minority women demonstrated coping and self-care techniques that are significant for their well-being and resilience. Gutiérrez and Lewis (1999) highlighted the history of surviving and coping within an oppressive society that has influenced many women of color to distinguish themselves as strong and equipped to face adversity. For instance, women of color are more likely to have strong family relationships

and friendships within their communities, to whom they can lean on for coping and support. Another critical dimension for women of color is spirituality, which has profoundly impacted women of color's ability to heal and cope positively (Bacchus, 2008; Gutiérrez & Lewis, 1999). Utilizing spirituality as a coping mechanism through dance, prayer, music, service to others, meditation, and writing, has been associated with feelings of empowerment for ethnic-racial minority women (Gutiérrez & Lewis, 1999).

According to Cousins (2019), techniques for building resilience, survival, and healing in response to mitigating the traumatic impact of racism additionally opens up the avenue to heal the traumatic scars and wounds of the oppressed. Holder et al. (2015) identified coping strategies focused towards supporting the Black community's response to environmental manifestations of racial microaggressions that reviewed spirituality and religion, interpersonal support, mentorship, and self-care. These coping techniques may also apply to women identifying as part of other ethnic-racial groups due to shared experiences of trauma that ethnic-racial minority women endure.

Self-care for women of color may look different compared to their counterparts; this may be due to the culturally, politically, racially, and spiritually evoked self-care practices needed to survive and thrive within a society that does not place the needs and health of ethnic-racial minority women in the forefront (Nicol & Yee, 2017; Vakalahi & Starks, 2011). Some of these self-care techniques may include practicing self-compassion, being kind to the self and having grace for one's process, seeking out therapy and/or social connection with family or a friend, setting boundaries and saying no, and inhabiting the body. Additionally, since women of color may be holding generations of tension, trauma, and chronic stress, sitting still or being physically active and mindful of bodily sensations can be a healthy practice. Self-care is a decision to

engage in activities aligned with one's heart and soul that nourish well-being and enable one to continue facing what life has in store for tomorrow (Vakalahi & Starks, 2011).

Considering the positive impacts that coping strategies and self-care techniques can have on women of color's psychological, physical, and spiritual health, it is critical to include these practices in future research to support women of color mental health clinician's overall health and resilience to the potential negative consequences that are associated with trauma clinical work. Encouraging positive practices to mitigate adverse impacts for women of color mental health practitioners may also contribute to supporting them providing more effective and culturally responsive mental health services for clients and promoting a strong therapeutic relationship.

Conclusion

Vicarious trauma and exposure to trauma can lead to feelings of despair, hopelessness, depressive symptoms, anxiety, intrusive thoughts and images, burnout, and a myriad of additional adverse manifestations, which in turn, can impact a clinician's capacity to provide ethical, effective, and culturally responsive services. Clinicians who work in settings where empathic engagement to trauma work is higher and have a large caseload of traumatized clients are at a higher risk to developing symptomology associated with vicarious trauma and/or secondary traumatic stress. It is imperative to increase awareness around self and how vicarious trauma may impact an individual's health, in order to decrease the potential adverse consequences that vicarious trauma can have on providing mental health services and on an individual's personal life.

Understanding the experiences of vicarious trauma and discrimination, and the coping and self-care practices for ethnic-racial minority women mental health clinicians providing

therapeutic services in forensic settings is crucial to promoting their psychological, physical, and spiritual health. In light of the reviewed research, women of color mental health professionals experience higher rates of discrimination and have an increased risk of experiencing adverse effects of vicarious trauma. Therefore, understanding experiences of discrimination in relation to the current socio-cultural context provides a deeper comprehension of the facets of overall health for women of color mental health practitioners and their coping and self-care strategies.

Women of color experiencing pervasive discrimination, limited access to services, and intersecting oppressions may increase the risk for poorer mental health outcomes that disproportionately impact ethnic-racial minority women compared to their white counterparts. However, the literature demonstrates that there are protective factors against discrimination and oppression, such as healthy coping mechanisms and self-care strategies, like spirituality and strong familial / friend relationships, for women of color. The development and maintaining of coping and self-care practices should be more prominent in therapeutic interventions and workplace settings for women of color mental health clinicians to help dissipate potential negative consequences associated with vicarious trauma and discrimination to enhance overall well-being.

It is important to consider the roles that psychologists can have in terms of advocacy efforts for marginalized communities by ensuring that clinical and research efforts are accessible and implemented into training and education, to preserve the psychological, physical, and spiritual health of women of color mental health practitioners.

CHAPTER III

METHODOLOGY

Study Design

The focus of the study was to explore the experiences of ethnic-racial minority women-identified psychologists working within forensic settings, who are repeatedly exposed to trauma through their client's narratives and interactions, and their experiences of discrimination within these environments. An additional focus was the potential clinical implications that arise for women of color psychologists providing services within forensic settings when impacted by vicarious trauma and discrimination. Subsequently, a third focus of this study was to explore how these individuals engage in coping and self-care to preserve their psychological and physical health, as well as their overall sense of self. This researcher applied a qualitative approach, specifically interpretative phenomenological analysis, as the methodology for the study.

Rationale for Qualitative Research Analysis

Research methods from a qualitative perspective are diverse, compounding approaches such as discourse analysis, protocol analysis, grounded theory, ethnography, and empirical phenomenology. According to Polkinghorne (1983), these methods encompass meaning-based constructs of data, rather than statistical forms of data analysis; additionally, rather than depending on numerical data, these methods rely on linguistic data.

Rather than pulling from an outside perspective, qualitative research encompasses distinctive features that emphasize an understanding and meaning of phenomena within their own right (Elliott, 1999). Qualitative research has a tendency to focus on communicative action, meaning, and sense-making (Smith, Flowers, & Larkin, 2012). This research perspective

implements the use of exploratory, open-ended research questions, emergent and unlimited description options, utilization of unique strategies for strengthening the credibility of analyses and design (Elliot, Fischer, & Rennie, 1999). Instead of confirming what was hypothesized, this method defines success conditions in terms of discovering novelty (Elliot, 1999).

The most appropriate methodology for this research project is qualitative research because it "is an inquiry process of understanding a social or human problem, based on building a complex, holistic picture, formed with words, reporting detailed views of informants, and conducted in a natural setting" (Creswell, 2013, p. 1-2). The phenomena of ethnic-racial minority female-identified psychologists' experience with vicarious trauma and discrimination working within forensic settings should be understood from a holistic perspective and with the participants' own insights and words due to its complexity and the nature of human nuances. Experiences of exposure to trauma through client's experiences and how this may impact mental health and self-preservation strategies to combat those consequences should be understood as a human and social issue. Additionally, exploring the nuanced strengths and self-protective measures utilized by women of color psychologists from their own subjective experiences is crucial in capturing the unique experiences of women of color psychologists. Therefore, a qualitative perspective is the most adequate fit for this particular research study.

Rationale for an Interpretive Phenomenological Approach

Phenomenological analysis targets the human experience and how participants make meaning of those experiences and interpret those experiences. According to Smith et al. (2012), a phenomenological approach examines how individuals make sense of their significant lived experiences. This philosophy seeks to capture a detailed and rich depiction of a lived experience of a phenomenon to explore and understand how people create meaning.

Due to the nature of this research study, which encourages participants to provide a complete, in-depth picture of their experience and stream of consciousness, including their feelings, thoughts, sensations, memories, and images, alongside a narrative of the context in which these experiences occurred, a phenomenological methodology will be applied.

A psychological research study following the methodology of a phenomenological perspective provides a foundation for understanding complex and specific individual experiences (Smith et al., 2012). The use of an Interpretative Phenomenological Analysis (IPA) for this research project is critical due to the exploratory and descriptive analytical nature of this study, which aims to deepen awareness and understanding of the impact vicarious trauma may have on ethnic/racial minority women mental health professionals working within forensic settings and how to mitigate these consequences. The community of interest is layered with multiple experiences, complex racial and gendered discrimination, and intersecting oppressions which requires a nuanced and flexible qualitative approach in order to gather meaningful data.

Phenomenology is particularly aligned for this research study because of its pursuit to explore the perspective, perceptions, and understandings of the experience of exposure to trauma within forensic settings for women of color mental health practitioners and the self-care strategies they utilize to tend to their psychological, spiritual, and physical wellness. This comprehensive qualitative analysis of painted, lived experiences will allow for both individual narratives and collective themes to be seen throughout data collection. Phenomenological inquiry allows the researcher to capture the unique, lived experiences of women of color mental health professionals exposed to trauma through their client's narratives, reports, and interactions in forensic settings, and the self-care strategies they engage in to promote holistic wellness within the realms of spiritual, mental, emotional and physical health.

Most research in this area does not highlight the subjective experiences of ethnic-racial minority female-identified mental health practitioners; additionally, the majority of research focuses on the impact of vicarious trauma on mental health, not including spiritual and physical well-being. There is a need to explore the experiences of women of color mental health professionals' exposure to trauma and vicarious trauma within forensic settings, as these experiences may impact this population's mental, emotional, physical, and spiritual health differently than white men, men of color, and white women. Additionally, exploring the diverse self-care strategies ethnic-racial minority female-identified mental health professionals engage in to protect their overall well-being may be nuanced and could be critical in preserving their psychological, spiritual, and physical health in these contexts.

Interpretative Phenomenological Approach

Smith et al. (2012) identified three fundamental theoretical aspects of IPA: phenomenology, hermeneutics, and idiography. These core components allow the researcher to analyze the complexities of individual, lived experiences within a certain context while simultaneously finding commonality. Smith et al. (2012) described interpretative phenomenological analysis as investigating the experience in and of itself, rather than being concerned with personal biases or psychological hypothesizing. This technique is accessed through an iterative hermeneutic process that grants exploration of the participant's experience and the researcher's interpretative and meaning making processes.

Interpretative Phenomenological Analysis (IPA) is guided by hermeneutics, an interpretative process of experience and will provide a foundation for the researcher to conduct an in-depth examination on how ethnic-racial minority women mental health practitioners experience discrimination and vicarious trauma working with individuals within forensic settings

(Smith et al., 2012). Smith et al. (2012) state that IPA portrays human beings as "sense-making creatures" and that participants' narratives will reflect their process to make sense and meaning of their experiences. Phenomenology's origin is grounded in disciplines of psychology and philosophy, founded upon the work of 20th century philosopher, Edmund Husserl and subsequently developed by Heidegger (Smith et al. 2012). Edmund Husserl proclaimed that phenomenological inquiry reflected the experience of the consciousness of the individual. He developed the term *intentionality* to depict the relationship between the experience in one's consciousness and the object of attention for that process (Smith et al., 2012). Husserl believed that the guiding characteristic of the conscious experience is intentionality (Walsh, 2017). Therefore, we exercise an intentional and insightful analysis of experience by gathering the precise manner in which the experience is an experience of a particular object within a specific context (Walsh, 2017).

Interpretative phenomenological analysis targets the process of everyday lived experiences that take on a particular significance for individuals. The intended outcome is to comprehend a specific phenomenon in particular contexts pulled from a small sample size. The small sample size allows for a unique case-by-case exploration and analysis of individual transcripts, and according to Smith et al. (2012), the goal is to write a detailed description about the understandings and perspectives of these participants. This framework benefits from engaging with a small sample size by accessing the particular phenomenon from multiple perspectives and integrating the reflective and creative efforts of the participants (Smith et al., 2012).

The current research study analyzed ethnic-racial women-identified psychologists' experiences of vicarious trauma and discrimination working within forensic settings as it relates

to their well-being and sense of self. It additionally examined the self-care and coping strategies utilized by these women to protect their overall health and sense of self. Lastly, this research study explored the nuanced strengths that women of color psychologists possess and how that informs their clinical work. A researcher conducting an interpretative phenomenological analysis desires to examine in detail at how individuals make meaning of the significant experiences in their lives (Smith et al. 2012). Thus, developing a deeper understanding of the impact of vicarious trauma and discrimination in regard to their psychological and physical health is an appropriate research topic to implement an interpretative phenomenological analysis. Additionally, exploring and understanding the phenomena of strengths and self-preservation strategies utilized by women of color psychologists to preserve their overall health and sense of self in the face of pervasive discrimination, burnout, and vicarious trauma is an essential research focus to implement an interpretative phenomenological analysis.

The fundamental research questions for the study explored the participants' experiences with vicarious trauma and discrimination and how it may have impacted or shifted the participants' overall physical and psychological health. Additionally, this study looked at the participants' coping and self-care strategies aiding in self-preservation and resilience. Lastly, this study explored the strengths of women of color psychologists and how these inform their clinical work. The experiences of ethnic-racial minority women psychologists was particularly critical in this research because of the increased risk of racism and sexism for this group. Additionally, understanding resiliency within this population, the self-care and coping strategies they engage in may provide insight as to how they decrease their susceptibility to potential negative consequences and preserve their overall health and sense of self, while serving as a protective factor in the face of hardship.

Trustworthiness and Researcher Reflexivity Statement

As described by Smith et al. (2012), the researcher is the filter through which IPA transpires; therefore, the researcher's personal and salient identity factors may influence the participant's experience in addition to study results. Diversity in both lived experiences and identity between the researcher and participants may contribute to an untrustworthiness in this research process (Smith et al., 2012; Warren et al., 2019). According to Smith et al. (2012), trustworthiness in qualitative research necessitates dependability and accountability from the researcher to accurately reflect the participants' experiences as authentically and ethically possible; therefore, it is critical that this research be reflexive and supervised by trusted dissertation committee members.

My interest in this particular research stemmed from my own clinical experiences as a woman of color training within settings where the risk of exposure to trauma from client's narratives and reports tend to be higher (e.g., forensics, oncology/palliative care, and inpatient psychiatric units). My training experiences thus far have been beautiful with unique learning experiences, profound client interactions, and supportive supervision for which I am deeply grateful; however, the spectrum of experiences has also brought unique challenges for which self-care and supervision were highly necessary for preserving my spiritual, emotional, mental, and physical health.

Furthermore, I have witnessed how self-preservation strategies are essential to maintaining overall well-being, sense of self, and preventing burnout. It has been humbling to witness the resiliency of this particular population and learn about the diverse self-care and coping strategies we all engage in to protect our overall health. Looking at racial, ethnic, and gender identity in conjunction with experiences of vicarious trauma, discrimination, coping, and

self-care for mental health professionals may aid our profession in implementing more supportive resources and opportunities to mitigate the negative consequences exposure to vicarious trauma and discrimination may have on psychological, spiritual, and physical health. This may also help prevent burnout, compassion fatigue, and increase overall wellness. Lastly, I've been humbled to witness the varying strengths women of color psychologists possess and develop that aid in their clinical work and interventions, despite the spectrum of hardships faced clinically and professionally. My intention through this research was to highlight their voices and the beautiful resilience women of color psychologists uphold.

Additionally, I intentionally chose a qualitative approach versus a quantitative research approach because I deeply appreciate allowing space and flexibility for individuals to speak authentically and openly about their subjective experiences. Although I appreciate quantitative work and its contributions to our field, I wanted to go beyond the statistics and explore individual, unique experiences.

Given that the researcher identified as an ethnic-racial minority female-identified doctoral trainee in psychology, this researcher took precautionary steps to avoid biases and blind spots within the collected data due to their close connection to this research. Managing potential assumptions and biases of my topic was critical to maintain a certain level of objectivity. However, implementing a phenomenological perspective allowed me to immerse myself with my participants on a more intimate level that will be conducive for this particular study. To reduce bias and increase trustworthiness, the researcher practiced reflective journaling, keeping records that will include my experiences and thoughts throughout the whole research process including data collection, data analysis and interpretation, and the writing process. This process allowed me to reflect and hold myself accountable when potential biases and assumptions could influence

data analysis. By providing this statement, this researcher committed to actively practicing reflexivity throughout the entirety of this process by collaborating with her dissertation chair and committee members for support, supervision, and consultation.

Lastly, I believe in the importance of leveraging our privilege to uplift and highlight the voices of our communities and historically excluded communities. Women of color psychologists have many intersecting identities of privilege and oppression, which inevitably impact their experiences, sense of self, and contexts. My intention with my dissertation research was to navigate this process with an anti-deficit lens, to illustrate women of color's strengths and resilience. Research and society have historically highlighted the ongoing and pervasive adversity and negative impacts that women of color face, which is still abundantly critical to these communities and establishing equity for women of color. However, what else?

Women of color possess an abundance of resilience, strengths and resources that we tap into in the face of adversity to uphold ourselves and our communities. Of course, we will continue to endure challenges such as sexism, racism, unequal opportunities, and other inequities. While this will always be true, our truth also integrates the resilience we build throughout our lives and how we preserve our own wellness and overall health. My hope for this research is that it becomes a part of the growing literature highlighting the strengths and resilience of women of color and how we leverage these positive qualities to tend to ourselves and our communities and advocate for social justice and equity. My hope is that this research honors the multidimensional qualities of women of color and our abilities to reframe adversity into strength and resilience.

Participants and Sampling Methods

Sample Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Identify as ethnic or racial minority Identify as female or women Identify as a Psychologist Must currently work within a forensic setting Engages in self-care and/or coping	Identify as white or Caucasian Identify as male Identify as a mental health professional who is not a psychologist Does not currently work within a forensic setting Does not engage in self-care and/or coping

Participant inclusion criteria included ethnic-racial minority female-identified psychologists working within a forensic setting. The participants identified as an ethnic-racial minority and as a female or woman. The target population were doctoral level psychologists. Exclusion criteria included male-identified psychologists and white/Caucasian female-identified psychologists. Exclusion criteria additionally included doctoral level trainees. Participants participated in one 60-90 minute interview via Zoom.

Sample Size

This clinical dissertation research project included four participants. According to Smith et al. (2012), sample sizes of three to six are generally acceptable in an interpretative phenomenological analysis. Smith et al. (2012) rationalize a small sample size due to its ability

to contribute research for an in-depth description and understanding of a particular group, facilitating both meaningful themes of similarity in addition to points of difference between participants. IPA's emphasis on the novelty of individual experience and phenomena of a homogenous group provides a detailed exploration of the research participants' lived experience.

Recruitment

This study utilized venue-based sampling and purposive homogenous sampling methods to gain deeper insight into a participant's subjective experience. Cohen and Crabtree (2006) suggest implementing a homogeneous sampling method when the goal of the research is to illustrate and understand a particular group. This study used venue-based sampling at organizations such as The HOPE Program, The Wright Institute, and other forensic affiliated organizations. Additionally, purposeful sampling is commonly utilized within qualitative research to identify and select information-rich cases relevant to the phenomena of interest (Barratt, Ferris, & Lenton, 2015). The researcher utilized purposeful sampling by being intentional when selecting participants and consulting with their chair throughout the recruitment process. Both of these sampling methods align with IPA sampling as they allow selection based on the specific inclusion criteria of mental health professionals regarding gender and ethnic-racial identities within a specific setting (Smith et al., 2012).

Participants were recruited via fliers at specific organizations that described the study, eligibility criteria, and invited potential participants to email the researcher for additional information. Social media recruitment was utilized, but no participants were successfully recruited through this method. Participants who meet the specific criteria were contacted via phone or email and completed a brief screening interview of five to ten minutes to evaluate inclusion criteria. Eligible participants were invited to participate in a full 90-minute interview

via the online platform Zoom with the incentive of a $20 Visa gift card. After scheduling participants, the researcher explained informed consent and had them sign before the interview. Once the interview was completed, all participants were sent a Visa gift card.

Procedures

Screening Process

When a potential participant expressed interest in participating in the study and/or desiring additional information, a template email was sent to them with detailed information about the study. When the participant agreed to participate and met full inclusion criteria, they were provided a screening tool to complete and a phone number for the participants to contact at their earliest convenience (Appendix A). The screening tool collected the participant's demographic data for the researcher's review, to allow for the interview to focus on the interview questions. The demographic data on the brief screener was reviewed at the beginning of the interview to confirm accuracy and provide space for the participant to elaborate if they desired. Once the participant completed the brief screener, the researcher and participant connected and completed a one-on-one interview through an online meeting platform via Zoom.

Informed Consent

The researcher began each interview by informing participants about the nature of the study and their participation, and then obtained their written consent to participate.

Interview

Semi-structured interviews were utilized for this research study, which lasted approximately 90 minutes. These interviews were conducted online via Zoom. The interview began with answering any initial questions the participant had regarding the study and building rapport between the researcher and participant. The aim for the interview questions was to create

an open discussion of relevant topics as it related to the research questions, in which analysis would provide answers. Smith et al. (2012) emphasize the importance of an interaction and rapport, where both interviewer and interviewee are active players within the research process.

The interview schedule included open-ended questions to encourage participants to process and discuss issues of personal significance and provide flexibility to probe deeper into relevant and interesting topics as they may arise throughout the interview.

The researcher curated an interview schedule to support an IPA-specific format (Appendix C). The interview format served as a guide for the participant to engage fully with the researcher over subjective recollections of their experiences under examination. The interview questions are descriptive, narrative, and structural to facilitate access to the interested phenomena. Although an interview schedule is available, flexibility is indicated in the IPA interview (Smith et al., 2012). The researcher chose to follow the participant's lead if the participant processed a particular concern outside of the interview schedule.

To ensure adequate preparation before the interviews, a mock interview was conducted with a volunteer prior to participant interviews. Preparatory practice aided the researcher in building ease and competency with the interview process. Additionally, the interview guide was reviewed by a female-identified licensed psychologist currently working in a state prison, who is the content expert committee member. The interview review and mock interview supported the researcher to identify any issues with the interview guide such as questions that are irrelevant to the study or produce overlapping responses.

The researcher was mindful to attend to the participant's body language and avoided utilizing therapeutic interventions during the interview. Smith et al. (2012) guide the researcher to observe the participant's reactions to the interview schedule and their body language in order

to make an informed decision to retreat from the topic, rephrase questions, or discontinue the interview.

Post Interview

Interviews over the Zoom platform were audio and video recorded, and then transcribed. The researcher utilized Otter.Ai, a transcription software, and utilized personal finances to fund this service. The researcher utilized Zoom recording and transcript to take comprehensive process notes. These notes allowed the researcher to reflect on their experience, their interactions with the participant and the phenomena that arose and were consistent with IPA methodology (Smith et al., 2012). Additionally, the process notes enabled the researcher to capture authentic concepts and holistically contextualize the interview.

Analysis Procedure

According to Smith et al. (2012), IPA's analytical procedure engages in an iterative and inductive process. The analytical procedure can be broken into the following six steps:

1. Reading and re-reading
2. Initial noting
3. Development of emergent themes
4. Searching for connections across emergent themes
5. Moving to the next case
6. Looking for patterns across cases

Reading and re-reading

As described by Smith et al. (2012), this initial step encouraged the researcher to immerse themselves in the original data by listening and reviewing the audio/video recording, transcribing the interview, and recalling compelling moments in the interview. This process encouraged the

researcher to slow down in order to avoid making quick assumptions and hypotheses regarding the phenomena in question. The researcher actively stepped into the participant's perspective to gain a deeper understanding of their experience and allow space to examine the overall rhythm flow and rhythm of the interview from start to finish.

Initial Noting

This second step, initial noting, involved writing comprehensive notes to thoroughly examine the transcript; producing rich commentary on the data through notetaking is the goal of this step. Providing no formal structure, Smith et al. (2012) urge the researcher to be aware of their subjective biases and uncover the participant's explicit meaning throughout this process. Through this process, the researcher began to comprehend what phenomena was salient to the participant, how the participant understood the phenomena, and why it was critical. The researcher tuned into the unique meaning of the phenomena by identifying imperative language utilized and pinpointing key concepts. Smith et al. (2012) describe engaging in this process by implementing exploratory comments such as descriptive, linguistic, and conceptual comments of the transcript line-by-line. In order to guide the analysis to a deeper interpretative level, the researcher engaged in a fluid and exploratory process with the text, reread the transcript, deconstructed the participant's report, and took notes until they became deeply immersed in the entirety of the interview.

Development of emergent themes

By this step, the researcher had established more data in the form of exploratory comments of the transcript and had a provisional understanding of potential emerging themes. The researcher stepped away from in-depth analysis of the transcript and shifted the focus to connecting patterns and interrelated concepts. This process aided in reducing content-based

analysis and promoted process-based analysis (Smith et al. 2012). The first step of identifying themes and interrelated concepts was to fragment the transcript into purposeful parts. The researcher interrupted the narrative flow and restructured the data to recognize underlying themes in the participant's lived experience. To develop these themes, the researcher analyzed the participant's original language and thoughts and broke them up. The researcher's comprehension of the participants' lived experience appeared through the emergent themes. These themes were chronologically constructed in the order that they emerged in the interview.

Searching for connections across emergent themes

This next step involved bundling emergent themes according to their relation to one another. Smith et al. (2012) encourage the researcher to seek out connections between the emergent themes and attempted to interpret connecting patterns into broader abstract concepts and structures. This step is left open to the researcher's unique interpretative process. The researcher was guided to creatively immerse in the process of outlining and connecting themes.

Moving to the next case

Moving to the next participant's interview, this process was repeated with space for new themes to occur. The researcher treated the proceeding case as its own unique narrative with its own rhythm, themes, and patterns. The researcher did their best not to allow the preceding case to influence the development of emergent themes with the current case or the connection. When examining a new case, the researcher allowed for novel emergent themes to emanate.

Looking for patterns across cases

The last step involved the curation of superordinate themes. As described by Smith et al. (2012), superordinate themes are higher-order themes that emerge across participants. The researcher organized all participant's thematic data and attempted to discover connections across

the cases. If the researcher observed a majority connection through a theme, more than 50% of participants, a superordinate theme was developed. The degree of recurrence will be analyzed by the researcher and discussed with the dissertation chair. If both chair and researcher agree, the superordinate theme was maintained.

CHAPTER IV

RESULTS

The specific aims of this study were: (i) understand what women of color psychologists providing clinical services in forensic mental health settings considered meaningful to their lived experience (ii) how their cultural identities, specifically ethnic-racial identity and gender identity, impact what has been meaningful to them (iii) to highlight the resilience and strengths of women of color psychologists. The qualitative results from the interviews found significant themes, higher order themes found across all participants, informed by subthemes, larger abstract themes reported by individual participants (Smith et al., 2012). The participants reported meaningful themes of the following: Challenges, Self-Preservation, and Strengths / Resilience.

Participants

Seven women of color psychologists reached out by email and/or phone following the dispersion of my recruitment flier to Bay Area doctoral programs and forensic mental health settings. Seven people met eligibility criteria and were invited to individual Zoom interviews; six were scheduled to meet. Notably, two people were unable to schedule interviews due to various reasons and one person had double booked her appointments that day and we were unable to reschedule.

Four cisgender, women of color psychologists were eligible and available for the study following the online eligibility questionnaire and preliminary conversation during their initial screening interviews. Of the four women who qualified for study inclusion, all four were currently engaged in clinical work within forensic settings as licensed and/or pre-licensed psychologists. Three of the psychologists had followed some form of a forensic track in their pre-doctoral, postdoctoral training, and post-graduation. One psychologist had transitioned into a forensic psychology position from a medical setting. All participants identified as part of an

ethnic-racial minority community and as cisgender women. All participants were living in California and had completed their pre and postdoctoral training in California. All four had attended universities in the Bay Area for their doctoral degrees. Below is a brief summary of each participant.

- Participant 1 (P1) self-identified as a Colombian woman and is considered a mid-career licensed psychologist in California. She immigrated to the US from Colombia as a teenager. She additionally self-identified as bilingual, fluent in both Spanish and English, and bicultural. At the time of the interview, Participant 1 was contracted as a psychologist providing clinical services in the Northern California prison systems.
- Participant 2 (P2) self-identified as a Mexican woman and is considered an early-career pre-licensed psychologist in California. She was born in the United States and is bilingual, fluent in both Spanish and English. At the time of the interview, Participant 2 was a pre-licensed staff psychologist providing clinical services in a state hospital setting.
- Participant 3 (P3) self-identified as an Indian-American woman and is considered an early-career licensed psychologist in California. Her parents immigrated to the US in the 1980s from India and she considered herself bicultural. At the time of the interview, Participant 3 was a licensed staff psychologist providing clinical services in a state hospital setting.
- Participant 4 (P4) self-identified as a Thai woman and is considered an early-career licensed psychologist in California. She immigrated to the US later in her life and is bilingual, fluent in both Thai and English. At the time of the interview, Participant 4 was contracted as a psychologist providing clinical services in the Northern California prison systems.

Themes

Themes organically formed into a narrative about participants' challenging clinical experiences due to their ethnic-racial and gender identities, exposure to trauma, strengths in their identities, resilience, clinical experiences and practices, and the intentional self-preservation strategies these women engage in to tend to their overall well-being and sense of self. This narrative is described by three themes, which were identified across participants through the data analytic process, as can be reviewed in Table 1. The table includes eleven subthemes related to the lived experiences of participants, who reported a range of the following: perceived experiences of discrimination, power dynamics, connection, resilience, cultural humility, and a spectrum of strategies to preserve their overall well-being and sense of self. A detailed review of the interpretive analysis of participant data, including direct quotes, will follow in sections dedicated to each theme.

Table 1.

Themes and Subthemes Among Participants

Themes	Subthemes
1. Challenges	A. Institutional Power Dynamics B. Perceived Experiences of Discrimination C. Vicarious Trauma
2. Self-Preservation	A. Coping Skills B. Boundaries C. Self-Care Practices D. Consultation with Like Others
3. Strengths / Resilience	A. Reciprocal Cultural Connection with Clients B. Cultural Humility C. Critical Responses to Discrimination

	D. Rewarding Work

Theme 1: Challenges

Participants shared numerous challenges they continuously face as women of color psychologists within their respective forensic mental health settings. Participants processed observations about their familiarity with exclusivity due to their multiple cultural identities and the lack of representation within their clinical teams and those in power. They also discussed the toll vicarious trauma has had on their well-being and the intensity of their forensic clinical work. The subthemes found corresponding to the theme challenges included: 1) institutional power dynamics, reflecting the participant's subjective experience of the ways in which authority, influence, and control are structured, maintained, and utilized within the forensic institutions where they provided clinical work, 2) perceived experiences of discrimination, refers to the participant's subjective awareness or belief that they have encountered unfair or prejudicial treatment based on their ethnic-racial and/or gender identities, and 3) vicarious trauma, explaining the emotional, psychological, and existential distress experienced by individuals who are exposed to the trauma narratives or experiences of others.

Participant 1 reflected an awareness of her identity as a Latin woman psychologist within her forensic setting, stating, "I'm the only one that's Latin, there are no other Latin forensic psychologists. I mean there's some that speak Spanish, but they're white."

Participant 4 additionally expressed a similar experience as a woman of color psychologist on her forensic team, reporting, "We have about 15 evaluators, only two of us, are women of color. The rest of the team, they, I mean, they are all Caucasian."

Participant 3 recognized an omnipresent awareness of the added efforts women of color continuously have to put in to prove themselves, stating, “I think as a woman of color, I feel like we need to do more to show that we can do what we need to do.”

Subtheme 1: Institutional Power Dynamics

Institutional power dynamics describes the participant’s subjective experience of the ways in which authority, influence, and control are structured and maintained within the forensic institutions where they provide clinical work. Participants reported they had received both rejection and support from those in power.

Participant 1 reflected that in her experience the people in power were heavily male-dominated, noting, “the person that has the power is the person that has the keys, and in my experience, in the prison system, I would say, about 90% of the people that hold the keys are men…and the people that run the prison system tend to be men, and the people that are in management tend to be men.” To further explain the demographics of people in power, Participant 1 additionally reported:

> *In the adult prison system, it tends to also be lots of minorities, maybe not as high as juvenile systems, but at least more than 50% of the population is of minority descent. And then the representation, I don’t know, I mean I think the prison system tries to recruit people of color, but definitely, again, not the ones in power that make the decisions and not the people that make the differences in how you treat inmates or changes in the system in general.*

Participant 4 expressed a similar experience, where those in power do not represent her cultural identities as an immigrant and woman of color, and a constant pressure to present as well-prepared and strong, with little room to make mistakes:

> *I feel like people in the chain of command or upper on the ladder in the hierarchy, there is actually not even a single immigrant. And there's no women of color that I see. So mainly, it would be men, Caucasian men. So I do feel sometimes I think about that, if I were to move up the ladder, then, would I be so different? Or would they accept me? Or would they even accept me because I'm a woman of color? And for me, right? Because English is not my first language, I feel like there's always a part of me that is not confident, right? So it creates some anxiety for me before talking with that person. Being in a correctional setting, people expect things to be concise, expect things to be clear, so you have to present yourself as professional, you have to present yourself as strong, and I have to present myself like I know what I'm doing all the time. That's what is expected of us.*

Participant 2 noted more women-identified supervisors in her respective workplace, stating, "There's more women as supervisors than men, but only two of color that I know, two women." Additionally, Participant 2 shared her experience with a woman supervisor/chief who has aided in a more positive clinical experience, shedding light on the importance of:

> *In terms of staffing in my experience, right now at [agency name], our chief of psychology is a white woman, after her husband who was a white male. She's fantastic. Everyone loves her. My direct supervisor who was just amazing, I absolutely love every single thing about her and everything she has done to support me through my entire career.*

These women of color psychologists persistently observed and analyzed power dynamics through a lens that emphasizes the intersectionality of race and gender. Their experiences underscored how individuals embodying white and/or male identities often hold positions of

power within forensic mental health settings, influencing societal structures and interpersonal relationships.

Subtheme 2: Perceived Experiences of Discrimination

Perceived experiences of discrimination refers to the participant's subjective awareness or belief that they have encountered unfair or prejudicial treatment based on their ethnic-racial and/or gender identities. All participants shared experiences of microaggressions, racism, and/or sexism.

Participant 2 described pervasive sexism and harassment throughout her experience as a forensic psychologist and trainee from individuals working in law enforcement, sharing an example of law enforcement placing the camera inappropriately while she ran a group:

> *In jails and prisons, and actually, I think state hospitals too, they have a room called central control, like in the movies and TV shows, they have like all these screens and they can move the cameras places and they see everything happening everywhere in the facility. That's what central control is. So I remember walking in there one day, and after I'd run a group and I usually stand in the same place while I do groups next to the whiteboard and the camera was zoomed into where my butt would be on the camera…There's a lot of sexual harassment that happens in these facilities. There's a lot of bullying that happens too, and a lot of like, very sexist undertone bullying… yeah, it can get pretty brutal.*

Participant 2 continued painting her experience, reflecting how her valid concerns were dismissed, as well as her privilege as white passing:

> *Awful. Terrible. I had brought it to the attention of the medical director and the mental health director about the pervasive sexism, the pervasive bullying, the really, really poor*

patient care offered, and was basically just told that I'm being too emotional. That I was making a big deal out of things because my feelings are hurt… It's actually really wild, I did not realize just how toxic and traumatic and abusive and awful that setting was until I got to [different agency name]. I was being gaslighted and gaslighting myself and thinking like, this can't be about my gender. This can't be about me being, I mean, I'm lucky in that I'm very white passing. People don't know that I'm Mexican until I tell them which is the strength unfortunately of mine, being able to choose when and where I want to have that identity be salient. But I had talked for hours and hours to people trying to figure out why I was being treated so poorly…what am I doing that is making this person [white, male supervisor in leadership role] treat me so unfairly and abusive? And it came back that it was just because I'm a woman…it's validating that you're not making it up, but it's so fucked up.

Participant 3 shared her experiences of multiple microaggressions and how she learned to track, respond, and move on:

I've had quite a few, like microaggressions are very common. I remember during my training at [agency name], this older white man just came up to me and I had never talked to him before, he just saw me there, and was like, I have a friend who's Indian, and I'm like okay and he was like, she has a beautiful smile and she loves cooking.' I'm like, good for you, like how am I supposed to respond to that? Even patients, I remember on internship, one patient came up to me and was like, is your favorite food curry? But very like, innocent, genuinely curious, he just associated the stereotype. But also, I was like how do I respond to that?, so I said, nope, I like pizza [laugh]. But I think when I became Dr. [last name] that's when it became very salient. And so often, it still happens,

> *like a lot of times, people who are not on my unit or who are floating staff, they see me and they're usually like, 'oh, are you a nurse?' and I'm just like, 'oh, no, I'm Dr. [last name], I wrote that behavior plan that you're reviewing, do you have any questions? Sometimes it's from other women of color, and I say, no, I'm a psychologist, I'm Dr. [last name], and they're like, oh my gosh, that's amazing it's great to see someone like us, like being a doctor, keep it up. So it's kind of annoying when it's assumed, but it's also kind of like, alright, I'm doing something like I'm showing that you don't have to be a white man to be called doctor.*

Participant 4 reflected on how many of her colleagues assumed she should understand other cultures because of her own marginalized identities and how she has learned to track these comments and move forward:

> *I would have to tell my colleague, I don't know everything, that I can share what I know, right? But, it doesn't mean I understand that patient or that inmate, because again, everyone is different. And being a minority like I say, it doesn't mean that I should know all the cultures… It would be more like colleagues coming to me hoping that I could give them all the answers about all the culture. Because sometimes it can be like, he or she doesn't know me and are assuming about me, right? It can be annoying sometimes. So I think I learned that it also depends on how you look at it, right? To me, I don't take it personal. I mean, I'm aware of my cultural identity and I know that even though maybe me and this particular inmate had nothing in common, it's good to use it in a way that it can be helpful for the process. So I think I have to be aware to not get upset or get defensive.*

Participant 1 described experiences of gendered racism, and feelings of isolation due to both her identities as Latin and woman:

> *I'm a woman, I'm a doctor, but I definitely felt because not only was I a woman, but because I was a Latina woman, that I was not as respected as much as I thought I would be…I saw that they treated him [male psychologist] very differently than they treated me; they addressed him, they didn't address me… I mean I could talk to other women and say, oh man, isn't it screwed up that we know they don't treat us as equally as they do a man, and we can definitely identify with that. But I still felt a little bit more discrimination because of being Latin. That wasn't something I can really talk about because nobody can identify so much with that, that it was like a double whammy, it was double discrimination.*

Subtheme 3: Vicarious Trauma

The theme of Vicarious Trauma reflects when participants indirectly experience the distressing events or trauma of others, often resulting in emotional and psychological distress. Over time, vicarious trauma can lead to symptoms similar to those experienced by individuals directly exposed to trauma, highlighting the importance of self-care and support.

Participant 1 conveyed the intensity and traumatizing nature of reviewing crime reports, stating, "It's very traumatizing to read. You get secondary trauma from reading and reading all, you know, all these crimes, because you have to read them in detail, you can't just skim through them, you have to read about the crime they committed and what was happening for them at the time."

Participant 2 described a recent experience where she first felt the significance of a victim's story impacting her sense of safety noting that this was when she began to track for herself how much longer she could continue working in forensics:

> *Reading through the files, and these different crime narratives, and you know, sometimes seeing also pretty brutal things happen, I have never felt really triggered or traumatized by them, per se. And that probably is just because I'm newer in the career. There was actually one time just recently, when I read these charts, I'm thinking to myself, like wow, this person has been through a lot. Like my patient is the person that had done these acts, and I wonder what has been done to this person. Just recently, actually, for the first time, I was reading through a chart, and I felt really sad for the victim. And it's not to say that I haven't felt that for the victims before, but as I was reading the chart and thinking about this poor woman who had just been brutally assaulted, I was thinking to myself, like that could have been me…she just got annihilated…and the same thing could happen to me anywhere. It's the first time my thoughts had shifted to that kind of direction in reading a chart, and I've been talking through that in therapy lately, too. It might be a sign for me that my time in forensics is coming to an end. Not any time soon, just like bookmarking it to not ignore it or forget it like tracking it a little bit.*

Furthermore, Participant 2 expanded on previous traumatic experiences that did not register as trauma until transitioning into a different forensic clinical setting, reporting, "That's not to say that I haven't seen my fair share of penises without consenting, walking onto the unit and just seeing many men masturbating at the same time, it was normalized for me at that point, and actually, it wasn't until I went to the prison that I learned that it isn't normal and that is actually trauma."

Participant 2 further explained how these experiences took a toll on her body and well-being, sharing, “You know, it really did take a lot of toll on my body, and when I look back at it, I’m like, damn, that was a lot of cortisol. Like there was a lot of cortisol, and I wasn’t well, I was physically unwell and not as happy as I am now.”

Participant 3 reflected on her growth in awareness of her experiences with vicarious trauma and how it was impacting her overall health, stating, “I wasn’t mature enough to really know what it was, I just knew I would go home after a long shift and I couldn’t sleep.” She continued to share tracking the consequences of vicarious trauma from her clinical experiences, reporting:

> *So it’s just now I have the insight to know like, okay, this is why I’m kind of anxious, or this is why I’m thinking about it and being able to be aware of it and about it with others. Just being aware of it, acknowledging it, not pushing it under the rug, because it is real. Burnout is very real too, especially in forensic settings. And I am very aware of it. I’m trying to manage it so I can be present and be the best psychologist I can.*

Participant 3 continued to reflect on her experience of pervasive trauma in her setting, noting how it may impact her ability to work in forensics for the rest of her career:

> *So I feel like it’s not like my safety is always on my mind when I’m at work. I’ve known a psychologist who has been severely assaulted by a patient. So that also makes it different, like, I know someone and that person was feeling very badly. And I think vicarious trauma is very real, like either seeing or knowing your friend went through it, or even seeing patients hurt themselves or other patients…Like I’ve witnessed so many things, and when there’s alarms for patients hurting a staff member or peer, they’re taken to the side room and if they’re not calming down, they’re assaulted, they’re tied down like with*

pipeline restraints, and that's traumatizing itself. So I think there's serious trauma all around and I think I'm very aware of it. And I think about how heavy it can be. I think it helps acknowledging it and talking about it, but I also know I cannot do this like 15-20 years from now.

Participant 4 shared an initial shock she felt when she started working in forensics:

I remember when I was new to correctional settings, and I read all this information and it was shocking to me. Like for me I noticed too, that when I read and it's almost trauma in a way. Like at night, I can't sleep and I'm thinking about all the details of those crimes, right, and worrying about it like, hey, is this going to happen? This is so scary, will this happen?

Participant 4 continued reflecting on how parts of her clinical work impact her sense of safety and parenting:

I have to read in detail all of the crime history. They've committed crimes, hundreds and hundreds, some people a thousand. So it makes you feel like the worst thing, because I used to feel that the world is a safe place. Right? So this is a way, I would say it's a trauma, right, that now I'm at the back of my mind, hey, the world is not that safe. It's difficult to read the crime history, especially when it's committed against, you know, the kids. So now I feel like I'm more worried with my kids. I have two small kids, young kids, so now I used to feel like it would be okay for my daughter to do a sleepover, at the friend's house, if we know the family, if we know the kid. But now my mindset is that, no, it's not okay. I will never let her go to sleepover anywhere. If she wants to do a sleepover with someone, sure, we can invite that kid to our house. So that changed me and it also

changed my parenting style. I became more protective of my kids for sure. It's hard for me to feel safe.

Theme 2: Self-Preservation

The theme of Self-Preservation entails participant's efforts to develop strategies that nurture mental, emotional, spiritual, and community well-being, contributing to overall health. Every participant emphasized the significance of support from their community (e.g., partners, family, friends) and adopting diverse practices to protect their sense of self and well-being. The theme of self-preservation was teased apart into four subthemes, which included the following: 1) coping skills, refers to the ways in which participants manage stress and burnout to preserve their physical and psychological health, 2) boundaries, which reflects the participant's crucial practices in establishing and maintaining boundaries, involving clear limits between professional responsibilities and personal life, 3) self-care practices, which describes the participant's active role in practicing self-care, to protect their well-being, happiness, and longevity in clinical work, and 4) consultation with like others, which refers to participant's experiences feeling solace and encouragement from colleagues who offered validation, connection, and a shared understanding of their experiences regarding their ethnic-racial and gender identities.

Subtheme 1: Coping Skills

All participants endorsed engaging in a spectrum of coping mechanisms to manage stress, intense clinical work, discrimination, and burnout to preserve their physical and psychological health.

Participant 1 described utilizing humor to cope with the intensity of her clinical work:

> *Sharing stories can also be interesting like I would say to myself, man, I've read it all and Carisse, I have not read it all, I can't believe this. When you thought you've heard the whole thing and you thought, oh, I can't hear anything worse than this, yeah, there's always a story that's worse. There's both this, oh my God, what kind of world do we live in? Or there is humor like, we will always have a job, right? [laugh].*

Participant 2 additionally reported engaging in humor has been an effective coping strategy, sharing, "Just finding time to laugh." She further reflected that engaging in her own therapy has been a source of coping, stating, "I started going to therapy again, about a year and a half ago now. And that really did come from stress around work."

Participant 2 further expanded on the different ways she engages in preserving her overall health, reporting, "I had decided to really focus on taking care of myself better, um, exercise more, went back to therapy…oh, I love to cook, I love finding new recipes! Spending good time with friends and family and enjoying those little nuggets in life. Having a dog is a really big thing for taking care of me."

Participant 3 described two coping tools she utilized to combat her imposter syndrome and build confidence in her clinical work:

> *I have the wherewithal to just fake it 'til I make it. So inside, I was like, what the hell am I doing? I know nothing. And I'm like, okay, let me just do this. Thankfully, my supervisor is really supportive, and I was able to call her often. I'm still going through it. But I think since I've gotten here [agency name] the imposter syndrome is less, and I'm very confident in my abilities because of the experiences I've been through.*

Furthermore, Participant 3 shared family-oriented values instilled by her Indian culture that has helped her cope, reporting, "But the sense of family and love (referring to her Indian

identity), that is very much there. And that helps a lot. Like my family is very close, very supportive, very much there. So aside from my partner and my colleagues, I have a really large family who's very supportive, that has been helpful in terms of my coping skills."

Participant 4 shared internal and external coping strategies she utilizes to manage the heaviness of her forensic clinical work:

> *It's sad to say this, but over time, I think my brain is starting to numb it. Almost like PTSD or trauma in a way. Like over time, you just have to remove yourself emotionally from it. I also feel like distracting myself from work helps a lot. So let's say I work on this case, and it's starting to like get intense, then I will just take a break. Go take a walk, and maybe talk to my husband about something else. Or maybe just, go take a shower. A lot of times, one quick thing, right? Even if I don't have time I just take a shower, and it helps. Or listen to music, distractions, those help a lot.*

Subtheme 2: Boundaries

Each participant shared about their crucial practice in establishing and maintaining boundaries, involving clear limits between professional responsibilities and personal life. Participant 1 shared intentionally setting boundaries around time spent in prisons, thinking about her forensic work, and writing reports:

> *I would definitely say for the harder prisons, I would put boundaries around working in the prison from like 7am-noon, get out of there, do a nice lunch and I definitely did something fun that day. You know I would even try to limit my time I was even thinking about them and the crimes committed, right, because my forensic work, it's very intense…I'll just place boundaries on and I'll just say to myself, well, today, I'll only you know, write one report, because it's hard to review hours and hours of records.*

Similarly, Participant 2 described strong boundaries around her work-life balance and her identity as a forensic psychologist:

> *One thing I've gotten really good at and I will own is I leave work at work. I do not think about work when I'm not there, ever. My identity is not being a forensic psychologist. Once I leave here, I do not think about the fact that I'm a psychologist. I do not think about the fact that my patient is getting electroshock therapy on Monday, like, I do not want to think about that. I think about how I want to make the eggs tomorrow for my boyfriend's mother. I think it's very easy to get wrapped in being a forensic psychologist as your primary identity, and maybe it is for some, but it is not my primary identity.*

Participant 3 shared related boundaries around her identity and work-life balance, reporting, "But when I leave the unit, I am no longer Dr. [Participant 3 last name], you know? Like, I am [Participant 3 first name], and I need to set that boundary of work life and this life."

Furthermore, Participant 4 described taking intentional breaks helps to set boundaries around the intensity of her forensic clinical work, stating, "Another technique I use is just like, take a break, right? Also break up the case. If I know that I have to read a difficult case, for this one, then I try not to do two sex offender cases in one day."

Subtheme 3: Self-Care Practices

All participants described taking a proactive role in a spectrum of self-care practices, to protect their well-being, happiness, and joy in their clinical work.

Participant 1 shared her preferred method of self-care, related to her own cultural identity as a Latin woman and nurturing her body:

> *I listen to Salsa music, I think that's the cultural piece, you know, kind of these rituals, I get in my car, I go to a nice lunch, I listen to Salsa music, I shower when I get home and*

things like that to try and erase my day. I listen to the Salsa music and say, Oh, this is good music! And it's the Salsa music, or it's Latin music, not other music, that makes me feel good.

Participant 2 provided multiple strategies to preserve her overall well-being, one of which is closely tied to her Mexican identity, stating, "I do a lot of cooking and love cooking Mexican food and making different sauces for my partner and his mom." She further shared, "Everyday I go home at lunch and take my dog for a walk. That really helps, just getting out, I love being outside and I love being in the sun."

Participant 4 additionally shared intentional self-care practices in touch with her Thai identity, reporting, *"Let's say like music, sometimes when I feel homesick, or I feel like I'm so different here, nobody understands me, then I listen to like a Thai song. When I have a difficult day at work, then I will go eat Thai food, at least it makes me feel like home."*

Participant 3 described various practices she engages in to nourish her overall well-being:

I exercise a lot, so lifting heavy weights helps. My husband does not work in the field, which is nice. I can just be like, babe, it was a long day, I don't want to talk about it. Or I can just give him a general description of what I'm feeling and he's usually like, very supportive. He cooks a lot, so he gives me food, so that's kind of how I'm managing it.

Participant 3 continued to share self-care practices she utilizes at work to preserve her well-being:

I often like desk naps, for like five minutes and it helps so much. I take them frequently. And it helps, just to keep going, going, going. Because it's a lot and it's taxing. And then for lunch, I almost always leave the unit and go outside of security and sit in the sun, like

outdoors. So I physically leave, I get my steps in, and I soak in the sun, and do that everyday if I can.

Subtheme 4: Consultation with Like Others

All participants endorsed discovering solace and encouragement from colleagues who offered validation, connection, and a shared understanding of their experiences.

Participant 1 reflected the importance of consultation with other forensic providers who understand the heaviness of forensic clinical work and the importance of sharing stories with others to release the burden:

Another thing I found helpful around that [vicarious trauma] was getting consultation, like calling people and I have people calling me and say, you know, man, I just read this report, I've never read anything as awful, can I tell you about it? What do you think about it? It's like having some support from other people, that's always a nice time to share stories and not have to hold it all ourselves.

Participant 3 described a sense of belonging and relief to have the opportunity to discuss and process shared experiences with other women of color psychologists:

I was very lucky and fortunate to start at [agency name]. There was a group of women of color there and one psychologist who I ended up being on her unit, she showed me the ropes and talked to me about everything… There was a group of a Latina psychologist and Black psychologist, and me. And it's just like, a breath of fresh air. It was amazing to be like, all of you have had this experience? We would actively discuss how many times people ask if we are nurses or non-doctors. And we talk about the different experiences

we have been through. It's so nice to have a group to be like, they understand, I don't have to explain it.

Participant 2 shared how engaging in both casual conversations and consultation with colleagues eases the demands of her clinical work, stating, "I like being with my staff and my psychiatrists and talking about nothing and everything and laughing about stupid things, because that's really what makes the work easier."

Lastly, Participant 4 described leaning into the only other two clinicians of color on her forensic team for solidarity and a shared understanding of experiences, reporting, *"No [laugh and smile] they don't talk about it (referring to no spaces to discuss women of color experiences). People don't talk about it except us so then I end up being friends with these two people of color because deep down I think we know that we have to stick together."*

Theme 3: Strengths / Resilience

The theme Strengths / Resilience encompasses the participant's subjective experiences in adapting quickly and leveraging their identities, privileges, and experiences as women of color to inform and enhance their clinical work and client-provider relationships. The subthemes corresponding to Strengths / Resilience included: 1) reciprocal cultural connection, which refers to the participant's dynamic ways in which they leveraged their own ethnic-racial, linguistic, and/or gender identities and experiences to build relationships, safety, and trust with clients, 2) cultural humility, refers to the participant's intentional clinical practices and ongoing self-reflective process in learning, respecting, and honoring their client's cultural values, beliefs, experiences, and customs, and 3) rewarding work, which refers to the participant's positive experiences of how this work fuels them and expressed gratitude in working with this population.

Subtheme 1: Reciprocal Cultural Connection - Connection with Inmates

Participants shared subjective experiences of reciprocal cultural connection, reflecting the participant's dynamic ways in which they leveraged their ethnic-racial, linguistic, and/or gender identities and experiences to build relationships, safety, and trust with clients. Women of color live in a world that does not afford them innate privileges based on their race and gendered identities; they garnish different experiences, which bolsters their consciousness and relational capacity with clients. This connection emphasizes a balanced and respectful relationship, recognizing the value of both sides in fostering understanding, appreciation, and collaboration.

For instance, Participant 1 reflected on how her identities as Latin and bilingual have encouraged connection with clients who are Latino and speak Spanish, stating, "It's interesting, when it comes to inmates, if I see a Latino, it tends to be easier when they know I speak Spanish. The Latin. It helps…[pause] the cultural piece and knowing the language, like if somebody's bilingual, I'll ask, do you want to speak in Spanish? and they will say, yeah, let's do it. I think it helps connect with them."

Participant 2 shared a similar perspective that her identities as a woman of color and being bilingual aided in her connection with clients, reporting, "I would actually say it's looked as a strength, but mostly just because I can speak Spanish. When it comes up, it's usually a delightful surprise, like, oh shit, great, you're going to be a good listener."

Similarly, Participant 4 reflected how identifying as a woman of color has been an asset in creating safety and understanding, and building relationships with the inmates she works with:

> *But in terms of working or evaluating the inmates, though, I feel like being a woman of color, sometimes it will give me some advantage. Me and her (other woman of color psychologist on team) had similar experiences that the men, usually they come from*

> *underprivileged backgrounds, and they, for some reason, they tend to open up with me and with the other psychologist more (compared to their white counterparts). They may say things like, here, like, you know, I don't know your background, but you understand, right? Like they know I'm not a white person.*

She continued to explain a specific conversation she had with an inmate recently that reflected the mutual cultural understanding that led to relationship building, stating, "He was like, do you understand that I'm different, I assume you understand because you are different too. In my experience, they can relate to me, so in that sense, it helped me when I evaluate the inmates and my African American female colleague who is a psychologist has similar experiences.

Subtheme 2: Cultural Humility

All participants shared their commitment to cultural humility in their clinical work, which encompasses an ongoing self-reflective process in learning, respecting, and honoring their client's cultural values, beliefs, experiences, and customs. Participants reflected on their own utilization of consciousness derived from their marginalizing experiences to acknowledge that their lived experiences are not happening in a vacuum. Their own oppression gives them the awareness and wherewithal to be conscious of how some organizational dynamics create disadvantaged experiences for other marginalized communities. Their own understanding of society's socio-political environment and standpoint helps them make sense of how inmates / clients are marginalized by more than one system.

Participant 2 reflected a parallel process with her clients as a woman of color on how to speak to power in a strategic way to get needs met, which informs her clinical interventions:

> *It's really hard for, especially our male patients and male patients of color. Because when conversations around Black Lives Matter came up, being in jails and prisons and*

hospitals, you know, obviously things were coming up for these men, and these women also. But it was really hard to hear for so long these really terrible injustices happening to people and people of color more frequently, at the hands of law enforcement and holding that space for them. And, the really fucking shitty thing, like the shittiest part, is having to sit there and tell them there's very little you can do. And one of the things that you need to do is keep yourself safe. Speak to power, the way power can hear it…for me, the most solution focused intervention I can give is, how can you communicate effectively with someone that has all the power? And as we go through life, maybe this is an effective intervention for me because women of color don't have a lot of power. So you know, I'm like, that's so kind of you, you're so smart, it's like the exact same thing, maybe there's a bit of a parallel process there, but it's helpful, and then it gets them what they need, their needs met with them staying alive.

Participant 3 reflected on her own religious upbringing and how it encourages her to deepen her awareness of her clients' humanity; additionally, recognizing how her clinical work has demystified the belief in a just world that her religion promoted:

I was raised Catholic, and growing up and learning more about faith, I don't know, like growing up you're taught, or I was taught, like you pray for good, then you're rewarded, you know, like good life if you're a good person. Then like seeing it and living it and seeing all these kids and adults, they didn't have the support, they were just born into a situation, and they didn't ask for these experiences to happen to them, and yet these experiences still happened to them, and now they're very sick. And like questioning that like, why is it me that I can have the privilege of going to school and being able to do this work? And other people don't have that? Like what did I do any different? On the other

> *hand, I do know that I worked really hard to get where I am, right. But it's just these experiences have opened my eyes to the reality of the world and how, especially forensic settings, it seems like, society uses them [forensic systems] to put away the people that they don't really want to acknowledge. Working in a setting full of people that society kind of cast away makes you realize, like okay, they are human beings, and they have their own histories and their own emotions and their own experiences. A label doesn't fit, like the label of criminal, or bad person doesn't fit. So I think I will forever be figuring that out, but it does just make me question a lot more.*

Furthermore, Participant 3 described how her Indian identity has benefited her clinical work despite identifying more with her American identity:

> *I feel like it's ingrained in me, right? Like it's kind of how this made me be a good listener and empathetic, because I'm always aware of how everyone else feels. Honestly, I feel like I do identify more with the American side, But my Indian identity, I take from it what I want to, and I've been kind of pushing myself away from certain aspects, especially kind of like the emphasis on patriarchy and doing what everyone else thinks you should do.*

Participant 4 additionally shared how her cultural identities have influenced her curiosity when working with her clients, informed her clinical work, and encouraged her to be intentional about the ongoing learning process that cultural humility is:

> *Me being an immigrant, sometimes I don't understand American culture that well. They all assume that maybe I'm Asian American. But I mean, I am an American citizen. But because I was born and grew up in Thailand most of my whole life, it's hard for me to see myself as an American, to be honest. Culturally, I'm less American than Thai for sure. So*

when inmates talk about certain things, right, I have no idea what they're talking about, like about how certain people celebrate holidays. And I'll say, hey, actually, I don't get it. Can you tell me more? I think it's an ongoing learning experience. In a way I try took at it in a positive way, right? That it's good, because I mean, I'm different, I feel different, and that's okay. And we are all different. And I can always learn from somebody and they can always learn from me. So I make it more about it as an ongoing learning process, about culture and about identities.

Subtheme 3: Critical Responses to Discrimination

Each participant responded to discrimination in diverse ways, encompassing humor and discernment, building relationships, disarming defenses, and deriving meaning from the pervasive discrimination embedded within our society.

Participant 1 described her meaning-making process of experiences of discrimination, shedding light on her cognitive internal process to navigate ongoing discrimination and underscoring the complex and pervasive nature of discrimination, acknowledging its enduring presence across generations and within societal structures.

You know what, for somebody that's been discriminated against all my life, you know, since I've been here, as a woman and being an immigrant, I just think it's a part of just intergenerational racism, you know, it's one generation and the next, and it doesn't go away. I mean I think it may just happen more covertly as you get more degrees. It's enculturated in our system. I've gotten the feeling where people might say, 'wow, how did she get a degree like that? Even from Latino people, you know? When I go into the prison, they look at me and think, is she really a doctor? That's kind of how I make sense of it, it's just years of racism in this country, and it doesn't go away.

Participant 2 shared her ability to build relationships with some law enforcement individuals, which provided a space for critical conversations regarding racism, stating, “I was fortunate enough to be able to have rapport with some of these guys that work in the jails and custody officers to really challenge them on these things because I had built that, what’s the word I’m looking for, credibility with them and ruin their next like racist thought a little bit and that’s great”.

Furthermore, Participant 3 utilized humor and discernment of impact versus intent when explaining a microaggression from a client, reporting, “Even patients, I remember on internship, one patient came up to me and was like, is your favorite food curry? But very like, innocent, genuinely curious, he just associated the stereotype. But also, I was like how do I respond to that? So I said, nope, I like pizza [laugh].”

Lastly, Participant 4 reflected how she chooses to respond non-defensively and utilizes cultural humility to remind colleagues that despite her multiple cultural identities, she is not an expert on all cultures:

> *I would have to tell my colleague, I don’t know everything, that I can share what I know, right? But, it doesn’t mean I understand that patient or that inmate, because again, everyone is different. And being a minority like I say, it doesn’t mean that I should know all the cultures. So I think I learned that it also depends on how you look at it, right? To me, I don’t take it personal. I mean, I’m aware of my cultural identity and I know that even though maybe me and this particular inmate had nothing in common, it’s good to use it in a way that it can be helpful for the process. So I think I have to be aware to not get upset or get defensive.*

Subtheme 4: Rewarding Work

Participants shared positive experiences of how their clinical work and client relationships fuel them and expressed gratitude working with this population. All participants described a sense of fulfillment and personal satisfaction derived from the impact and meaning of their clinical work with clients, which provided a deep sense of purpose, accomplishment, and joy in making a positive difference in the lives of others.

Participant 2 reflected how meaningful her clinical experiences have been working with inmates who have historically been dehumanized and underserved and finding joy in her interpersonal interactions with her clients:

> *Obviously, some days are better than others. But it's really special, really special work. Very rewarding. It's opened my heart in all the best ways possible. There's something really special about being there with someone, being able to see that person for who they are and offer them a place to be a person and not an inmate, or a place to be a person and not a patient. For so long of these people's lives, they've been treated as a number. It's really, really special and powerful to be able to sit there and be human with them. And they're so funny and smart, and so strong and resilient and incredible and amazing. And it's really nice to be able to witness someone be able to show that side of them when they never get to see or very infrequently get to show all of those wonderful qualities. It is very meaningful, it is very rewarding, and it is amazing to be able to go into those facilities, and you know, the easy work is with the patients sometimes… I make meaning by being there with them [patients] and holding onto the really funny moments. The really joyful, like truly joyful moments that I get to share with people, and that's what really gets me through. Absolutely, best part of my job.*

Participant 3 shared, "I'm choosing still to work in this setting. I love my work," and described how this clinical work continues to fuel her:

> *The most positive part, I actually reflected on this recently, specifically working with clients incompetent to stand trial…There are patients who either don't take their medications or are just not willing, or do not trust the team, or just have difficulty learning and so tailoring interventions for each patient and sitting with them, like on a weekly basis to learn and to go over and review and seeing them put in that hard work. And eventually seeing them be discharged as competent. That's like, the best feeling because you're like, okay, I put in the interventions that helped them put in the work that actually helped. And now they can go out and they can actually know what it is they are being charged with and they can talk about a rational defense. I love that whole process coming together and then seeing that. It's really validating and it's positively reinforcing. So it keeps me doing what I'm doing.*

Similarly, Participant 4 processed her own meaningful experiences in her clinical work and working with inmates and the honor she feels being a part of their healing and progress:

> *I feel like every day, it is an honor and privilege to be helping this population. Part of me, I still like to believe that nobody wants to be a bad guy, right? Nobody wants to make bad choices, right? Everyone wants to do good. But a lot of these inmates, they grew up in a background that it's almost impossible to not make mistakes or to not make bad choices. A lot of them grew up in family with a lot of abuse or got abandoned or put into foster care. A lot of them actually share with me that the only way for them to feel like they have a family is to join a gang, and the gang takes care of them. So I think them sharing this with me, that was a wrong way of thinking, now I want to change, that within itself I think*

it's a privilege for me to be able to come witness the process of it. So I honor this work every day and every inmate that they put in front of me.

Participant interviews elucidated important unified themes such as unique identity status, perceived experiences of discrimination, trauma-related experiences, self-preservation strategies, and strengths / resilience. The participants' lived experiences share similarities in their cultural identities as both ethnic-racial minorities and gender identity as women and significantly influenced their clinical experiences, interpersonal engagement, self-concept, and sense of the world. The nuance between participants was also observed, as each participant had unique takeaway messages regarding how their cultural identities have informed their clinical work and self-preservation mechanisms based on their meaning made. Furthermore, multiple participants tapped into how this clinical work fuels them and the joy they find in working with this population, aiding in their overall well-being. Multiple women of color psychologists clearly share qualitative experiences that impact how they navigate their internal experience of themselves and how they interact with the world around them.

CHAPTER V

DISCUSSION

This study aimed to explore the lived experiences of women of color psychologists working in forensic mental health settings. This study applied interpretative phenomenological analysis (IPA) to code the four qualitative interviews used in this study. IPA provided the framework for this study to understand better the individual lived experiences of each participant and interpret the meanings made of their idiosyncratic experiences (Smith, 2012). The experience of the participants elucidated four themes: Challenges, Self-Preservation, and Strengths/Resilience.

Discussion of Themes

In the following section, the major themes and subthemes identified through the study will be discussed as they support or contrast existing literature in related topic areas.

Theme 1: Challenges

Facing numerous and ongoing challenges was central to each participant in this study as women of color psychologists. This theme depicted the participants' experiences as women of color, holding multiple historically marginalized identities that do not fit the prototypical status of identity within our society (e.g., white, male) and the toll vicarious trauma had on their overall physical, psychological, and existential distress. These experiences also demonstrated the participants' journey and familiarity with exclusivity, both structurally and interpersonally, and the various dynamics they navigated as women of color psychologists within predominantly white and male spaces. Within the theme of unique status of identity, three subthemes emerged: institutional power dynamics, reflecting the participants' experiences of the distribution of power and control within their prospective workspaces; perceived experiences of discrimination, which

refers to their individual experiences of prejudice and bias based upon their cultural identities, and vicarious trauma, exploring the various experiences of exposure to trauma via client reports and stories, and witnessing others experiencing traumatic events.

The intersection of womanhood and ethnic minority status for psychologists working within forensic mental health settings can present distinctive challenges. Cultural prejudice is a well-documented general phenomenon impacting the experience of minorities with intersecting identities through racial discrimination and rejection (English, Rendina & Parson, 2018). Women of color (WOC) encounter various barriers, including but not limited to, lack of representation, an unsupportive professional environment, gender discrimination, sexual harassment, and exclusion from positions of authority. These persistent barriers are key factors leading WOC to seek support, grapple with burnout, lack of understanding and isolation, and other psychological and physical impacts (Remaker et al., 2021). Each of the participants in this study experienced nuanced and shared cultural prejudice involving either their gender and/or their ethnic racial identity.

Subtheme 1: Institutional Power Dynamics

The findings of this study support existing literature reflecting the lack of representation of those in authoritative positions and the added pressures to present in a specific way because of their identities as WOC. All participants recounted their encounters with institutional power dynamics, where their diverse cultural identities often lacked representation in positions of power, corroborating existing literature (Velez and Moradi, 2018). However, Participant 2 highlighted an idiosyncratic experience, explaining how increased female representation in leadership in her respective workplace has positively influenced her professional journey. Conversely, Participant 4 expressed reluctance about feeling embraced and acknowledged in a

position of power, given the variance between her cultural background and those currently in authoritative roles. Two participants shared a pervasive awareness of the ongoing pressure and expectations faced as women of color, emphasizing the perpetual need to demonstrate their worth and excellence consistently. While feelings of isolation were evident in the reported experiences of women of color, one participant articulated a heightened sense of isolation and lack of support stemming from being the sole Latin clinician on her team.

Subtheme 2: Perceived Experiences of Discrimination

Each participant recounted experiences of discrimination, illustrating the multifaceted nature of sexism, racism, and gendered racism through both blatant and subtle forms of prejudice and microaggressions. The majority of negative encounters occurred within professional circles, involving colleagues, superiors, and law enforcement personnel, with one participant recounting a microaggression from a client. However, she elaborated on her ability to discern intent versus impact within that interpersonal exchange, acknowledging the innocent nature of the comment attributed to stereotypes of Indian individuals.

Two participants highlighted the pervasive bullying and discrimination encountered by law enforcement, emphasizing these as the most overt and persistent forms of discriminatory experiences throughout their forensic careers. One of those participants shared how the pervasive bullying and sexual harassment negatively impacted her physical health, manifesting in weight gain. These findings align with existing literature (Grollman, 2014; Williams and Lewis, 2019), which suggests that women of color often face heightened levels of discrimination and bias due to their intersecting identities while also shedding light on the specific acts of discrimination and the individuals committing these discriminatory acts in forensic settings from subjective, lived experiences from participants. Participant 4 additionally shed light on the assumptions made by

her colleagues pertaining to herexpertise in culture due to her multiple cultural identities and sharing how she navigated responding to those microaggressions, which will be discussed further in the Strengths / Resilience section of this Discussion.

Despite all participants having multiple and ongoing experiences of discrimination, all participants described various responses to navigating and overcoming these exchanges. Furthermore, their own experiences of oppression may consciously and unconsciously inform their cultural humility, client rapport, and clinical interventions to provide culturally responsive and deeper relational clinical work. This study contributes to existing research by adopting a qualitative approach to explore how women of color psychologists navigate and overcome pervasive racism and sexist behaviors in their respective workplaces. Further discussions in the subsequent sections will delve into strategies of self-preservation, strengths, and resilience embodied by these WOC psychologists despite experiencing ongoing discrimination due to their intersecting cultural identities.

Subtheme 3: Vicarious Trauma

The subtheme of vicarious trauma reflects the participants' narratives of experiencing the distressing events or trauma of others through client reports and stories, resulting in emotional and psychological distress. According to existing literature (Baum, 2016), women and women of color professionals face an elevated risk of mental and physical health challenges when exposed to high levels of trauma and vicarious trauma in their workplaces. Continued exposure to trauma and its vicarious effects can result in emotional and psychological distress, physical consequences, and existential and spiritual distress. While the impact of these experiences varied among participants, two out of the four participants expressed a shift in their worldview and sense of safety, and two of the four participants noted their physical and psychological well-

being being impacted. Participant 3 processed experiencing emotional and physical symptoms, manifesting in anxiety and an inability to sleep. Participant 4 noted how these experiences influenced her parenting style. Notably, two early-career professionals reflected on how such challenges might impact their longevity in forensic clinical work, as they prioritize safeguarding their well-being despite their passion for working with these clients.

Addressing vicarious trauma requires proactive self-care practices, seeking support from peers, establishing healthy boundaries, and engaging in activities that promote resilience and well-being. It's essential for individuals exposed to vicarious trauma to prioritize their mental, emotional, and physical health to prevent long-term negative consequences and maintain their overall well-being, which was reflected in the findings of this study and discussed in the Self-Preservation section.

There is limited published research specifically focusing on forensic psychology and the various experiences of professionals working within these settings (Pirelli et. al, 2020). Pirelli et al. (2020) also reflected the need for additional research to develop a deeper understanding of the consequences that vicarious trauma can have on forensic mental health clinicians. Furthermore, the current literature underrepresented racial-ethnic minority individuals in their sample sizes, showing a gap in the research exploring the experiences of women of color professionals as it relates to vicarious trauma in forensic settings (Sartor, 2016; Way et al., 2004). The current study’s findings bridge some of the gap in the current literature by highlighting the voices and experiences of women of color psychologists and shedding light on the impact and understanding of vicarious trauma in forensic settings.

Theme 2: Self-Preservation

Self-preservation emerged as a central theme in the experiences of each participant working within a forensic mental health setting as women of color psychologists. They collectively shared significant strategies for coping and self-care aimed at protecting their overall well-being and sense of self while also tapping into their own unique coping mechanisms. Essential practices included setting boundaries, seeking consultation from colleagues with shared experiences, and prioritizing their mental and physical health. These self-preservation practices were crucial for maintaining a distinct sense of self beyond their professional roles, ensuring they could continue delivering culturally responsive and ethical clinical care while nurturing their overall health and well-being. Most notably, self-preservation demonstrated to be vital in combating consequences associated with experiencing pervasive discrimination, vicarious trauma, and burnout.

Self-preservation strategies are paramount for women of color (WOC) psychologists, given the unique challenges they face in their professional environments. These psychologists recognize the importance of actively engaging in strategies to protect themselves and their clinical work. Intentional efforts in self-preservation allow WOC psychologists to navigate discriminatory power dynamics, bias, and other forms of adversity they encounter, such as vicarious trauma. They prioritize establishing boundaries, seeking support networks, and prioritizing their mental and physical well-being. By engaging in these intentional practices, WOC psychologists safeguard their ability to provide effective, culturally responsive care while preserving their resilience and professional longevity in demanding settings. These strategies empower WOC psychologists to uphold their identities, maintain their sense of self-worth, and advocate for inclusive and equitable practices within their field.

Subtheme 1: Coping Skills

Furthermore, each participant provided shared and nuanced coping strategies essential to maintaining their psychological and physical health in response to the heaviness of their clinical work and to combat the challenges they faced as women of color psychologists. Most notably, each participant shared individual, unique self-preservation practices tied to their cultural identities. Coping techniques associated with cultural identity encompass a diverse array of practices and beliefs that individuals draw upon to navigate life's challenges while staying connected to their cultural heritage. These techniques can involve engaging in cultural traditions, rituals, and values that provide a sense of belonging and resilience (Bacchus & Holley, 2008; Gutiérrez & Lewis, 1999)). For example, each participant shared a coping strategy closely related to their ethnic identities. Participant 1 described listening to Salsa music in response to having an intense clinical day in the prison.

Subtheme 2: Boundaries

All participants discussed the essential practice of establishing boundaries between their forensic clinical work and personal life. Creating and maintaining healthy boundaries around their professional identity helped mitigate burnout and the intensity of their forensic clinical work. All participants noted the intentionality of “leaving work at work”, setting clear limits around reading crime reports and clinical hours, and taking breaks when needed to safeguard their well-being and ability to provide solid clinical services.

Subtheme 3: Self-Care

The practice of self-care has been an increasingly relevant ethical consideration for practicing psychologists to reduce the risk of burnout and preserve overall well-being (Barnett et al.; Baker et al., 2007). Additionally, principle A of the ethics code (Beneficence and

Nonmaleficence) advises that practicing psychologists should be aware of the potential influence personal matters, such as emotional, mental, and physical well-being can have on their therapeutic capabilities (American Psychological Association, 2010; Bamonti et al., 2014). With this in mind, practitioners who do not adequately tend to their own health and well-being may not hold the same competency in providing care for their clients (Bamonti et al., 2014) as they typically would if they were maintaining their physical and psychological well-being. The current research findings of this study align with the literature and provide an exploration of the various kinds of self-care strategies that these women of color psychologists engage in to protect their overall health and sense of self.

Subtheme 4: Connection with Like Others

For these women of color psychologists, cultivating connections with individuals who shared similar identities as women and/or racial-ethnic identities served as a vital coping strategy in navigating the tolls of discrimination and vicarious trauma within their profession. These connections offered a supportive network where shared experiences and understanding fostered validation, empathy, and a sense of solidarity. Through mutual support and validation, women of color psychologists found solace in knowing that they are not alone in their struggles and can draw strength from collective resilience. By fostering connections with peers who share similar backgrounds and challenges, they created spaces for open dialogue, validation of experiences, and connection. These connections not only provided emotional support but also served as platforms for empowerment, advocacy, and resilience-building, ultimately contributing to the well-being and professional effectiveness of women of color psychologists in demanding work environments.

Theme 3: Strengths / Resilience

Most notably, the findings of this study highlight the strengths and resilience that emerge from women of color psychologists given their multifaceted experiences. Women of color psychologists exhibit remarkable strengths and resilience in navigating the complex intersectionality of their identities. Their unique experiences and perspectives empower them to bring a multifaceted approach to their work, often incorporating cultural sensitivity and awareness into their practice. Despite facing systemic barriers and biases within their field, they demonstrate resilience by persevering through adversity and advocating for equitable representation and access to mental health resources for marginalized communities. Their unwavering commitment to empowering others and challenging systemic injustices exemplifies the formidable strength and resilience inherent in women of color psychologists.

Subtheme 1: Reciprocal Cultural Connection with Clients

The findings of this study demonstrated how women of color psychologists leveraged their cultural identities as a source of strength to cultivate meaningful relationships and foster trust with their clients. Drawing from their shared cultural backgrounds and experiences, these psychologists can establish rapport and understanding with individuals who may feel marginalized or misunderstood within the criminal justice system. By incorporating cultural humility and awareness into their clinical practice, they created a safe and inclusive space where clients feel validated and supported. For example, two of the four participants who can conduct clinical services in Spanish shared increased comfortability from their clients and a shared cultural understanding when using their native language. In a similar light, one participant processed how inmates would automatically have a connection with her and believed she had a deeper understanding of them because of her non-white identity status. Their ability to relate to

clients on a cultural level enhanced communication and promoted collaboration in treatment planning, ultimately contributing to more effective interventions and positive outcomes for their clients.

Subtheme 2: Cultural Humility

The results of this study additionally uncovered how women of color psychologists harness their own experiences of oppression and cultural identities to cultivate a deep sense of cultural humility in their clinical work. All participants shared how through introspection and reflection on their own lived experiences, they developed an awareness of their biases and limitations, allowing them to approach their practice with humility and openness. By embracing a stance of cultural humility, these psychologists prioritized listening to and learning from their clients, recognizing the diversity and complexity of their client's cultural identities and their positionality within the socio-political context. Three of the four participants reflected on their own understanding of how systemic racism floods our socio-political context, perpetuating disparities for historically excluded individuals, which supported them in humanizing their clients and having a deeper understanding of how their clients got involved with the justice system. This commitment to ongoing self-examination and cultural awareness enables them to provide more authentic, client-centered, and humanizing care to their clients, fostering trust and collaboration in the therapeutic relationship.

Subtheme 3: Critical Responses to Discrimination

Women of color psychologists exhibit transcendent responses to discrimination, harnessing humor, discernment, historical understandings of discrimination, and relationship building as powerful tools for navigating interpersonal prejudice and bias. Through the strategic use of humor and relationship building, two of the four participants shared stories on how they

dismantled stereotypes and diffused tense situations, reclaiming agency and resilience in the face of discrimination. Additionally, two of the four participants practiced discernment, enabling them to identify and challenge systemic injustices while advocating for equity and inclusivity within their professional spheres. The findings of this study demonstrated how transcending discriminatory barriers through these multifaceted approaches, women of color psychologists not only navigate challenges with grace and resilience but also catalyze positive change within their communities and beyond.

Subtheme 4: Rewarding Work

Despite the adversity and intensity inherent in forensic clinical work, the participants of this study continue to find immense reward in their interactions with clients, which is a powerful source of motivation and resilience. Three out of the four participants reflected on the honor and love they felt working with this specific population. Through their compassionate and culturally responsive approach, they witness firsthand the transformative impact of their interventions on the lives of those they serve, fostering healing, empowerment, and justice within marginalized communities. These meaningful connections and successes in their work reaffirm their sense of purpose and commitment to advocacy, fueling their determination to show up each day and continue making a positive difference in the lives of their clients and the broader forensic mental health system.

Clinical Implications

The resilience, strengths, and self-preservation strategies employed by women of color psychologists in the face of discrimination and vicarious trauma offer valuable insights for clinical practice and research. Firstly, understanding these coping mechanisms can inform therapeutic interventions for individuals from marginalized communities who may be navigating

similar challenges. Therapists can incorporate culturally sensitive approaches that validate clients' experiences of discrimination and vicarious trauma while also emphasizing strengths-based interventions to promote resilience and self-preservation.

Moreover, these insights have significant implications for research, highlighting the importance of studying the protective factors contributing to the well-being of women of color psychologists. By examining the efficacy of various coping strategies and self-care practices, researchers can identify effective interventions to mitigate the negative impact of discrimination and vicarious trauma on mental health. Additionally, exploring the intersectionality of identities and experiences among women of color psychologists can deepen our understanding of how systemic inequalities impact psychological well-being and inform broader efforts to promote equity and inclusivity within the field of psychology.

Limitations and Implications for Future Research

While there are many strengths to this study, there are notable limitations such as homogeneity of gender identity and the lack of heterogeneity in ethnic-racial identities among participants. The study primarily focused on cisgender women of color psychologists within forensic mental health settings, thus limiting the diversity of perspectives and experiences represented. The absence of individuals with diverse gender identities, sexual identities, and a broader range of ethnic-racial backgrounds constrains the generalizability of these qualitative findings and the comprehensiveness of insights into the intersectional experiences of psychologists in this field. Future research would benefit from larger recruitment and more diversity in the identities of their participants to elucidate other unique intersections.

Future research may also benefit from highlighting the strengths and resilience of women of color psychologists, shedding light on the factors that contribute to their success and well-

being in the face of systemic challenges. By exploring the unique coping mechanisms and self-preservation strategies these practitioners utilized, researchers can identify effective interventions to support their mental health and professional development. Additionally, investigating the intersectionality of identities and experiences among women of color psychologists can deepen our understanding of how cultural, social, and institutional factors shape their resilience. By amplifying these professionals' voices and experiences, future research can inform policies and practices that promote equity, diversity, and inclusion within the field of psychology.

Conclusion

Women of color psychologists in forensic mental health settings encounter unique challenges, including discrimination, lack of representation, and vicarious trauma. Despite these obstacles, they leverage their experiences to inform their clinical practice and cultivate resilience. By reframing negative experiences, they adopt a compassionate and culturally responsive approach in their clinical interventions. Recognizing the impact of discrimination and lack of representation for themselves and their clients, they prioritize culturally responsive care, acknowledging the intersecting identities and experiences that shape individuals' mental health. This reframing not only enhances the effectiveness of their interventions but also fosters a sense of trust and safety within therapeutic relationships.

In the face of vicarious trauma and discrimination, women of color psychologists develop resilience by embracing coping and self-care practices and boundary-setting strategies. They recognize the importance of prioritizing their own well-being to prevent burnout and maintain emotional balance. Drawing from their personal experiences, they integrate self-preservation techniques into their clinical work, modeling healthy coping mechanisms for their clients. This

resilience enables them to navigate the inherent complexities of forensic mental health settings with grace and compassion, ultimately enhancing the quality of care they provide.

Furthermore, women of color psychologists utilize their lived experiences of discrimination and marginalization to advocate for systemic change within forensic mental health systems. By amplifying the voices of marginalized communities and challenging institutional barriers, they strive to create more equitable and inclusive environments for both clients and practitioners. Through their advocacy efforts, they not only promote social justice but also inspire resilience in others facing similar challenges. In doing so, they contribute to a more compassionate and culturally responsive approach to forensic mental health care, fostering healing and empowerment for all individuals involved.

CHAPTER VI

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CHAPTER VII

APPENDICES

APPENDIX A: SCREENING TOOL

Name: _____

Assigned Code: _____

Today's Date: _____/_____/_____

Gender: _____

Race/Ethnicity: _____

Sexual Orientation: _____

Graduate Discipline:

___ PhD
___ PsyD
___ EdD

1. How many years have you been practicing as a [insert participant's discipline] or if you are a clinician-in-training, what training year are you currently completing?

2. What type of forensic mental health setting do you work in (outpatient community mental prison, hospital, private practice, etc.)?

3. What type of forensic work do you do?

4. How many years have you been engaged in therapeutic work in a forensic mental health setting?

5. Have you experienced vicarious trauma and/or secondary traumatic stress through working with your clients?

6. Have you noticed your experiences with vicarious trauma impact your health?
Follow-up questions:

a. psychological,
b. physical, or
c. spiritual health?

7. Do you engage in self-care and/or coping mechanisms? If yes, what types do you practice?

8. Have your self-care practices impacted the vicarious trauma you've experienced from your work? If yes, how so? If no, why do you think it hasn't helped?

Scheduling Questions

1. Do you prefer to complete your interview in person at University of San Francisco or through Zoom, a free video conferencing service?

a. If in person interview

i. The University of San Francisco, Hilltop Campus 2130 Fulton Street, San Francisco, CA 94117

ii. Dependent upon COVID restrictions and policies

b. If Zoom interview

i. What email address can I use to share the project's consent form and the link to our Zoom meeting?

2. Would you prefer that I send you a reminder text or email before your scheduled interview?

APPENDIX B: INFORMED CONSENT INDIVIDUAL INTERVIEW

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Below is a description of the research procedures and an explanation of your rights as a research participant. You should read this information carefully. If you agree to participate, you will sign in the space provided to indicate that you have read and understand the information on this consent form. You are entitled to and will receive a copy of this form.

You have been asked to participate in a research study conducted by Carisse Cronquist, a doctoral student in the School of Nursing and Health Professions at the University of San Francisco. The faculty supervisor for this study is Dr. Michelle Montagno, PsyD, a licensed clinical psychologist and associate professor in the School of Nursing and Health Professions at the University of San Francisco.

WHAT THE STUDY IS ABOUT:

The purpose of this study is to 1) to conduct qualitative research, involving in-depth interviews, to deepen understanding of what women of color psychologists in forensic mental health settings considered meaningful to their lived experience 2) explore how their cultural identities, specifically ethnic-racial identity and gender identity, impact their experiences as women of color psychologists 3) to highlight the resilience and strengths of women of color psychologists.

WHAT WE WILL ASK YOU TO DO:

During this study, you will be asked to talk about your experiences as a women of color psychologist providing therapy and/or assessment services in a forensic mental health setting and how vicarious trauma may be impacting your psychological, spiritual, and physical health. Additionally, you will be asked to talk about how you make meaning of these experiences and the self-care strategies you engage in to mitigate the potential risk vicarious trauma may have on your overall health.

DURATION AND LOCATION OF THE STUDY:

Your participation in this study will involve one interview session that lasts no longer than 90 minutes. The interview will take place in a private room at the University of San Francisco library or over Zoom video conferencing, based on availability, location, and COVID restrictions/policies.

· **The University of San Francisco, Hilltop Campus** 2130 Fulton Street, San Francisco, CA 94117

POTENTIAL RISKS AND DISCOMFORTS:

The research procedures described above may involve minimal potential discomfort in discussing some issues while you participate in this study. There are no anticipated risks to you that are greater than those encountered in everyday life. The issues discussed during this interview have each been selected by the researcher and her dissertation committee to minimize the potential for psychological discomfort. Due to the nature of this research topic, you may encounter some emotional discomfort while responding to questions. If you wish, you may

choose to withdraw your consent and discontinue your participation at any time during the study without penalty.

BENEFITS:

You will receive no direct benefit from your participation in this study. However, you may gain more insight into your own experiences or perhaps think more critically about the impact of vicarious trauma and the value of engaging in self-care to preserve your psychological, physical, and spiritual health. The possible benefits for others include increased awareness and insight for mental health providers who provide services to clients within a forensic mental health setting.

PRIVACY/CONFIDENTIALITY:

Any data you provide in this study will be kept private and confidential unless the law requires disclosure. In any report we publish, we will not include information that will make it possible to identify you or any individual participant. Specifically, we will keep private research records that identify you, to the extent allowed by law.

The researcher will ask you to select a pseudonym so that the only place your name will appear in our records is on the consent form and in our data spreadsheet, which links your name to a pseudonym and your data; only the research team will have access to this information. The only exceptions to this are if we are asked to share the research files for audit purposes with the University of San Francisco Institutional Review Board ethics committee.

The researcher will utilize a recording device to capture the responses of the participants. The recordings of this session will be kept in a locked cabinet at the University of San Francisco. The names of participants will not appear in the transcribed records of this study. Certain people may need to see the study records. The only person(s) who will have access to see these records are: the study staff, and the University of San Francisco Institutional Review Board, and its staff.

The records of this study may be used in publications and presentations. If the results of this study are published or presented, you will be notified, and we will not include information that will make it possible to identify you or any individual participant.

The researcher has created an email account for the sole purpose of this study. This email account will be used to communicate with participants and will be deactivated following the completion of this study.

The researcher will destroy confidential information, such as the participant's emails, phone number, audio recordings, and other personal information provided within one year following the completion of this study.

COMPENSATION/PAYMENT FOR PARTICIPATION:

You will receive a gift card valued at $20 for your participation in this study following the completion of the interview.

VOLUNTARY NATURE OF THE STUDY:

Your participation is voluntary, and you may refuse to withdraw or cease to participate at any time without penalty or loss of benefits. Furthermore, you may skip any questions that make uncomfortable and discontinue your participation at any time without penalty or loss of benefits. The researcher has the right to withdraw you from participation in the study at any time.

OFFER TO ANSWER QUESTIONS:

Please ask any questions you have now. If you have questions later, you should contact the principal investigator: Carisse Cronquist at (408) 207-3004 or cacronquist@dons.usfca.edu. You may also reach the dissertation chair of this study, Dr. Michelle Montagno, at mjmontagno@usfca.edu. If you have questions or concerns about your rights as a participant in this study, you may contact the University of San Francisco Institutional Review Board at IRBPHS@usfca.edu.

I have read the above information. Any questions I have asked have been answered by the researcher. I agree to participate in this research project and I will receive a copy of this consent form.

PARTICIPANTS SIGNATURE *DATE*

APPENDIX C: INTERVIEW QUESTIONS

1. Would you share with me a little about yourself as a psychologist and the forensic setting you work at?
2. How has your experience been as a woman of color psychologist working within a forensic setting?
3. What are your experiences of vicarious trauma as a woman of color psychologist working within a forensic setting?
4. How have these experiences impacted your psychological, physical, and spiritual health
5. What are your experiences with discrimination within your clinical work and work setting ?
6. How have these experiences impacted your psychological, physical, and spiritual health
7. How do you engage in self-care in the professional setting and outside of your work setting?
8. What coping strategies do you find yourself engaging in – if any?
9. Do your cultural identities play a role in your work with this population? Why or why not?
10. How do your cultural identities play a role in the coping and self-care practices you engage in? Or do they?
11. How do you make meaning and make sense of the experiences we have just discussed?
12. How has your experience been with the current socio-cultural context and COVID-19 pandemic as a woman of color? How has it impacted your clinical work or any of the experiences we discussed above?

13. How has working in a forensic setting positively impacted you?

14. Are there additional resources and/or support you wish you had access to in order to help mitigate the impact vicarious trauma has had on you and your overall health?

15. Is there anything you would like to add or discuss that we didn't touch on today?