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Abstract

Studies examining microaggressions and individuals in the correctional system are limited. Previous studies have found experiences of perceived microaggressions have a negative impact on an individuals psychological well-being (Nadal, Griffin, Wong, Hamit, and Rasmus, 2014). The current study looked at the effects of microaggressions on probationers' psychological well-being. The current study aimed to examine among probationers: hypothesis 1A, the level of microaggressions is significantly negatively associated with self-esteem; 1B, self-esteem will negatively be associated with probationers' psychological well-being; 2A, the experience of microaggressions would significantly predict levels of psychological distress; and hypothesis 2B, self-esteem would be negatively predicted probationers' psychological distress. Utilizing a sample of 87 participants, results indicated participant's experiences of microaggressions predicted levels of psychological distress. The current study suggests limitations with application of the findings and a subsequent discussion of implications.

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THE EFFECTS OF MICROAGGRESSIONS ON PROBATIONERS'
PSYCHOLOGICAL WELL-BEING

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Whitney Fujii-Doe

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Studies examining microaggressions and individual's in the correctional system are limited. Previous studies have found experiences of perceived microaggressions have a negative impact on an individuals psychological well-being (Nadal, Griffin, Wong, Hamit, and Rasmus, 2014). The current study aimed to examine the effects of microaggressions on probationers' psychological well-being. The current study aimed to examine among probationers: Hypothesis 1A, the level of microaggressions is significantly negatively associated with self-esteem; 1B, self-esteem will negatively be associated with probationers' psychological well-being; 2A, the experience of microaggressions would significantly predict levels of psychological distress; and hypothesis 2B, self-esteem would be negatively predicted probationers' psychological distress. Utilizing a sample of 87 participants, results indicated participant's experiences of microaggressions predicted levels of psychological distress. The current study suggests limitations with application of the findings and a discussion of implications.

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Chapter One

Introduction

Ethnic minorities are an ever growing and increasing population within the United States (United States Census Bureau, 2014). Ethnic minorities (Hispanic, Black, Asian, Pacific Islander, Native, and other) are expected to make up the majority of the United States with Whites Caucasian becoming the minority in a couple of decades (Craig & Richeson, 2014). This anticipated growth becomes exacerbated when also addressing the barriers, even if subtle, that ethnic minorities must endure.

Ethnic minorities are often devalued in the larger society, with members of these groups experiencing stigmatization and discrimination (Nadal, 2014). Many forms of racial discrimination (e.g., hate crimes, segregation, employment inequities) have been outlawed on federal, state, and local levels (Foster, 2005); however researchers have found a continued experience of discrimination among minorities (Sue, Capodilupo, & Holder, 2008). Although many forms of discrimination occur, the focus of this paper will solely be on racial and ethnic minorities.

Background of Microaggressions

Outward signs of prejudice remain prevalent in society (suspicion towards Middle Eastern individuals, teenage bullying, fear of mentally ill individuals, dislike towards individuals who appear to be “illegal” immigrants) despite mainstream acceptance of racism decreasing in current day thinking. In addition to a historical precedence for

prejudice towards ethnic minorities (Civil Rights Movement; Davis, 1988), there are also societal and systemic portrayal of ethnic minorities that leads to a negative perception of this population. Minorities are frequently portrayed in movies as drug dealers, individuals engaging in crime, homeless, drug users, and villains. This perception of ethnic minorities being perceived as “bad” is even further encouraged by media showing news stories about “race wars” (i.e. Michael Brown, Trayvon Martin, and Eric Garner), or other racially based stories.

These signs of prejudice have been identified as microaggressions (Sue, Capodilupo, & Holder, 2008). Sue and Sue (2008) have identified microaggressions as the result of unconscious attitudes expressed by people who fail to examine their personal biases and deny the significance of difference related to gender, race, or sexual orientation.

Microaggressions are thought to be a more subtle form of racism that can occur in various forms and towards a large number of different populations and groups. For example, microaggressions can occur with racial minorities; sexual minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ); mentally ill individuals; forensic individuals; and any other individuals who identify as a minority in some way. Sue and colleagues (2008) have identified a complex definition of microaggressions that encompasses insults, assaults, and invalidations. Microinsults are considered communications that convey rudeness and insensitivity and demean a person’s racial heritage or identity (Sue et al., 2007). A microassault has been defined as an explicit racial derogation characterized primarily by verbal or nonverbal attack, meant to hurt the intended victim through name-calling, avoidant behavior, or purposeful discriminatory

actions (Sue et al., 2007). Lastly, microinvalidations are communications that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person (Sue et al., 2007). These varying forms of microaggressions, although detailed, all identify different aspects of experiences of discrimination or a slight towards someone different.

In comparison to overt discrimination, there is no legal recourse for victims of subtle discrimination (De Jesus-Torres, 2000; Foster, 2005), making it challenging for members of society to understand the consequences of victimization and injury to those who endure it (DeJesus-Torres, 2000; Foster, 2005; Sue, Capodilupo, Torino, Bucceri, Holder, Nadal et al., 2009). Microaggressions can bring about feelings of hostility, dehumanization, and negative experience (Carter, 2007; Flores, Tschann, Dimas, Pasch & de Groat, 2010). Experiences of hostility and feelings of dehumanization have also been identified within a simulated prison setting (Zimbardo, 1973). These findings represent the connection between microaggressions (racial and towards individuals in the forensic system) and the negative impacts on mental health.

Despite the prevalence of microaggressions in current society, Sue et al. (2008) argue that microaggressions may be underreported as a result of individual perception of microaggressions. Microaggressions have been proposed to have an impact on some ethnic minorities and to have no impact on other ethnic minorities (Nadal, Wong, et al., 2014). This difference has not been identified outside of individual differences. However, Nadal, Wong, and et al. (2014) also found that ethnic minorities are negatively impacted by microaggressions. For some, microaggressions cause no effect, yet for others, microaggressions cause a disturbance in mental health. There continues to be

little mental health assistance sought out by ethnic minorities (Nadal, Griffin, et al., 2014) who experience this disturbance.

Ethnic minorities are anticipated to become the majority population, so there is an imperative need to address microaggressions since ethnic minorities do not tend to seek mental health assistance. Previous literature on Asian Americans (Sue et al., 2009), Latina/os (Rivera, Forquer, & Rangel, 2010); African Americans (Sue, Nadal, Capodilupo, Torino, & Rivera, 2008), and multiracial people (Nadal, Wong, Sriken, Vargas, Wideman, & Kolawole, 2011) have described the emotional turmoil that ethnic minorities experience when they encounter microaggressions, in addition to the negative impact these incidents have on their mental health, psychological well-being, and self-esteem.

The perception and effects of microaggressions impact people in many facets of their life. One facet identified by Nadal and colleagues (2008) is less tendency to seek mental health assistance. Ethnic minorities have a history of hesitance when deciding whether to seek assistance for mental health issues. It has been suggested that ethnic minority groups endure double the stigma when seeking mental health treatment (Gary, 2005). Asian American and Pacific Islander individuals have higher rates of unmet mental health needs and lower rates of mental health service utilization compared to White Americans (Ho, Yeh, McCabe, & Hough, 2007). Parental acculturation levels and the relationship between race and mental health service use for Latino youth has been identified as a potential mediator (Ho et al., 2007). There may be various reasons that ethnic minorities do not seek mental health assistance; however, the issue of managing

potential mental health symptoms still needs to be addressed within the ethnic minority population.

Ethnic minorities are believed to avoid seeking mental health help and instead use the more acceptable form of expression, somatization (Chen, 2005). Further, fear of shame, rejection, and discrimination are a few reasons why formal help may not be sought out by ethnic minorities (Nadal, 2011). The denial of mental illnesses in one particular culture may seem acceptable because each culture employs their own ways of healing; however, when individuals deny mental illness in American society, there are few clinicians who treat them in culturally competent ways (Hall, Hong, Zane, & Meyer, 2011). Stigma exists for those with mental illnesses, ethnic minorities, and also for those with a history of incarceration.

Ethnic minorities are and have been an integral part of the forensic system, making up the majority of the forensic population (Primm, Osher, & Gomez, 2005). Sixty-two percent (62%) of the prison population is comprised of ethnic minorities (Primm, Osher, & Gomez, 2005). Additionally, half of the incarcerated (prison and jail) population is believed to have some type of mental illness (James & Glaze, 2006). This intersectionality of mental health, ethnic minority status, and felonious status is expected to have an impact on the daily functioning of these individuals.

Current data regarding probationers in Hawai'i is not available, however available research identified around 200 probationers within Maui county (13.8%, Kassebaum, Davidson-Coronado, Allen, & Perrone, 2000). Inmates who identify as ethnic minorities, experience microaggressions, have mental health issues, and do not receive adequate care while incarcerated may help explain potential recidivism issues.

Mentally ill offenders make up a large and financially costly percentage of the entire correctional population. However, probationers and parolees make up the majority of the correctional population, the finances appropriated to this population are far less than finances for individuals incarcerated in a prison or jail. The Pew Charitable Trusts (2009) identified, “States spend seven times more money on prisons than on probation and parole, even though the vast majority of the 7.3 million adults now under correctional supervision are not behind bars.” Those who are on probation have similar needs to those who are incarcerated. According to the most recent findings of the Pew Charitable Trusts (2009), in 2007, thirty-one percent (31%) of the nation’s inmate population was behind bars (in prison) while sixty-nine percent (69%) of individuals were on probation or parole. This finding suggests a higher percentage of individuals who are serving their time within the community versus behind bars. As the majority of individuals are in the community, addressing this population would be crucial to assist in ending the pattern of criminality.

Mentally ill individuals are far more represented than those without mental illnesses in forensic settings, 61% in prisons and 44% in local jails (Bureau of Justice Statistics, 2006). Despite the alarming rates of mentally ill offenders, mental health services have been criticized for being ineffective. This deficit is neither reflective of current best practice nor actual need, and is delivered by inadequately qualified staff in unsuitable physical environments at a higher cost than services to the general community (Birmingham, 2003). The primary source of assistance found in individuals who are

both on probation and have an Axis I mental health diagnosis has been found to be empathy, or caring, fairness, and support (Epperson, Thompson, Lurigio, & Kim, 2017).

Cardarelli, Balyakina, Malone, Fulda, Ellison, Sivernell, & Shabu (2015) found approximately 13% of individuals on probation presented with a high risk of suicide. Additionally, Cardarelli et al. (2014) identified individuals on probation who screened positive for mental health symptoms were between two and eight times more likely to screen positive for suicide symptoms. Additionally, Crilly, Caine, Lamberti, Brown & Friedman (2009) identified mental health probationers (27%) are disproportionately represented within the probation population, compared to individuals within the general population present with (17%). The lack of adequate mental health and substance abuse treatment within all levels of the criminal justice system continues to exist and there is little to no research to report otherwise.

Systemic structures add to the bias and negative response experienced by ethnic minorities, as well as those who have an additional legal record (i.e. racial profiling by police, restricted housing for felons, and restrictive drug laws for ethnic minorities). When addressing the forensic population, the topic is far reaching and stems from a systemic level. The laws and regulations set for individuals with a felonious record are deep-seated both on a societal and political level. Within the judicial system, there are sentencing policies that affect ethnic minorities that are independent of judges (Glassner, 1999). Regardless of how a judge thinks, laws exist that are and have been targeted at ethnic minorities (i.e. the war on drugs).

Society has had few healthy images of inmates or mentally ill individuals. The images that have arisen are typically in horror films, where both mentally ill individuals and inmates have been portrayed as people society should fear. The systemic views of these two separate populations are typically negative or scary. Some examples of the negative portrayal by the media and other societal influences are: scary movies using mentally ill individuals as the killer, the general fear of prisoners being “bad” people who are dangerous, fear of mentally ill individuals not being safe to be around, and inmates or people with a felony record needing to be punished. The combination of the societal perception of these populations, with the mental health issues of an inmate only intensify the effects of perceived discrimination within this population.

An increase in the population of the forensic system has occurred largely as a result of state hospitals closing and no longer housing mentally ill individuals long-term (Munetz, Grande, & Chambers, 2001). This somewhat unassuming political and economic crisis created a closure of voluntary hospitalizations along with non-court ordered hospitalizations. Individuals who have mental health issues, need mental health services and are not able to obtain mental health services end up in the forensic system. Mentally ill individuals have flooded the forensic system, in addition to those with mental health issues as a result of being incarcerated. The cost of healthcare (including mental health care) in prisons and jails has increased as a result of the influx of mentally ill inmates.

The impact of perceived discrimination or prejudice (i.e. microaggressions) can greatly affect an individual’s mental, physical, and emotional health (Nadal, 2014). Having intersecting identities only exacerbates this impact. Ethnic minorities with a

felony record and mental health issues have limited resources due in part to systemic failures. Anxiety (Chan & Mendoza-Denton, 2008) and depression (Nadal, et al., 2014; Nadal, Wong, Sriken, Griffen, & Fujii-Doe, 2014) are two mental health diagnoses that have been linked to ethnic minorities and psychological distress.

With its roots in Social Psychology, self-esteem can be defined in numerous ways. The general dimension of self-esteem is the feeling of self-appreciation. Self-appreciation is thought to be a necessary experience in order for people to adapt to society and live their lives (Murk, 2013). Positive psychological benefits have been found in individuals with high self-esteem (Ghavami, Fingerhut, Peplau, Grant, & Wittig, 2011). This suggests that lower self-esteem may negatively impact on psychological well-being and lead to higher levels of psychological distress.

Self-esteem has been the focus of many inquiries over the past few decades, subsequently generating a significant amount of interest in many fields of research. It has been proposed that self-esteem may act through certain biological pathways to mediate the impact of stress on the development of disease (O'Donnell, Brydon, Wright, & Steptoe, 2008). If this is indeed true, then self-esteem (or lack thereof) may potentially have an impact on the development or maintenance of mental illness. Researchers have proposed that higher levels of self-esteem are associated with lower levels of hopelessness and suicidal ideation, suggesting that self-esteem may act as a protective buffer against negative psychological experiences in numerous ways (Chioqueta & Stiles, 2007). Self-esteem may play an important role in protecting against the development of mental illness and promoting psychological well-being. This makes self-esteem an

essential construct to investigate in populations where self-esteem might be threatened to a greater degree.

One research study looking at Latino adolescents found that despite the amount of racial discrimination experienced, increased levels of self-esteem were associated with higher levels of mental health (Umaña-Taylor & Updegraff, 2006). This suggests that individuals who encounter discrimination may be more prone to depression and other mental health symptoms. Moreover, those with higher self-esteem may be less likely to develop mental health symptoms and psychological problems.

As those in mental health professions encounter this multi-faceted population, there is a dearth of understanding and knowledge on ethnic minority inmates who experience microaggressions. For example, feelings of shame for seeking mental health assistance, feelings of dehumanization due to being involved in the forensic system, feelings of hostility from experiencing microaggressions, and experiencing of a lack of help due to the limited assistance available in the forensic system. There is a lack of mental health participation among ethnic minorities, as well as among incarcerated individuals. Finally, while the stress of experiencing discrimination and microaggressions may lead to mental health symptoms (anxiety and depression), it is possible that self-esteem may act as a protective factor between discrimination and mental health.

Considering the historical roots of racism in the forensic and mental health professions, the fall of state hospitals, and the current view of microaggressions, the present project seeks to understand how microaggressions impact an inmate's psychological well-being. The current study examined perceived microaggressions of

probationers using self-esteem as a predictor variable. Two related hypotheses were then be tested in terms of microaggressions, self-esteem, and psychological well-being.

The following two sets of hypotheses are discussed individually as a result of current research and were be tested through a regression analysis. The first set of hypotheses used psychological distress as an outcome variable and the second set of hypotheses used psychological well-being as an outcome variable. In the first set of hypotheses, the perceived experience of microaggressions will significantly predict psychological distress. Those who reported higher levels of perceived microaggressions will also reported higher levels of psychological distress. Secondly, self-esteem will negatively contribute to the levels of individuals' psychological distress. Specifically, those who identified as having higher self-esteem reported lower levels of psychological distress. The second set of hypotheses examined how microaggressions and self-esteem impact individuals psychological well-being. First, the level of microaggressions will significantly negatively predict psychological well-being. Those who reported higher levels of perceived microaggressions reported lower levels of psychological well-being. Second, self-esteem will positively contribute to the levels of inmates' psychological well-being. Specifically, those who identified as having higher self-esteem reported higher levels of psychological well-being.

In order to investigate the hypotheses above, the following design was implemented. Individuals who are currently on parole will be invited to participate in this study via flyers and snowball sampling. For those who choose to participate, surveys will be available at the probation office, where they meet with their probation officers. Respondents were first asked to sign an informed consent acknowledging their willing

participation in the research project. After reading and signing the informed consent, the respondents were presented with a short demographic survey. No identifying information was asked on the demographic forms, other than age, race, gender, and length of probation. Once they completed the demographic form, participants were asked to complete the following measures: Racial and Ethnic Microaggressions Scale (REMS; Nadal, 2013), Psychological Well-Being Scale (Ryff, 1989), and Self-Esteem Scale (Rosenberg, 1965) and the Kessler Psychological Distress Scale (K10; Kessler, Andrews Colpe, Hiripi, Mroczek, Norman, Walters, & Zaslavsky, 2002).

With the resulting data, a hierarchical regression analysis was conducted using a quantitative research design in order to assess the effects of microaggressions on psychological well-being in ethnic minority probationers. Three of the four hypotheses were not supported in this study. The experience of experiencing microaggressions did significantly predict increase psychological distress. Then, the results and discussion are examined in relation to this study's hypotheses. Lastly, limitations and future research are discussed.

Chapter Two

Literature Review

Overview

The conceptualization of racial microaggressions has recently become a relevant field of study within the psychology. Although there is a history of microaggressions, the literature identifies the roots stemming from racism. The initial portion of the literature review will explore the current research on racial microaggressions and the various themes that have been identified. As a result of the perception of racism ending, the identification of microaggressions was developed to account for the ever current and continuous forms of discrimination. Understanding the history of microaggressions will assist in developing current thinking in this field.

There has been an increase in ethnic minority populations (Humes, Jones, & Ramirez, 2013) within the United States and individuals who are a part of the forensic system are expected to experience an intersectional identity. As a result, this specific population may experience an increase in microaggressions and subsequent mental health issues. A review of the relevant literature on ethnic minorities in the forensic system may assist in capturing the complicated and well-established barriers (i.e. reintegration into society) this population faces. As ethnic minorities with a criminal background attempt to express or seek assistance in dealing with their obstacles to avoiding the cycle of criminality, there is inevitably a reaction from society. Therefore, a section on the

psychological effects this reaction has towards ethnic minorities will also be included.

The research specifically looking at individuals within the forensic field is scant, however this is also included in efforts to better understand the need for continued exploration.

The above-mentioned explorations of the literature will set the foundation for each research hypothesis. Self-esteem as a variable will be explored through the current literature (see section titled *Self-Esteem*). There has been evidence that shows that the lack of self-esteem one possesses can impact the intensity and presence of mental health symptoms (Nadal, 2014). Self-esteem and its potential impact on mental health symptoms will be explored through the literature review. Studies are reviewed that identify the impacts of an individual's self-esteem on psychological distress and well-being. Subsequently, an exploration of the research on the effects of individuals with a felony record is also presented. Since the literature on the forensic system is limited, there will be an exploration of the impacts of psychological distress for those individuals who also present with a felony record.

Finally, psychological well-being as a outcome variable will be explored through the relevant research with ethnic minorities (see section titled *Microaggression and Psychological Well-Being*). Psychological well-being will be defined as well as psychological distress, since these two terms may be easily be mislabeled.

Microaggressions

Individuals have identified subtle experiences of racial discrimination as microaggressions, a term that was defined by Sue, Capodilupo, and Holder (2008). The concept of microaggressions is broad and includes discrimination of gender, race, sexual identity, socio economic status, and employment. The focus of this study will be on

racial microaggressions and the various types of racial microaggressions that have been identified by previous research. According to Sue et al. (2008), a microaggression can be defined as “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color.” Original research addressing societal prejudice has shown the existence of both discrimination and prejudice towards ethnic minorities (Banaji & Greenwald, 1994; Gaertner & Dovidio, 1986; Word, Zanna, & Cooper, 1974).

There is a perception, by society as a whole, that overt racial discrimination is rare (Sellers & Shelton, 2003; Nadal, 2008). However, the studies of individuals’ experiences of subtle forms of racism have actually increased (Nadal, 2010; Nadal, Escobar, Prado, David, & Haynes, 2012; Sue, Capodilupo, & Holder, 2008; Torres-Harding, Andrade, & Diaz, 2012), perpetuating the experience of hidden racism for minorities and people of color.

The current concept of microaggressions attempts to incorporate all-encompassing experiences, so the idea of microaggressions can get convoluted. The general definition of microaggressions is broad due to the varying experiences an individual may have. More recently, microaggressions have been classified into three categories: microassaults, microinsults, and microinvalidations. A microassault has been defined as “an explicit racial derogation characterized primarily by verbal or nonverbal attack meant to hurt the intended victim through name calling, avoidant behavior, or purposeful discriminatory actions” (Sue et al., 2007). An example of this is a man refusing to wash dishes because it is 'woman's work'. Microinsults are characterized by

“communications that convey rudeness and insensitivity and demean a person’s racial heritage or identity” (Sue et al., 2007). This can be seen frequently via schools and workplaces by an employee who asks a colleague of color how she got her job, implying she may have landed it through an affirmative action or quota system rather than through her actual skill set. Lastly, microinvalidations are characterized by “communications that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person” (Sue et al., 2007). An example of a microinvalidation is, “Boys don’t cry, just let it go you are fine.” Additionally, Sue et al. (2007) have identified nine different sub-themes, which present themselves in the lives of people of color, specifically Asian Americans and Latino Americans.

The sub-themes within Sue et al.’s writings (2007) are considered to be generalized assaults on a person over the broader categories of microassaults, microinsults, and microinvalidations. Being an “alien in one’s own land” is one theme in which a person of color is assumed to be foreign born. This microgression can be found in statements such as, “Where are you from?” or “You speak good English.” These microaggressions then give the impression that a person of color is not American or is a foreigner (Sue, Lin, Torino, Capodilupo, & Rivera, 2009; Nadal, Mazzula, Rivera, & Fujii-Doe, 2014; Nadal, Wong, Sriken, Griffin, & Fujii-Doe, 2014). The theme of ascription of intelligence is the assumption of an individuals’ intelligence based on their race. Microaggressions are displayed in statements such as “You are a credit to your race” or asking an Asian American to assist with math or science homework. This then gives the message that it may be out of the ordinary for a person of a specific race to be intelligent or assuming that all Asians are good at math and science. (Sue et al., 2009).

Another theme is the ‘myth of meritocracy’, which is the belief that one’s race does not play a role in their successes in life. Some examples are, “If you work hard, you can get anything you want in life” or “It should be the most qualified person that gets the job.” These then imply that people of color are given extra advantages when it comes to employment or that people of color are lazy and incompetent and could accomplish something if they put forth the effort (Sue, Capodilupo, & Holder, 2008; Torres, Driscoll, Burrow, 2010). A theme that may typically present in people who attempt to appear culturally competent is the theme of color blindness. This theme sends the message of denying an individual’s racial experiences or even discrediting them as a racial or cultural individual. Some examples of this are, “I don’t see color” or “America is a melting pot” (Sue, Lin, Torino, Capodilupo, & Rivera, 2009).

The concept of colorblindness has recently been found to be detrimental to race relations and mental health (Zou & Dickter, 2013). Zou and Dickter (2013) found, using a White sample, that individual’s who self-identified as being color-blind identified a video simulated situation as negative between individuals of racial minority status. Participants in this study did not have any positive judgments regarding simulated situations involving individuals of color, whether the individual identified as being color-blind or not. This finding may speak to the potential inherent racial beliefs of individuals.

Comparably, denial of individual racism is a theme that may occur due to over compensation of an individual who wants to appear culturally competent. Statements that reflect this theme are “I have black friends” or “I am a woman so I understand your experiences.” These statements give the impression that people are immune to racism

and being racist due to having friends of color and that racial and gender oppression are similar and they possess similar experiences. (Nadal, Griffin, Wong, Hamit, & Rasmus, 2014) A frequent theme that is present in the forensic field is the theme of criminality/assumption of criminal status due to one's racial and/or cultural presentation. This is frequently seen in individuals clutching their belongings closer when a person of color approaches them and shop owners following people of color around a store. This gives the impression that people of color are criminals or are going to steal something, or even that they do not belong in that certain area/store/building (Sue et al., 2008).

Pathologizing one's cultural values and communication styles has been a frequent theme within the field of microaggressions. Pathologizing one's cultural values and communication is reflected in the assumption that an individual needs to conform to the dominant culture. Examples of this are, "You are so quiet, what are thinking" (to an Asian American) or "You are very loud and animated" (to an African American) (Constantine & Sue, 2007). Second-class status occurs when a person of color is mistaken as a service worker, or when a person of color is passed up in order to serve or treat a white individual first. The statement, "You people..." provides the message that a person of color is a lesser individual and that a White individual is more important or valued more. Additionally, it gives the impression that people of color do not belong (Torres, Driscoll, and Burrow, 2010).

Lastly, environmental invalidation is more of a macro-level microaggression based on systemic and environmental levels. Examples of this are a college/university with buildings that are all named after White heterosexual upper class males, overcrowding of public schools in communities of color, and an overabundance of liquor

stores in communities of color. These examples imply that people of color can only attain a certain amount of success, people of color do not value education, and people of color are deviant and drink excessively (Constatine & Sue, 2007).

Historical background of Microaggressions

The history of micoraggressions is far reaching, although only recently researched. The concept of today's microaggressions builds on the previous work of Pierce, Carew, Pierce-Gonzalez, and Wills (1977), who looked at subtle forms of racism experienced by African Americans. Although microaggressions have just recently become defined and sub-themes have been identified, this is not a new concept. Microaggressions have been identified as early as 1988 by judges and those involved with the legal system (Davis, 1988). The primary focus in the 1980's was about African Americans and their reportedly biased interactions with the legal system.

The assumption surrounding African Americans during this time period was based off judges and judge's experiences working with primarily African American individuals in New York City in the 1980's. In discussing African Americans and criminal behavior with prosecutors at this time, one prosecutor mentioned, "It is more efficient to act on the basis of stereotyping...in a world in which Blacks are commonly thought to be incompetent, it is more efficient for the city attorney to rely on the generalization than to make individuating judgments" (Davis, 1988). The history of maintaining this system dates back to times of forced slavery, and continues to place African Americans in inferior positions and Whites in superior positions. Today, microaggressions are identified as broad and can impact a majority of racial (Black, Asian, Latino/Hispanic, Native Americans, and multiracial) and ethnic groups.

The overall legal system that includes the forensic system consists of numerous agencies. Within this system are: the judicial courts, supreme courts, probation, parole, prison, jail, interactions with police officers, detention, and interactions with lawyers (Melton, Petrila, Poythress, & Slobogin, 2007). This more systemic structure starts with the policing of individuals and potential racial profiling as a result (Mitchell, Haw, Pfeifer, & Meissner, 2005).

Following the initial police interaction is judicial and jail systemic factors. Within the judicial system, there are sentencing policies that affect ethnic minorities that are independent of the judge (Glassner, 1999). Jail systems experience racial cliques and separation, on behalf of jail authorities, as well as inmates' preference (California Department of Corrections, and Rehabilitation). This separation continues when an inmate is sentenced to prison time. As a result of gang influence, as well as racial cliques, prison officials refrain from housing same race inmates together in the same cell, especially those with similar gang affiliations (California Department of Corrections, and Rehabilitation). The separation and observable racial issues within the entire forensic system reinforces potential microaggressions, as well as unfair division treatment for ethnic minorities. As a result of the systemic factors that impact one's experience with the legal system, the anticipated experience of microaggressions should be expected to have an adverse effect on individuals within this system.

Minorities in the Forensic Population

The issue of microaggressions has been significant among forensic populations due to an increase in minority populations cycling through the legal system. Additionally, the perception of being a felon or having a criminal record itself promotes

legal microaggressions, both within the field of forensic work and within the general public.

Racialized aspects of mass incarceration has likened the contemporary United States criminal justice system to a 'racial caste system' (Alexander, 2010). The maintenance of these racial hierarchies is made possible through the use of a 'color blind' criminal justice system (Alexander, 2010; Dvorak, 2000). There has been an increase in the minority United States population from 2000-2010; the Hispanic population grew by 43 percent, the Asian population increased by 43 percent, the Black population grew by 12 percent, and the White population declined from 69 percent to 64 percent (Humes, Jones, & Ramirez 2010). Scholars have predicted that Caucasian Whites will be outnumbered in a couple of decades (Craig & Richeson, 2014). As a result, the competence and acceptance of racial diversity becomes something that is both urgent and needed.

Three different inmate populations are currently identified by the Bureau of Justice (James & Glaze, 2006); state prison inmates, federal prison inmates, and jail inmates. State prisoners are identified as those who are under state Department of Correction custody. These are typically individuals who commit state crimes and have been sentenced to more than a year of incarceration. Those that are identified as federal prisoners are individuals who have committed federal crimes. Lastly, those that are identified as jail inmates are individuals who either have yet to be convicted of a crime or have been sentenced to a year or less for their crime. Those that are sentenced to and incarcerated in prison tend to have more access to mental health assistance. As those in prison are typically incarcerated for longer than a year, ensuring mental health treatment,

diagnosis, and access to services is greater than those incarcerated in jails (James & Glaze, 2006). Those incarcerated within jails typically are not held for long enough periods to meet with a mental health provider.

In general, individuals take different paths to enter the criminal justice system. Unfortunately, once involved, mentally ill offenders become entrenched within the system getting caught by drug relapse and an inability to comply with the requirements of incarceration, supervision, and release (Osher, D'Amora, Plotkin, Jarrett, & Eggleston, 2012). Mental health care budgets and program personnel have been stretched, and at times, sacrificed for more needed programs, in part as result of increased incarceration (the drug war and deinstitutionalization of mental hospitals) (Osher et al., 2012).

Those who identify as minorities tend to be the majority population in incarcerated settings, representing a reverse population with that of the general society. Non-whites constitute approximately 25% of the general United States population however they represent the majority of the prison (62%) and jail population (57%), a 33% increase for both the prison and jail populations since 1980 (Primm, Osher, & Gomez, 2005). Most recently, both the state and federal prison population consisted of 59% non-Hispanic Black males and Hispanic males (Carson, 2014). Approximately 15% of the prison and jail population have active symptoms of serious mental illness with two-thirds being likely to have a co-occurring substance use disorder diagnosis. Over half of the incarcerated (prison and jail) population is believed to have some type of mental illness (James & Glaze, 2006). Additionally, not included in a majority of statistics are those individuals who are found incompetent to proceed with their trials, as well as individuals who are considered too mentally ill to be housed in prisons so they are

sentenced to State hospitals or mental health hospitals. Meanwhile, the lack of adequate mental health and substance abuse treatment within all levels of the criminal justice system continues to be missing and there is little to no research to report otherwise.

This disparity presents itself with a dearth of issues. The forensic population is defined as any individual who is involved in some way with the law or legal system. An estimated one million mentally ill offenders enter or re-enter the criminal justice system every year in the United States (Morrissey, Meyer, & Cuddeback, 2007). The most recent survey of incarcerated individuals indicates that there are 792,030 individuals who identify as minorities imprisoned in the United States (Carson & Golinelli 2013). However, these statistics may also be somewhat skewed due to the methodology that requires individuals to identify as Hispanic or Non-Hispanic individuals.

The increase of mentally ill individuals within forensic settings has recently increased due to various policy issues within the United States. The push of deinstitutionalizing mentally ill individuals has resulted in the total number of individuals incarcerated in American jails and prisons increasing from 501,886 to 1,587,791, an increase of 216 percent, between 1980 and 1995 (Frontline, 1997). A 216% increase is striking, and is anticipated to continue to grow (Frontline, 1997). According to the most recent Bureau of Justice survey (2012), there are about 2,870 offenders per 100,000 United States adult residents supervised by adult corrections. In total there are 6,937,600 individuals who are supervised under adult correctional systems, and 2,273,359 of these individuals are incarcerated (Glaze & Herberman, 2013). Nearly 63% of State prisoners who had a mental health problem had used drugs in the month before their arrest, compared to 49% of those without a mental health problem (James & Glaze, 2006).

Furthermore, James and Glaze (2006) also found those that presented with a mental illness were also twice as likely, 13% of state prisoners and 17% of jail inmates, to have been homeless in the year prior to incarceration, compared with those without mental health issues.

In a survey done by the Pew Charitable Trust (2014), there has been a growth of 49% of medical spending for those incarcerated from 2001-2008. Additionally, the Pew Charitable Trust (2014) found that inmates have a higher incidence of mental illness and chronic infectious diseases (examples: AIDS and Hepatitis) when compared to the general population. The knowledge that a great deal of mentally ill individuals are incarcerated rather than treated in hospitals, and that a vast majority of Lesbian, Gay, Bisexual, and Transgender individuals also have mental health issues, highlights the importance of ensuring adequate mental health treatment and safety.

Mentally ill individuals have become the largest and fastest-growing segment of the correctional population (Glaze & Bonczar, 2007; Pew Charitable Trust, 2009). The number of mentally ill individuals are far greater than those without mental illnesses in forensic settings, 61% in prisons and 44% in local jails (Bureau of Justice Statistics, 2006). Additionally jails and prisons have become the new state hospitals (Munetz, Grande, & Chambers, 2001). The importance of serving this population is twofold: improving the safety issues of all individuals in the setting and increasing the successful reintegration of offenders once they are released. Further, those who have a mental illness and identify as a person of color have a higher probability of being diagnosed with a mental illness (Freudenberg, 2002). As a result of the nation's jails and prisons becoming the new state hospitals, there is an increase in the number of individuals with

mental health issues in forensic populations. Both homelessness and substance abuse contribute to the added issues that incarcerated mentally ill individuals may present with.

Majority of individuals incarcerated either go on probation, parole, or are released into society, 86.1% of those incarcerated are expected to release within their lifetime (Nellis, 2017). With the most recent statistics, around 4 million adults are on probation within the United States (Glaze & Kaeble, 2014). Approximately 5000,000 probationers have or are diagnosed with an Axis I diagnosis including Schizophrenia, Bipolar Disorder, and Major Depression (Crilly, Caine, Lamberti, Brown, & Friedman, 2009; Ditton, 1999). The conditions of probation/parole are stringent for those with significant mental health issues; factors associated to mental and such related risks increase the likelihood of violating probation (Cloyes, Wong, Latimer, & Abarca, 2010; Ostermann & Matejkowski, 2012). In a study conducted by Epperson et al. (2017), probationers who were participating in mental health court and mental health probation reported a higher quality of relationships with their probation officer, leading to better long-term recidivism than those participating in standard probation.

While on probation, individual's are assessed using the principle of risk need responsivity (RNR). The RNR proposes that offenders at higher risk for future criminality should be targeted with more intensive interventions, that those interventions focus on characteristics known to be related to criminality and that the interventions are conducted in a manner responsive to the learning style of that offender (Andrews & Bonta 2010). Individuals who have a higher risk need are typically under intensive supervisory parole/probation (ISP). Probationers on ISP receive more restrictive supervision and experience more office contacts, home visitations drug screenings, and

additional mandates regarding their mental health needs. In a study done by Hyatt and Barnes (2017), ISP probationers were found to abscond from supervision, charged with technical violations, and were incarcerated at significantly higher rates than individuals on regular probation. Despite the increase in services, individuals on ISP struggle to complete probation successfully.

Although probationers on ISP are given individualized treatment to assist with ensuring an individual remains out of prisons or jail, previous research has found, such specialty caseloads has yet to be examined rigorously (Skeem & Eno Louden 2006). Probationers are diagnosed with an Axis I diagnosis, and are placed on ISP, will continue to struggle with mental health issues despite the increased supervision. This can be seen in a probationer who is actively psychotic, a probationer with mental illness who is vulnerable to drug use (co-occurring disorders), or an increased level of violence as seen in individuals who are diagnosed with Bipolar, Antisocial Personality Disorder, or Borderline Personality Disorder to name a few. A study looking at perceptions of poor outcomes found three factors that increased the likelihood of a mental health probationer returning to jail or prison (Skeem, Emke-Francis, & Eno Luden 2006). Skeem et al., first identified negative pressures, secondly uncaring relationships, and lastly, limited resources specific to mental health probationers. Probationers who present with mental health issues have special needs in regards to probation officers and the type of supervision provided. This special population may also present with intersecting identities including but not limited to race, gender, socioeconomic status, and age.

Previous research outlined the difficulties of coping within the forensic system for people of color. It can be hypothesized that ethnic minorities within the forensic system

may also experience similar difficulties. Based on this review, there appears to be an outcome of psychological distress that an individual endures as a result of perceived microaggressions. Psychological distress may present itself in various ways, from depression to anger to other mental health symptoms. Unaddressed, this may cause negative reactions and implications for the individual within the forensic system, via perceptions of acting out or not engaging in programming.

The health care that is offered in prisons and jails is minimal, if offered. Despite the high rates of mentally ill offenders, prison-based mental health services have been criticized as being ineffective, reflective of neither current best practice or actual need, delivered by inadequately qualified staff in unsuitable physical environments, while also having a higher cost than services to the general community (Birmingham, 2003). To add to the lack of mental health in prisons, a recent study reported that prison based services and community mental health agencies struggled to provide continuity of care to inmates upon release (Lenox & King, 2012).

An intervention study that attempted to reduce homelessness among people discharged from psychiatric facilities has been shown to be effective within the United States (Susser, Valencia, Conover, et al., 1997). The use of a transition phase that assists individuals in becoming more independent was one important factor in homeless prevention (Susser et al., 1997). The time period in which assistance was offered was equally important (Susser, et al., 1997). This study displays the importance of a transition within an appropriate time frame in order to assist in success for the individual.

In addition to having limited mental health care, only that which the prison or jail provides and typically at the cost of the inmate, there is a general stigma towards

individuals with mental health. When comparing self-reports with that of administrative data on diagnosis and prescription drug use, 36% of the time there is an under-reporting of mental health issues by inmates (Bharadwaj, Pai, & Suziedelyte, 2015). In addition, Bharadwaj, Pai, and Suziedelyte (2015) discovered that the under-reporting of mental health issues is correlated with age, gender, and ethnicity and that these characteristics also foretell a lower probability of mental health treatment. A meta-synthesis found an internalized stigma of mental health treatment is the most associated with reduced help-seeking (Clement, Schauman, Graham, Maggioni, Evans-Lacko, 2015). With the evidence of the general population having reduced help seeking, the stigma present for those with intersectional identities may additionally be reduced.

It has been suggested that ethnic minority groups endure double the stigma when seeking mental health treatment (Gary, 2005). This double stigma is a result of being both an ethnic minority and presenting with mental health issues. Racial and ethnic minorities have been reported to under utilize professional psychological help and hold less favorable attitudes towards seeking help (Loya, Reddy, Hinshaw, 2010; Masuda, Anders, Twohig, Feinstein, Chou, Wendell, & Stormo, 2009). In terms of reported psychological distress measured by the Outcome Questionnaire-45, Asian Americans reported the greatest distress level, followed by Latino Americans, African Americans, and European Americans (Kearney, Draper, & Barón, 2005). Despite the greater report of distress, there is reduced inclination to seek out or attend mental health services among ethnic minority populations. No research has been conducted within the forensic population that assesses the willingness to seek out and attend mental health services.

Within the forensic population, research has addressed the rates of suicide. Suicide is the third leading cause of deaths within the United States prison systems and the second leading cause of death in jails (Metzner, 2002). A study looking at Midwestern jails from 1966 to 1991, indicated a rate of 58 per 100,000 inmates commit suicide per year (Espraza, 1973). The estimated number of prisons suicides is around 18-20 per 100,000 inmates per year (Daniel, 2006). Despite these statistics, there is a great deal of underreporting of suicides, since the statistics are based on the interpretation of the prison or jail reporting. An example is that some correctional facilities do not identify a suicide as such, when the individual dies off the facilities property.

The demographic information of inmates who successfully commit suicide indicate that they are usually between 25 to 34 years old (Xy, Felthous, & Holzer, 2001). Most often, these inmates are single with little to no support (Daniel, 2006). Despite Blacks being the majority in most prison settings, Blacks were underrepresented in both suicide and self-harm attempts (Xy, Felthous, & Holzer, 2001; Daniel & Flemming, 2006; Marcus, & Alcabes, 1993; & Salive, Smith, Brewer, 1990). In terms of race, Hispanics were the most likely to commit suicide or self-harm while incarcerated (Toch, 1975). Although these findings are outdated, there has been no additional research identifying current trends in suicide, which appears to be an indicator of the lack of willingness to seek mental health and the suffering of those with mental health within a prison or jail setting.

Those diagnosed with a serious mental health illness were found to be at an elevated risk for suicide (Baillargeon, Penn, Thomas, Temple, Baillargeon, & Murray, 2009). Baillargeon and colleagues (2009) looked at inmates within the largest state run

prison system in Texas. Those diagnosed with Major Depressive Disorder had a 51.95% risk of committing suicide, followed by a risk of bipolar disorder (4.6%) and Schizophrenia (7.3%) (Baillargeon et al., 2009).

Microaggressions in Forensics

As the majority of those incarcerated are ethnic minorities, the impact of mental health care and ability to adequately provide services for these individuals with intersecting identities is pressing. The majority of individuals incarcerated are expected to leave the prison system at some point in their lives. Three percent of inmates in the Colorado Department of Corrections are expected to remain in prison for their entire lives (Colorado Department of Corrections, 2013). Since the majority of inmates will eventually leave, it is important to address these issues prior to their release in order to assist an individual with positive coping, as well as to attempt to reduce the recidivism of the individual.

There are currently four forms of punishment in the United States; rehabilitation, incapacitation, deterrence, and retribution. The idea behind rehabilitation is to assist the individual in changing their attitude to understanding and knowing that their behavior was wrong (Falco & Turner, 2014). Incapacitation refers to removing the individual from their environment in order to reduce their potential for crime, typically through incarceration (Mathiesen, 1998). This is the current standard of punishment for the incarceration of individuals. Deterrence is considered a way to prevent individuals from committing crimes or re-committing crimes by providing such a harsh punishment that an individual in society is dissuaded from committing a crime (Crank & Brezina, 2013). Lastly, retribution's goal is to balance any unjust by the wrongdoer with that of the victim

(Gerber & Jackson, 2013). This is considered more retaliatory and getting even with the wrongdoer. These forms of punishment form our society's current view of incarceration and the legal system. Although the United States primarily uses incapacitation, the use of retribution and deterrence are still employed in the form of life sentences, rehabilitation is utilized in drug rehabilitation and education in prisons. These forms of punishment therefore impact Americans views on incarceration and the treatment of those incarcerated.

Similar to the belief in the 1980's of allowing stereotypes to drive legal ramifications for an individual (Davis, 1988), this perception unfortunately still exists. Although the use of the term racism has recently diminished, racial bias exists in the legal system. Racial bias can be defined as the disparate treatment of minority defendants where minorities are treated more harshly than White individuals (Mitchell, Haw, Pfeifer, & Meissner, 2005). Minority groups experience clear disadvantages when it concerns the American criminal justice system (Mitchell et al., 2005). Further disparity can also be seen by law enforcement tactics implemented in targeting individuals of ethnic minority backgrounds (e.g. stop and frisk, Arizona's anti-Latina/o image, immigration laws, and the United States history of overthrowing Native peoples).

There have been arguments that focus on ethnic minorities engaging in more criminal acts, rather than assessing the treatment of ethnic minorities within the criminal justice system once they are arrested (Petersilia, 1985). This switch from focusing on ethnic minorities for their crimes to focusing on their treatment addresses the potentially unconscious bias that the criminal justice system displays towards ethnic minorities.

There has been a push by media and the government (the war on drugs and immigration laws) that promotes a fear of ethnic minorities (Glassner, 1999).

One of the biggest laws that has impacted ethnic minority populations as well as the penal population is the war on drugs. In 1971, the War on Drugs was passed and became mainstream with the media's help (NPR, 2007.) This law was passed by President Richard Nixon in 1971 in order to curb the perceived increase of drug use. This renewed focus on drugs, transformed drug laws and policies has significantly contributed to the increased rates of incarceration. Those increases in incarceration have harmed poorer, non-White offenders (Alexander, 2010; Mauer, 2006; Provine, 2007, 2011; Reinerman and Levine, 1997; Tonry, 1996, 2011; Tonry and Melewski, 2008). This increase in ethnic minorities' incarcerations will impact race related stress, and subsequently, mental health and well-being among ethnic minorities.

Those that reside in a forensic population are present with a unique set of contingencies and pressures, which need to be overcome in order to survive incarceration. The impact of authority in addition to other inmates is just some of the additional pressures that are present. Starting from the landmark experiment conducted by Haney, Banks, and Zimbardo (1973), addressing the impact of power and social forces within an incarcerated setting. In this experiment, all participants were students either assigned to be an inmate or a guard. The findings of this experiment show the extreme affective states experienced by both guards and inmates (Haney, Banks, & Zimbardo, 1973). Additionally, all participants were given free reign over their actions and interactions, yet those that were guards internalized the experience and embodied an active role resulting in negative, dehumanizing, and hostile nature (Haney, Banks, & Zimbardo, 1973).

This internalized perspective is one that has transgressed throughout time and throughout incarcerated settings.

Furthermore, reaching back to the late nineteen eighties, individuals within the legal system have been relying on generalizations rather than making individuating judgments (Davis, 1989). Additionally, those in the legal field have been found to project forbidden impulses on the out-group, the out-group being individuals of color (Davis, 1989). This perception in addition to the known authoritative realities of being incarcerated creates an accumulation of experiences that one must cope with while incarcerated.

Need to Study Microaggressions in Forensics

Although microaggressions have often been considered too ambiguous to be defined or studied, the impact that microaggressions has on an individual is worthy of the attention. Additionally the numerous confounding variables to those that are incarcerated have a mental illness, and experience microaggressions is an issue that is vital to the well being of society. In 2011, 700,000 offenders were released from United States Prisons (Pew Charitable Trust, 2013) (excluding jails, probation, and those on parole). Majority of those leaving forensic institutions will return into the community and understanding the issues and the presentation of these individuals would contribute greatly to the safety of society.

As the increase of mentally ill offenders enter our justice systems, the need to address the potential issues that occur are vital in promoting adequate mental health care to this growing population. As previous studies have found, those incarcerated not only

have a higher rate of mental illness, but also those incarcerated are more likely to be people of color (Carson, 2014). The effects of racism on people of color have shown the startling impact on ones mental health (Nadal, 2014). Despite the large gaps in scientific literature relating to mental health states in prison environments, in a study done by Walker et al. (2014), found entering into prisons results in a poorer mental health state. Furthermore, overcrowding and larger prison environments are associated with lower mental health (Walker et al., 2014).

Additionally, the impacts of microaggressions on incarcerated individual's reaches further than the incarceration they are sentenced to. In order to be sent to prison, one must commit a felony, a crime punishable by death or imprisonment in excess of one year (Sabol, Minton, & Harrison, 2006). The impact of being incarcerated extends to all aspects of ones life. These impacts extend from employment, education, familial life, housing, voting rights, and financial assistance. Once an individual has a felony on their legal record, their ability to find adequate employment is bleak. The decision to bar felons and ex-felons from voting stems from the Supreme Court case *Richardson v. Ramirez* (1974). This amendment identifies the disenfranchisement for "rebellion or other crime" to affirmatively sanction the practice of voting (Saxonhouse, 2004).

In terms of employment, those with felony records face more than employer's bias towards felons. There is a lack of education, job skills, or physical and or mental health required for successful applications (Saxonhouse, 2004). Recently, there has been a uptrend in prisons providing job skills, specifically those surrounding manual labor jobs (woodworking, metal work, and construction (Davis, Bozick, & Steele). As described by Saxonhouse (2004), the exclusionary employment laws are more widespread than voting

restrictions are on felons. Some of the barriers Saxonhouse (2004) identifies are statutory prohibitions on hiring felony offenders from jobs in health care, education, and other fields dealing with contact with other individuals. This legal barrier has also restricted licensing boards from distributing licenses to felony offenders.

Additional means of providing an income for felony offenders is limited based on the legal prevention of felons obtaining welfare (food stamps, Women, Infants and Children (WIC) Temporary Assistance for Needy Families (TANF), and Supplemental Nutrition Assistance Program (SNAP)) as well as educational loans (Social Security Administration). Although, most recently this legal ban has been lifted in 24 states for ex-felons with drug convictions (Delaney: Huffington Post, 2014). These restrictions however come with modifications. For example 37 states fully or partially enforce the TANF ban and 34 states fully or partially enforce the SNAP ban (Mauer, 2013). Some of the modifications include allowing felons with drug convictions to obtain TANF or SNAP, but not those with manufacturing or distributing convictions (Mauer, 2013).

In terms of housing, ex-felons are barred from (depending on their crimes) housing restrictions on proximity to children as well as a restriction from public housing, and minimal landlords accepting felonious renters. Those with sex offenses or offense relating to minors are restricted to living anywhere within 1,000-5,000ft of children including parks, schools, and playgrounds (Zgoba, Levenson, & McKee, 2009). Individuals with felons are also restricted to public housing, as public housing is considered government assistance.

Contributing to the majority of prison inmates and ex-felons being of racial minorities, these individuals are also placed at a disadvantage in making a life for

themselves outside of the legal system. These individuals are prevented from voting, obtaining loans for education, obtaining financial assistance, obtaining legal employment, and housing choices. Wheelock, (2005) argues the collateral consequence provisions imposed on felons play a role in maintaining and exacerbating racial inequality. The disenfranchisement that is placed on ex-felons and individuals with felony records is far reaching, beyond that of a court sentence.

There has been little empirical evidence demonstrating a link between recidivism and disenfranchisement. Despite already having served their sentence handed down by the law from a judge, felons continue to endure disenfranchisement beyond that of their sentence. This additionally barrier has caused additional impacts on individuals who have felony records making the system less rehabilitative and far closer to the concept of punitive punishment.

The majority (86%) of individuals incarcerated are males (Sabol, Minton, & Harrison, 2006). The impact of incarceration rates among ethnic minorities (Black and Latino men) affect women by reducing the pool of male partners to contribute to family income (Freudenberg, 2002). Additionally, the presence of a positive male role model is no longer available to children of incarcerated fathers. Not only does this disadvantage the female, it also greatly burdens society, impacts the upbringing of children, and creates an impermeable cycle.

As there are racial disparities within the forensic system, it is important to acknowledge any underlying factors that attribute to this. For example, in the state of Colorado, 56% of the prison population consists of minorities who are incarcerated in the Colorado Department of Corrections (Colorado Department of Corrections, 2013). This

finding is jarring in response to the U.S. Census Bureau's finding of the state of Colorado consisting of 88% White residents (U.S. Census Bureau, 2014). It should also be noted; the identification process of inmates by Colorado Department of Corrections is based on a correctional officer's perception of skin color, not on actual race and ethnic identity (Colorado Department of Corrections, 2013). The disparity that is presented is concerning for numerous reasons, specifically, the impact of microaggressions on the minority populations. As a result of an increase of minority populations within prisons, treatment and prevention become areas of importance in dealing with this population. In understanding the impact of microaggressions on these minority populations there will be an understanding in the systemic and additional stressors placed on these populations.

In addition to the drastic overhaul of state hospitals and mental health care, there has also been a recent economic crisis that has greatly impacted the well-being of individuals suffering with mental illness. As a result of the economic downfall there have been cuts to mental health care and coverage by policy makers (Van Hal, 2015). This impact has done the opposite of what most policy makers may have intended, it has created a mental health crisis by limiting the number of mental health options and individual may have. People suffering from mental health issues, no longer have the options they once had. Being a person on government assistance, there is only one option, a community mental health center. There have been several studies that have linked an increase in suicide to the economic crisis (Gunnell, Singleton, Jenkins, & Lewis, 2004; Borges, Nock, Haro Abad, et al., 2010; Rihmer, Kapitany, Gonda, & Donme, 2013; Reeves, Stuckler, McKee, Gunnell, Chang, & Basu, 2012). These studies sampled a mix of Races, should there be a study focusing on ethnic minorities there

would be an anticipated increase as a result of additional ethnic minority stressors.

Although there are mediating factors to suicide attempts and the economic crisis, these studies show shocking results.

Compounded with being a racial minority, is the label of being a felon. Previous research has shown that members of high-status groups are biased in favor of their own in-group (Sachdev & Bourhis, 1991). When individuals of high status groups perceive their status to be threatened, the bias of in-group increases (Bettencourt, Charlton, Dorr, & Hume, 2001). As a result, being a racial minority with the addition of a criminal background identification, would create a general disadvantage for individuals identifying with these intersections.

Microaggression and Psychological Distress

Overarching the idea of microaggressions is racism, more overt and direct forms of oppression against a specific group. As noted by Williams, Yu, Jackson, and Anderson (1997)

...considerable evidence suggests that (racial differences in health) reflect, in large part, the successful implementation of specific policies. Racism has been responsible for the development of an organized system of policies and practices designed to create racial inequality (p.185).

Stress that is experienced by people of racial minorities that occurs due to encounters with racial discrimination has been termed race related stress by Utsey and Poterotto (1996). Race related stress has also been identified as a source of both psychological and physiological consequences for ethnic minorities. This finding in research is drastic in terms of ethnic minority populations and the effects of discrimination, even subtle, has on a persons overall health. A recent meta-analysis

comparing overt and subtle discrimination with microaggressions reported both forms of racism had comparable magnitude (Jones, Peddie, Gilrane, King, & Gray, 2013). These findings by Jones et al. (2013) found that instances of microaggressions are at the least, as equally damaging to psychological well-being. Specifically jarring is the effects of racism and microaggressions on individuals with low self-esteem, further impacting the mental health that an ethnic minority experiences due to constant stressors.

With the known impact of stress on an individual, the impact of chronic stress has also been found to have an adverse effect on ethnic minorities. Ethnic discrimination has been found to lead to traumatic stress symptoms, given that such negative events are often hostile, unexpected, and result in a lack of control (Carter, 2007; Flores, Tschann, Dimas, Pasch & de Groat, 2010). Experts note that subtle forms of discrimination are more insidious and harder to interpret, and therefore may cause more harm than blatant forms of discrimination (Dovidio & Gaertner, 2004; Noh, Kaspar, & Wickrama, 2007; Sue, 2010).

In looking at the microaggressions endured by different races (White, Black, Latinos/Hispanics, and Asians) Forest-Bank and Jenson (2015) identified non-White participants experienced more encounters with racial microaggressions than White participants. Additionally, a difference between the ethnic racial groups was identified. Black participants reported the highest level of perceived microaggressions followed by Latinos/Hispanics and Asians (Forest-Black & Jenson, 2015).

Researchers have found with African Americans there is an association between race related stress and medical issues such as hypertension, high blood pressure, and cardiovascular disease (Fray, 1993; Krieger & Sidney, 1996). Looking at multiple ethnic

groups, African Americans reported higher race related stress in comparison to Latino and Asian Americans (Utsey, Chae, Brown, & Kelly, 2002). There has been a plethora of research looking at the effects of racism and microaggressions with African Americans. Further research addressing other ethnicities and Races would bolster the importance of mental health policy.

The perception of racism and microaggressions impact on mental health has been proposed as being heavily intertwined. There has been belief that microaggressions at the institutional level, one potential changeable system, is the cause for mental health disparities among Black Americans (Gomez, 2015). Gomez (2015) proposed the mental health system in itself has created an impenetrable opportunity to ethnic minorities, specifically Black Americans. The disparities in mental health, need to be further investigated as Gomez (2015) identifies in group differences and stigma do not account for the lack of mental health treatment for Black Americans. The research looking at other races has yet to be done, however, based on the continued difficulties for ethnic minority populations seeking and completing mental health assistance, similar patterns may occur for Asian, Native American, Latino/Hispanic, and Mixed races.

Looking at the effects of racism on mental health, Pieterse, Todd, Neville, and Carter (2012) conducted a meta-analysis. Findings from this meta-analysis looked at sixty-six studies between January 1996 and April 2011 showed a positive relationship between perceived racism and psychological distress. Despite the intentions, the perception of racial microaggressions and racial discrimination can be just as far reaching. Dependent on the individual and their perception, the effects can greatly impact ones psychological well-being and mental health.

As microaggressions are considered to be a subtle form of racism, the impact of mental health on those experiencing microaggressions should also be expected. The current research has identified several moderating factors to the experience of microaggressions and subsequent psychological well-being. The majority of the research has been identified with African Americans, while few studies have addressed other racial populations.

Nadal et al. (2014) looked at the relationship between mental health and racial microaggressions. Mental health was negatively predicated by the exposure or experience of perceiving racial microaggressions (Nadal, Griffin, et al., 2014). Those that have higher report of microaggressions were found to present with higher levels of depression (Nadal, Griffin, et al., 2014; Nadal, Wong, Sriken, Griffen, & Fujii-Doe, 2014).

In order to identify psychological well-being in higher education, Torres, et al. (2010) sampled African American doctoral candidates and graduates. The findings supported previous research with individuals not in higher education. Depressive symptoms occurred within a higher education population as a result of microaggressions. A sample of 97 African Americans were assessed for baseline microaggressions and followed up with a year later to assess the impacts on the participant's mental health. Torres et al. (2010) conducted a mixed methods design through the qualitative data analysis of the three categories of microaggressions identified (Assumption of Criminality/Second-class citizen, underestimation of personal ability, and cultural/racial isolation). Upon follow up, Torres et al. (2010) identified greater perceived stress and subsequently greater depressive symptoms associated specifically with underestimation

of personal ability. The impact of depressive symptoms as a result of perceived microaggressions adds to the stress experienced by ethnic minorities. Research has shown a perceived racial discrimination is associated with higher rates of mental health symptoms and disorders, and recently with higher levels of psychosis (McKenzie, 2006).

Comparable findings to that of African Americans, Latino/a Americans similarly experience high levels of stress in response to racial microaggressions (Yosso, Smith, Ceja, & Solorzano, 2009; Nadal, Mazzula, Rivera, & Fujii-Doe, 2014). This perceived increase of stress in response to microaggressions was also found to impact Latina/o student's academic performance (Yosso et al., 2009). This impact on education and mental health may stem from the severed ties with the people and places of comfort, further exacerbating Latina/o's sense of isolation and rejection within an academic setting. Being isolated from one's culture can create additional stressors, similar to individuals leaving their communities and entering into a prison system, for the majority a different culture than they are familiar with.

Alternatively, traumatic stress has been identified as an additional result of emotional pain (Carlson, 1997; Carter, 2007) or psychological well-being. The negative responses that correspond to an adverse, sudden, and uncontrollable event as defined by Carlson (1997) as traumatic stress. Traumatic stress has also been linked to ethnic minority discrimination (Carter, 2007; Flores, Tschann, Dimas, Pasch & de Groat, 2010). Likewise, those who reported receiving ethnic microaggressions have been found to have elevated intrusive, avoidance, and hyper arousal symptoms (Schoulte, Schultz, & Altmaier, 2011), similar to those suffering from post traumatic stress disorder.

In addition to racial stressors, there have also been recent studies showing a stress response in incarcerated populations (Turney, Lee, & Comfort, 2013). The use of incarceration as a key drug control tool has disproportionately affected the health and well being of racial and ethnic minority communities (Iguchi, Bell, Ramchand, & Fain, 2005). Individuals who are incarcerated are pressed with numerous stressors they must overcome in order to be successful in their lives outside of prison. For example race related stress, prison politics, and adjusting to life outside of prison. However, there is a lack of research on this population due to a myriad of factors (access to the population, lack of participation, and political interferences).

Those ethnic minorities incarcerated have an intersectional identity, that of a felon or inmate and as an ethnic minority. Looking at legal records and racial discrimination, findings similar to that of previous research have been identified. Turney, et al. (2013) found racial or ethnic discrimination and criminal record discrimination are independently and negatively associated with psychological distress. However, there was no difference found between the frequency of racial or ethnic discrimination and criminal record discrimination (Turney et al., 2013). This finding suggests the impact of racial and criminal record discrimination is equal in terms of frequency, yet may be experienced by those with criminal records as a social stressor that further negatively impacts mental health and well-being.

The effects of prison alone on an individual can negatively affect ones mental health, adding in race related stress and mental health stigma may only exacerbate the mental health symptoms one presents with. A history of incarceration has been found to strongly increase the likelihood of severe health limitations (Schnittker & John, 2007).

The amount of contacts one has or the amount of incarcerations one has is irrelevant. More important is any type of contact with being incarcerated (being arrested, going to jail, going to prison, being in a holding cell, etc.) as having significant health implications for individuals (Schnittker & John, 2007). This finding shows regardless of the amount of times one is in prison, the health impacts will be equally devastating across the board.

Additional research looking at the interaction between effects of being incarcerated and being an ethnic minority have found adverse health outcomes for women (Freudenberg, 2002). As women are the gender minority incarcerated, the research identifying needs and effects are limited. However unique areas of need have been identified specific to females. These have included reports of rape, physical or sexual abuse, and guardianship of children (Freudenberg, 2002). These additional stressors placed on women of ethnic minorities who are incarcerated reveals a great need for assistance and better understanding of these intersectional identities and mental health.

Previous research has looked at Asian Americans, African Americans, and Latino/a Americans. There is a pattern between ethnic minority groups in terms of the psychological distress experienced as a result of overt and subtle blatant racism, specifically that of depressive symptoms. Unfortunately there has been little research done looking specifically at the effects of racial microaggressions alone.

Microaggressions and Psychological Well-Being

Microaggressions have been found to impact ethnic minorities psychological distress profoundly. Similar to psychological distress, psychological well-being addresses the six domains that contribute to an individuals happiness (Ryff, 1989). This

switches the perception of mental health issues from a presentation of distress to the lack of perception of positive aspects towards happiness in ones life. Those experiencing microaggressions have been found to present with mental health issues. Looking at the absence of a dimension of well-being will assist in working with an individual rather than a population (ethnic minorities).

Microaggressions will adversely impact an individual's psychological well-being based on the knowledge of micoraggressions affecting psychological distress in a negative way. Although there is limited research looking at both microaggressions and psychological well-being, there is an expected outcome of psychological well-being being altered. An individual is expected to have less psychological well-being, when increased perceptions of microaggressions are experienced or observed.

Well-being has been identified from two approaches: hedonic and eudaimonic. The hedonic approach focuses on happiness and defines well-being in terms of pleasure attainment and pain avoidance; and the eudaimonic approach focuses on meaning and self-realization and defines well-being in terms of the degree to which a person is fully functioning (Ryan & Deci, 2001). From this foundational work, Ryff (1989) used a sample consisting of 321 adults to assist in operationalizing psychological well-being, however ethnicity or race were not identified within this sample. Furthermore, the concept of well-being has been found to translate to racial minority populations.

The concept of well being in relation to mental health switches the outlook of mental health from one of problems to one of reported levels of happiness. Psychological well being as defined by Ryff (1989) is the based in theoretical grounding and literature. The basis of psychological well-being consists of six dimensions that were identified as

aspects of what makes a person happy. The six factors are: self-acceptance, positive relations with others, autonomy, environments mastery, purpose in life, and personal growth (Ryff, 1989). As stated by Ryff (1995),

...these six dimensions encompass a breadth of wellness that includes positive evaluations of one's self and one's life, a sense of continued growth and development as a person, the belief that life is purposeful and meaningful, the possession of a good relationships with other people, the capacity to manage one's life and the surrounding world effectively, and ta sense of self-determination (pp. 99).

Prior to the development of Ryff's psychological well being scale, Bradburns' (1969) work provided the structure of psychological well-being by postulating the initial distinction between positive and negative affect. The goal of Bradburn's research (1969) was to learn how certain social changes affected the life situations of individual citizens and in turn, their sense of psychological well-being.

The impact of psychological well-being on racial minority populations has been found to exacerbate mental health of these populations. In a study looking at intersections between Gay African Americans and psychological well-being, Wong and colleagues (2013) identified further distress amongst individuals who identified as African American. Wong et al. (2013) identified distal minority stress becoming exaggerated when paired with additional intersectional identities. With the addition of minority identities (gay and racial identification) individuals had less psychological well-being and more report of mental health symptoms. Wong et al. (2013) also found a mediating factor of support systems in decreasing the effects of minority stress on psychological distress. Additionally the impact of stress on ones decision-making is also impaired, based off of ones psychological well-being.

The effects of psychological well-being on daily living can be blatantly seen in intersectional populations. Brady, Dolcinin, Harper, and Pollack (2009) found the mediating factor of support systems to drastically change individual's behaviors and ability to identify high risk behaviors. Brady and colleagues (2009) looked at African American males and their sexual behaviors when dealing with a stressful life event. The authors found those participants who had high support systems (primarily friendships) were able to better handle stressful life events. Those that had little to no support systems were more likely to engage in risky behaviors, specifically that of unprotected sexual intercourse (2009). The impact of stress on an individual additionally impacts the report of well-being, as stress increases well-being decreases. In turn, the ability to cope positively with various life events can turn into high-risk situations causing more distress in the long-run.

Intersectional identities have been identified as the multiple identity groups that influence an individual's life experiences (Nadal, 2013). Further, individuals may identify with a plethora of social identities that affect their experiences (race, ethnicity, gender, sexual orientation, gender identity, social class, age, and religion) and microaggressions may be experienced by individuals who identify with intersectional identities (Nadal, 2013). Nadal (2013) explained intersectionality theory as a theory that describes the ways in which structures of power and domination operate simultaneously and are deeply interconnected and mutually dependent. Additionally, intersectionality theory can be defined as the study of ways that multiple identity groups influence an individual's life experiences (Nadal, 2013).

Intersectional identities of minority status have a great impact on the psychological well-being that a racial minority may endure. In addition to the support systems that one has, or does not have, one's group identity also can mediate the impact of psychological well-being. Studies have identified group identity as being a moderator variable to individual's identifying as ethnic minorities (Branscombe, Schmitt, & Harvey, 1999; Mossakowski, 2003). The connection between group identity and psychological well-being has been identified as greatly influencing an individual (Bettencourt & Dorr, 1997; Crocker et al., 1994).

Assessing the impact of psychological well-being among ethnic minorities, Molix and Bettencourt (2010) found ethnicity and group identity predicted empowerment and well-being in participants. Molix and Bettencourt (2010) concluded the identification with one's in-group, as a racial minority, would be associated with more positive well-being. However in-group identification is successful for ethnic minorities, Crocker Luhtanen, Blaine, and Broadnax (1994) found in-group relationships were not mediating for White participants in comparison to ethnic minority participants (Asian, African American, and Hispanic). This study highlights the importance of in-group identification within racial minority populations.

Further assessing the impact of ethnic group identity and the impact on psychological well-being, Mossakowski (2003) used Filipino Americans and found having a sense of ethnic pride to one's racial or ethnic group was a protective factor in mental health symptoms. Those Filipinos that self-reported experiences with racial or ethnic discrimination within their lifetime also experienced greater levels of depressive symptoms (Mossakowski, 2003). Likewise, ethnic identity was a mediator for stress

experienced from racial or ethnic discrimination (Mossakowski, 2003). Findings have suggested the relationship between ethnic minority group identification and well-being may in part be due to group identity's influence over an individual's sense that both they and their group can respond effectively to disadvantage (Outten & Schmitt, 2009). Based on previous research, the impact of in-group identification, stressors, and well-being appear to be interactive with each other and at times mediators of each other.

Looking at ethnic minority children who have been adopted, Castle, Knight, and Watters (2011) found a similar finding between ethnic identity and well-being. Castle and colleagues (2011) implemented a meta-analysis in order to capture the literature on ethnic minority adopted children. The authors found mixed findings, primarily ethnic minority adopted children from non-clinical populations who had greater ethnic identity, had positive well-being (Castle et al., 2011). However, those ethnic minority adopted children in clinical settings were found to have little to no interaction between ethnic identity and psychological well-being. The adopted ethnic minority children in the study had a variety of non-ethnic and ethnic minority adoptive parents. Despite the varying ethnicities of the adoptive parents, the impact of ethnic group identification appears to have a positive effect on psychological well-being, regardless of the immersion within another racial or ethnic culture. Therefore it is hypothesized that there will be a significant negative relationship between microaggressions and psychological well-being.

Hypothesis 1: The level of microaggressions significantly negatively predicted psychological well-being. Additionally, self-esteem negatively contributed to the levels of probationers' psychological well-being, above the contribution of microaggressions.

Self-Esteem

Scholars within the social psychology field have debated with a concrete definition for self-esteem (Murk, 2013). Despite the varying definitions present, there has been consistency in the concepts that make up self-esteem. Self-esteem has been identified as being the feeling of self-appreciation. It has been purposed that, self-appreciation is a necessary emotion in order for people to adapt to society and live their lives (Murk, 2013).

In addressing self-esteem, a study looking at ethnic majority versus minority Asian Americans, Xu, Farver, and Pauker (2014) found geographical differences. Xu and colleagues (2014) found Asian Americans, when considered a minority population (i.e. continental United States Asian Americans) had a higher sense of ethnic group identification and self-esteem versus Asian Americans who make up the majority population (i.e. Hawai'i Asian Americans).

Self-Esteem and Microaggressions (discrimination)

Research has identified different alternatives for mental health as a result of discrimination among ethnic minorities including self-esteem and in-group identity. Looking at self-esteem, previous research has showed a relationship between higher scores on ethnic identity measures and higher levels of self-esteem (Goodstein & Ponterotto, 1997). The majority of the research on the impacts of microaggressions on psychological well-being has focused on depressive symptoms. Addressing anxiety and anxious symptoms, among Asian Americans, has been found to be related to elevated levels of internalizing symptomology from discrimination, eventually leading to depressive symptoms (Chan & Mendoza-Denton, 2008). The authors note reactions to

stigma may explain some of the variance within Asian American psychological distress in comparison to others identifying as American (Chan & Mendoza-Denton, 2008). The presentation of anxious symptoms speaks to the varying mental health symptoms that may be experienced as a result of microaggressions and the importance of addressing more than depression.

Further bolstering the concept of self-esteem and group attachment leading to better psychological benefits, Ghavami, Fingerhut, Peplau, Grant, & Wittig (2011) found similar results. Ghavami and colleagues (2011) identified the process of exploring and understanding one's minority identity can serve as an important basis for developing positive feelings toward an enhanced sense of attachment to the group. They hypothesized as a result, positive psychological benefits for minority individuals can be acquired (Ghavami et al., 2011). In a study looking at generational ethnic minorities Perkins, Wiley, and Deaux (2014) found the perception of White Americans impacts ethnic minorities self-esteem. This finding underscored the importance of group identity and attachment, showing the impact of perceptions of ethnic minorities when it comes from White Americans (Perkins et.al., 2014). Therefore, the third hypothesis will incorporate an individual's self-esteem with psychological well-being.

Self-Esteem and Psychological Distress

Self-esteem essentially determines how an individual feels about him or herself. Being able to influence an individual, self-esteem also presents with the power to affect the way people interact with others. Previous research has identified lower self-esteem being one of the defining features of a depression diagnosis (Brown & Harris, 1978). Further, self-esteem may enhance an individual's mental health. This is proposed to

occur by feeling of a positive sense of self would then increase an individual's perception of being successful (Marcussen, 2006). Self-esteem has been linked to numerous maladaptive life outcomes from delinquency to lowered economic prospects (Donnellan, Trzesniewski, Robins, Moffitt, & Caspi, 2005; Trzesniewski, Donnellan, Moffitt, Robins, Poulton, & Caspi, 2006).

Three models have been identified within the research to differentiate between the etiologies of depression. The scar model offers low self-esteem is the outcome of depression, not the cause of depression (Orth, Robins, Roberts, 2008). In contrast, the vulnerability model proposes that low self-esteem is a risk factor for depression (Beck, 1967). Lastly, the common factor model suggests self-esteem and depression should be conceptualized (Watson, Suls, & Haig, 2002).

This model suggests self-esteem and depression are not part of a continuum, rather self-esteem and depression are outcomes of a broader issue of negative emotions. These models highlight the importance of self-esteem and psychological distress.

The vulnerability model suggests self-esteem has an effect on depression. Abela, Webb, Wagner, Ho, & Adams (2006) sampled from a community of adults with a history of depressive symptoms. Self-esteem and experiences of "daily hassles" predicted depression for the individuals in the sample (Abela et al., 2006). The implication of various stressors is believed to have an effect on an individual's ability to manage their mental health. This is seen in the presence of stressors making an individual vulnerable and rendering the individual unable to adequately cope with events in their lives (Harris, 2010). As a result, this leads to depression, or other mental health symptoms.

Both the vulnerability and the scar models of depression and self-esteem have been statistical evidence (Orth & Robins, 2013). In a recent meta-analysis study both scar and vulnerability models were found to be statistically significant, however the vulnerability model effect is twice as large as the scar effect (Sowislo & Orth, 2013). This finding suggests a more robust model that may hold true over a variety of situations.

The experience of depressive symptoms and lowered self-esteem is anticipated to occur within every individual. The long-term effects of vulnerability and the scar models have been found to have an intergenerational effect, impacting childhood to adulthood (Steiger, Fend, Allemand, 2015). As children are influenced by their caretakers as well as their environments, intergenerational depression and self-esteem can be passed down to children. Mothers high in self-criticism were found to engage in more negative feedback with their children in comparison to mothers with low self-criticism (Murray, Kempton, Woolgar, & Hooper, 1993). In depressed parents, there is a transmission of depression from the parent to the child (Murray, et al., 1993).

Within the Scar model, children who develop depressive symptoms in adolescence may continue to experience depressive symptoms throughout adulthood and create a continuous life experience of lowered self-esteem (Steiger, Fend, Allemand, 2015). The impact of depression has long-term effects on an individual's functioning. Those that experience depression over time also lead to a deterioration of self-esteem, even after depressive symptoms cease (Shahar & Davidson, 2003).

Hypothesis 2: The experience of microaggressions significantly predicts psychological distress with self-esteem negatively contributing to the levels of

probationers' psychological distress. The effects of self-esteem will be measured above that of microaggressions, in a hierarchical regression.

Self-Esteem and Psychological Well-Being

Similar to the experience of psychological distress and self-esteem, self esteem and psychological well-being are also thought to influence each other. Ryff (1989) created a psychological well-being scale that created different sub-scales that attempt to be broad enough to capture experiences of psychological well-being across various individual experiences. Identified as aspects of psychological well-being are also factors for self-esteem. The scales Ryff (1989) identified are: self-acceptance, positive relations with others, autonomy, environmental mastery, and personal growth. The concept of psychological well-being is considered opposite of psychological distress. With psychological distress presenting with symptoms of psychological disorders, psychological well-being is the presence of personal accomplishment.

The level of self-esteem experienced by an individual combined with an individual's self-esteem stability are the constituting factors of psychological well-being (Paradise & Kernis, 2002). Paradise & Kernis (2002) identified stability of self-esteem as "the magnitude of fluctuations in an individual's momentary, contextually based self-esteem (pg. 346)." This definition further emphasizes the importance of self-esteem on psychological experiences.

Self-esteem, or lack thereof, may have an impact on the development or maintenance of mental illness. The belief that the self is worthy, competent and capable may foster a positive internal sense of self, which in turn may augment the individual's ability to overcome difficult life events and stressors (Nadal, Wong, Griffin, Davidoff,

Sriken, 2014). The impact of self-esteem Nadal et al. (2014) has the potential to create well-being or distress. With those with higher self-esteem are expected to experience greater levels of psychological well-being (Orth & Robins, 2013).

Previous research on microaggressions is focused primarily on African Americans, with more recent work looking at additional races. The compounding effects of race on mental health have been identified as being detrimental to ethnic minority individuals, primarily inducing depressive symptoms. This has been identified as being related to self-esteem and in-group identification. The research on inmates or individuals whom are incarcerated has been scarce. Research looking at suicide rates within a prison setting has identified major depressive disorder as having an elevated risk for those attempting to commit suicide (Baillargeon et al., 2009). As depressive symptoms are related to racial discrimination and those with depression within a prison setting are most likely to commit suicide, there becomes a need to further identify and encourage mental health among inmates of ethnic minorities.

As a result the research done has been looking at individuals who have been released, post incarceration. These individuals have been identified as having poor psychological well-being in response to the dearth of stressors they encounter once released. There has been no research done to date looking at the intersections of racial minorities and individuals who are incarcerated with felonies. The forensic population receives little mental health assistance overall, despite research implying the forensic population having the potential to present with a great deal of mental health

Chapter Three

Method

Participants. Ninety-six (96) probationers were sampled, each participated in a 30-minute paper and pencil survey. Participation was voluntary and no methods of deception were used. In addition, participants were notified via a consent form that full confidentiality would be guaranteed. All consent forms were kept separate from the actual surveys so there would be no way to identify participants.

Participants were initially 96 probationers from the Maui County Adult Services Branch. As a result of individuals returning to jail for breaking the rules of their probation, a total of 87 participants were used in the sample. Participants' ages ranged from 18 to 50 ($M = 34.18$, $SD = 7.64$). Fifty-two (59.8%) participants identified as male, and thirty-five (40.2%) identified as female. Most participants ($n = 54$; 62.1%) identified as biracial/multiracial (see Table 1 for additional self-reported race data), and participants reported more non-violent crimes ($n = 49$; 56.3%) than violent crimes ($n = 38$; 43.7%). Slightly fewer than half of participants ($n = 41$; 47.1%) reported sentence lengths between 5 and 10 years (see Table 1 for additional self-reported sentence length data), and 33 (37.9%) reported only misdemeanor crimes (Felony, $n = 24$, 27.6%; Both, $n = 30$, 34.5%). Slightly fewer than half of participants ($n = 39$; 44.8%) reported receiving no mental health treatment, while 31 (35.6%) reported receiving psychiatric medication. Only 17 (19.5%) reported receiving counseling/therapy.

Measures

Demographic Questionnaire. A demographic questionnaire was used to measure race, ethnicity, age, socioeconomic status, index crime violent, sentence length, mental health treatment, and the misdemeanor or felony charges. All items were presented as separate multiple-choice items, except the age of the participant, with an option for “other”, in order to ensure self-identification without limiting participants.

Racial and Ethnic Microaggressions Scale (REMS, Nadal, 2013). The REMS is a 45-item scale consisting of statements regarding experiences with racial and ethnic microaggressions (Nadal, 2014).

Respondents were asked to report if they had experienced different microaggressions in the past 6 months (0 = I did not experience this event, 1 = I experienced this event 1 time in the past six months, 2 = I experienced this event 2 times in the past six months, 3 = I experienced this event 3 times in the past six months, 4 = I experienced this event 4 times in the past six months, 5 = I experienced this event 5 or more times). Example items include: “I observed people of my race in prominent positions at my workplace or school” and “Someone assumed that I would not be educated because of my race.” Certain items were reverse-scored so that for all items, higher scores indicated a greater amount of experiences with microaggressions. The REMS (Cronbach’s $\alpha = 0.92$) has six subscales: Assumptions of Inferiority ($\alpha = 0.89$), Second-Class Citizen, and Assumptions of Criminality ($\alpha = 0.88$), Microinvalidations ($\alpha = 0.88$), Exoticization/Assumptions of Similarity ($\alpha = 0.85$), Environmental Microaggression ($\alpha = 0.85$), and Workplace/School Microaggressions ($\alpha = 0.85$). (p. 10)

Each subscale is based on sub-categories identified by Sue et al. (2008). Further defined,

Assumptions of Inferiority are considered to be verbalizations, gestures, or physical reactions that a racial minority is less than that of others as a result of their racial identification. Assumptions of Criminality can be defined as the assumption that ethnic minorities are committing a crime when engaged in daily activities (i.e. being followed around a store). Exoticization/Assumptions of similarity are the depictions of ethnic

minorities in Halloween costumes, school mascots, and dressing up or attempting to recreate the cultural style of any ethnic minority. Additionally, this can be seen in the assumption that people “know” what it is like to be an ethnic minority or share similar experiences despite not being of ethnic minority status. Environmental microaggressions can be seen as the experience of having environmental factors taken or assumed of a person. For example the experience of the plight of Native Americans can be seen as an environmental microaggression. Lastly, workplace/school microaggressions are those experiences that occur within the school and workplace preventing an ethnic minority from success or perception of success. For example, being mistaken for a lesser position (example: being mistaken as the janitor or secretary), or having others assume your skill at something is due to race (example: Asians being good at Math). (p. 329)

The REMS has been reported to have a moderate positive correlation with the Racism and Life Experiences Scale – Brief Version ($r = .46, n = 376, p < .001$, two tailed) and a moderate to strong positive correlation with the Daily Life Experiences – Frequency scale ($r = 0.74, N = 253, p < .001$) (Nadal, 2011). Cronbach’s alpha for the current study showed the REMS had a lower reliability, $\alpha = .55$.

Ryff Scales of Psychological Well-Being (Ryff, 1989). The Ryff Scales of Psychological well-being consist of six 14-item scales of psychological well-being. The six scales are autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Respondents were asked to report on a rating scale ranging from 1-6 (1 = “moderately disagree” to 6 = “strongly agree”) to the extent, with which they agree with each statement. There are around six items within each scale that are reverse scored.

Overall, higher scores on each scale represent a greater sense of well-being. Example statements include “I tend to worry about what other people think of me” and “I have the sense that I have developed a lot as a person over time”. The internal consistency in a sample of 321 participants was: self-acceptance, .93; positive relations with others, .91; autonomy, .86; environmental master, .90;

purpose in life, .90; and personal growth, .87. Test-retest reliability coefficients are: self-acceptance, .85; positive relations with others, .83; autonomy, .88; environmental mastery, .81; purpose in life, .82; and personal growth, .81. (p. 1072)

The current study had a low reliability on the total RYFF scale, $\alpha = 0.65$.

Rosenberg Self-Esteem Scale (SES, Rosenberg, 1965). The Rosenberg Self-Esteem Scale (SES). The SES is a 10-item scale consisting of statements regarding an individual's general feeling of worth and value towards oneself. Respondents are asked to report on a Likert-type scale ranging from 1-4 (1 = "strongly agree" to 4 = "strongly disagree") the extent to which they agree with each statement.

Example statements include: "I feel that I have a number of good qualities" and "I feel I do not have much to be proud of." Certain items were reverse-scored so that for all items, higher scores indicated lower self-esteem. Rosenberg (1965) reported reliabilities ranging from .85 to .88 for college samples. For the current study, the Rosenberg Self-Esteem Scale had a Cronbach's alpha of, $\alpha = 0.34$, showing a low reliability.

Kessler Psychological Distress Scale (K10; Kessler, Andrews, Colpe, Hiripi, Mroczek, Normand, Walters, & Zaslavsky, 2002). The Kessler Psychological Distress Scale is a self-report scale.

The Kessler Psychological Distress scale consists of a rating scale ranging from 1–5 (1 = "None of the time," 5 = "All of the time") to denote the extent to which the participants agreed with the statement. The scale is comprised of 10 items and the items are scored based on the 1-5 rating scale. Those individuals scoring under 20 are "likely to be well", between 20-24 are "likely to have a mild mental disorder", 25-29 are "likely to have a moderate mental disorder, and a score of 30 or more indicted a severe mental disorder. Within a general population, the K10 has an internal consistency of 0.93 in a sample of 10,641 individuals. The validity for the K10 is 0.88. For the current study, the Kessler's Psychological Distress Scale

(K10) Cronbach's alpha showed low reliability between items for this population, $\alpha = 0.27$. (p. 969)

Procedure

Ninety-six (96) probationers were sampled. All consent forms were kept separate from the actual surveys so there would be no way to identify participants. Upon IRB approval from the University of Denver, participants were recruited through the Maui County Adult Services Branch. All individuals who were on probation with the Maui County Adult Services Branch were asked to participate via a flyer in the waiting room of the Maui County Probation Office. If a participant returned to jail or became arrested, they were excluded from the data collection. No inmates or individuals incarcerated at the time were used in the data collection. Surveys were left with the Administrator of the Maui County Adult Services Branch along with an informed consent. Participants were asked to fill out the survey while waiting for their probation officer in the waiting room of the probation office. Probationers are required to meet with their probation officers regularly (varies based on the probationer from weekly, monthly, to random check-ins). Participants were asked to indicate their acknowledgment and agreement to participate.

Those probationers that chose to participate were given a survey by the administrator of the probation office. Probationers were then asked to fill out the survey while waiting for their appointment with their probation officer. There was no probation staff present while the participants were filling out the surveys unless assistance was needed or requested. The participant was directed to the instructions page, which explains the demographics form, as well as potential questions that may occur. Next participants were asked to fill out the REMS scale. An explanation of the Likert-type

scale for the REMS was provided in detail, the Likert-type scale was be made visible at the top of each page of the REMS. The Scales of Psychological Well-Being and the SES was provided in that order. For each scale, the appropriate Likert-type scale was provided at the beginning of the scale, as well as each subsequent page of the scale. Providing the Likert-type scale on each page of the scale was done in order to ensure no confusion in the specific Likert-type scale that was being used. Participants were encouraged to complete the survey within the time they were waiting to see their probation officer, allowing for 30-40. Upon completion of the survey, participants were asked to return the surveys to a locked box within the Administrator's office of the Maui County Adult Services Branch. The principal investigator was the only person with access to the completed surveys; probation officers and the Administrator of the probation office did not have access to the surveys.

The participants were instructed to ask their probation officer any questions regarding the surveys during the scheduled appointment or the principal investigator via email. Probation officers were given direct access to the principal investigator should they be unable to answer any questions. No questions were asked by probationers or probation officers during the entirety of the study.

Since the principal researcher was not present for data collection, those who were unable to comprehend or had low levels of cognitive functioning and still chose to participate in the research were further assisted by the Administrator of the probation office. Those who had lower levels of cognitive functioning were also given the option to contact the principal investigator to assist with completion of the surveys.

General Procedures for the Statistical Analyses. Initial data preparation consisted of identifying participant code numbers for all participants. The coded participants were then entered into a spreadsheet with all of their responses. Inmates who returned to jail (nine probationers were returned to jail) were removed from the data set. Missing data was assessed in order to determine whether the data was random or non-random, no data was missing from the remaining data.

Next, a descriptive analysis was conducted in order to help identify outliers which potentially skewed the results, as well as the mean and standard deviation of the variables. Outliers may have caused the model to be biased because they affect the values of the estimated regression coefficient. Specific to a regression analysis, influential cases were also addressed. These were specific data points that exerted undue influence over the parameters of the regression model. Additional data screening procedures consisted of assessing residuals, including residual plots of predicted scores by errors of prediction, for the assumptions of normality, linearity, and homoscedasticity as suggested by Tabachnick and Fidell (2006). Furthermore, coefficient alpha, an indication of reliability, was calculated for each measure using the present sample of participants.

Upon completion of the data cleaning, a hierarchical linear regression analysis was conducted. With a regression analysis, the strength of the relationship is first identified. In assessing the strength of the relationship between the dependent and the independent variables, the equivalent to the null hypothesis, the F-ratio was identified. For this study, the covariate variables (demographic variables) were statistically

controlled in order to address potentially confounding effects on the dependent variable (psychological distress).

In order to find out the parameters that described the regressions line and to see whether the line was a useful model, a regression analysis was run. With a regression analysis, all of the independent variables were entered at once, and assessed independently of any other potential independent variables. Each independent variable was then evaluated in terms of what it added to the prediction of the dependent variable that was incremental to that afforded by all of the other variables (Tabachnik & Fidell, 2006).

Prior to conducting a hierarchical multiple regression, the relevant assumptions of this statistical analysis were tested. The assumption of singularity was also met as the independent variables (microaggressions, self-esteem, psychological well-being) were not a combination of other independent variables. However, as the collinearity statistics (i.e., Tolerance and VIF) were all within acceptable limits, and the assumption of multicollinearity was deemed to have been met (Coakes, 2005). An examination of the Mahalanobis distance scores indicated no multivariate outliers. Residual and scatter plots indicated the assumptions of normality, linearity and homoscedasticity were all satisfied (Field, 2009; Pallant, 2001).

A three stage hierarchical multiple regression was conducted with psychological distress as the dependent variable. Self-esteem was entered at stage one of the regression. Microaggression (REMS subscales) was entered at stage two, and Psychological well-being at stage three.

Chapter 4

Results

Preliminary Analysis:

Means and standard deviation for measures of self-esteem, racial and ethnic microaggressions, and psychological well-being are presented in Table 2. Pearson correlations among these measures are presented in Table 3. Intercorrelations between the REMS variables are reported in Table 5. With respect to the first hypothesis, 1A results did not indicate a statistically significant negative correlation between any subscale of microaggressions as measured by the REMS and self-esteem as measured by the Rosenberg Self-esteem Scale (see Table 2).

The REMS total scale was negatively correlated with the Rosenberg Self-Esteem scale. This finding suggests those who experienced a higher level of microaggressions experienced lower self-esteem ($r = -.083, p < .05$). Additionally a negative significant correlation between the REMS total and the Kessler Psychological Distress Scale (K10) was found ($r = -.220, p < .05$). Microaggressions have previously been found to negatively impact psychological distress, as a result, this finding is consistent with previous research (Nadal, Griffin, Wong, Hamit, and Rasmus (2014).

Results indicated a negative statistically significant correlation between REMS total and RYFF Autonomy. This indicates those who reported higher experiences of

racial microaggressions as measured by the REMS ($r = -.197, p < .05$) experienced less sense of autonomy (RYFF Autonomy).

To determine if scores on measures of psychological well-being statistically predicted scores on a measure of psychological distress above and beyond scores on measures of racial and ethnic microaggressions and a measure of self-esteem, a hierarchical regression analysis was conducted. In this regression, a measure of racial and ethnic microaggression total scores, a subsequent block with added self-esteem total scores, and a final block with added psychological well-being subscale scores predicted psychological distress (Table 4).

The first block (i.e., a measure of microaggressions) significantly predicted psychological distress $F(1, 85) = .22, p = .04$. The second block, self esteem as measured by the SES, did not significantly contribute to the regression analysis: SES total $F(2, 84) = .272, p = .13$. The third block (i.e., measures of psychological well-being) did not contribute significantly to the regression model. The RYFF subscales did not contribute significantly to the regression model RYFF subscales $F(8, 78) = .394, p = .29$. Furthermore, individually, the RYFF subscales did not contribute to the regression model: RYFF Autonomy $F(8, 78) = -.012, p = .92$, RYFF Environmental Mastery $F(8, 78) = -.173, p = .09$, RYFF Personal Growth $F(8, 78) = .006, p = .95$, RYFF Positive Relations with Others $F(8, 78) = .173, p = .08$, RYFF Purpose in Life $F(8, 78) = .202, p = .07$, and RYFF Self-Acceptance $F(8, 78) = -.058, p = .57$.

To assess the differences due to gender, a correlation was run in order to control for gender. With gender controlled, psychological distress and racial microaggressions (K10 and REMS) was found to be positively correlated ($r = .228, p = .04$). This finding

suggests individuals who experienced higher levels of microaggressions also experienced higher levels of psychological distress. Additionally, the following RYFF subscales were found to be statistically significant when controlling for gender: RYFF Autonomy and RYFF Purpose in Life ($r = .300, p = .005$), RYFF Personal Growth and Environmental Mastery ($r = .282, p = .01$), RYFF Environmental Mastery and RYFF Relationships with Others ($r = .323, p = .002$), RYFF Environmental Mastery and Purpose in Life ($r = .335, p = .002$), RYFF Personal Growth and Relationships with Others ($r = .217, p = .04$), RYFF Purpose in Life and RYFF Personal Growth ($r = .236, p = .03$), RYFF Self Acceptance and RYFF Relationships with Others ($r = .425, p < .001$), and RYFF Self Acceptance and RYFF Purpose in Life ($r = .275, p = .001$). The RYFF correlations reflect when one aspect of psychological well-being is higher, other aspects of well-being will also increase.

The first part of the second hypothesis (2A, experiences of microaggressions as measured by the REMS will statistically positively predict psychological distress as measure by the KPDS, ($r = -.220, p < .05$) was not supported with this finding. The predictive effect of microaggressions was not statistically significant after the addition of measures of psychological well-being and self-esteem in the third block. Notably, neither the second or third blocks of predictors, including self-esteem as measured by the Rosenberg Self-Esteem Scale, yielded a significant overall regression equation. Those who reported higher self-esteem (SES) experienced higher symptoms of psychological distress as measured by the Kessler Psychological Distress Scale ($r = .178, p < .05$). This finding does not support the second part of the hypothesis (2B, scores on a measure of

self-esteem will negatively predict psychological distress as measured by the Kessler Psychological Distress Scale).

Hypothesis 1A, the level of microaggressions will significantly negatively be associated with self-esteem was not supported in this study. Hypothesis 1B, self-esteem will be negatively associated with probationers' psychological well-being was not supported. Hypothesis 2A, the experience of microaggressions will significantly predict levels of psychological distress was supported. Lastly, hypothesis 2B, self-esteem would negatively predict probationers' psychological distress was not supported.

Chapter 5

Discussion

The study examined the associations between microaggressions on probationers' psychological distress, well-being, and self-esteem. Microaggressions have been proposed to have an impact on some ethnic minorities and have no impact on other ethnic minorities (Nadal, Wong, et al., 2014). As seen in Table 2, the impact of microaggressions on probationers' mental health is significant. Individuals who have experience with the criminal justice system (probation, jail, parole, prison, and criminal courts) are subsequently labeled and stigmatized label through society as a result of their criminal background and subsequent label.

Research on current and former inmates highlights inmates' experiences with stigma and discrimination (Braman, 2004; Clemmer, 1940; Goffman, 1961; Haney, 2003; Sykes, 2007). Incarceration is a life-defining stressor that can be stigmatizing for individuals long after their release. Anticipated stigma, the expectation of being discriminated against because of one's former incarceration, is linked to psychological distress (Quinn & Chaudoir, 2009). Findings from this study suggest microaggressions are associated with psychological distress. The impact of increased psychological distress on an already stigmatized population may affect potential help seeking behaviors, as evidenced by inmates withdrawing from social interactions upon release (Moore & Tangeny, 2017).

Engaging in social withdrawal to manage stigma is associated with poor mental health among people with mental illness (Ilic et al., 2014).

Among criminal offenders, coping with anticipated stigma via social withdrawal may not only impact mental health and community participation, but it may increase illicit behaviors (Moore & Tangen, 2017). Awareness of the low levels of help-seeking behaviors and the increased psychological distress on stigmatized individuals in the criminal justice system may assist in explaining the cycle of criminality within this population. Oftentimes, offenders have difficulty accessing services in the community and offenders with mental health issues are likely to repeatedly cycle through the criminal justice system (Skeem, Manchak, & Peterson, 2011). The long-term impact of being incarcerated may create mental health issues that may be unaddressed as a result of cultural barriers.

The findings of this study, although not all statistically significant, are similar to previous research findings on microaggression and psychological well-being. In this study, there was a similar correlation to the study by Nadal, Griffin, Wong, Hamit, and Rasmus (2014), using the REMS and the Mental Health Inventory (MH-18), ($r = -.11$). This study revealed correlations between the REMS and both the K-10 ($r = -.220$) and the RYFF Autonomy scale ($r = -.197$). Both the current study and Nadal et. al's study, consisted of ethnic minorities as the sample. Previous research looking at microaggressions and psychological well-being among ethnic minority populations identified lower correlations similar to those found in the current study ($r = -.24$; Kim, 2016, ($r = -.26$; Kim, Kendall, & Cheon, 2016). In a study examining suicidality in

ethnic minorities (African American youth), lower correlations were found between suicidality and experiences of microaggressions, ($r = .06$, suicidality and being from an undesirable culture, $r = .02$ suicidality and environmental invalidation, $r = .00$ suicidality and feelings of not belonging) (Hollingswoth, Cole, O'Keefe, Tucker, Story, & Wingate, 2017).

Results show a significant relationship between Psychological Well-Being Scales (RYFF, self-acceptance, positive relations with others, autonomy, environmental master, purpose in life, and personal growth), $r = .077-.331$). Morgan et. al (2016) similarly found an impact of mental health symptoms on an individual's overall well being (physical and mental) ($r = .03 -.38$). Individuals who are incarcerated experience difficulties assimilating back into society. This finding highlights the importance of psychological well being among individuals within the current study's population, probationers.

Varying from the current study, previous research addressing probationers mental health symptoms and distress have found acceptable alphas levels (.70 and above) (Livingston, Chu, Milne, & Brink, 2015; Chui & Chan, 2012; Epperson, Thompson, Lurigio, & Kim 2017; Cardarelli, Balyakina, Malone, Fulda, Ellison, Sivernell, & Shatu 2015; Van Denise, Cuddeback, Wilson, Burgin 2017; Balyakina, Mann, Ellison, Sivernell, Fukda, Sarai, & Carderlli 2014). The current research had weak correlations between the scales used ($r = .269-.649$). As a result, it may be hypothesized, there are additional mediating factors beyond an individuals racial identity, self-esteem, and psychological well-being that impacted one's experience of subtle forms of racism. The

results highlight the multidimensional relationship between subtle forms of racism and psychological well-being (RYFF).

In regards to microaggressions and psychological well-being, a negative significant correlation between REMS total and RYFF Autonomy was found in this study. This suggests those who reported higher experiences of racial microaggressions as measured by the REMS ($r = -.197, p < .05$) experienced less sense of autonomy (RYFF Autonomy). The aforementioned findings highlight the overlap between microaggressions and an individual's psychological well-being. Specifically, the REMS scale assesses various aspects of perceived microaggressions and the RYFF scale measures specific aspects of psychological well-being. While seemingly opposite in what is being measured, both scales also possess factors in common.

One factor that both the REMS and the RYFF have in common is the assumption that an individual possesses awareness. The REMS assumes a sense of racial identity and the RYFF scale assumes a sense of insight into well-being or an assumption of well-being being an important identifiable aspect to one's life. Individuals in this study are from a specific culturally unique environment. It could be hypothesized individuals who participated in this study may not have been aware of subtle forms of racism that may exist based on cultural and environmental factors. Individuals in Hawai'i are comprised of minority races (United States Bureau of Statistics, 2014). Due to this difference in racial make-up, individuals in Hawai'i have little exposure to forms of subtle racism by other racial groups. As the racial make-up is opposite of the United States (being that racial minorities make up the majority of the population in Hawai'i), experiences of racial microaggressions as measured by the REMS is not in line with cultural experiences by

the people of Hawai'i. Although the people of Hawai'i have and continue to fight for cultural rights (the overthrow of the Hawaiian monarchy and current attempts to reclaim cultural rights: *ku kiai'i*), racial barriers and tensions are not the same as they are on the continental United States (McCubbin & Marsella, 2009). It may also be hypothesized that individuals in this population do not identify or acknowledge psychological well-being to be an aspect of importance related to culturally relevant factors (collectivism versus individualism) (Roberts, Jadhava, Jones-Oyefeso, Winslow, & Taylor, 2017).

Individuals from Hawai'i, and in broader terms, individuals who identify as Asian American Pacific Islanders (AAPI) have a history of low help-seeking behaviors. Asian American Pacific Islanders tend to avoid seeking mental health help and instead use the more culturally acceptable form of expression, somatization (Chen, 2005; Nadal, 2011). As the current study required probationers to obtain assistance through their probation officers to complete the surveys, the self-report provided by probationers may be biased. This may be due to numerous reasons among the AAPI population such as acculturation (Wong, Tran, Kim, Kerne, & Calfa, 2010), culture (Conrad & Pacquiao, 2005), and parental beliefs (Lau et al., 2006) that may influence feelings of shame, which may then affect one's ability to report mental health symptoms or seek help. Additionally, probationers reporting mental health symptoms or symptoms of psychological distress may be hesitant to disclose this information to their probation officer, someone who dictates whether they get sent to jail. Furthermore, those who identify as a minority and those that are a racial minority may not be the one in the same. An individual's identification with their racial background and acknowledgement of potential subtle forms of racism are dependent on the individual and their life

experiences. The population of the current study consisted of individuals who identified as racial minorities. As a result of the population, a potential explanation for the lower levels of experienced microaggressions may come from the lack of identification with the generalized racial experiences as measured by the REMS. An additional explanation for the lower correlations may be due to participant error.

There is an assumption the cognitive level of those participating may have been lower than average as all participants who completed this study needed assistance. Despite assistance from probation officers, participants may still have struggled with comprehension of the words and phrases used in this study. Per the service branch administrator, there were no questions asked by probationers, suggesting they either did not have questions or chose not to ask their probation officers questions. Participants' cognitive level may have impacted their ability to understand the measures, an additional participant error. There was no measure within the demographic form assessing an individual's education level; as a result the level of comprehension is unknown among the participants'.

Finally, despite findings from this study being not statistically significant, the implications of microaggressions on psychological distress are still relevant. One hypothesis was found to be significantly correlated, experiences of microaggressions was significantly correlated with an individual's psychological distress. Given this psychological stress that may occur, perhaps probation officers can focus on ensuring individuals who are experiencing psychological distress receive adequate mental health

assistance. Additionally, the level of rapport and the need for a supportive environment are crucial for probationers to provide such information.

Limitations

There were several limitations to the current study that should be taken into consideration for future research. First, although the scales used in this study had acceptable Cronbach's alphas, as outlined in the scale manuals, the current study's alphas were relatively low. The results of this study identified a low Cronbach's alpha suggesting a lower reliability with all of the scales used (REMS, SES, K10, and RYFF). Due to the low Cronbach's alphas, the measures had high measurement error, likely relating to numerous participant errors. Items on all of the measures were reverse scored and the manualized scoring was not followed in order to increase each scales' Cronbach's alpha. Not all items were reverse scored on the scales. Items were reverse scored and integrated based on obtaining the highest possible Cronbach's alpha. Initially, the Cronbach's alpha for the K10 was $\alpha = 0.083$ with reverse scoring the alpha was raised slightly to $\alpha = 0.269$. The REMS alpha was initially $\alpha = -0.027$ and was raised to $\alpha = .552$ with reverse scoring. The alpha for the RYFF scale was, $\alpha = 0.336$, with reverse scoring was raised to $\alpha = 0.649$. The effects of a lower Cronbach's alpha may be the result of the specific population used. Specifically, the majority of individuals who participated in this study needed assistance in completing the surveys. As a result, participant error in completing the surveys may have resulted in low Cronbach's alphas.

After the completion of this study, the Services Branch Administrator stated all participants needed assistance completing the survey. As Maui County is fairly small in

size, the probability of probationers knowing their probation officers is high. This could impact self-report regarding mental health issues, microaggressions, and additional personal information garnered from this study. Additionally, participants with the same probation officer had similar response styles. This may have been a result of the probation officer more so than the probationer; as a result, this could have impacted the findings of the current study.

Secondly, the population consisted of individuals from Hawai'i. As the population of Hawai'i is made up of minorities, impacts of microaggressions may not be as tangible as individuals who live on the continental United States. This lack of experience of exposure to microaggressions may be due to multiple factors such as; not identifying as from an individualistic community (versus a collectivist community), who delivers the microaggression (someone from their race versus a different race), or lack of exposure or culturally irrelevant items on the REMS (i.e. "I observed that people of my race were the CEOs of major corporation," "Someone told me that she or he was colorblind," and "I was told that people of color do not experience racism anymore"). Cultural beliefs and practices are drastically different than the continental United States, largely based on the racial background of individuals in Hawai'i. Residents in Hawai'i are primarily comprised of minority populations (United States Census Bureau, 2014). Due to a greater population of various minority cultures making up the population of Hawai'i, the concept of microaggressions, as evidenced in the REMS, may not be culturally relevant to individuals in Hawai'i. Additionally, mental health seeking (Kim & Omizo, 2003) in

the AAPI community is based on adherence to cultural values (acculturation), potentially affecting the results of the K10.

The low level of reporting for the K10 may be due to lower help-seeking behaviors and identification with mental health issues among the AAPI community. Experiences of microaggressions have been primarily measured with the individuals on the continental United States. As a result, understanding the cultural, racial, and ethnic intersecting identities that comprise this population is unknown. When applying this to the broader continental United States population, this limitation should be considered. Additionally, multiracial and biracial participants were not divided into their respective ethnic categories. The Asian Pacific Islander population consists of a plethora of ethnicities and races. Since multiracial and biracial identities were not further identified, caution should be taken when applying these findings to the greater population of Hawai'i. Further research could additionally compare numerous minorities in order to address whether microaggressions are culturally or ethnically based. Comparing groups could identify the importance and impact of microaggressions within these groups and also identify whether self-identification impacts mental health symptoms and expression.

Furthermore, in order to understand that one is experiencing subtle forms of racism, an individual needs to possess a certain level of awareness and insight. Individuals who come from this population may not be exposed to such forms of subtle racism and may not be aware of such experiences as a result. Individuals from this specific population reside in one county in Hawai'i, this may have impact levels of self-report as probationers may know or be connected to their probation officers outside of the probation relationship.

Third, the potential for participant error was high due to participants in the current study needing assistance while completing the surveys. As a result the potential possible errors that could occur include participant error and response error. Due to probation officers assisting with completion of the surveys, participants may have been less likely to be forthcoming with personal information (mental health and experiences of microaggressions). Due to numerous predictor variables, no patterns or significant regressions emerged as a result of the smaller sample size.

Lastly, participants were obtained through snowball sampling at a probation office. Participation was voluntary and individuals who returned to jail were removed from the sample. This limited the number of individuals who participated in the current research. Additionally, per the Administrator of the Adult Services Branch, based on the education and level of comprehension of probationers', some potential participants were unable to participate as a result of the length of the survey (cognitive functioning, working with probation officers to complete the surveys, disclosing personal information to probation officers, and time restraints probationers had). The perceived difficulties of the survey may have prevented additional probationers' from participating in the study.

Future Research

The current findings provide implications for future research. In order to expand on this research, it would be beneficial to examine individuals who are incarcerated. As the current study addressed individuals who are currently on probation, inmates may present with increased experiences of microaggressions due to their intersecting identities. Additionally, individuals who are on probation typically have a history of jail

incarceration, so the findings would vary based on those incarcerated in jail versus in prison. Sampling individuals who are incarcerated could give rise to better understandings of the experiences that are specific to the population of individuals incarcerated in prison.

Another way in which to expand this research is by looking at a larger population. As individuals in Hawai'i are a small sample of the United States population and a specific population culturally, identifying experiences on a larger scale would provide opportunities for generalization to others. Furthermore, assessing an individual's positive racial regard or racial identity development may assist in teasing extraneous factors. Assessing an individual's racial identity could provide understanding to results that are not significant or individuals who are not aware of subtle forms of racism. Likewise, a better understanding on what mental health means for this culture and population could better help ensure proper assessment, treatment, understanding of cultural identity, and potential mental health diagnosis.

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Appendix A

Tables

Table 1.

Demographics

Variable	N	Range	Mean ± SD
<i>Age</i>	87	18 – 50	34.18 ± 7.64

Variable	N	Percentage
<i>Gender</i>		
<i>Male</i>	52	59.8%
<i>Female</i>	35	40.2%

Variable	N	Percentage
<i>SES</i>		
<i>Low</i>	65	74.7%
<i>Low-middle</i>	22	25.3%

Variable	N	Percentage
<i>Race</i>		
<i>Asian or Asian American</i>	15	17.2%
<i>Native Hawaiian or Other Pacific Islander</i>	18	20.7%
<i>Biracial/Multiracial</i>	54	62.1%

Variable	N	Percentage
<i>Vio Crm</i>		
<i>Yes</i>	38	43.7%
<i>No</i>	49	56.3%
Variable	N	Percentage
<i>Sentence</i>		
<i>0 – 5 Years</i>	29	33.3%
<i>5 – 10 Years</i>	41	47.1%
<i>10 – 15 Years</i>	9	10.3%
<i>15 – 20 Years</i>	5	5.7%
<i>20 – 20+ Years</i>	3	3.4%
Variable	N	Percentage
<i>Fel/Mis</i>		
<i>Felony</i>	24	27.6%
<i>Misdemeanor</i>	33	37.9%
<i>Both</i>	30	34.5%
Variable	N	Percentage
<i>Mn Hlth</i>		
<i>None</i>	39	44.8%
<i>Counseling/Therapy</i>	17	19.5%
<i>Psychiatric Medication</i>	31	35.6%

Note. *N* = 87. *Vio Crm* = Violent Crime; *Fel/Mis* = Felony or

Misdemeanor; *Mn Hlth* = Mental Health Treatment.

Table 2.

*Intercorrelations among Measures of Racial and Ethnic Microaggressions,
Psychological Well-Being, Self-Esteem, and Psychological Distress.*

	1.	2.	3.	4.	5.	6.	7.	8.	9.
1.RMT	1								
2.RYFA	-.197*	1							
3.RYFE	.112	.115	1						
4.RYFP	-.025	.095	.289**	1					
5.RYFO	.114	.120	.326***	.223**	1				
6.RYFL	-.003	.301**	.337***	.241**	.179*	1			
7.RYFS	.167	.107	.172*	.156	.425	.279**	1		
8.RSS	-.083*	-.081	.058	-.123	-.015	-.052	.060	1	
9.KPDS	-.220*	.074	-.080	.018	.137	.157	.028	.178*	1

Note. $N = 87$. RMT = REM Total; RYFA = RYFF Autonomy; RYFE = RYFF Environmental Mastery; RYFP = RYFF Personal Growth; RYFO = RYFF Positive Relations with Others; RYFL = RYFF Purpose in Life; RYFS = RYFF Self-acceptance; RSS = Rosenberg Self-esteem Scale; KPDS = Kessler Psychological Distress Scale.

* $p < .05$

** $p < .01$

*** $p < .001$

Table 3.

Means, Standard Deviations, Kurtosis, and Skewness for Measures of Racial and Ethnic Microaggressions, Psychological Well-Being, Self Esteem, and Psychological Distress.

Variable	M	SD	Range	Kurtosis	Skewness
RMT	2.46	.23	1.09	-.585	.096
RYFA	3.60	.28	1.36	-.213	-.297
RYFE	4.01	.37	2.43	1.77	.351
RYFP	3.51	.34	1.79	.118	-.145
RYFO	3.79	.40	2.64	1.75	-.134
RYFL	4.04	.34	1.79	.10	-.101
RYFS	4.23	.38	1.71	-.463	-.181
RSS	3.02	.32	1.50	.809	-.554
KPDS	2.02	.27	1.47	-.045	.233

Note. $N = 87$. RMT = REM Total; RYFA = RYFF Autonomy; RYFE = RYFF Environmental Mastery; RYFP = RYFF Personal Growth; RYFO = RYFF Positive Relations with Others; RYFL = RYFF Purpose in Life; RYFS = RYFF Self-acceptance; RSS = Rosenberg Self-esteem Scale; KPDS = Kessler Psychological Distress Scale.

Table 4. Summary of Hierarchical Regression Analyses Statistically Predicting Psychological Distress from Measures of Self-Esteem, Racial and Ethnic Microaggressions, and Psychological Well-Being.

Variable	Step 1			Step 2				Step 3			
	β	p	R ²	β	p	R ²	ΔR^2	β	p	R ²	ΔR^2
Outcome: KPDS											
RMT	-.30	.04*	.037	-.28	.05	.07	.03	-.27	.08	.16	.08
RSS				.19	.13			.23	.08		
RYFA								-.01	.92		
RYFE								-.17	.09		
RYFP								.01	.95		
RYFO								.17	.08		
RYFL								.20	.07		
RYFS								-.06	.57		

Note. $N = 87$. RMT = REM Total; RYFA = RYFF Autonomy; RYFE = RYFF Environmental Mastery; RYFP = RYFF Personal Growth; RYFO = RYFF Positive Relations with Others; RYFL = RYFF Purpose in Life; RYFS = RYFF Self-acceptance; RSS = Rosenberg Self-esteem Scale; KPDS = Kessler Psychological Distress Scale.
* = Model significance and significance of increment

Table 5.

Intercorrelations among Measures of Racial and Ethnic Microaggressions subscales, Psychological Well-Being, Self-Esteem, and Psychological Distress.

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.
1.RMA	1													
2.RMS	.23**	1												
3.RMM	.25**	.27	1											
4.RMEX	.19*	.21	.24**	1										
5.RMEN	-.16	.23	.07	.23**	1									
6.RMW	.14	.21	.19*	.19*	.10	1								
7.RYFA	-.08	-.02	-.13	-.15	-.14	-.14	1							
8.RYFE	.15	.09	.09	.01	-.07	.10	.12	1						
9.RYFP	.03	.120	-.10	.04	-.17*	-.01	.01	.28**	1					
10.RYFO	.19*	.02	-.04	.07	-.26**	.33***	.12	.32***	.22**	1				
11.RYFL	.02	-.02	-.03	.03	-.02	-.02	-.30**	.34***	.24**	.18*	1			
12.RYFS	.22	.01	-.03	.16	-.13	.18*	.11	.17*	.16	.42***	.28**	1		
13.RSS	.01	-.127	-.09	-.16	-.04	.06	-.08	.06	-.12	-.02	-.05	.06	1	
14.KPDS	-.02	-.17*	-.23	-.23**	-.08	-.13	.07	-.08	.02	.14	.16	.03	.17*	1

Note. $N = 87$. RMA = REM Assumptions; RMS = REM Second-Class; RMM = REM Microinvalidations; RMEX = REM Exotic.; RMEN = REM Environ.; RMW = REM Workplace; RYFA = RYFF Autonomy; RYFE = RYFF Environmental Mastery; RYFP = RYFF Personal Growth; RYFO = RYFF Positive Relations with Others; RYFL = RYFF Purpose in Life; RYFS = RYFF Self-acceptance; RSS = Rosenberg Self-esteem Scale; KPDS = Kessler Psychological Distress Scale. * $p < .05$, ** $p < .01$, *** $p < .001$

Appendix B

Key Terms

Criminal Record: The legal paperwork trail that follows an individual's crimes. This could include a list of the individuals past criminal convictions leading back to juvenile history (Kurlychek, Brame, & Bushway, 2006).

Discrimination: Racial discrimination is a pervasive phenomenon in the lives of many racial minorities. It can take the form of both blatant (e.g., being called a derogatory name) and subtle (e.g., being stared at by security guards while shopping) behaviors that permeate the daily lives of individuals (Nadal, 2011).

Ethnic Minorities: The following are defined by the United Census Bureau (2010) as ethnic minorities:

- “Black of African American” refers to a person having origins in any of the Black racial groups of Africa. It includes people who indicated their race(s) as “Black, African American, or Negro” or reported entries such as African American, Kenyan, Nigerian, or Haitian.
- “American Indian or Alaska Native” refers to a person having origins of the original peoples of North and South American (including Central American) and who maintains tribal affiliation or community attachment. This category includes people who indicated their race(s) as “American Indians or Alaska Native” or

reported their enrolled or principal tribe, such as Navajo, Blackfeet, Inupiat, Yup'ik, or Central American Indian groups or South American Indian groups.

- “Asian” refers to a person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes people who indicated their race(s) as “Asian” or reported entries such as “Asian Indian”, “Chinese,” “Filipino,” “Korean,” “Japanese,” “Vietnamese,” and “other Asian” or provided detailed Asian responses.
- “Native Hawaiian or Other Pacific Islander” refers to a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicated their race(s) as “Pacific Islander” or reported entries such as “Native Hawaiian,” “Guamanian or Chamorro,” “Samoan,” and “Other Pacific Islander” or provided other detailed Pacific Islander responses.
- “Some other Race” includes all other responses not included in the White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander race categories described above. Respondents reporting entries such as multiracial, mixed, interracial, or a Hispanic or Latino group (for example, Mexican, Puerto Rican, Cuban, or Spanish) in response to the race question are included in this category.

Forensic population: Individuals who are in contact with the legal system either through arrests, court, incarceration or probation/parole (Melton, Petrila, Poythress, Slobogin, Lyons, & Otto, 2007).

Imprisonment rate: The number of prisoners under state or federal jurisdiction sentenced to more than 1 year per 100,000 U.S. residents of all ages (Carson & Golinelli, 2013).

Incarceration: includes the detention of individuals in a detention center, prison, or jail. This detention could be overnight or longer (Carson, 2014).

In-group identification: The identification an individual has towards their ethnic or racial group (Gomez, 2015). This identification leads to the amount of association an individual has with their ethnic or racial group. Additionally, the practices, beliefs, and customs that are practiced as a result of identification with ones ethnic or racial identity.

Jail: Inmates are individuals who either have yet to be convicted of a crime or have been sentenced to a year or less for their crime (James & Glaze, 2006).

Microaggressions: Racial microaggressions are brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color (Sue, Capodilupo, & Holder 2008). These experiences are outward manifestations of internal biases including racism/sexism/heterosexism and are oftentimes based on denial of differences between individuals (Sue & Sue, 2008). Micoraggressions are a perception that are typically not intended or enacted in a vicious manner, but can be highly degrading and invalidating to the recipient (Sue & Sue, 2008).

Mental Illness: A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflect a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant

distress in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and the society are not mental disorders unless the deviance or conflict result from a dysfunction in the individual, as described above (APA, 2012).

Prison: State prisoners are identified as those who are under State Department of Correction custody. These are typically individuals who commit state crimes and have been sentenced to greater than a year of incarceration.

Those that are identified as federal prisoners are individuals who have committed federal crimes (James & Glaze, 2006).

Psychological Well-Being: Consists of six dimensions that were identified as aspects of what makes a person happy. The six factors are: self-acceptance, positive relations with others, autonomy, environments mastery, purpose in life, and personal growth (Ryff, 1989). As stated by Ryff (1995),

...these six dimensions encompass a breadth of wellness that includes positive evaluations of one's self and one's life, a sense of continued growth and development as a person, the belief that life is purposeful and meaningful, the possession of a good relationships with other people, the capacity to manage one's life and the surrounding world effectively, and ta sense of self-determination (pp. 99).

Race-related stress: Stress that is experienced by people of racial minorities that

occurs due to encounters with racial discrimination has been termed race related stress by Utsey & Poterotto (1996).

Racism: A shorthand term for almost any expression or act to which a discriminatory motivation is being ascribed, and without addressing questions of definition (Nadal, 2011).

Trauma Stress: As related to microaggressions, traumatic stress is a response to negative events that are often hostile, unexpected, and results in a lack of control (Carter, 2007; Flores, Tschann, Dimas, Pasch & de Groat, 2010)

War on drugs: A law passed in 1971 by President Richard Nixon in order to curb the perceived increase of drug use. This renewed focus on drugs and transformed drug laws and policies have significantly contributed to the increased rates of incarceration (Alexander, 2010).

Appendix C



DU IRB Approval Date: 12/12/2016

Valid for Use Through: 12/12/2017

“The Effects of Microaggressions on Probationers’ Psychological Well-Being” Informed Consent

You are invited to participate in a research study entitled “The Effects of Microaggressions on Probationers’ Psychological Well-Being”. The study is conducted by Whitney Fujii-Doe, MA, and can be reached at 1999 East Evans Ave, Denver Co 80208. This project is supervised by Dr. Ruth Chao, Department of Counseling Psychology, 1999 East Evans Ave., University of Denver, Denver, CO 80208, or (303) 871-2556. This project has been approved by the Institutional Review Board of the University of Denver.

The purpose of this research is to understand the experiences of individuals with experiences of perceived microaggressions and psychological well-being. Microaggressions can be defined as subtle forms of racism. It is the result of ignorant attitudes expressed by people towards people of minority status. If you decide to participate, you will be asked to complete a demographics questionnaire as well as three surveys (microaggression, psychological well-being, and psychological distress scales). Participation should take about 10-30 minutes and will be completed within one day.

The foreseeable risks of participation in this study are minimal. In order to minimize these risks, a mental health referral will be available for a debriefing after completing the surveys. The possible benefits to you are being able to validate your experiences with microaggressions. The potential benefits to society are gaining a better understanding of those who have a history of being incarcerated and their mental health as well as needed mental health treatment. Your participation in this study is completely voluntary. You have a right to refuse to participate without consequences.

If you decide to participate, you may discontinue participation at any time. You may refuse to answer any specific questions or refuse to engage in any task at any time during the study. Withdrawal or refusing to answer specific questions or engage in specific tasks will not result in any consequences to you and will not affect your relationship with the University of Denver, Maui Probation Office, or anyone affiliated with this project.

The researcher will ensure your responses will be confidential. That means that no one will be able to connect your identity with the information you give. Please do not write your name anywhere on the questionnaire. Surveys will be double locked during transport, analysis, and storage. Only the researcher will have access to your individual data and any reports generated as a result of this study will use group averages and

paraphrased wording. Your individual identity will be kept private when information is presented or published about this study.

Your signing below means that you have read this consent form, that you fully understand the nature of participation. No inducements or incentives will be provided for your participation in the research. Declining to participate will not affect your relationship with DU, the probation office, or any current charges. Additionally, participation in this study will not reflect on or assist in your legal case(s).

If you have any questions about this project or your participation, please feel free to ask questions now or contact Whitney Fujii-Doe at 1999 E. Evans Ave., Denver CO 80208 or at microaggressiondissertation@gmail.com at any time. Additionally, you may ask your probation officer to contact the researcher via telephone with any questions you may have. If you have any questions or concerns about your research participation or rights as a participant, you may contact the DU Human Research Protections Program by emailing IRBAdmin@du.edu or calling (303) 871-2121 to speak to someone other than the researchers.

Please take all the time you need to read through this document and decide whether you would like to participate in this research study. If you agree to participate in this research study, please sign below. You will be given a copy of this form for your records.

Participant Signature

Date

General Instructions:

You will be asked to answer questions regarding your mental health, experiences you've had, as well as personal facts. The following pages should take around 30-45 minutes. You are free to withdraw from this research at any time. Furthermore, if you have any questions regarding any questions that you are asked, anything you do not understand, or any questions in general, please feel free to contact the Principal investigator or your probation officer.

You will be given specific instructions for the surveys at the top of each page.

Demographic

1. What is your Age?
2. What is your gender?
 - a. Male
 - b. Female
 - c. Transgender
3. How would you describe your race/ethnicity? (SELECT ALL THAT APPLY)
 - a. American Indian or Alaska Native
 - b. Asian or Asian American
 - c. Black or African American
 - d. Hispanic or Latino/Latina
 - e. Native Hawaiian or other Pacific Islander
 - f. White
 - g. Biracial/Multiracial
 - h. Other
4. How would you describe your Socioeconomic Status (SES)?
 - a. Low
 - b. Low-middle
 - c. Middle
 - d. Middle-upper
 - e. Upper class
5. Was your index crime violent?
 - a. Y
 - b. N
6. What is your sentence?
 - a. 0-5 years
 - b. 5-10 years
 - c. 10-15 years
 - d. 15-20 years

e. 20+years

7. Have you had:

a. Felony

b. Misdemeanor

c. Both

8. Have you ever received mental health assistance?

a. Counseling/Therapy

b. Psychiatric medication

c. Groups

d. Family counseling

e. Couples counseling

RACIAL AND ETHNIC MICROAGGRESSIONS SCALE (REMS)

Instructions: Think about your experiences with race. Please read each item and think of how many times this event has happened to you in the PAST SIX MONTHS. Please indicate your response using the following scale. Racial Microaggressions can be defined as subtle forms of racism specific to your racial and ethnic identification.

0= I did not experience this event.

1= I experienced this event 1 time in the past six months.

2= I experienced this event 2 times in the past six months.

3= I experienced this event 3 times in the past six months.

4= I experienced this event 4 times in the past six months.

5= I experienced this event 5 or more times.

- _____ 1. I was ignored at school or at work because of my race.
- _____ 2. Someone's body language showed they were scared of me, because of my race.
- _____ 3. Someone assumed that I spoke a language other than English.
- _____ 4. I was told that I should not complain about race.
- _____ 5. Someone assumed that I grew up in a particular neighborhood because of my race.
- _____ 6. Someone avoided walking near me on the street because of my race.
- _____ 7. Someone told me that she or he was colorblind.
- _____ 8. Someone avoided sitting next to me in a public space (e.g., restaurants, movie theaters, subways, buses) because of my race.
- _____ 9. Someone assumed that I would not be intelligent because of my race.
- _____ 10. I was told that I complain about race too much.
- _____ 11. I received substandard service in stores compared to customers of other racial groups.
- _____ 12. I observed people of my race in prominent positions at my workplace or school.
- _____ 13. Someone wanted to date me only because of my race.
- _____ 14. I was told that people of all racial groups experience the same obstacles.
- _____ 15. My opinion was overlooked in a group discussion because of my race.
- _____ 16. Someone assumed that my work would be inferior to people of other racial

groups.

_____ 17. Someone acted surprised at my scholastic or professional success because of my race.

_____ 18. I observed that people of my race were the CEOs of major corporations.

Instructions: Think about your experiences with race. Please read each item and think of how many times this event has happened to you in the PAST SIX MONTHS. Please indicate your response using the following scale. Racial Microaggressions can be defined as subtle forms of racism specific to your racial and ethnic identification.

0= I did not experience this event.

1= I experienced this event 1 time in the past six months.

2= I experienced this event 2 times in the past six months.

3= I experienced this event 3 times in the past six months.

4= I experienced this event 4 times in the past six months.

5= I experienced this event 5 or more times.

_____ 19. I observed people of my race portrayed positively on television.

_____ 20. Someone did not believe me when I told them I was born in the US.

_____ 21. Someone assumed that I would not be educated because of my race.

_____ 22. Someone told me that I was “articulate” after she/he assumed I wouldn’t be.

_____ 23. Someone told me that all people in my racial group are all the same.

_____ 24. I observed people of my race portrayed positively in magazines.

_____ 25. An employer or co-worker was unfriendly or unwelcoming toward me because of my race.

_____ 26. I was told that people of color do not experience racism anymore.

_____ 27. Someone told me that they “don’t see color.”

_____ 28. I read popular books or magazines in which a majority of contributions featured people from my racial group.

_____ 29. Someone asked me to teach them words in my “native language.”

_____ 30. Someone told me that they do not see race.

_____ 31. Someone clenched her/his purse or wallet upon seeing me because of my race.

_____ 32. Someone assumed that I would have a lower education because of my race.

_____ 33. Someone of a different racial group has stated that there is no difference

between the two of us.

- _____34. Someone assumed that I would physically hurt them because of my race.
- _____35. Someone assumed that I ate foods associated with my race/culture every day.
- _____36. Someone assumed that I held a lower paying job because of my race.
- _____37. I observed people of my race portrayed positively in movies.

Instructions: Think about your experiences with race. Please read each item and think of how many times this event has happened to you in the PAST SIX MONTHS. Please indicate your response using the following scale. Racial Microaggressions can be defined as subtle forms of racism specific to your racial and ethnic identification.

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3= I experienced this event 3 times in the past six months.

4= I experienced this event 4 times in the past six months.

5= I experienced this event 5 or more times.

- _____38. Someone assumed that I was poor because of my race.
- _____39. Someone told me that people should not think about race anymore.
- _____40. Someone avoided eye contact with me because of my race.
- _____41. I observed that someone of my race is a government official in my state
- _____42. Someone told me that all people in my racial group look alike.
- _____43. Someone objectified one of my physical features because of my race.
- _____44. An employer or co-worker treated me differently than White co-workers.
- _____45. Someone assumed that I speak similar languages to other people in my race

RYFF PSYCHOLOGICAL WELL-BEING SCALE

AUTONOMY

Instructions: **Please respond using the following scale:**

1-----2-----3-----4-----5-----6
STRONGLYMODERATELY SLIGHTLY SLIGHTLY MODERATELYSTRONGLY
DISAGREE DISAGREE DISAGREE AGREE AGREE AGREE

- _____ 1. Sometimes I change the way I act or think to be more like those around me.
- _____ 2. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.
- _____ 3. My decisions are not usually influenced by what everyone else is doing.
- _____ 4. I tend to worry about what other people think of me.
- _____ 5. Being happy with myself is more important to me than having others approve of me.
- _____ 6. I tend to be influenced by people with strong opinions.
- _____ 7. People rarely talk me into doing things I don't want to do.
- _____ 8. It is more important to me to "fit in" with others than to stand alone on my principles.
- _____ 9. I have confidence in my opinions, even if they are contrary to the general consensus.
- _____ 10. It's difficult for me to voice my own opinions on controversial matters.
- _____ 11. I often change my mind about decisions if my friends or family disagree.
- _____ 12. I am not the kind of person who gives in to social pressures to think or act in certain ways.
- _____ 13. I am concerned about how other people evaluate the choices I have made in my life.
- _____ 14. I judge myself by what I think is important, not by the values of what others think is important.

ENVIRONMENTAL MASTERY

Please respond using the following scale:

1-----2-----3-----4-----5-----6
STRONGLY MODERATELY SLIGHTLY SLIGHTLY MODERATELY STRONGLY
DISAGREE DISAGREE DISAGREE AGREE AGREE AGREE

- _____ 1. In general, I feel I am in charge of the situation in which I live.
- _____ 2. The demands of everyday life often get me down.
- _____ 3. I do not fit very well with the people and the community around me.
- _____ 4. I am quite good at managing the many responsibilities of my daily life.
- _____ 5. I often feel overwhelmed by my responsibilities.
- _____ 6. If I were unhappy with my living situation, I would take effective steps to change it.
- _____ 7. I generally do a good job of taking care of my personal finances and affairs.
- _____ 8. I find it stressful that I can't keep up with all of the things I have to do each day.
- _____ 9. I am good at juggling my time so that I can fit everything in that needs to get done.
- _____ 10. My daily life is busy, but I derive a sense of satisfaction from keeping up with everything.
- _____ 11. I get frustrated when trying to plan my daily activities because I never accomplish the things I set out to do.
- _____ 12. My efforts to find the kinds of activities and relationships that I need have been quite successful.
- _____ 13. I have difficulty arranging my life in a way that is satisfying to me.
- _____ 14. I have been able to build a home and a lifestyle for myself that is much to my liking.

PERSONAL GROWTH

Please respond using the following scale:

1-----2-----3-----4-----5-----6
STRONGLY MODERATELY SLIGHTLY SLIGHTLY MODERATELY STRONGLY
DISAGREE DISAGREE DISAGREE AGREE AGREE AGREE

- _____ 1. I am not interested in activities that will expand my horizons.
- _____ 2. In general, I feel that I continue to learn more about myself as time goes by.
- _____ 3. I am the kind of person who likes to give new things a try.
- _____ 4. I don't want to try new ways of doing things--my life is fine the way it is.
- _____ 5. I think it is important to have new experiences that challenge how you think about yourself and the world.
- _____ 6. When I think about it, I haven't really improved much as a person over the years.
- _____ 7. In my view, people of every age are able to continue growing and developing.
- _____ 8. With time, I have gained a lot of insight about life that has made me a stronger, more capable person.
- _____ 9. I have the sense that I have developed a lot as a person over time.
- _____ 10. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.
- _____ 11. For me, life has been a continuous process of learning, changing, and growth.
- _____ 12. I enjoy seeing how my views have changed and matured over the years.
- _____ 13. I gave up trying to make big improvements or changes in my life a long time ago.
- _____ 14. There is truth to the saying you can't teach an old dog new tricks.

POSITIVE RELATIONS WITH OTHERS

Please respond using the following scale:

1-----2-----3-----4-----5-----6
STRONGLY MODERATELY SLIGHTLY SLIGHTLY MODERATELY STRONGLY
DISAGREE DISAGREE DISAGREE AGREE AGREE AGREE

- _____ 1. Most people see me as loving and affectionate.
- _____ 2. Maintaining close relationships has been difficult and frustrating for me
- _____ 3. I often feel lonely because I have few close friends with whom to share my concerns.
- _____ 4. I enjoy personal and mutual conversations with family members or friends.
- _____ 5. It is important to me to be a good listener when close friends talk to me about their problems.
- _____ 6. I don't have many people who want to listen when I need to talk.
- _____ 7. I feel like I get a lot out of my friendships.
- _____ 8. It seems to me that most other people have more friends than I do.
- _____ 9. People would describe me as a giving person, willing to share my time with others.
- _____ 10. I have not experienced many warm and trusting relationships with others.
- _____ 11. I often feel like I'm on the outside looking in when it comes to friendships.
- _____ 12. I know that I can trust my friends, and they know they can trust me.
- _____ 13. I find it difficult to really open up when I talk with others.
- _____ 14. My friends and I sympathize with each other's problems.

PURPOSE IN LIFE

Please respond using the following scale:

1-----2-----3-----4-----5-----6
STRONGLY MODERATELY SLIGHTLY SLIGHTLY MODERATELY STRONGLY
DISAGREE DISAGREE DISAGREE AGREE AGREE AGREE

- _____ 1. I feel good when I think of what I've done in the past and what I hope to do in the future.
- _____ 2. I live life one day at a time and don't really think about the future.
- _____ 3. I tend to focus on the present, because the future nearly always brings me problems.
- _____ 4. I have a sense of direction and purpose in life.
- _____ 5. My daily activities often seem trivial and unimportant to me.
- _____ 6. I don't have a good sense of what it is I'm trying to accomplish in life.
- _____ 7. I used to set goals for myself, but that now seems like a waste of time.
- _____ 8. I enjoy making plans for the future and working to make them a reality.
- _____ 9. I am an active person in carrying out the plans I set for myself.
- _____ 10. Some people wander aimlessly through life, but I am not one of them.
- _____ 11. I sometimes feel as if I've done all there is to do in life.
- _____ 12. My aims in life have been more a source of satisfaction than frustration to me.
- _____ 13. I find it satisfying to think about what I have accomplished in life.
- _____ 14. In the final analysis, I'm not so sure that my life adds up to much.

SELF-ACCEPTANCE

Please respond using the following scale:

1-----2-----3-----4-----5-----6
STRONGLY MODERATELY SLIGHTLY SLIGHTLY MODERATESTRONGLY
DISAGREE DISAGREE DISAGREE AGREE AGREE AGREE

- _____ 1. When I look at the story of my life, I am pleased with how things have turned out.
- _____ 2. In general, I feel confident and positive about myself.
- _____ 3. I feel like many of the people I know have gotten more out of life than I have.
- _____ 4. Given the opportunity, there are many things about myself that I would change.
- _____ 5. I like most aspects of my personality.
- _____ 6. I made some mistakes in the past, but I feel that all in all everything has worked out for the best.
- _____ 7. In many ways, I feel disappointed about my achievements in life.
- _____ 8. For the most part, I am proud of who I am and the life I lead.
- _____ 9. I envy many people for the lives they lead.
- _____ 10. My attitude about myself is probably not as positive as most people feel about themselves.
- _____ 11. Many days I wake up feeling discouraged about how I have lived my life.
- _____ 12. The past had its ups and downs, but in general, I wouldn't want to change it.
- _____ 13. When I compare myself to friends and acquaintances, it makes me feel good about who I am.
- _____ 14. Everyone has their weaknesses, but I seem to have more than my share.

ROSENBERG SELF-ESTEEM SCALE (SES)

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

1-----2-----3-----4
STRONGLY AGREE AGREE DISAGREE STRONGLY DISAGREE

- _____ 1. On the whole, I am satisfied with myself.
- _____ 2. At times I think I am no good at all.
- _____ 3. I feel that I have a number of good qualities.
- _____ 4. I am able to do things as well as most other people.
- _____ 5. I feel I do not have much to be proud of.
- _____ 6. I certainly feel useless at times.
- _____ 7. I feel that I'm a person of worth, at least on an equal plane with others.
- _____ 8. I wish I could have more respect for myself.
- _____ 9. All in all, I am inclined to feel that I am a failure.
- _____ 10. I take a positive attitude toward myself.

KESSLER PSYCHOLOGICAL DISTRESS SCALE (K10)

During the past 30 days, how often did you...

1-----2-----3-----4-----5
NONE OF A LITTLE OF SOME OF MOST OF ALL OF
THE TIME THE TIME THE TIME THE TIME THE TIME

_____ 1. During the last 30 days, about how often did you feel tired out for no good reason?

_____ 2. During the last 30 days, about how often did you feel nervous?

_____ 3. During the last 30 days, about how often did you feel so nervous that nothing could calm you down?

_____ 4. During the last 30 days, about how often did you feel hopeless?

_____ 5. During the last 30 days, about how often did you feel restless or fidgety?

_____ 6. During the last 30 days, how often did you feel so restless you could not sit still?

_____ 7. During the last 30 days, hoe often did you feel depressed?

_____ 8. During the last 30 days, about how often did you feel that everything was an effort?

_____ 9. During the last 30 days, about how often did you feel so sad that nothing could cheer you up?

_____ 10. During the last 30 days, about how often did you feel worthless?

Local and National Mental Health Referrals

If for any reason you feel distressed by anything discussed in the surveys today, it may be a good idea to seek mental health assistance. Here is a list of referrals that you may be interested in talking with. All of these agencies are competent in working with diverse populations.

Access Line.....	1-800-753-6879
Adult Mental Health Center.....	808-984-2150
Hale ‘O Lanikila	808-984-2156
Maui Youth and Family Service Emergency Shelter.....	808-579-8406
Maui Family Guidance Center.....	808-243-1252
Non-Emergency Police.....	808-244-6400
Sexual Assault Crisis Line.....	808-873-8624
Women helping Women.....	808-579-9581