

Evan Auguste *Editor*

The Carceral State, Forensic Psychology, and Black Resistance

“Let Them Not Be Forgotten”

 Springer

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Foreword

Let them not be forgotten.

Let their names tattoo the platelets in our blood
And be carved into the enamels of our teeth.

Let them not be forgotten

Let their anguish drive us, their despair embolden us their wisdom wire our nervous systems and Coil within the curvature of our spines.

Let them not be forgotten

Let the lineage continue.

Let all ancestor Black psychologists, rootworkers, healers, abolitionists, farmers, free and mad people *be with us*

Resting forever on the edge of the moon rise; pulling the tide ever closer to the shore

Whispering through the oceans angry purple waves;

Let us not be forgotten.

Let us guide your hands, and grow your harvest.

Black forensic psychologists hold the sacred role of protecting our people's spirits, bodies, and minds from white supremacist legal systems.

They are not the only people called to this task, nor shall they be the last.

They are a part of a rich tapestry of resistance across the Black diaspora, one of many lineages of healers called to arms by our ancestors to invoke a new reality.

To do this work, Black forensic psychologists have to tap into systems designed to destroy us, and learn how to turn the tide. They have to know the layers of Anglo Saxon law better than their white counterparts, and call upon psychological frameworks seeded by the same hatred that hold our people hostage across the world.

The task is great. The sacrifices are considerable. There is no way to evade the trauma of merging into the machine of death making and despair that is the American legal system.

Yet, as this collection reflects, the inheritors of this legacy still shine—as radiant obsidian stars, calling in a new era of healing, care, and spiritual prosperity for all of us.

While every contributor to this anthology is not a forensic psychologist, every contributor here is invoking the work of forensic abolition. They are following in the traditions of Dr. Thomas Hilliard, Dr. Robert L. Williams, and Dr. Mamie Clark. They are mobilizing the methods of the dominant system alongside our radical traditions, to analyze and alchemize a system of equity and dignity into existence.

Every contributor to this anthology may also not see themselves as an abolitionist; yet, they still carry and continue the great works of Queen Nanny of Jamaica, General Antonio Maceo of Cuba, Cécile Fatiman of Ayiti, Nat Turner of the United States, Marcus of the Woods from St. Kitts, Pacifico Licutan of Brasil, and the many more who we cannot forget, because within us, each of them prospers.

Even as we hold these ancestral truth(s), we must also hold that this **work is not always a spiritual proclamation**. It is more often than not, mundane. It is filled with paperwork, policies, case notes, racism, and magnitudes of misogynoir. There are many failures amassed in the evaluations, interviews, and testimonials and there are many long nights that lead to lost lives.

To do the work of abolition we have to weather many psychological storms.

But for the storms that are to come, *Let Them Not Be Forgotten* is a sanctuary and a shelter. These pages protect, guide, and affirm radical Black psychology, forensic abolition, healing justice, womanist, and Black feminist movements. These offerings of stories, struggles, and reimaginings remind us of the sacred lineage from which we come from.

They are the reminders we need when white supremacy wants us to underestimate our power. The reminder that we have watched these systems rise and we have helped to build them. The reminder that we know them better than their architects, because it is our hands *that have held the moldings in place*. The reminder that in our DNA the wisdom of the original maroons, rebels, and rootworkers lives on; and that they can never be forgotten, *as long as we choose to remember ourselves*.

Black Emotional Mental Health
Collective, Culver City, CA, USA

Yolo Akili Robinson

Acknowledgments

This volume is the product of collective wisdom, guidance, and unwavering support from communities of healers, scholars, and organizers who remain steadfast in their commitment to collective liberation from carceral systems.

I extend my deepest gratitude to my *jegnas*, whose mentorship has provided the consistent motivation to invest in the field of Black psychology and its vital role in serving populations enduring ongoing state violence. In particular, I thank Dr. Mark Bolden for his early encouragement and for demonstrating that the bridge between Black psychology and forensic practice is worth tending to. I am also grateful to Dr. Afiya Mbilishaka for reading drafts and offering insights that sharpened the conception of this volume and to Dr. Jermaine Robertson for critically engaging with the work to ensure it speaks to the depth of our field. Dr. Sharon Bethea, I deeply appreciate your support in approving my request to access the Association of Black Psychologists archive, allowing this project to be grounded in the history of our intellectual tradition.

To the elders who lent their voices, wisdom, and time to this project—Dr. Wade Nobles, Dr. Patricia Canson-Griffith, Dr. Lawford Goddard, Dr. Linda James Myers, and Dr. Matthew Johnson—your interviews, insights, and encouragement have fortified this work and ensured that it honors the earliest hopes of Black psychology.

I am also indebted to my friends and colleagues, including Dr. Jarvis Givens, whose work ethic pushed me to think more critically and write with greater clarity. Dr. Jennifer Mullen, thank you for offering your time and brilliance in reading drafts. Dr. Barry Rosenfeld, I appreciate your encouragement and the ways you challenged me to refine my ideas. Dr. Liz Roemer, for providing guidance as I navigated the process of negotiating and editing a volume. Dr. Jamee Carroll, your help in clarifying my conceptual thinking was invaluable in organizing this volume. To Sherryn Luma, I am deeply grateful for your consistent support in coordinating with contributors and ensuring this volume crossed the finish line.

Eternal gratitude goes to my family and loved ones—Louis-Joseph Auguste, Edith Auguste, Lloyd Vance, Eugenia Acuña, Elmo Doig, Camilo Doig-Acuña, Dante Doig-Acuña, and Maya Doig-Acuña—whose presence, patience, and love have sustained me throughout this process.

Finally, to the innumerable political prisoners, psychiatric survivors, and community healers, thank you for relentlessly pushing the boundaries of how we envision freedom and for reclaiming ways of reorganizing our practices in service to wellness, resistance, and liberation. This volume stands as a testament to Black resistance, forensic psychology, and the enduring power of community. Let them not be forgotten.

Introduction

As I worked on this volume one morning last December while visiting my parents, my mother drifted into her kitchen where I had set up shop. As we had breakfast together, I shared updates with her, circling through the same topics characteristic of many early career Black psychologists: the lack of time to get writing done, the sheer number of emails requesting services, and the uncertainty of how to possibly meet the urgent needs of people in crisis now and in the future. At a certain point, my mother, as she often does, turned the conversation to her childhood upbringing in a small town in rural Virginia. Smiling, she reflected on “the forest man” that she and her siblings often saw meandering through the woods around town. Issam, she explained, was an unhoused man that everyone in town knew, but could not surmise whose family he belonged to.

But that wasn’t fully true. My mother shared that every Sunday morning before church, many families would cook just a bit extra. Everyone knew that when they would all go to service, Issam would come around looking for food. He would show up to peoples’ homes to find an assortment of foods that had been left on window-sills specifically for him. He would take just enough to feed himself and move on. It was a tradition among the Black families to make sure everyone in town stayed fed, including those without a house of their own. Issam’s story, a product of a segregated Black town, reflected a particular politic and a particular sense of justice endemic to many such communities. A sense of politic rooted in care, faith, and community even while submerged in the realities of Jim Crow apartheid. A sense of justice that saw Issam as enough family to light a smile on the face of my mother more than half a century later.

I thought of Issam as I processed the verdict of Jordan Neely’s murder trial. Neely was an unhoused 30-year-old Black man living in New York City. On May 1, 2023, he boarded the subway and professed his need for food, water, and support. Neely lived in a different place and time though. In New York City’s public imagination, the bodies of unhoused mad Black people have been rendered the stuff of nightmare. Many on the subway thus responded to Neely with fear, and Daniel Penny, a white 24-year-old veteran, responded with a chokehold, ending Neely’s life. Tabloids categorized Neely as emblematic of the risk that mental illness posed

to all citizens, and Penny as some form of vigilante hero protecting community order. Less than a week after Penny's lawyers secured a not guilty verdict for him, he was photographed smiling next to then President-Elect Donald Trump.

To be clear, a guilty verdict for Penny could not have brought about the type of justice that could have saved Neely's life, and this is the point. As constituted, prevailing theories of criminology, law, and statecraft have been weaponized to erase the community connections that serve as the just bedrock to protect and value Black lives. Instead, the crises of Black people are used to fuel the insidious growth of carceral institutions to erase the very people in dire need of aid.

As a forensic psychologist, I have had the "privilege" of working with the very people whose worst days serve as content for true crime narratives and news channel special reports. For myself, and many of my colleagues, what often stands out is how profoundly human these people are. The "Super Predators" that have shaped decades of punitive state policy are Black boys and girls often submerged in years of institutional deprivation, intergenerational trauma, and systemic violence who nonetheless strive for community. Some grow to be the unhoused people living with madness whose bodies serve as political capital for fearmongering. Others grow to be the community leaders whose activism is stifled even as it is used as pretext for violent crackdowns and outsized state charges. As Black forensic psychologists, the consequences of these political decisions show up vividly in our reports and formulations, even as many of us are forced to pretend that people's crimes are rooted in individual deficit.

As a framework for more precisely and truthfully situating our observations, Burden-Stelley (2024) offers the Structural Location of Blackness to describe an economic relationship shaping U.S. statecraft via capitalist racism. This framework elucidates a political order that profits off the material despair of Black peoples. It is an order that continues to evidence itself as the U.S. continues to pour funding into carceral strategies in response to the plights of Black people, independent of, and in direct opposition to, Black civic engagement, Black collective organizing, and Black studies. Indeed, the evidence is clear: Black peoples' popular support for political outcomes often make these policies less likely to materialize (Board, 2022). In response to the largest mass mobilization of Black people for police reform and abolition in the nation's history, police budgets in fact ballooned (Ebbinghaus et al., 2024). State hospitals continue to be the primary mode of treatment for Black people in the most severe of crises despite World Health Organization reports of mass human rights abuse, and clear studies that prove the efficacy of communal options of care (Auguste et al., 2023; Statsny et al., 2024). These very institutions of coercion and control are then used to further suppress Black political will (Johnson, 2024; Porter-Cash, 2024). It becomes clear why scholars from Harold Cruse to Kwame Ture described the material and psychological conditions of Black people in the United States as that of an internal colony.

Within the field of Black psychology, Kobi Kambon was clear that our sciences and practices must be dedicated to the political liberation of African peoples. Kambon (2006) articulated a specific mode of political oppression through the militaristic imposition of European cultural and definitional systems that prevented

African people from determining their political, spiritual, and communal realities. Liberation, then, looked like sovereignty and cultural control for African people. Indeed, Kambon previously articulated how many of the post-reconstruction Black towns in the U.S. were as African as anywhere on the African continent due to their practiced commitment to freely organize their own communities. I like to believe Issam's strategies of community survival, in my mom's hometown in Virginia, could have attested to this. Kambon emerged among a cohort of Black psychologists who generated theory, clinical practice, and research paradigms concerned with psychopolitical and cultural needs of Black people in the U.S. and abroad. In the modern day, major psychological associations have dedicated conferences to topics such as anti-racism, decolonization, and liberation. It has always been curious, however, that the subfield of forensic psychology has remained relatively untouched as other psychologists seek methods of cultural and political responsiveness to Black people.

Forensic psychology is defined as the practice-based subdiscipline concerned with the application of psychological concepts, skills, and research to the law to assist in legal proceedings (APLS Practice Committee, 2021). This edited volume, *The Carceral State, Forensic Psychology, and Black Resistance: "Let Them Not Be Forgotten"*, seeks to answer repeated calls, such as those by Thomas Hilliard (1978), Robert Carter and colleagues (2007), and Brittany Wells and Antoinette Kavanagh (2022) to take seriously the field of forensic psychology as a strategic and essential tool in protecting Black populations from a criminal legal system that continues to target them, and other vulnerable populations, for capture. This project also draws on Adegboyega Ogunlesi and Adegboyega Ogunwale's (2021) urgent creativity to develop forensic psychological frameworks in African contexts. While forensic psychologists in the U.S. have been responsible for much of the growth of this field, very little of the work has been done with a clear view of the political realities of the disproportionately African-descendent populations they work with.

As such, this volume is an attempt to meet the needs of Black populations for meaningful safety and care by revealing, honoring, and co-creating theory, clinical practice, assessment, and advocacy through the field of forensic psychology. We do this by honoring the experiments in justice by African peoples throughout time to refine our approaches for the future.

A Note on Axiology

As noted by Burton (2024) the most radical of Black resistance to criminal legal violence has always involved a diversity of philosophical approaches. Among those incarcerated people who led the Attica Revolt, for instance, Burton (2024, p. 40) notes a

key tension within the Long Attica Revolt: the co-existence of ameliorative and revolutionary yearnings. These often contradictory ambitions were evident in Martinez's remarks, his appeal to liberal-democratic values at one moment, and his transgression of those values at

another. He stressed the demand for “basic rights of dignity, respect, and justice,” then invoked an irrational and utopian aspiration. “This is not a protest. This is not a riot. This is a whole thing,” he explained. “We are going to create a paradise out of this hell!” The rebellion was at once a struggle for recognition within the existing social order and a struggle to upend that order.

Similarly, James (2022, p. 313-314) named that:

Rebellion and resistance against the state are always punished. The Captive Maternal can be pacifist or militarist. The state doesn’t care. It does not allow autonomous zones, particularly of or for Black freedom. What do police forces do at Marin County on August 7, 1970? They shoot up a van. Kill everything that moves. It’s totally unnecessary. It’s performative. Part of their performance or their messaging to all Captive Maternals is: “If you ever think there is autonomy, if you ever think your agency registers to change your reality, the material conditions, and the world towards freedom, we have a bullet for you.” Still, Captive Maternals keep doing their thing—pacifist, militarist, spiritualist, materialist, combination of all the above.

So, in this way, the pursuit of material liberation within the context of state violence in the United States has always been grounded in multiple coalescing and, at times, contradictory approaches. Similarly, the contributors to this volume represent healers from a myriad of axiological frameworks. The contributors draw from a range of gospelist, Black radical, Black feminist, Black womanist, Pan-African, mad liberatory, disability justice, and Black nationalist frameworks to ground their practices of forensic psychology for the liberation of Black peoples.

An Overview of the Book

“Let Them Not Be Forgotten”: Forensic Psychology and Black Resistance is comprised of 10 chapters sectioned into three parts. In the first chapter, “A Maroon Psychology: Hilliard’s Vision for Black Liberatory Forensic Praxis” I connect the life work of one of the first Black forensic psychologists, Thomas Hilliard, to maroon practices of resistance. In doing so, Auguste develops a transhistorical model for subsequent Black liberatory forensic work that considers contemporary theories of Black consciousness, abolitionist justice, and legal relationships. He concludes with practice recommendations for urgent focus for future Black forensic psychologists. In the second chapter, “APA on Trial: A Comparative Analysis of Psychopolitical Ethics,” Otis Williams III, Avon Hart-Johnson, and Mark A. Bolden critically assess the ethical paradigms offered by the American Psychological Association and The Association of Black Psychologists. A historical analysis is used to both analyze the forensic practices of J.C. Caruthers in Kenya and N.C. Manganyi in South Africa in relationship to colonialism and militarism to offer a foundation to reflect on the American Psychological Association’s support of militarism via institutional collaborations with torture procedures at Guantanamo Bay. Future Black forensic psychologists are urged to understand the core of the ethical paradigms that their work is rooted in. In the third chapter, “Confronting the Juvenile Legal System from a Critical Race Perspective,” Apryl A. Alexander and Kimberlee K. Lalane examine the current structure of the juvenile legal system for Black youth

via Critical Race Theory. By situating their analysis in history, Alexander and Lalane detail exactly how Black youth continued to face harm by contemporary criminal legal practice. They then reimagine the role of forensic psychologists by turning away from reformist intervention and highlighting distinct methods of crisis care, assessment, research.

These chapters make up *Part 1: Theories of Black Liberatory Forensics*, which set the foundation for Forensic Psychologists to better understand the histories, ethical paradigms, and legal contexts that shape the work of contemporary Black liberatory forensic psychology.

In chapter 4, “‘Our Legitimate and Unavoidable Impatience’: Forensic Mental Health Assessment and the Black Experience,” Natalie M. Anumba lays the foundation for refined assessment practices for Black populations. Anumba outlines the profound limitations of Colorblind Racial Ideologies in forensic assessment and highlights transparent non-objectivity and structural competence as more suitable frameworks. She concludes with the implications of these approaches to both assessment and clinical practice in forensic settings. In Chapter 5, “African-Centered Assessment for an Optimal Psychological Forensic Practice,” Tania Lodge leverages her experience in forensic assessment to outline how to incorporate African-centered measures into formulation. Specifically, Lodge articulates how the constructs of Black identity, African-centered worldview, and African-centered values can optimize forensic considerations, in lieu of existing traditional forensic assessments. She concludes with several abbreviated assessment cases. In Chapter 6, “Sawubona (I/We See You): Confronting the Disenfranchised Grief of Justice-Involved Persons,” Lori Banfield uses a gospelist lens to discuss her work in treating the disenfranchised grief of returning citizens. Banfield highlights the underdiscussed consequence of mass incarceration: mass reintegration. To this end, Benfield shares her work as the executive director of Redemption Housing as a model of liberatory care for Black returning citizens. Finally, in Chapter 7, “Culturally Responsive Treatments Targeting Recidivism and Delinquency Risk: A Systematic Review of Interventions Developed for Black Youth,” John Keith Samuels IV systematically examines the best methods of care for Black youth involved with the criminal legal system. Samuels examines how culturally responsive diversion programs compare to standard probation in serving Black youth and their families. Samuels closes with considerations for the construction and assessment of culturally responsive programs.

These chapters make up *Part 2: Practices of Black Liberatory Forensics*. These demonstrate examples of Black liberatory ethics in practice. These chapters highlight the potency of forensic psychologists in shaping models of justice and support outside of strict criminal legal contexts, while also refining assessment and clinical practices with African-centered theory.

In chapter 8, “Resisting the Mental Health Industrial Complex: Honoring Ancestral Wisdom and Adopting African/Indigenous-Based Therapeutic Practice,” Jean Semelfort Jr. shares his experiences as a mental health counselor and community healer with the Paterson Healing Collective. He speaks to the power of having community members shape the healing for their own community, including crisis response. Semelfort connects these threads to various African and Indigenous

wisdoms while also reflecting on how state violence can interrupt these models of care. In chapter 9, “‘We Who Believe in Freedom’: The Duty of Forensic Psychology to Reparations Movements,” Cheryl Grills and Robyn Douglas frame Black liberatory forensic psychology as responsible to reparations movements. They articulate the specific methods through which forensic psychologists can contribute to evidence, assessment, and advocacy, while also connecting these actions to broad-based community movements. Grills and Douglas conclude with examining global models of reparations as prescriptive for African-Americans, while also emphasizing the commitment for Black forensic psychologists to make communities whole. Chapter 10, “‘Even Through the Chains, I See Our Freedom’: Community Defined Evidence Practices for Black Mental Health Justice and Liberation” by Kelechi Ubozoh closes out our volume. Ubozoh leans into both her experience as a psychiatric survivor and a journalist to conduct a qualitative study of how community leaders understand Black liberation and justice. In closing with the words of those in direct service to communities, Ubozoh takes a radical step in connecting the work of forensic psychology to Black mad liberation movements. Finally, artwork from Jordan Cherry depicts healing circle and restorative practices outlined by community organizer Jodie-Ann Gedes. These practices were gleaned from a conversation between Geddes and Ubozoh and provide yet another example of how our healing practices can be used to depart from coercive and punitive understandings of justice.

These chapters close us out with *Part 3: Collective Action in Black Liberatory Forensics*. This section features chapters from community healers and policy leaders to demonstrate how to better link the work of Black liberatory forensic psychology to popular movements by centering community violence interruption and crisis response, broad efforts to actualize reparations, and community-led healing justice.

Conclusion

As I was writing my chapter, I was encouraged to reach out to one of the Association of Black Psychologists’ Elder of Elders: Patricia Canson-Griffith. In our meeting, she shared stories of Black psychology in its infancy during the late 70s, with a focus on Thomas Hilliard’s early work to connect Black psychology and forensic psychology. As we ended our conversation, she paused to share the following mandate: “As you open this, please, don’t forget them, don’t forget these prisoners. That would be [Tom’s] legacy: don’t forget them.”

The title of this volume honors her call, as well as the ongoing call from our communities to move Black people toward liberation. This effort demands that we commit to the people currently incarcerated in prisons, state hospitals, and detention centers. It demands a continued commitment to not only to ending state violence, but generating new modes of community engagement. It means honoring the psychologies of justice embodied in small Black towns and the deeply principled work of political prisoners. Guided by their praxis, we resist by dedicating ourselves, always, to getting them all free.

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Theories of Black Liberatory Forensics

A Maroon Psychology: Hilliard's Vision for Black Liberatory Forensic Praxis



Evan Auguste

Since the formation of the Association of Black Psychologists in San Francisco California, in September, 1968, a key concern of black psychologists has been to increase the relevance of psychology and to politicize black psychology. While the activities and involvements of Black psychologists have taken many forms and directions, a significant area of functioning has been in relationship to the legal system.

– Thomas Hilliard, 1978

There is a very real urgency with which Black psychologists come to this work. Our papers, presentations, and consciousness have been inundated with the rates of incarceration, institutionalization, hospitalization, and mortality that serve to remind us that Black people hurt, suffer, and die at rates that defy random misfortune. This is written in a post-2020 context, in which the major associations of psychology (APA, 2021), psychiatry (APA, 2021), and medicine (Baker & Wynia, 2021) have formally acknowledged histories of near-genocidal harm against Black populations, and yet, in the wake of such admittance, these realities have nonetheless continued to calcify. The maintenance of such ideologies has resulted in an interwoven expansion of global forms of ethnosupremacy, most often White supremacy, and ecological disaster (Grant, 2021). For decades, the language of colonialism has been used to describe the psychological, economic, and physical realities of Black people, ensnared in spaces where the policing and policies that shape their lives are over-determined by surrounding white anxieties, rather than Black political will (Cruse, 1968; James, 2022; Pfaff, 2017). Attempts by Black communities to formally

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organize politically as intervention have continued to be interrupted as a matter of both modern state-based and federal policy. For instance, in 2017, 3 years after the initial founding of the Black Lives Matter movement, the FBI listed Black Identity Extremism as an area of concern in direct response to the rise in protests about police brutality. As a matter of policy, the FBI began to target the predominantly Black youth-led activist movements for what they deemed terroristic threats (Aaronson, 2023). Such surveillance included paying for and encouraging informants to goad protesters and activists into discussing violent tactics to create sufficient legal justification for criminal legal procedures (Aaronson, 2023). Indeed, it is all too often that Black peoples find themselves quartered at the intersections of psychology and law.

In the intervening years since 2020, there has been a renewed commitment among psychologists to the role of scholar-practitioner-activist. As academics have watched the hard-fought promises for decolonial and anti-racist thinking at the institutional level wane and offices of diversity, equity, and inclusion vanish, there is a sense that the already hollow advances made were little more than tithe to pacify racial guilt. The failure of such interventions reveals the harm in ignoring what Azibo (1994), leveraging the work of Lincoln (1974), described as the dual responsibility of a liberatory movement: to maintain both internal and external alertness. Maintaining internal alertness refers to tending to ideological clarity and purpose, while external alertness refers to tending to the functions of its institutions in society. Absent internal alertness, or ideological clarity, many psychologists have grounded themselves in solely the external alertness and activities of institutions such as universities, prisons, and hospitals that are exploitative or punitive corporations as a matter of function. This has left many movements stagnant and often myopically centralized within the core of institutions over which they have little control. Within Black Psychology without substantive critique of the institution, this falls into what Karenga (1993) called the first school of Black psychology, or those traditionalists who purely seek to execute their job at the highest level (e.g., “Black faces in high places”), and hope that change happens as a matter of uplift suasion. Traditionalists primarily employ what Banks (1982) described as deconstructionist methods, which provide criticism without intervention or innovation. For those who exist and organize within these institutions with clear critiques, this falls into the second school of Black psychology, or the reformist (Karenga, 1993). Reformists primarily employ reconstructionist methods and encompass those who hope to repurpose harmful or misaligned institutions and ideologies in the hopes that they might become more equitable for Black peoples (Banks, 1982).

However, there remains a third school of thought that meets the urgency of our current moment by maintaining both internal and external alertness in the radical school of Black psychology. The radical school of Black psychology draws its theoretical basis from the Black radical tradition and employs constructivist methods to build new possibilities (Banks, 1982; Karenga, 1993). The Black radical tradition, as articulated by Robinson (1983) refers to the threads of resistance and politics co-created by African peoples facing enslavement and colonization. It honors those enslaved African peoples who freed themselves and, at times in solidarity with First

Nations peoples, formed Maroon communities (Winston, 2021). As described by the famed African-centered psychologist, Asa Hilliard III (1995), the pursuit of liberty for African peoples was hollow without collective aim. He continued that Maroon communities, conversely, represented the creation of freedom rooted in the enduring purpose of survival and cultural continuity (Hilliard, 1995). Further, according to Grills and colleagues (2018), these threads of continuity tied together the “quilt” of African cultures to shape an optimal system of knowing. Indeed, dating back millennia, African peoples of various geographies have devised and depended on methods of care involving self-exploration, communal purpose, and spirit knowledge (Bynum, 2021). African-centered practices were among the earliest inquiries into what it means to be well at the level of self, culture, community, and spirit (Nobles, 2023). They were also among the earliest and most radical rejections of Western colonialism, land dispossession, racial capitalism, and enslavement (Robinson, 1983). This tradition has historically differed from the standard practice of Western psychology, in that its inception demanded a commitment to material political liberation of Black peoples (e.g., Baldwin, 1989). Such a tradition calls on Black psychologists/healers/care workers to move beyond clear condemnation of oppressive institutions, to the co-creation of sustainable sites of education and justice (Wilson, 1999).

A modern Black liberatory praxis, in essence a modern Maroon psychological praxis, must be able to hold these ideological roots while shaping the outcomes of systems that we know aim to subvert the well-being of Black peoples. While Asa Hilliard's impact within African-centered psychology broadly and his writing on Maroon communities specifically earned him great acclaim, perhaps no scholar better exemplified a Maroon psychological praxis than his brother, the late Black forensic psychologist, Thomas Hilliard. In his work, we see the foundation of a Black liberatory approach to forensic psychology that, as Hilliard wrote, “serve[s] the dual function of providing clinical data and evidence in support of litigation and to sensitize and raise the consciousness of the Black community.” In this chapter, we move through the interweaving histories of Black and forensic psychology and then the career of Thomas Hilliard—a career that serves as prescriptive for how the modern scholar-practitioner-activist can materially intervene on the generations of state-based harm Black people have been forced to navigate.

Diverging Histories

Forensic psychology, at its inception, represented the opportunity to inject the contemporary knowledge of human minds and behaviors into legal processes to optimize an American conception of justice. For many within the field of forensic psychology, the intentional application of psychological science to shape legal processes and outcomes dates to the work of Hugo Münsterberg. In his seminal collection, “On the Witness Stand: Essays on Psychology and Crime” he argued that the science of psychology represented a clear innovation that was necessary for the field

of law to progress (Münsterberg, 1908). For Münsterberg, his litany of psycholegal experiments evidenced a clear upgrade over the intuition of legal scholars or precedence of underinformed historical adjudications. In the following years, the U.S. legal professionals and courts begrudgingly began to incorporate the research and expertise of psychologists, birthing a novel application for this purported objective behavioral and cognitive science. As articulated by Burt (1931, p. 459), this novel field of forensic science had the objective of “furthering justice and improving society.” Within the context of the United States, this led to a well-documented escalation of eugenic and carceral strategies to contain and eradicate Black peoples (e.g., Auguste et al., 2023, Guthrie, 1976, Wright, 1984). As noted by Grisso (2018), such outcomes were of course reflective of popular sentiments of the day, and for many the field of forensic psychology has sufficiently endeavored to sever itself from this tradition.

The current formation of the field owes much of itself to a meeting of 13 psychologists organized by Jay Ziskin, both a psychologist and lawyer, at the 1968 APA (American Psychological Association) conference (Grisso, 2018). During this meeting, the potential for psychologists to expand the applications and influence of psychology in law was reinitiated in a new context. Indeed, in the 60 years following Münsterberg’s article, the field of psychology had developed a plethora of psychological assessments and tools, and the general field of psychology had more closely wedded itself to state interest following novel applications developed and leveraged following major American wars. In the year following their meeting, the American Psychology-Law Society (AP-LS) was created. Within the tradition of Münsterberg and Burt, AP-LS created the platforms, standards, and opportunities for the expansion of forensic psychology (Grisso, 2018).

The 1968 APA convention, however, also represented a generative site for another tradition of applied psychology. As Ziskin and his 13 colleagues met about the future of psychology to optimize America’s criminal legal system, 200 Black psychologists stormed the stage at the convention to demand the field reckon with its history and contemporary practice of anti-Black harm (Obasi et al., 2012). This cadre of scholars and practitioners tied their protest to growing Black liberation movements that were sparking throughout Africa and its diaspora. Fittingly, these psychologists, inspired by the Black Panther Party’s 10-point plan and similar radicalization among other Black professional organizations such as the National Association of Black Social Workers, issued a formal declaration to the mental health field with demands ranging from increasing the pipeline for Black psychology graduate students to providing additional platform and support for the study of racism on Black communities (Williams, 2008). Following this protest, these radical psychologists would co-form the first ethnic psychological association, the Association of Black Psychologists’ Inc. (ABPsi) in direct contestation to the APA (Auguste & Griffin, 2020). In its nascence, ABPsi saw its role as developing and applying a new praxis of psychology devoted to better understanding, healing, and liberating African populations. Following early conceptual grounding laid by Joseph White (1970), many of the founders of ABPsi would go on to co-construct what became the field of Black psychology.

Black psychology represented a distinct history and relationship to the state, and thus has distinct conceptions of justice. As noted, early architects of forensic psychology sought to optimize an inefficient criminal legal system. To this extent, many forensic psychologists saw themselves in the disciplinary lineage of Münsterberg, but also Western psychology's architects, such as Freud, James, Wundt, and Hall. Conversely, as noted by Nobles (2023), Black psychology drew from the Black radical scholarly tradition, and early psychopolitical theory drew from the works of W.E.B. DuBois, Frantz Fanon, and Marcus Garvey. In this way, Black psychology was also designed as an applied field but understood justice in opposition to U.S. hegemony. For many, Black people were intentionally understood as a captive African population whose cultural heritage had been intentionally and continuously destroyed in ways that manifested in historic and contemporary harm (e.g., Akbar, 1996; Kambon, 1998; Wilson, 1999). Further, the influences that Western psychology had on the criminal legal processes were already well understood and seen as active threats to the well-being of Black people. Early Black psychologists such as Bobby E. Wright lectured on the role of Western psychologists such as Henry Murray in the early formation of the Office of Strategic Services and expanding the surveillance of Black people in the United States (Black Power Media, 2012). This is further evident in Black psychology's role in helping the early theoretical considerations of what would become Critical Race Theory (Myers et al., 2018). However, as these seemingly disparate threads of applied psychology emerged, there were several who saw the opportunity to weave a radical praxis capable of forcefully interrupting waves of state-induced harm on Black populations. None was so prolific on the intersection of psychology and law for Black communities as Dr. Thomas Hilliard.

Hilliard's Vision

Thomas Hilliard was a pioneering Black forensic psychologist and radical visionary. Hilliard was born on October 15, 1942, in Bay City, Texas, to an extended family of educators. According to his brother, Asa Hilliard III, the experience of growing up in the south's apartheid segregation system incepted an early passion for dismantling injustice (Hilliard, 2008). He would go on to earn his B.A. at Hampton University, and Ph.D. at Illinois Institute of Technology. Upon graduation, Hilliard moved to San Francisco, where he established himself as an educator and practitioner of both Black and forensic psychology. He taught the course "Psychology the Law, and the Black Community" to a group of lawyers, and his reputation quickly grew due in part to the popularity of the class. Inspired by the interest, Hilliard decided to pursue a formal Law degree, and enrolled at the University of Michigan. According to his brother, he left after one term due to a lack of desire to acclimate to a legal culture that sought to humble him (Hilliard, 2008).

His career included leadership roles across the nation and included Assistant Director of the Garfield Park Comprehensive Community Mental Health Center

under Bobby E. Wright, Director of a Mental Health Center in Miami, and Assistant Director of the Westside Community Mental Health Center in San Francisco. He also served as the Director of Child Trauma Center of the Oakland General Hospital. According to his brother, he left his role in Miami after not finding the “consciousness or critical mass of African leadership” he needed to organize with (Hilliard, 2008, p. 192). However, he was well placed at the Westside Community Mental Health Center, which employed 50 Black psychologists. It was this collection of practitioners that made San Francisco the ideal place for Hilliard’s approach to Black psychology. His career culminated in a term served as the President of the Association of Black Psychologists (ABPsi) from 1974 to 1975. Hilliard’s work was distinguished by his innovative applications of psychology to address the legal challenges faced by Black communities, advocating for systemic changes to promote Black liberation (Williams, 2008). His forensic work included most famously: the San Quentin Six trial, the Angela Davis trial, and a psychological autopsy of the Jonestown murders. It is in these cases that we can observe novel applications for the political role of psychology in undermining state-based harm.

Grounding Concepts

This examination and extrapolation of Hilliard’s work is grounded in three concepts: Viviane Saleh-Hanna’s *Wild Seed Justice*, Orisanmi Burton’s *Legal Jailbreak*, and Anyiwo and colleagues’ *Collective Black Consciousness*.

For Saleh-Hanna (2023), Wild Seed Justice is defined as:

a call to sketch new worlds for us to grow into. It is a call to imagine and create sustainable gardens with abundant, changing, growing pathways to freedom so that we can have beauty and justice as the standard, instead of continuing to loop into repressive colonial thought and systems of crime, punishment, deterrence, and rehabilitation. Wild Seed Justice is a call to reclaim and rebirth justice beyond the shadows, traps, and white power delusions of colonialism. (Saleh-Hanna, 2023, p. 23)

An abolitionist concept and strategy, Wild Seed Justice leverages the work of Octavia Butler to articulate the vision of justice that is grounded in community safety, thriving, and truth rather than punishment, coercion, and violence. To this end, this pursuit of justice transforms the foundations of how we organize and understand safety. In Hilliard’s work, we observe movements towards a justice beyond the confines of the American state, and to a sense of community well-being needed for Black people to thrive.

Secondly, Burton (2023) has elevated the concept of the “legal jailbreak,” as articulated by attorney Gerald Lefcourt. First coined in reference to the Panther 21 case, in which several Black Panther members were indefinitely held in New York City jails, the “legal jailbreak” articulates a revolutionary strategy that does not depend on hope, restoration, or fidelity to the project of the U.S. criminal legal process. As described by Burton (2023, p. 73):

His apt pairing of the antonyms “legal” and “jailbreak” exposes how the rebels’ mobilization of collective disorder and lawbreaking produced a favorable outcome that was sanctioned by law. In that small anteroom, the objects of law destabilized the state’s monopoly over the legitimate use of violence and exerted power over and through the agents of law. Under the threat of violence from below, the legal system surmounted its massive backlog and circumvented the “procedural inefficiencies” that were supposedly the cause of the ballooning detention population.

Imprisoned revolutionaries approached the hearing as a means of delegitimizing the state and appealing to Wild Seed Justice, rather than criminal legal equity. Indeed, Hilliard acknowledged such a consideration in his examination of a Black forensic psychology as he often noted in lectures that his role was to promote justice through a system that was fundamentally unjust (Hilliard, 1978).

Such relationships anchor their analysis of the individual through a theory of Collective Black Consciousness (Anyiwo et al., 2025). As noted by Hilliard, the purpose of his forensic work served a dual purpose of providing the psycholegal information to shape criminal legal proceedings while simultaneously elevating Black consciousness. While authored far after his transition, Anyiwo and colleagues’ definition of collective Black consciousness is rooted in the work of his contemporaries as well many of the scholars who inspired him, such as John Henrik Clarke and Frantz Fanon, while also elevating the work of Africana womanist and Black motherist scholars. According to Anyiwo and colleagues (2025, p. 4):

Collective Black Consciousness is a living synergy of ways of thinking, knowing, and being that is oriented toward the collective actualization and liberation of Black communities. Collective Black Consciousness is love in practice that is shaped by a transcendence of geography and time to access Black cultural wisdom.

As such, we can observe that Hilliard’s practice, in many ways, is deep spirit work that seeks to inject the liberatory traditions of Black peoples into the criminal legal processes that have historically rendered these ways of being as less than human. Through this method, Hilliard not only opens up novel pathways towards liberation and/or fugitivity for Black forensic psychologists and Black activists, but he also offers a window into a world organized by indigenous African models of being, similar to the ones that raised him. Indeed, through Hilliard, we observe the only true Maroon psychological strategy—a forensic psychological practice that liberates the minds, bodies, and spirits of Black peoples grounded in a clear view of the anti-Black political apparatus of the state.

Novel Applications of Black Psychology in Law

Angela Davis v. The People

The work of supporting Black political prisoners during the height of the Black Liberation Movement sweeping the United States was of high importance to many Black liberatory political groups. Indeed, throughout Black liberatory movements

from the 1970s to the 1990s, myriad Black political organizations from MOVE, to the Black Panthers, to the Black Liberation Army found themselves ensnared in extended legal battles that drained resources from the parties while subjecting members to abuse within the confines of American jail systems. While the extent of Angela Davis' work with the Panthers has recently undergone warranted contextualization, in the eyes of the United States in 1970, Davis embodied the threat of Black liberation, and was thus labeled one of the most dangerous terrorists in the country (James, 2024). For her role in aiding the Soledad Brothers in their struggle against the carceral system, Davis was arrested and charged with aggravated kidnapping and first degree murder after Soledad Brother Jonathan Jackson held up a court room to free the Black defendants, and Judge Harold Haley was killed in the ensuing gunfire. It is necessary to note that Davis' unique positioning relative to other political prisoners, given her middle-class background and educational status, afforded her a particular type of global attention many others did not receive (James, 2024).

At the time, California's criminal legal system had a litany of tactics it employed to weaponize the judicial system against Black radicals. Of note, the *voir dire* process, or the process of selecting jurors, was one that attorneys had perfected. Without outwardly racially discriminating against Black jurors, attorneys often found seemingly innocuous features, that happened to be shared by many of the Black jurors, to suggest bias and remove their participation in the trial process. In the year prior, Hilliard and his colleagues had taken interest in similar tactics applied in the trial of Huey Newton, the leader of the Black Panther Party (Hilliard 1982). The community of Black scholars, activists, and psychologists had noted that attorneys had intentionally crafted a jury of majority white and conservative individuals to try Huey Newton for the murder of a police officer. However, as noted by Denno (1981), the formulation of the field of Black Psychology gave legal professionals and psychologists new frameworks to examine the *voir dire* process and intervene on the blatant case of systemic racism. In an examination of the jury process in Newton's case, Denno noted the explicit weaponization of psychology to pathologize the behaviors of Black jurors to justify their exclusion on behavioral, rather than cultural grounds. Denno noted that Black Psychology, as articulated by Joseph White, offered novel insights into the behaviors and mindsets of the Black jurors who were not allowed to participate in criminal legal proceedings. While Hilliard would note that he and his colleagues took an interest in the use of behavioral scientists in the acquittal of Huey Newton, their first opportunity to apply the new frameworks of Black Psychology in support of a Black political prisoner came during the Angela Davis trial.

According to Davis' attorney, Howard Moore (1972), it was a Black woman by the name of Ann Hopkins that introduced him to Hilliard and his colleagues Harold Dent, William Hayes, and William Pierce. Hopkins was a veteran of the Student Nonviolent Coordinating Committee (SNCC), as well as a graduate student in a course taught by Pierce (Pettit, 2022). Upon their meeting, they crafted a strategy leveraging the novel frameworks of Black psychology to advise the attorneys on the *voir dire* process. The Black psychologists met with Davis while she was

incarcerated at the Palo Alto County Jail to gather information on how Davis might be perceived by the standard juror. Following this interview the group advised Moore on how to assess potential jurors' attitudes towards race, Black militancy, communism, and gender. Further, the group sat in on the trial to observe the inter-relationships between personality and social attitudes, and would communicate their considerations to the attorneys and Davis during the recesses of the process. Despite the fact that the prosecution had managed to guarantee an all-white jury, the intervention of the Black psychologists ensured a level of consciousness open to hearing the case of Davis. On June 4, 1972, Angela Davis was acquitted of all charges.

The inclusion of the Black psychologists indelibly changed the *voir dire* process in criminal legal proceedings by demonstrating the value of including psychologists in considering jurors. However, as noted by Hilliard, such a method was not conceived as a rehabilitation of the system but rather another tool in the prevention of state violence on Black political actors. Hilliard et al. (1974) closed their article with a reflection by James Baldwin on the price Black political prisoners pay for their role in shaping revolutionary Black consciousness. Although this legal jail-break reformed aspects of the system in its wake, the true mark of their work was demonstrating a new pathway towards freedom by injecting the study of Black consciousness into the heart of American empire. It is a reminder that the bodies, minds, and spirits of our Black political actors are important and the freedom of each brings us closer to authentic liberatory outcomes. Further, it is an understanding that this work ultimately requires grassroots organizing to create the potential for these and other sorts of victories.

The San Quentin Six

Immediately following the release of Davis, Hilliard and his colleagues at Westside Psychology sought to support another group of political prisoners: The San Quentin Six. San Quentin Adjustment Center had gained national spotlight as the site of George Jackson's incarceration. Jackson spent 7 of his 11 years in solitary confinement at San Quentin, where he radicalized and began to organize the Black Guerilla Family, a Black radical group that sought abolition and Black liberation inspired by texts from revolutionaries like Frantz Fanon, Mao Zedong, Vladimir Lenin, and Ghassan Kanafani. Following his assassination during a prison escape, his comrades Hugo Pinel, Fleeta Drumgo, David Johnson, Johnny Spain, Luis Talamantez, and Willie Tate, who became the San Quentin six, were indicted for a litany of offenses including murder, conspiracy to murder, kidnap, possession of firearms, and escape. This led to a 16-month trial, at its time the longest in state history. During the trial, the group submitted a civil rights complaint that sought to interrupt their daily abuse at the prison and contribute to movements to ultimately abolish the prison entirely (Jordan, 1974).

The legal team for the trial sought a range of expertise to evidence their claims, and recruited Hilliard in particular for his knowledge of the intersections of Black

psychology and law. While acclaimed Stanford psychologist Philip Zimbardo would testify on the findings of his prison experiments, specifically the corrupting influence of carceral contexts, Hilliard had a distinct approach (Pettit, 2022). As noted by Pettit, while prison was a metaphor for Zimbardo who would go on to lead a life as a celebrity intellectual, it remained a tangible threat for Hilliard to the lives of Black peoples. Hilliard noted that the practices of San Quentin were designed to reproduce the effects of enslavement, in that they destroyed the political consciousness of Black people, and resulted in a complete deterioration in physical, psychological, and spiritual health. These effects, he noted, extended past the confines of the prison and destroyed their familial and intimate relationships, while also making it near impossible for them to properly adjust to society upon release (Hilliard, 1976).

The only thing salvaging the wellness of the San Quentin Six, explained Hilliard, was their Black political organizing and community, and that without this, most in the group would fall apart. Hilliard's report was submitted as a part of a general move to cease the harmful practices. Judge Alfonso Zirpoli would go on to rule that practices were cruel and unusual, and ordered for the prison to cease the weaponization of tear gas, solitary confinement, and chains. While this was a far cry from the abolishment of the Adjustment Center, the trial and work of Hilliard represented an act of co-conspiracy in support of Black radical movement. Through the formal use of his expertise in forensic psychology, Hilliard's work ultimately helped to offer a respite and validation for the work of Black political prisoners. In particular, his introduction of Black consciousness as a key health resource for Black political prisoners, and his insistence on the historic nature of carceral-based harm for Black peoples materially reshaped the living conditions of the San Quentin Six. As previously noted, while Hilliard noted reformation as a potential goal, he never strayed from his analysis of the criminal legal system as a fundamentally unjust process. It was in his article on the trial that he explained the purpose of a Black liberatory forensic praxis: it provides clinical data, but also provides nourishment to feed the collective Black consciousness of Black peoples on the conditions that they must wage war against (Hilliard, 1976). According to his brother, this case and the Davis trial were his most valuable contributions to the nascent work of Black psychology and law.

The Jonestown Massacre

Among Hilliard's most important works, according to his former colleague Dr. Patricia Canson-Griffith, was the collective psychological autopsy he conducted for the Black families of those who died in the mass murder-suicide at Jonestown (Canson-Griffith, Personal Communication, 2025).

Jim Jones, the infamous cult leader who founded the People's Temple in 1955, preyed upon hundreds of African American people with his intentional co-optation of Black spiritual fervor, social concern, and political analysis. While claiming myriad inspirations, of particular note was his connection to the African American spiritual leader Father Divine. Through this influence, Jones crafted an image and a

message that spoke to the pressing issues of the U.S.'s most vulnerable people, particularly racial inequality and segregation. By the early 1970s, Jones had strategically expanded the People's Temple to several locations across California, with San Francisco serving as a central hub (Reiterman & Jacobs, 1982). This, of course, placed the political movements of the People's Temple squarely within the backyard of the Westside Community Center.

At the height of Jones' influence, he garnered endorsements from prominent political figures, including Willie Brown and Harvey Milk. His visible advocacy for racial justice and social equality, particularly on issues affecting African American communities, contributed to the rapid growth of the People's Temple. Notably, the congregation swelled to over 2500 members, the majority of whom were African American women. Yet, as Jones's public acclaim grew, so too did his paranoia (Reiterman & Jacobs, 1982). Fearing state repression, Jones identified Guyana as a sanctuary where he could construct an isolated commune free from external interference. In December 1974, he established Jonestown, a settlement that embodied his distorted religious and political ideologies. Over the next 4 years, Jonestown became the site of escalating abuse, coercion, and control under Jones's leadership. By 1978, Jones was convinced that the U.S. government intended to assassinate him. In a final act of appropriation, he commanded his followers engage in "revolutionary suicide," corrupting Newton's concept for his own ends (Reiterman & Jacobs, 1982). On November 18, 1978, 908 people, including 276 children, perished in Jonestown (Djangi, 2024).

While many focused on dissecting the mind of Jim Jones, Hilliard turned his attention to the lives Jones had taken. He sought to interview as many family members of the victims as possible, aiming to identify the factors that made African Americans particularly vulnerable to the influence of this cult leader. Through this collective psychological autopsy, Hilliard hoped to better equip the Westside Community Center to address these vulnerabilities and protect the communities it served. The findings from this work were not preserved in academic databases but were shared directly with the community members he presented them to (Canson-Griffith, Personal Communication, 2025). In this act, Hilliard exemplified the essence of community-based participatory research, engaging in inquiry and sharing results solely to safeguard the people he dedicated his life to serving. His practice was not imposed by academic frameworks onto the community; it arose organically from the collective interests and needs of the people.

1972 ABPsi Conference

Following his litany of legal successes, Hilliard and the other founders of ABPsi sought to formally articulate Black psychology's political responsibility at the 1972 conference (ABPsi, 1972). Four years after the founding of the association and the conceptualization of Black psychology, the cadre of Black psychologists returned to San Francisco with the purpose of galvanizing their peers under the conference theme of "Politicizing Black Psychology." White opened up the convention with a

keynote signaling this turn. In a speech entitled “Black Psychology: A Look at the Future,” White (1972) described the need for Black psychology to fortify its conceptual and practice-based foundations for it to have any longevity and success as discipline rooted in advocacy. This was followed by another founder and president of the association, Reginald Jones (1972), who more intentionally laid out the political requirements for Black psychology in his presidential address. Harkening back to Malcolm X, Jones explained that all Black psychologists commit themselves:

1. To organize their skills and abilities to influence and effect necessary social change by whatever means necessary.
2. To address themselves to significant social problems effecting the Black community in particular, as well as other segments of the population whose needs society has not fulfilled.

In Jones’ calls we see appeals to political and organizational urgency, as well as a commitment to radical solidarity to ensure the survival of marginalized peoples. He also signaled the continued threat of the American Psychological Association, with their ongoing presentations on genetic race-based explanations for IQ differences. Jones closed with a call for members to recognize that politics begin at the local level, and urged them to become more involved with organizing within their communities.

If this wasn’t specific enough, ABPsi invited San Francisco mayor Willie L. Brown Jr. (1972) to speak, in which he encouraged the audience to have discernment in their advocacy.

What I am talking about is becoming politically involved. And by that I don’t mean just supporting Black politicians. Some are worth supporting and some are not worth supporting... You ought to know what the techniques of being involved happen to be and the needs of the community from which you come.

With this theme foregrounded, Hilliard and his colleagues (1974) led the main event of the conference: a symposium on Black Psychology and Law that sought to outline how Black psychology could leverage the techniques of their discipline to affect change. The session included attorneys for Angela Davis, Oscar Williams and Howard Moore, as well as Hilliard and Pierce. During this symposium, Williams explained that despite the success of the Davis trial, it was important to recognize that the inclusion of Black psychology was not a panacea for the legal process. Mirroring the concept of the *legal jailbreak* he made it clear that one success did not transform the criminal legal system into one that was just. Instead, the legal processes had historically been and continued to be determined by formal White supremacist groups. To illustrate this point further, he detailed the myriad ways that, despite constitutional amendments, Black peoples throughout the United States found themselves in impoverished conditions no better than enslavement. Rather than falling into pessimism, however, he believed Black psychologists could exist as a useful tool in the fight for the thriving of Black life if the practitioners remained politically grounded.

Hilliard (1972) outlined the specific needs for the growth of a Black forensic psychology. He noted a clear view of the racism that continued to shape the systems they engaged with. However, his explanation revealed that mere recognition of racism was not sufficient to protect Black life. Rather, Black psychologists must be as generative in their growing of new psychopolitical technologies as they were incisive in their condemnations of standard practice. To this end, Hilliard recommended that Black forensic psychologists generate novel testing instruments for forensic use, as they advocated for the regulation of ones that were causing clear harm. He also detailed the need for Black forensic psychologists to influence local policy as another mechanism of defending against systemic racism. Later on in the conference, a strategy session was held on the issue of prisons for Black peoples (National Association of Black Psychologists, 1972a, 1972b). While Hilliard's sentiments aren't noted, others, such as those of counselling services coordinator Edra Allen, astutely advised that the rehabilitation of their people should take place within community, rather than in incarceration and that, further, people who were incarcerated should be active participants in how Black psychologists understand rehabilitation. At this early conference, we see the growth of Black psychology's political roots, with early advocacy for abolitionist approaches to care, an emphasis on political grounding and strategy in service of Black people, and radical solidarity in appeals for justice beyond the confines of American empire.

Future Directions

For Hilliard, he saw his work as just the beginning of Black forensic psychology. In a speech delivered to University of California, Berkeley, in 1982, he outlined what he saw as the next steps for the continued work of this nascent field (Hilliard, 1982).

1. Research: More than critiquing contemporary research, Hilliard signaled the need for novel approaches to research within psychology and the law. He referenced the work of his then contemporary, Derrick Bell, who would go on to co-create Critical Race Theory, as illustrative of how to more deeply consider race and social class in understanding criminality and other psycholegal concepts for Black people.
2. Public Policy: Hilliard warned that mental health policy was rapidly expanding in the United States and it was the APA that was responsible for the majority of testimony in service of these policies. While he did not critique Black psychologists for their lack of engagement due to significantly fewer numbers, he urged his peers to prioritize legislation and public policy such that their successes in individual cases might serve as the bedrock for treatment for Black people throughout the country.
3. Evaluation and Assessment: Hilliard highlighted the existing work that had been done in the *Larry P. v. Riles* case in which many Bay Area Black psychologists testified and successfully secured a moratorium on the IQ testing of Black children in the state of California. He leaned on this as an example of how black

psychologists needed to better document the bias of personality and cognitive testing procedures as well as develop novel instruments to better serve Black communities. He anchored this in the potential positive impact psychological damage and class action cases could have for Black communities.

4. Theory: Hilliard saw it as essential for Black psychologists to continue the development of a Black psychological approach to forensic psychology. He saw this growing field as extremely important and highlighted the need for Black psychologists to lean into the intersections of psychology and law for the benefit of Black people.
5. Testifying: At the individual and case level, Hilliard emphasized the need for more Black psychologists to use the research and theory of Black psychology to testify in court and shape legal outcomes. He emphasized that clinical work remained essential, and that Black psychologists could continue to increasingly shape psycholegal outcomes through their expanded involvement in the courtroom process.

While many of these areas have tremendously grown in recent years, with journals like *Law and Human Behavior* publishing a special issue devoted to racial bias in forensic psychology in 2022, very little of this contemporary work has specifically incorporated the field of Black psychology. To answer these calls, more intentional integrations of these fields of thought, and other fields of inquiry into Black social life, such as Black studies, is essential to optimize the holistic liberation of Black peoples from America's carceral systems.

Training Black Psychological Fugitivity

As learned by those who could not escape to Maroon communities, practices of liberation were often maintained through more intimate fugitivity, whether it was enslaved Africans in the United States braiding maps to freedom in their hair, or on the island colony of St. Domingue masking their Vodou spirit practices behind Catholic saints, these practices endured through, underneath, and within colonial institutions (Mbilishaka, 2023; Nobles, 2015). Within education, Givens (2021) has conceptualized these practices as fugitive pedagogy. According to Givens (2021, p. 13):

Fugitivity enunciates subversive practices of black social life in the African Diaspora, over and against the persistent violence of white supremacy and its technologies of surveillance and domination that were bound up in and animated by the chattel principle. It is the constant seeking of an outside to white supremacy that might elusively be understood as black freedom. The language honors the plot that is an insistence on black living, even amid the perpetual threat of black social death, the latter being a dominant ideology that black people always refused, even as it had real consequences given that those who benefitted from their domination were empowered and backed by the broader political structure and the law.

Fugitive pedagogy is illustrative of a generative practice of education that seeks to develop collective Black consciousness (Anyiwo et al., 2025). Specifically, they transfer what Anyiwo et al. (2025) have conceptualized as Cultural Knowledge, which is an awareness of the philosophical beliefs and practices that Black peoples have contributed to the world, and Racial Knowledge, which is an understanding of anti-Black racism and the myriad ways Black people have resisted it. In this way, although Hilliard serves as illustrative of these practices, it should be clear that Hilliard does not and has never represented the totality of these Black forensic strategies. Within the domain of psychology, due to its history of anti-Black racism (see Auguste et al., 2023), Black psychologists have always attempted to maintain fugitive strategies within psychological training to ensure the mental well-being of Black people. Indeed, the late Bobby E. Wright (1984) made it clear that the standard education that Black psychological trainees received was wholly inadequate to bring about psychological, spiritual, or political wellness for Black people. Nonetheless, due to the political position of the psychology field, Wright maintained the need for Black psychology students to attend to their coursework while speaking with their elders and other Black professionals to learn how to meet the needs of their communities (Wright, 1984).

In alignment with this mode of education, Black mental health professionals have long traded strategies for how to maintain the safety of their people. Whether subtly shifting test scores to mitigate the chances that institutionalized Black patients would be lobotomized (Utsey, 2023) or creating collaborative spaces for clients that held both the need for care alongside the racist, transphobic, sexist, and sanist foundations of the field (Institute for the Development of Human Arts, 2020), these modes of fugitive practice have long existed within the confines of some of America's most oppressive institutions. There will likely be many Black forensic psychologists who do not recognize any of the names within this section, yet recognize the spirit of the teachings in a Black professor or supervisor who pulled them to the side to validate their experiences, who held space for the humanity of the incarcerated and institutionalized people they served, and who co-developed modes of care and advocacy grounded in liberation in full recognition of their abusive context.

For Hilliard, this training came partially with Wright while he was a trainee, and eventually an assistant director, at the Garfield Park Comprehensive Community Mental Health Center (now the Bobby E. Wright Comprehensive Behavioral Health Center). The Garfield Park Comprehensive Community Mental Health Center was among the first mental health clinics developed specifically in service to the mental health needs of Black communities and was a part of a movement of similar centers across the country (Goddard, personal communication, 2024). The Westside Community Mental Health Center in San Francisco, where Hilliard would eventually end up, was directly inspired by the same community mental health movements as Wright's work in Chicago (Nobles, personal communication, 2025). Similarly, the Westside Community Mental Health Center, established in 1969, became a hotbed for fugitive pedagogy, as several of Black psychology's foundational theorists and practitioners spent considerable time there, including Asa Hilliard, Wade

Nobles, Lawford Goddard, William Hayes, and Patricia Butler (Nobles, 2008; Pettit, 2022). Here, these early Black psychologists forged their ideas and practices of Black psychology in direct conversation with community members, elders, and activists (Nobles, personal communication, 2025). According to Wade Nobles, it was from the community that each found their charge in the early construction of Black psychology. For Hilliard, the community tasked him with protecting them in the courts (Nobles, personal communication, 2025). In this way, the Westside Community Mental Health Center became a maroon community devoted to the health of the Black people in San Francisco. Their work, and the work of the many other generations of Black psychologists and care workers should serve as an Akoben, or war horn, to coalesce and organize in radical service to Black liberation.

Discussion

As of this writing, many across the country are organizing in communities in resistance to the expansion of what have been termed Cop Cities, and also to weaken U.S. support of genocidal projects. In accordance with American legal tradition, we are also witnessing the sociolegal context shift rapidly around young organizers. In 2020, protest-related charges became federalized to equip prosecutors with harsher punishments (Toppa & Masilungan, 2023) which became disproportionately levied against Black protestors (Campbell, 2023). On September 5, 2023, the attorney general of Georgia indicted 61 protestors under the Racketeer Influenced and Corrupt Organizations Act (Ahmed & Taxel, 2023). These individuals had been organizing against the development of a police training facility in what has been called the #StopCopCity movement. In the charges against the protestors, the Georgia AG characterized the movement as having emerged from the initial organized protests against the killings of George Floyd and Rayshard Brooks and bound by principles of collectivism, mutualism, and social solidarity. In 2024, several jurisdictions have instituted mask bans, willing to endure the risk of COVID-19 spread to curtail political dissent (Stanley, 2024). It is within these contexts that we need a forensic psychology that can authentically assess the full psychological and political lives of people seeking to exist and thrive in this country, and abroad. The work of Dr. Thomas Hilliard serves as a needed blueprint for a contemporary practice of Black forensic psychology. In the spirit of Sankofa, it is only right that we retrieve his legacy before it is forgotten in a time when it is most relevant. Overall, this practice of maroon psychology, or Black liberatory forensic psychology, serves to intervene on multiple levels. First, this reclamation itself serves as an educational intervention for psychologists to understand how the radical branch of Black psychology can transform their current practice at the case and policy level. Second, this chapter is a concrete call to take actionable steps in the co-creation of this practice in service to our community needs.

By leaning into the evidence of Black psychology and the deep wisdoms of community-based evidenced practices, this paper aspires to lend support to growing

community liberatory movements. These movements seek healing and ultimately liberation for the generations of Black people who continue to experience intergenerational pains connected to the gross criminal violation of humanity that was chattel enslavement and colonization. In effect, this chapter is an answer to calls for Wild Seed Justice through series of legal jailbreaks, or forms of justice that encourage communities to clearly reclaim and rebirth their commitments to one another beyond nationalist and colonial narratives of law and/or power to restore collective care, dignity, and freedom. From the courtroom to the concrete, as urged by Thomas Hilliard, it is time that we be Black psychologists in action.

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APA on Trial: A Comparative Analysis of Psychopolitical Ethics for Pan-African Black Liberation Psychology



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The Physicians for Human Rights (2024) indicated that torture is an intentional infliction of pain and suffering committed by or with the authority of state officials. As a method of political violence, torture results not just in physical injuries but psychological ones, in which individuals and communities are prevented from experiencing Ubuntu. According to the Zulu people, Ubuntu embodies wholeness and togetherness; therefore, torture disrupts Ubuntu by creating isolating experiences that separate people from their culture, community, and consciousness. Moreover, torture, as a tool of Western psychological warfare, has been practiced over centuries in ways that disrupted Ubuntu and other ways of being among African peoples. Enslavement, militarism, incarceration, and colonialism all relied, and continue to rely, on torture as a method of population control. Historically, specific techniques during the European enslavement of African peoples, for instance, included lynching, rape, maiming, whipping, changing names, denying cultural practices, and separating families, as evidenced by the 1930s Works Progress Administration (Reyes, 2007).

Through qualitative analysis, researchers report that melancholy, family loss, and longing are just some of the chronic remnants of torture rooted in enslavement (Dalggaard et al., 2021; Laurie & Neimeyer, 2010). While enslavement has been recognized and condemned as a crime against humanity by the United Nations Committee on People of African Descent, the use of solitary confinement within prison has only relatively recently come under scrutiny as a torturous punishment

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(Physicians for Human Rights, 2024). Within many state facilities, from prisons to state hospitals, these Ubuntu-eradicating experiences escape scrutiny. As such, the torturous conditions of state violence, control, and repression remain extant within the lives of African peoples.

While the reporting of harmful state practices occasionally results in protests and policy reform, the psychiatrist Frantz Fanon showed that during the colonial wars in Algeria, torture was an optimal tool of colonization and imperialism. It was used regularly as a weapon of war with no interest in democratic processes or reform (Fanon, 2004). As Fanon published his anti-colonial work on torture in the late 1950s and early 1960s, Western nations funded earlier torture research as a mechanism to destroy the personality and reform the person under interrogation through pain (Haritos-Fatouros, 1995; McCoy, 2012; Ojeda, 2006)

While Guantanamo Bay is a well-known torture site on the shores of Cuba in the modern day, several torture sites operate across the globe as “black sites” (Malinowski, 2008; Milewski et al., 2023). The fact that psychologists designed, optimized, and executed torture on multiple people of African ancestry under the guise of national security should not come as a revelation. The Hoffman report details the nefarious and clandestine activities of the American Psychological Association’s (APA) execution of the Bush-Cheney torture doctrine post-2001 and subsequent cover-up. This illustrates unethical, anti-scientific endorsement and employment of torture by the world’s largest psychological organization (Hoffman et al., 2015). The Hoffman report is, thus, foundational in examining torture as a tool of colonial power in the West against African people’s freedom movements. It demonstrates the importance of coupling decolonization with an anti-torture, anti-military, anti-war position in any liberatory movement. Indeed, for forensic psychologists, who find the nature of their profession tied to refining and/or intervening on state violence, a robust ethical foundation is paramount to ensure the well-being of African peoples.

This chapter weaponizes African psychology to juxtapose African-centered ethics against the APA’s unethical anti-scientific endorsement and employment of torture. Towards that end, we examine the distinct philosophical foundations of the APA and the Association of Black Psychologists’ (ABPsi) ethical paradigms. The risks of the APA’s ethical paradigm for a Pan-African Black liberatory forensic psychology will be illustrated via an examination of the torture scandal. We then illustrate case studies from historic African liberation movements to juxtapose two different models of psychopolitical ethics in the face of torture among forensic psychologists by centering on the work of J.C. Carothers in Kenya and Noel Chabani Manganyi in South Africa. Ultimately, the reader is invited to draw their own conclusions about their engagement with the APA, as well as their acceptance of torture in their field of forensic psychology and Pan-African Black liberation psychology.

APA Ethical Codes: Moral Norms Without Moral Themes

The APA comprises the largest number of psychologists of any organization globally, boasting approximately 157,000 members, including researchers, educators, clinicians, consultants, and students. This organization serves as the global bedrock for the practice of psychology, a foundation worth deep critical analysis. As has been widely discussed, the APA has historically and contemporarily condoned and perpetuated unethical behaviors within carceral settings, particularly impacting people of African descent (Auguste et al., 2023). The APA's failure to adequately safeguard individuals of African descent from its own misconduct can be viewed as fundamentally contrary to ethics, liberation, and the welfare of African communities.

Since its inception, the APA and its members have been deeply involved in European imperialism and the propagation of scientific racism. Figures like G. Stanley Hall, the organization's first president, contributed to this legacy. Hall's racially biased writings in *Adolescence* (1904) characterized Africans, Indians, and Chinese peoples as belonging to "adolescent races" in an incomplete stage of development. Hall, along with other influential psychologists like Lewis Terman and Francis Galton, played significant roles in the APA's growth, which often focused on reinforcing notions of Black inferiority.

Despite being founded in 1892, it took the APA 56 years to establish its Committee on Ethical Standards in Psychology, with the first version of its Ethical Standards not being published until 1953. Ward and Birgden (2007) argued that ethics form the bedrock of human treatment. Through this lens, psychologists and helping professionals can avoid ambiguities that may contribute to harm in carceral settings. This would require adherence to the APA ethical codes and the United Nations Standard Minimum Rules for the Treatment of Prisoners (UNSMR; United Nations, 2015).

To date, the APA continues to face allegations of severe and covert human rights violations. As previously noted, these accusations are extensively documented in the 2015 Hoffman Report, which exposed the APA's endorsement, participation, and collaboration with the Department of Defense (DoD) and Central Intelligence Agency (CIA) in implementing "enhanced interrogation techniques" (Feinstein, 2014; Hoffman et al., 2015). For many within the helping professions, it seemed implausible that those entrusted with the well-being of others would partake in such breaches and misconduct. However, for many others, particularly within the Black community, these actions appeared consistent with the historical and ongoing mistreatment perpetrated by the APA. The report indicated that the APA's ethical guidelines are susceptible to being used to justify causing harm under certain circumstances, including the deliberate manipulation and misinterpretation of their own codes to serve their interests. To this point, Hoffman et al. (2015) concluded:

Our investigation determined that key APA officials, principally the APA Ethics Director, joined and supported at times by other APA officials, colluded with important DoD officials to have APA issue loose, high-level ethical guidelines that did not constrain DoD in any

greater fashion than existing DoD interrogation guidelines. We concluded that APA's principal motive in doing so was to align APA and curry favor with DoD. There were two other important motives: to create a good public-relations response, and to keep the growth of psychology unrestrained in this area.

We also found that in the three years following the adoption of the 2005 PENS Task Force report as APA policy, APA officials engaged in a pattern of secret collaboration with DoD officials to defeat efforts by the APA Council of Representatives to introduce and pass resolutions that would have definitively prohibited psychologists from participating in interrogations at Guantanamo Bay and other U.S. detention centers abroad. The principal APA official involved in these efforts was once again the APA Ethics Director, who effectively formed an undisclosed joint venture with a small number of DoD officials to ensure that APA's statements and actions fell squarely in line with DoD's goals and preferences. In numerous confidential email exchanges and conversations, the APA Ethics Director regularly sought and received pre-clearance from an influential, senior psychology leader in the U.S. Army Special Operations Command before determining what APA's position should be, what its public statements should say, and what strategy to pursue on this issue. (p. 9)

It should be noted that the APA 2010, 2013, and 2015 Resolutions explicitly call out unequivocal violations related to torture and interrogation as unethical practices, including waterboarding, humiliation using sexual torture, phobias, and prolonged positions (e.g., arms held in the air for an extended period). Specifically, in 2013, the APA reaffirmed and reissued an updated report related to psychologists and their work in national security settings (APA, 2013). The key points reaffirmed are:

- psychologists may not work in settings where persons are held outside of, or in violation of, either International Law (e.g., the UN Convention Against Torture and the Geneva Conventions) or the US Constitution (where appropriate), unless they are working directly for the persons being detained or for an independent third party working to protect human rights. (Statement 1),
- While psychologists should adhere to APA ethics codes, it is up to them to reconcile conflicts with higher standards of the law (ethics, legal, regulations, governing legal entities/authorities) and take steps to resolve the conflicts.

However, despite its elaborate codes, standards, principles, and guidelines, one must question whether APA has the moral and spiritual fortitude to carry out its own norms. To illustrate the ethical inconsistencies and contradictions within the APA, Cua's (1978) discussion on interpreting moral ideals offers a clear differentiation between moral ideals viewed as norms and those viewed as themes. According to Cua, moral ideals as norms represent "standards of programmatic action, publicly endorsed and universally applicable principles such as justice or benevolence, serving as benchmarks to evaluate actual behavior in terms of how closely it aligns with these prescribed standards" (as cited in Karenga, 2006, p. 4).

Put simply, norms, or a set of norms, embody ambitious objectives or accomplishments that guide the highest standards of moral and ethical conduct. Karenga (2006) provides examples such as Ifa's Five Requirements for a Good World, the Judeo-Christian Ten Commandments, the Maatian Declarations of Innocence, and the Hindu Sadharana dharma. In this context, the APA's Code of Ethics could similarly be regarded as ideal norms, subject to measurement against a set of standards.

Table 1 Examples of moral ideal norms and themes

Religion/Tradition	Moral ideal norms (head)	Moral ideal theme (neck)
Ifa	Five requirements for a good world	<i>Iwa</i>
Judeo-Christian	Ten commandments	<i>Agape</i>
Hindu	Sadharana dharmas	<i>Rta</i> or <i>dharma</i>
Kemetiic	Declaration of innocence	<i>Ma'at</i>

Note: Cited in Karenga (2006)

Ideally, psychologists are inspired and directed by the APA Code of Ethics in their professional pursuits aimed at serving the public.

According to Cua, another way to interpret moral ideals is as a theme (cited in Karenga, 2006). Unlike ideal norms, which focus on aspirational standards and criteria for compliance, a theme serves as “a point of orientation rather than a specific set of standards” (Karenga, 2006, p. 4). Themes are linked to spiritual essence, character, and moral values, serving as guiding principles for adhering to and upholding norms. Examples of such themes include Ifa’s *iwa*, the Christian concept of *agape*, the Kemetiic concept of *Ma'at*, and the Hindu concept of *rta* or *dharma* (Karenga, 2006; see Table 1).

In the context of APA Ethics, there is a lack of consensus on ideal themes. Essentially, while the APA possesses moral ideal norms (the head), it lacks a moral ideal theme (the neck). Without qualities like character (*iwa*) and unconditional love for humanity (*agape*) to serve as guiding principles, the APA’s ethical standards may be seen as lacking spiritual depth, potentially allowing unethical behavior to persist under the guise of safeguarding human welfare. It is suggested that the APA’s Code of Ethics may be seen as mere rhetoric without the moral and spiritual veracity to sustain its ethical framework. The case example of APA’s collusion with U.S. military torture techniques proves and continues to prove illustrative of this spiritual void within this Code of Ethics. Further, it demonstrates how psychologists can engage in the highest level of harm masked with the legal rhetoric of protecting the public good.

The APA and Torture

As previously noted, psychologists have been involved in psychological warfare (coercive interrogation) design for years. According to an independent investigation called by Physicians for Human Rights and Psychologists for Social Responsibility, the APA egregiously violated its own code of ethics by abetting with the Bush administration, reengineering its ethical codes to justify contributing to the design of interrogation tactics (Pope, 2019). Between 2005 and 2015 media headlines illuminated how the APA lost its “moral compass” contributing to the violation of human rights, misleading the public through mistruths (claims of harmless torture techniques) through applying calculated and machinated ethics (Mausfeld, 2009).

Indeed, psychologists colluded with the Pentagon and other U.S. government officials, spanning multiple years post-9/11, including supporting interrogation initiatives at the aforementioned Guantanamo Bay Naval Base, Cuba, and at Bagram Airforce Base, Afghanistan, Abu Ghraib, Iraq, and other sites, including black sites (Pope, 2019). The Psychological Ethics and National Security (PENS) presidential task force formed ostensibly and purportedly to provide guidance for psychologists serving in roles to inform U.S. national security matters as the APA dove into the work of supporting practices of state capture and coercion.

According to Olson et al. (2008), the taskforce met, and submitted its recommendations to the APA, which were approved relatively quick. The recommendations related to interrogation practices on foreign soil and the role of psychologists as it relates to ethical practices were released in a 2005 report. In brief, the report concluded that the standing code of ethics did not constrain psychologists from serving in consultative roles related to matters of national security. However, this report also called out that psychologists have an obligation to report torture and cruel and inhumane treatment. This lent direct ethical support to military psychologists aiding in the optimization of state violence.

According to McCoy (2012), the U.S. Central Intelligence Agency funded psychological experiments with the intention of understanding how mental tactics could be used to break resistance during interrogation. Psychologists affiliated with the Department of Defense's The Survival, Evasion, Resistance, Escape program designed and developed interrogation training manuals in direct service to the U.S. government's anti-terror strategies (Soldz, 2008). Most infamously, psychologists worked for the CIA's covert black sites unencumbered and uninterrupted by its governing body, the APA. At least two psychologists and a psychiatric professional worked onsite at Guantanamo in June of 2002, consulting and designing harsh interrogation techniques (Fink, 2009). In the aforementioned case, the APA Board of directors investigated complaints against at least one psychologist, John Leso, Ph.D., and found him not in violation of its own code of ethics. They specifically noted:

Reasons for this conclusion included that primary sources did not substantiate the allegations against Dr. Leso based on a preponderance of the evidence, that multiple reviews conducted by individuals with access to classified material found no evidence of wrongdoing and affirmative evidence of safeguarding detainees, and that primary sources provided evidence that Dr. Leso argued against the use of abusive interrogation techniques and warned of harms that could come from the use of such techniques.

Wessells et al. (2017) indicated that some of the most flagrant acts of torture involve those who remain silent, not holding psychologists accountable for the role they play in advising and designing torturous techniques. Wessells further posits that silence and complicity are at two levels, those psychologists involved and their professional organizations. Indeed, absent a full reckoning, reparation, and revolution of psychological ethics, even the most well-theorized and intentioned of liberatory rhetoric can be appropriated by the association's underexamined militarism and carcerality.

APA's Black Liberation Psychology

APA currently touts over 157,000 since the presidency of Dr. Thema Bryant up from 114,346 in 2017. Recently, Dr. Bryant (2024), an African American woman and past APA president declared: "I'm pleased to learn that the year I served as the APA president (2023), we reached our highest membership number in our recorded history. Thank you to those who joined the journey." Dr. Bryant ran on a platform to decolonize psychology which, according to her, means to

to reclaim, to reconnect, to honor, to recognize our interconnectedness with all living things. It is to identify with truth and live from a place of truth." "A decolonized psychology recognizes that your social, political, economic, and environmental systems affect your mental health. (Bryant, 2023)

Indeed, the APA Monitor (2023) noted of Bryant that: "Sparking a revolution is well within Bryant's reach" and that her plans include a documentary that "highlights the important work of psychologists of historically excluded identities so others can break through glass ceilings" (para. 2; emphasis ours). In her own publications on liberation psychology, Bryant and Moore-Loban (2020) suggest that, "Black liberation psychology is about transforming not only people but also systems, institutions, and even governments to eradicate oppressive actions and build a more just and beloved community" (p. 203). While these definitions sound good, they do not address the military psychology that is at the heart of the APA. For example, the growth of American psychology dovetails the growth of the U.S. military: as early as World War I APA's military psychology has been a focal point; the Department of Veterans Affairs is a major employer of psychologists and site for interns; and 20% of private practitioners provide service to active military members or veterans (APA, 2021). In 2014, the Departments of Veterans Affairs and Defense were the second and third highest federal funders of psychological research, though far behind the National Institutes of Health (Stamm et al, 2017). The first psychological internships were based out of the Departments of Veterans Affairs after World War II (Kennedy, 2023). Indeed, decolonization requires demilitarization as a point of departure (Swan, 2020, 2022). Countries like Kiribati and Costa Rica have engaged this demilitarization process by abolishing their military (Hochmüller & Müller, 2023; Swanson, 2024). Hence, with the 750 military bases around the world, a prerequisite for decolonizing psychology means removing APA and psychologists from these bases in the Pacific, Caribbean, Africa, Asia, and South America. It should be noted that Bryant was threatened with violence and endured significant turmoil from within and outside the APA at the mere mention of the word "decolonial" following an escalation of genocidal violence in Palestine. As Blackness is global, indeed international, any call for Black liberation psychology needs to follow the predecessors of liberation movements, and more importantly, anti-imperial and anti-colonial movements. Without an articulated spiritual base and/or robust ethical base, such rhetoric from the APA makes less than revolutionary cases for an authentic Black forensic liberation psychology. Further, the proliferation of the word decolonizing has been called into question as buzzwordy and liberal at best, and

expresses liberal counterinsurgency at worst (iMWIL, 2025; Maldonado-Torres, 2020; Rodríguez, 2022; Tuck & Yang, 2012) Thus, there is a requirement for Pan-African approaches that examine the international roles for forensic psychologists to participate in the liberation of African people. Fortunately, the question of such an ethical foundation has been taken up by psychologists within the Association of Black Psychologists (ABPsi), and by scholars within the tradition of Black Studies.

ABPsi: Ethical Standards for Black Psychologists in Forensics

To address the specific needs of Black psychologists, ABPsi published its first set of ethical standards in 1983, a decade after its founding (ABPsi, 2022). As a basic premise, the *Standards* “asserted that a Black psychologist’s first responsibility should always be towards the betterment of the lives of Black people, and that they should never seek to advance their self-interests above those of the community” (ABPsi, 2022, p. 6). Unlike APA, ABPsi aimed to set forth *Standards* that would prioritize the welfare and well-being of Black communities. The original authors, Drs. Na’im Akbar and Wade Nobles also sought to ground the standards in an African-centered worldview and philosophy that reflected the reality of African descent people (ABPsi, 2022). For example, the first standards were heavily informed by the ontological principle of “consubstantiation” (i.e., the idea that we are all from the same spirit or essence) which helped to influence the eight principles (i.e., Responsibility, Restraint, Respect, Reciprocity, Commitment, Cooperation, Courage, and Accountability) and 34 guidelines (ABPsi, 2022).

In 2008, the ethical standards underwent an update, incorporating a complaint filing system and a judicial complaint resolution process (ABPsi, 2022). However, in the most recent revision in 2021, the standards were further amended to integrate the influential writings of Dr. Maulana Karenga. It’s worth noting that during a presentation at the 2015 ABPsi Convention, the first two authors suggested the inclusion of Ma’at as aspirational ethics to be integrated into the 2008 Standards as well. The origins of discussions on ethical and moral ideals can be traced back over 4000 years to the concept of Ma’at in ancient Kemet. The ancient Kemites were the first to document, through temples and tombs, the 42 Declarations of Innocence, representing a series of social, divine, and natural obligations (Karenga, 2006). Some scholars even propose that the Christian Ten Commandments may have originated from the 42 Declarations of Innocence (e.g., Browder, Karenga). Ma’at also encompasses the Seven Cardinal Principles (Order, Truth, Propriety, Harmony, Balance, Reciprocity, and Justice), which serve as the foundational principles underpinning the ABPsi Ethical Standards (ABPsi, 2022). A more detailed discussion on Ma’at will follow in the subsequent section.

Another significant concept incorporated into the revised ABPsi Standards is *Serudja Ta* (ABPsi, 2022). According to Nobles, this Kemetic term encompasses the notion of “to make secure, set right (a wrong), fulfill a contract to restore, repair, make new again, make grow, and allow to flourish” (cited in ABPsi, 2022, p. 238).

Similar to the principles of restorative justice, *Serudja Ta* goes beyond merely avoiding consequences for ethical violations; rather, it focuses on transforming wrongs into rights. *Serudja Ta* is aspirational in nature; it urges Black psychologists to uphold the highest standards in restoring and establishing a just and ethical society. For instance, in response to the APA's involvement in torture and interrogation, Black psychologists strive to ethically engage in efforts to rectify and address the harm inflicted on its victims. In May 2021, then U.S. President Joseph Biden Jr. advocated for the closure of Guantanamo Bay and other black sites; however, as of now, there has been no meaningful action to rectify the admitted wrongdoings against the victims. Even worse, despite such egregious injustices, the APA has not advocated for the release of the remaining detainees in custody who have never been formally charged with a crime—this is what is meant by *Serudja Ta*.

The concept of diunital consciousness, as outlined in the ABPsi Standards (ABPsi, 2022), embodies an understanding of the universe as comprising apparent opposites that, in reality, constitute facets of a single dimension. Among African peoples, there has long been a shared belief that the universe is structured around complementary opposites that reinforce, balance, and enrich each other. It is believed that these opposites are essentially interconnected and represent different manifestations of the same underlying phenomena. This perspective stands in contrast to the more binary “either/or” mindset prevalent in Western cultures, where any deviation from uniformity is often viewed as starkly different and diametrically opposed (ABPsi, 2022). This concept also fosters a deeper connection with and understanding of the “self” in others. Through diunital consciousness, we challenge the notion that differences among individuals imply a hierarchy (with some being deemed inferior or superior), a common feature of Western cultural paradigms. This heightened recognition of others as extensions of the “self,” reflecting the Ubuntu philosophy, must form the foundation of African ethical standards.

For Black forensic liberation psychologists, the ABPsi Ethical Standards serve as the cornerstone of ethical conduct within carceral environments. These Standards are structured around the “Seven Cardinal Principles,” which serve as the ethical framework. Each principle is accompanied by example statements drawn from the “42 Declaration of Innocence” that align with the respective principle. For instance, the Ma’atian principle of “Order” includes statements such as “I always try to do what is right,” as listed in the Declarations of Innocence (ABPsi, 2022). Consequently, for Pan-African-Black liberation forensic psychologists, a behavioral standard for “Order” would involve the cultivation of moral character through education, study, and ethical social engagement (ABPsi, 2022). It’s crucial to recognize that these Standards, functioning as moral ideals in the form of norms, underscore the overarching theme of Ma’at. Additionally, they are rooted in liberational ethical practices, recognizing that individuals of African descent within carceral systems often face marginalization and disadvantage within society. Despite this, Black forensic psychologists are urged to uphold the inherent worth and dignity of all human beings (ABPsi, 2022).

Ma'at as Ethical Code

Numerous scholars have attempted to define and articulate the essence of Ma'at. Its broad and polysemic nature has led Karenga (2006) to describe Ma'at as possessing "conceptual elasticity." Morenz characterized Ma'at as holding a "rich treasury of meaning," while Cua referred to it as embodying *plurisignation*, allowing for varied thoughts and interpretations (Karenga, 2006, p. 5). Generally agreed upon among Egyptologists, Ma'at emerges as a concept from ancient Egyptian (Kemetic) philosophy and spirituality, symbolizing the inherent order and balance of the universe, incorporating ideals of truth, justice, harmony, and righteousness. Depicted as a goddess often adorned with an ostrich feather, symbolizing truth and justice, Ma'at encapsulates various interrelated meanings and interpretations. According to Karenga (2006), the etymology of Ma'at ultimately suggests "the *rightness* of things."

Karenga (1999) further maintained that "Ma'at is the fundamental principle of ancient Egyptian life. It is the fundamental principle of the divine, natural, and social order, established by Ra, God, at the time of creation" (p. 23). Similarly, Morenz (1978) defined Ma'at as "right order in nature and society, as established by the act of creation, and hence means according to context what is right, what is correct, law, order, justice, and truth." (as cited in Karenga, 2006, p. 8) And, yet, more broadly, Karenga (2006), contended Ma'at expresses itself in four basic areas:

- (1) the universal domain in which Ma'at is the totality of ordered existence, and represents things in harmony and in place; (2) the political domain in which Ma'at is justice and in opposition to injustice; (3) the social domain in which the focus is on right relations and duty in the context of community; and (4) the personal domain in which following the rules and principles of Ma'at 'is to realize concretely the universal order in oneself; to live harmony with the ordered whole. (cited in Karenga, 2006, p. 7)

These and other interpretations tend to emphasize Ma'at as encompassing all that is rightness, ordered, and correct. The ancient Kemites understood Ma'at as the fundamental principles guiding their relations with the divinity, the natural world, and social interactions. In this way, we can observe the historic spiritual foundations of Ma'at as they have served to ground the ABPsi Standards and, perhaps, proving a worthwhile basis from which to engage with the state. Indeed, these ethical foundations are honoring a different psychological tradition, one that has been practiced by and through African healers and psychologists in distinct context with the ultimate goal of liberating the minds of African peoples. While contemporary forensic psychology has rarely rooted itself in such a vision, historical analyses provide rich material for comparative studies.

Comparative Analysis of African Psychology's Response to Colonial Torture

As previously discussed, psychological torture was consistently used to infringe upon the values and culture of victims. Dalgaard et al. (2021) indicated that to understand the nature of torture, sociodemographic variables must be considered. They found that, within the United States, ethnic minorities were subjected to increased risk of experiencing harsher torture treatment than their non-ethnic minority peers. In examining the historic roots of psychological ethics, we can historically tie threads between their precedents in the response of forensic psychologists to the torture of colonized African peoples. In particular, we contrast the forensic psychiatric work of John Colin (J.C.) Carothers on behalf of the English in occupied Kenya, and that of Noel Chabani Manganyi on behalf of the South African people under Apartheid.

Kenyan Land and Freedom Resistance (1952–1960): Mzungu Aende Ulaya, Mwafrika Apate Uhuru/Let the European go back to Europe, let the African regain independence.

The Kenyan Land and Freedom Army (KLFA; also known as *Mau Mau*, a mistransliteration of the KiKuyu phrase “*Uma, Uma - Get out get out!*”) case is critical for Black liberation forensic psychologists and Pan-African psychologists. As the KLFA armed-resistance represented anti-British colonial, anti-imperial movements in East Africa, colonial psychology was deployed to further understand the Mau Mau in order to “tame the African.” It should be noted that the colonization of Kenya was a European project stemming from the 1884 partitioning of Africa into European colonies that necessitated subjection and subduing the population. In service to this project, J.C. Carothers’ (1953) use of the term “African psychology” predates the North American Black Psychologists use and ultimately served an opposite function. Carothers established his appropriateness, if not expertise, for the diagnosis of African people based on his birth in South Africa and his Mathari Mental Hospital work as well as the H.M. Prison, both in Nairobi (Carothers, 1947). Carothers (1953) used the concept of an African psychology to position himself as an expert on the “African mind,” leveraging his pseudoscience in British colonial courts in Kenya as a functional forensic psychologist. Under colonial rule—enforced by militaries and state police forces—Africans were tried in these courts, where Carothers applied his theories to further subject them to the framework of colonial African psychology. This colonial approach not only delegitimized the freedoms of colonized Africans but also criminalized and penalized their anti-colonial struggles. Without reference, Carothers (1953) followed the racist American psychiatrist Samuel Cartwright’s (1851) path of explaining how the tropical environment influences the diseases of the African. While Cartwright compared free Africans to enslaved Africans, Carothers (1953) compared continental Africans south of the

Sahara to American Negroes. Ultimately, both argued that the African person was psychologically underdeveloped relative to the European and unfit for self-governance.

Fanon in Algeria (1961, 2004), Herskovits in the United States (1954), and Mars in Haiti (1945) all disagreed and countered Carothers' assumptions that the African was a lobotomized European. Fanon in particular noted that the escalation of rhetoric regarding colonized Africans' laziness, criminality, and general unfitness are evidence of the propaganda required by the state to undermine the colonized population and their liberation efforts:

when we see before us the breaking-up of the idea of the Algerian or the North African who is a criminal by vocation, an *idea which was equally implanted into the consciousness of the Algerian* because after all "we're a quick-tempered, rowdy, bad lot; that's the way it is": then it can be said for sure that the revolution is making progress. (p. 304)

Fanon (1964) was clear on the effect of state propaganda on the colonized, and by extension we can categorize Carothers as the chief psychological propagandist in service of England's colonization and incarceration of the Mau Mau: "The monograph by J. Carothers, for example, sponsored by the World Health Organization, invokes "scientific arguments" in support of a physiological lobotomy of the African Negro." (p. 32)

Despite intermittent critique and resistance of positions such as Carothers' within psychiatry and anthropology, he enjoyed a near monopoly on psychiatric authority within Kenya and thus escalated the use of psychiatry as a tool of oppression. Thus, the counter-effort required a union of both formal and informal psychological resistance. The KLFA represented a military response to oust the colonial British forces that was met with absolute relentless torture through detention camps, beatings, maiming, forced labor, psychological torture, and rape. The Mau Mau, evolving from multiple decades of civil associations that met their conclusion with moving from non-violent to armed self-defense, were considered such efficient propagandists that they forced the British to call a state of emergency in 1952 due to the successful liberatory efforts of the KLFA between 1950 and 1952 (Kariuki, 1974; Osborne, 2015). At this point, the British colonists began an intensification of their war on the insurgency that resulted in 20,000 killings of the Mau Mau including 1090 public lynching executions, 7000 women, and 26,000 children under 10 dying from diseases associated with war in the 1950s.

The British attempt to hide the documentation of their torture lasted for decades until the files were revealed in hidden "secret" folders meant to be destroyed with the other 3 tons of files before the British left Kenya in their own "decolonization" agreement. The British campaign that detained and imprisoned and forced work on one and a half million Kenyans. A Mau Mau survivor of torture lawsuit allowed the judge to order the examination of all confidential files. The files revealed that 80,000 KLFA members and Kenyan citizens were detained through 1960 with 8,000 women in the Kimati detention camp (Bruce-Lockhart, 2014). Moreover, the files also revealed similar actions from the British in 37 other colonized countries. The lawsuit resulted in nearly 20 million British pound pay outs to over 5,000 survivors

of the torture (Leader, 2015). The Mau Mau rebellion inspired African liberation movements and revolutionaries including Malcolm X in the United States, the African National Congress and the South African Communist Party in South Africa, the latter who patterned their own paramilitary unit, the *Umkhonto We Sizwe*, after the Mau Mau's Kenyan Land and Freedom Army, and later, through the urging of Malcolm X for organizational rifle clubs and an urban Mau Mau, the Black Panther Party for Self-Defense.

South African Apartheid 1948–1994

In apartheid South Africa, the legal apparatus that structured settler colonial terror over the Black societies included testing, education, and work sectors structured inequality by psychologists of the Apartheid regime. Under this political regime, torture was a tool of the government to force individuals to release information and reestablish authority. The assassination of Chris Hani, the brutal torture and murder of Stephen Bantu Biko, the killing of children protesting apartheid, the enforcement of Pass Laws, and the political imprisonment of Nelson Mandela along with members of the Pan African Congress, South African Communist Party, and African National Congress are just a few of the most infamous examples of the political oppression and violence inflicted on Africans in South Africa. To counter, early Black psychologists like Manganyi served the forensic psychology roles by detailing the anti-Blackness embedded in the cultural, social, and political daily lived experience of Africans in South Africa. An avid writer and among the first to use the term “Black psychology,” Manganyi detailed his forensic work during the height of South Africa's apartheid. Apartheid, a Dutch word for separate hoods, was developed by psychologists and enhanced by Hendrick Verwoerd, the Afrikaaner nationalist who served as Minister of Native Affairs 1950–1958 and prime minister of South Africa from 1958–1966. Trips to Jim Crow United States inspired Verwoerd akin to the ways Hitler appreciated the U.S.'s segregation and structured oppression of Africans in the United States. Thus, for Manganyi the forensic work he engaged in necessitated the social, cultural, and political context of South African apartheid and its anti-Black effects. This stands as a vital counterpoint to the colonial misuse of psychology, offering instead a liberatory praxis in the face of apartheid's oppressive judicial system. Unlike J.C. Carothers, whose work reinforced colonial subjugation, Manganyi's contributions exemplify how psychology can serve as a tool of resistance and advocacy for oppressed peoples. His involvement in the trials of South African freedom fighters during the 1970s and 1980s highlights the role of psychology in both understanding and combating the systemic dehumanization perpetuated by apartheid.

In South Africa, many forensic psychologists regularly attempted to shape the outcomes of apartheid courts. One such illustrative case was the defense of Dimitri Tsafendas, a prominent member of South Africa's Communist party, who stabbed Verwoerd to death in 1966. Those forensic psychologists diagnosed Tsafendas with

schizophrenia and determined him unfit to stand trial (Roos & Kotze, 2024). Following this adjudication, Tsafendas was hospitalized in the United States.

Manganyi's journey into what he described as "being in the soup" began with his role as a clinical psychologist and expert witness during some of the most significant political trials of the apartheid era (Manganyi, 2016). These trials, such as those of the South African Students Organisation (SASO) and members of Umkhonto we Sizwe (MK), placed Manganyi at the intersection of psychological expertise and political advocacy. The accused—fighters like Anthony Tsotsobe, David Moisi, and Johannes Shabangu (the Sasol Three)—were often subjected to death sentences by apartheid courts. Manganyi's work in these cases extended beyond mere psychological assessment; it was a form of defiance against a system designed to dehumanize and eliminate Black resistance (Manganyi, 2016).

In the trial of the Sasol Three, Manganyi was tasked with presenting evidence of extenuating circumstances to save the accused from the death penalty. Drawing on interviews, neuropsychological assessments, and life histories, Manganyi meticulously crafted psychological profiles that laid bare the impact of systemic poverty, familial trauma, and educational deprivation on the lives of the accused (Manganyi, 2016). His testimonies functioned as narratives of resistance, humanizing the defendants in a system determined to erase their dignity.

Manganyi's approach to forensic psychology was rooted in storytelling and persuasion, blending clinical insights with a deep understanding of the socio-political context. This was not an abstract exercise; it was a high-stakes endeavor in which lives hung in the balance. As Manganyi himself reflected, there was an "uncanny and unsettling" weight to these moments, particularly as he watched the accused walk out of courtrooms, the specter of death looming over them (Manganyi, 2016).

Despite the immense pressure and personal risk, Manganyi's work had tangible outcomes. The commutation of death sentences, such as those of the Sasol Three, attests to the transformative power of his advocacy. His efforts also set a precedent for the use of psychological evidence in human rights cases, challenging the apartheid state's narrative and affirming the humanity of those who resisted it (Manganyi, 2016).

Manganyi's legacy lies not only in the lives he helped save but also in his contribution to decolonizing psychology. By reclaiming the discipline as a tool for liberation rather than oppression, Manganyi demonstrated the potential of psychology to confront and dismantle systems of injustice. His work serves as a model for Black liberation forensic psychologists and underscores the enduring need to align psychological practice with the broader struggle for freedom and justice (Manganyi, 2016). It should be noted that, similar to the Mau Mau, in instances when the courts could not see the humanity of those who were trapped between fighting for liberation and suffocating in oppression, Manganyi understood the need for radical intervention.

In the case of Robert McBride, a 23-year-old man charged with murder and terrorism, in a joint plot to rescue another man from an apartheid hospital, Manganyi's testimony failed to sway the judge. Manganyi recalled the hollow feeling of watching the accused leave the courtroom for what would surely be his last encounter

with this man prior to his execution. However, prior to his execution date, the ANC and other liberation parties successfully overcame the apartheid regime. McBride and other political prisoners were freed.

Colleagues and/or Colonizers? An Inconclusive Conclusion

So what then of the floating signifier-Black misleadership, internal colonizer-torture justifier-ventriloquized-genocidaire apologizers-captive maternals (Hall, 2021; James, 2021)? Time will tell but the missive is clear from the experiences of Manganyi and Carothers. Absent formal shifts towards justice by honoring the wisdoms of those who have articulated liberatory ethics, the people we serve will be forced to reshape the field with their own hands. Indeed, if these apologies for racism are not acceptable, then the case for the floating signifier of Black APA leadership stands. A commitment to Pan-Africanism and Black liberation, coupled with a forensic psychology rooted in African-centered ethics, is essential for Pan-African Black liberation forensic psychologists. This includes the dismantling of systems that sustain American psychology's complicity in harm.

For psychologists and mental health providers in training, the critical decision will be how to resist groupthink and disengage from unethical practices. Black liberal leadership within the APA has historically aligned with military interests at the expense of Black communities. What might this future hold? One possibility is the expansion of the Department of Defense's influence into Africa, potentially through initiatives like the African Command (AFRICOM). Imagine a U.S. military unit, composed entirely of African American service members, deployed to Africa under the guise of partnership but effectively functioning to recolonize the continent through the expansion and exploitation of its arable land, water (including aquifers), mineral wealth, vegetation, soil and sub-soil, microbes, and peoples. This hypothetical scenario could even garner support from African American psychologists affiliated with the APA. The APA's ongoing complicity demonstrates the need for its dismantlement, as multicultural competence itself can still serve anti-African ends. Further, the immediate complicity in the decision to suspend the diversity standards repeals the efforts of the Association of Black Psychologists and the Black Student Psychological Association's demands for increased inclusion and diversity standards in the selection of students and faculty, and diversity training standards for accreditation of programs and internship sites just four years after the apology (APA Commission on Accreditation, 2025; Bethea, 2025).

The ethical scandals in psychology's history point to a troubling difference between past and present practices. Previously, studies such as those conducted at McGill University, which explored the psychological effects of torture (Burton, 2023), the Milgram obedience experiments (Milgram, 1963), and the Stanford Prison Experiment (Craig et al., 1973; Zimbardo, 1973), were at least framed as research. In contrast, the contemporary torture scandal reveals no research, only military operations and organizational efforts to silence dissent. Psychological

research and military insights alike have long established that torture is an ineffective means of obtaining reliable information (Başoğlu et al., 2007). However, this overlooks the broader issue: torture functions as a military pastime that directly violates the UN Convention Against Torture, adopted in 1984, and its precursor, the 1975 UN Declaration Against Torture. Despite these violations, the APA has not been sanctioned as an organization. What, then, should be taken from them? Should state licensure, certification, continuing education programs, and the accreditation of psychology programs be reconsidered? These structural interventions may be necessary to ensure accountability (Boyd et al., 2014).

Kwame Ture (American Public Media, [n.d.](#)) engaged with the philosophical debate concerning humanity's ability to condemn itself, drawing on the French existential philosopher Camus. Ture observed that Fanon resolved this question by asserting that humanity cannot condemn itself. Similarly, the APA cannot adequately hold itself accountable—only individuals can. Therefore, African liberation forensic psychologists must take on this responsibility, rejecting roles as propagandists for the organization.

Towards this end, we emphasize the importance of the Pan-African Black liberation forensic psychologist. Historical figures like Thomas Hilliard (1974, 1976) pre-date the formalization of forensic psychology but exemplify its liberatory potential by advocating for African freedom through forensic work (See Auguste chapter in this volume). This chapter seeks to contribute to the re-Africanization of Black liberation forensic psychology by incorporating ethical dimensions rooted in the ancient Kemetic social order of *Ma'at*. By embodying these values, future Black psychologists can resist complicity with the military-industrial and colonial aspects of the APA, fostering a profession aligned with authentic decolonized liberation.

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Williams III, O., & Bolden, M. A. (2011, July). Iwa Rere: Good Character and Liberation Ethical Dilemmas in African Psychology. Symposium presented at the 43rd Annual Convention of the Association of Black Psychologists, Crystal City, VA.

Bolden, M. A., Pieterse, A., Williams III, O., DeLoach, C., & Ball, J. (2008, February). A Fanonian Approach to Reparations against the Medical, Military, Media, Educational, and Prison Industrial Complexes for the Global African Community. Workshop presented at the 25th Annual Teachers College Winter Roundtable on Cross-Cultural Psychology and Education, New York, NY.

Williams III, O., & Bolden, M. A. (2016, August). APA as Perpetrators and Perpetuators of Torture: A Pan African Liberation Psychology Response. Panel presented at the Annual Convention of the Association of Black Psychologists, Arlington, VA.

Bolden, M. A., Williams III, O., DeLoach, C., Ball, J., & Pieterse, A. (2008, August). Of Penal Colonies and Neo-Plantations: Fanon and Reparations from South Africa to the U.S. Symposium presented at the 40th Annual Convention of the Association of Black Psychologists, Oakland, CA.

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Confronting the Juvenile Legal System from a Critical Race Perspective



Apryl A. Alexander and Kimberlee K. Lalane

Scholars and advocates have highlighted the criminalization of Black youth for decades (Henning, 2021; Ketchum & Peck, 2022). Black youth are overrepresented at every stage of the United States juvenile legal system (JLS) (Piquero, 2008). This phenomenon is longstanding and has been evident since colonialism and enslavement in the United States. Laws and policies have continued to marginalize and dehumanize Black youth. With the history of enslavement, forced family separation, and policies and laws that maintain White supremacy culture, it is inevitable that the JLS continues to operate in ways that affect Black youth and families. This chapter will examine Black youth's contact with the JLS from a critical race theory approach. First, a historical overview will describe how Black youth have been funneled into the JLS since Reconstruction. We will then discuss current issues, such as the adultification of Black youth and the criminalization of youth in schools. Finally, we will discuss the next steps for the field of forensic psychology and provide a call to action for psychologists to dismantle existing systems that harm Black youth in the JLS.

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Critical Race Theory

Critical race theory (CRT) is a framework that allows for deconstructing how White supremacy is embedded in existing laws, policies, and practices to advantage White people while perpetuating oppression for racially minoritized people (Crenshaw et al., 1995). Critical race theory posits the following tenets: (1) race and racism are socially constructed; (2) identity is intersectional; (3) those with power rarely concede it without interest convergence; (4) liberalism itself can hinder progress; and (5) there is a uniqueness to the voice of color and storytelling is a means for it to be heard. Further, scholars of intersectionality argue that we cannot fully understand racism without investigating how it intersects and collides with other axes of oppression, such as patriarchy (Collins, 2000; Crenshaw, 1989). Intersectionality requires the examination of how the intersection of a person's identities is culturally and systemically weaponized to oppress them. For instance, Black women face harsher forms of patriarchal oppression compared to White women due to their race or skin color. Scholars have posited that CRT is a powerful method for examining and addressing the needs of Black youth in the JLS (Crosby, 2016; Kolivoski, 2020). In this chapter, we will use these tenets as a frame to describe and acknowledge the inherent structural and systemic racism embedded in the JLS and how it affects Black youth.

Historical Context

History provides an important context to how race and racism are socially constructed and contribute to the disparities that exist in the JLS for Black youth. Colonialism refers to a political and economic relationship where the autonomy and sovereignty of a territory or its people are contingent upon the authority of a foreign power, thus establishing the latter as an empire (Bosworth & Flavin, 2007; Maldonado-Torres, 2007). Coloniality, on the other hand, is the enduring power structures arising from colonization steeped with beliefs of domination on the "other" that shape cultural norms, labor, interpersonal dynamics, knowledge generation, as well as individuals' self-perception and ambitions (Maldonado-Torres, 2007). Similarly, Said (1993) defined imperialism as "the practice, the theory, and the attitudes of a dominating metropolitan center ruling a distant territory" (p. 9). The complexity of imperialism and colonialism is not simply about the accumulation and acquisition of land, labor, and resources; it is the ideological formation, imagery, and imaginary that "certain territories and people require beseech domination" to support a country's power and influence through violent force (Said, 1993, p. 9). Colonization and imperialist pursuits work in tandem to function through structured institutions, such as racial capitalism, predicated on the pervasive racialization in all layers of socioeconomic stratification (Robinson, 1983). There is a requirement of continual exploitation of unequal differentiation of perceived human

value that elevates White, affluent, able-bodied, cis-gendered, heterosexual men (those who participated and benefited from colonization; Robinson, 1983).

Desmond and Emirbayer (2009) defined this social phenomenon as a *symbolic category*, referring to something actively created and recreated by human beings that serves as a force to normalize a group of people and otherize another. However, a subtle argument of White supremacy is that it seeks to naturalize and universalize the racialization process as being inherent to human societies, where racial categorization is a rigid, hierarchal product of Euro-Western culture (Patterson, 2018; Ani, 1994). Racialization was a system created to serve capital for Euro-Western colonialism. This process of classifying groups of people was fundamental to constructing racialized social institutions that justified colonialist projects that exploited and expropriated lands and their inhabitants, as well as structures of inequality, differential treatment, genocide, and war (King, 2017).

In the case of Black children, they are the bearers of a dual otherness through both their Blackness and their status as dependent, inexperienced, uncontrolled youth. As children of the other, they gain none of the positive benefits of childhood like their White counterparts, such as being represented as having great potential that should be nurtured and developed with kindness, care, and love (Nunn, 2001). Instead of being viewed as needing protection from potential harm and negative influences on their emotions, moral, and physical development, Black children are perceived as threats (Nunn, 2001). Smith (1999) surmises that

Age or the vulnerability of youth does not shield Black children from the reach of racism. Instead, Black children are just as much the victims of racism's long-reaching effects as are adults. Indeed, racism touches nearly every aspect of the child's life through discrimination, poverty, unemployment, economics, education, and the breakdown of the Black family structure. (as cited in Nunn, 2001 article)

Moreover, the otherization contributes to constructing cultural hegemony, where interests and views of the ruling class establish societal consent to allow specific ideas to have a heightened influence (King, 2017). Grasping the role of Euro-American colonialism assists in understanding the subsequent impact of the ongoing coloniality of the legal system in the United States (Albarus, 2023; Irwin & Umemoto, 2012).

The roots of colonial-era legal systems and policies in the Black diaspora can be traced back to European colonization in the fifteenth century (Albarus, 2023). The impact of colonialism on legal systems has been significant in the Black diaspora, as the imposition of European colonial laws and institutions often suppressed or eliminated Indigenous legal traditions and perpetuated land and economic inequality, environmental degradation, and systematic biases against minority communities (Albarus, 2023). Moreover, the colonies created legal systems and policies to exploit natural resources and labor, thereby reinforcing the worldview of an inherent superiority over the Indigenous, African, and Afro-descendant peoples. Schmidhauser (1992) discussed that

Legal imperialism universally imposed law where civil stability and order were at stake, where economic penetration—whether land tenure or modern trade and commercial

development-was at issue, and, most crucial, where the authority and power of the conqueror might be threatened by invocation of indigenous law. With imposition of conqueror's law inevitably came replacement of indigenous legal and judicial elites by those of the conqueror, at least until a subservient indigenous elite was trained and screened. (p. 328)

In the United States, the establishment of legal systems was designed to govern the enslaved population and maintain the institution of slavery to justify the oppression of Black people (Albarus, 2023). The British colonies in North America created Slave Codes, which regulated the behavior of enslaved people and their dynamic with their enslavers. Slave Codes prohibited enslaved people from several fundamental things including owning property, learning to read and write, and gathering in groups without the presence of a White person. These Slave Codes were later adopted and expanded by the United States government with the Fugitive Slave Act of 1850, which strengthened slave owner's property rights by closing legal loopholes, mandating federal and state officials to assist in recapture efforts, allowing bounty hunters to cross into the North to recover enslaved people, and imposing fines of up to \$1000 and 6 months imprisonment for civilians who assisted fugitives or officials who refused to assist in recapture (Lennon, 2016). For reinforcement, slave patrols searched slave lodges, kept enslaved people off roadways, and broke up slave-organized meetings. In addition, slave patrols would regulate their movement (including free Black people) by checking documents, enforcing slave codes, guarding against slave revolts, and catching enslaved people who ran away. The slave patrollers were not entirely dissolved following the Civil War (Durr, 2015). During early Reconstruction, the federal military, state militia, and the Ku Klux Klan emerged from disbanded slave patrols to preserve individual and societal control over African American citizens (Durr, 2015). Over time, these groups began to operate similarly to newly established police departments in the United States (Durr, 2015).

This legal framework and policing not only perpetuated slavery but also created a system of racial segregation and discrimination that continued long after the "abolition" of slavery. Blackness is symbolically equated with dangerousness and the need for law enforcement involvement and containment (Irwin et al., 2013). The contemporary institution of racial control is mass incarceration through criminalization and high rates of policing (King, 2017). Scholars extended this racialized perspective to apply to children in juvenile detention centers.

Invented at the turn of the twentieth century, juvenile legal system promised to protect troubled youth from the brutality of adult criminal justice system in separate juvenile courts, detention centers, probation programs, and training schools (Bush, 2019). However, Nunn (2001) argues that the JLS was first developed as a measure designed to address the threat posed by poor children to propertied interests in newly urbanized American cities. Confronted by lower-class children who stole from the middle and upper classes, progressive reformers established "houses of refuge" aimed at rescuing such children from their backgrounds and reshaping their perceived moral deficits. Nunn (2001) discussed that some historians described juvenile courts as expansive agencies of social control that used their discretionary powers primarily to impose sanctions and institutionalization on low-income and

immigrant children. Thus, the rhetoric of caring and shelter masked horrific abuses, including overuse of incarceration in prison-like detention facilities, a lack of professional staff and programming, capricious decision-making by adult authorities in juvenile courts and probation departments, and inadequate resources to provide for youth (Bush, 2019). Each of these ills systematically singled out low-income Black and Brown children for punishment while ignoring or providing more lenient treatment toward White middle- and upper-class youth (Bush, 2019). Alexander (2010) argues that

What it means to be a criminal in our collective consciousness has become conflated with what it means to be black (p. 193) ... For black youth, the experience of being “made black” often begins with the first police stop, interrogation, search, or arrest. The experience carries social meaning – this is what it means to be black (194) ... For the [racial caste] system to succeed ... black ... [youth] must be labeled criminals before they are formally subject to control ... This process of being made a criminal is, to a large extent, the process of “becoming” black. (p. 195)

Erevelles (2014) further elaborated on this notion that in contrast to White children, Black youth undergo the dual process of “becoming Black” and “becoming disabled” from perceived biological ingrained inferiority and deviance that envisions them as prematurely adult and innately criminal (Bush, 2019). Similarly, the media portrayal of inner-city Black youth as “superpredators,” impulsive, remorseless, and suffering from moral depravity exacerbated public fear. Through this process, racial segregation and the political economics of educational opportunity combine to create the material conditions that mold Black students’ lives that funnel them down the school-to-prison pipeline (Erevelles, 2014).

The Current Juvenile Legal System

The history of the United States JLS described above reveals how the JLS system was constructed to marginalize Black youth post-Reconstruction Era. The ripple effects of these mechanisms continue in the present JLS despite calls to action from community advocates and scholars to address the disproportionate minority contact within the JLS. Further, CRT posits that identity is intersectional in Black youth with multiple minoritized identities, such as disabled Black youth in queer Black youth, who experience notable adversities within the JLS. Below, we will provide the landscape of current issues harming Black youth in the JLS to elucidate future needs that Black forensic psychologists can address.

The Adulthood of Black Youth

In America, Black youth are not allowed to be children. Adulthood has been described as the downward extension of adult responsibilities to adolescents (Jarrett, 1990, 2003). Adulthooded adolescents often acquire or assume behaviors that are typically adult. Similarly, *parentification* refers to children and adolescents assuming adult roles before they are emotionally or developmentally ready to manage such roles (Earley & Cushway, 2002; Walsh et al., 2006). As previously described, the superpredator myth furthered the notion of adulthood of Black youth.

Adulthood is also complicated as it can be seen as positive (Roy et al., 2014) because it teaches youth responsibilities. However, it can also rob adolescents of their youth. Black youth often experience adulthood through racism. Epstein et al. (2017) noted that adulthood is “rooted in the legacy of racial discrimination in [the United States], which historically included responding to Black youths’ child-like behavior more punitively” (p. 4). People have rated Black girls as in need of less nurturance, less protection, and less support compared to similar-aged White girls (Epstein et al., 2017). This notion of adulthood has implications for the JLS. Goff et al. (2014) found that police officers typically evaluate the ages of Black children to be approximately 4 years older than their actual age. This was noted in high-profile state-sanctioned murders by police, such as that of Tamir Rice, who was thought to be older and held a toy gun, when murdered. Adults have rated Black girls as less innocent and more adult-like and, therefore, warrant more punishment (Epstein et al., 2017). This may have implications for forensic evaluations as evaluators or other parties in the legal system may view Black children more harshly or differently than White children.

Foster Care and Child Welfare Systems

Separation, displacement, and rupture of Black families are also responsible for Black youth’s placement in the JLS. The child welfare system was created to protect children and adolescents from abuse and maltreatment and promote their well-being. However, there has been longstanding documentation that there are racial disparities within the child welfare system (Garcia et al., 2016). Some of this displacement is due to policies such as mandatory reporting that place professionals, including psychologists, in positions where they are legally required to report potential incidents of abuse. Factors such as those related to poverty or lack of opportunity for Black families due to systemic and institutional racism contribute to the higher rates of family removal and foster care placements for Black youth (Barth et al., 2020). Poverty-related factors may be perceived as abuse, such as poor supervision due to working caregivers or perceived neglect due to housing circumstances. Black youth are placed in foster care at higher rates than other youth (Detlaff & Boyd, 2021). Research has consistently revealed that forced separation of children

from their parents is significant in lifelong trauma (Raz & Sankaran, 2019), which can result in long-term negative outcomes for Black youth (e.g., Barth et al., 2020).

Mass incarceration is a major issue with rippling effects that impact the incarcerated individuals, their families, and beyond. Given the rates of disproportionate minority contact in the criminal legal system, Black families are most affected by mass incarceration, resulting in the displacement of families. With mass incarceration come intergenerational patterns of crime that affect children. More than half of all those incarcerated are parents to a minor (Nickel et al., 2009), which is estimated to be 5 to 8 million (Turney, 2018). Parental incarceration is such a strong predictor of crime due to the additional risks that accompany it, including family disruption, financial strain, and stigmatization (Stump et al., 2018). These factors further displace children and adolescents from the supports they need to thrive.

School-to-Prison Pipeline

As the Reconstruction Era began, various forms of hate and prejudice increased among Southerners who were opposed to integrated schooling and newly freed enslaved Black people. There was a resistance to integration in educational systems. Weissman (2019) notes that this included White teachers in Black schools as opponents. There were active attempts to dismantle and disrupt the efforts to integrate schools. When the integration began, Black students faced threats and violence from White people. These acts of violence were done to maintain control and prevent the advancement of Black students. Further, schools that served Black students lacked adequate resources, funding, and infrastructure.

McCarter (2017) notes that the school-to-prison pipeline is a tool of White supremacy. The pipeline criminalizes youth and displaces them from the school system, interfering with their path to high school graduation and higher education (Dutil, 2020; Henning, 2021). Mendez (2023) notes that myths of neutrality and meritocracy served to perpetuate White supremacy and advantage in ways that construct students and parents of color as deficient and allow White families to maintain the status quo. Further, they discuss that in school rezoning, White, affluent parents assert their rights to choose what neighborhood they live in and what school their children attend, which inherently mimics White supremacy and colonialism. They discussed this in the context of “whiteness as property” (p. 138).

Since the early 1990s, zero-tolerance school discipline policies have been widely implemented, which has led to excessive suspensions, expulsions, and JLS referrals, particularly for racially minoritized students (Dutil, 2020). Student arrests have increased by 300–500% since zero-tolerance policies were instituted (Mallett, 2017) and have increased the likelihood of arrest (Monahan et al., 2014). Zero-tolerance policies have broadened to include mandatory punishments for possession of any number of items, including knives, drugs, and over-the-counter medication on school grounds (Payne & Welch, 2015). The American Psychological Association (APA) extensively reviewed the literature regarding school zero-tolerance policies.

It provided recommendations for reforming zero tolerance and replacing it where more appropriate approaches were indicated (American Psychological Association, 2008). Zero tolerance policies in schools mandate the application of predetermined consequences, most often severe and punitive, that are intended to be applied regardless of the seriousness of the behavior, mitigating circumstances, or situational context. Suspensions are often included in these policies and can lead to students being removed from school, sent to alternative schools, or later incarcerated. However, research does not indicate a deterrent effect of suspensions, and there was a lack of research supporting positive outcomes. The APA provided several recommendations for teachers and administrators with regular contact with students, including applying more flexibility to zero-tolerance policies. The APA report also recognizes that the first line of communication regarding discipline should be with parents. Further, it is important to define infractions carefully, have staff trained to respond to each infraction appropriately, and evaluate all school discipline practices to ensure they benefit student behavior.

School suspensions appear to be counterproductive, as students who get suspended have a variety of adverse outcomes, including, but not limited to, students missing academic time due to being outside of the classroom (Brown, 2007) and increased problem behaviors (Sprott et al., 2005). Further, suspended students are more likely to be suspended multiple times and subsequently incarcerated (Christle et al., 2005). Recent justification for the harsh school disciplinary policies is school safety, particularly to reduce school shootings. Since mass school shootings at Columbine and Sandy Hook, committed by White teenage boys, schools across the country have increased their school “safety” measures. A wealth of literature notes that school security measures increase fear of crime among students and disrupt their learning environments (see Nguyen et al., 2020). School security measures in school social environments are associated with students’ fear of crime and avoidance (i.e., skipping school), and scholars have suggested that schools reconsider security measures and focus on the school environment generally (Nguyen et al., 2020). Another measure has been the introduction of school resource officers (SROs). SROs were placed in school systems in the late 1990s in a post-Columbine period when communities tasked policymakers to address school violence. However, there are mixed findings on the effectiveness of school resource officers on school safety, with some studies noting positive effects (Johnson, 1999) and others stating that SROs do not increase school safety and result in high rates of exclusionary discipline (Fisher & Hennessy, 2016; Javdani, 2019). From a justice and social justice perspective, schools must analyze their use of school policing (Thompson & Alavarez, 2013). Therefore, there needs to be a greater focus on alternatives to law enforcement in schools and a greater emphasis on rehabilitative and mental health resources.

Gender

The roots of CRT and intersectionality lie in the roots of Black feminism and of womanism and thinking about the lived experiences of Black women and girls as they relate to societal oppression. In addition to racial disparities in school punishment, gender differences in school punishment have been noted. Galán et al. (2022) notes, “Despite commonalities in the disproportionality of school discipline for Black girls and Black boys, there are unique gendered ways in which the school-to-prison pipeline manifests” (p. 587). Being a boy heightens the risk of receiving school punishment for all ethnicities (Ispa-Landa, 2017). Boys are also more likely to be disciplined by corporal punishment (Horner et al., 2010). At the same time, girls are socialized into traditionally subordinate gender roles (e.g., being quiet and polite) and are rewarded for their behavior. These behaviors often create the perception that girls are more intellectually engaged and eager to learn (Silva et al., 2014). Further, rewards are inequitably distributed based on race and gender (Silva et al., 2014).

Previous research emphasizes the interaction between race and gender concerning receiving punishments in schools and who is likely to be the target of disproportionate punishment. Boys are suspended more often than girls, and Black boys are suspended at a rate three times higher than White males. Black boys represent 35% of boys suspended and 34% of boys expelled from K-12 public schools, and this tends to be pronounced in the southern states (Smith & Harper, 2015).

When examining race and gender interactions for school-aged girls, being African American disadvantages girls more than it does boys when considered relative to White youth of their gender. Overall, boys are suspended in greater numbers than girls. However, while Black boys are suspended more than three times as often as White males, Black girls are suspended more than six times as often as White girls (Ispa-Landa, 2017). African American girls represent 45% of girls suspended and 42% of girls expelled from K-12 public schools, which is higher than other racial groups. This disparity is more pronounced among the 13 southern states, where they make up 56% of suspensions and 45% of expulsions (Smith & Harper, 2015). Morris (2016) has referred to this as the “pushout.” Black girls are suspended six times as often as White girls and represent the fastest-growing population within the JLS (Ispa-Landa, 2017). Perceptions of gender roles play into the disparities and affect how students are punished. For instance, teachers who view Black girls’ behavior as not subordinate (i.e., not feminine) are more likely to engage in punitive measures toward Black girls (Morris, 2005). As with adultification, these misperceptions of girls by teachers place them at risk for JLS involvement.

Black LGBTQ Youth

The criminalization of sexual orientation has long occurred in the United States. Heteronormativity, the assumption that heterosexuality is a normative or default sexual orientation for everyone (Rodriguez et al., 2024), has resulted in the

criminalization of LGBTQ individuals and their sexual behaviors. Ezie (2023) refers to it as the discrimination-to-incarceration pipeline in their discussion of the criminalization of transgender people of color's discrimination and societal exclusion leading to their mass incarceration. The current rhetoric affects LGBTQ+ youth on several levels, including their home environment, school setting, and the funnel into the juvenile justice system. LGBTQ+ youth often experience homelessness due to a lack of support within their parental homes and surrounding communities. These factors appear to be creating a normalized rhetoric of non-acceptance toward LGBTQ+ youth. Non-acceptance leads to displacement from home and school and homelessness for many LGBTQ+ youth. When homeless LGBTQ+ youth attempt to access resources such as homeless coalitions or emergency clinics, very few are currently equipped to provide intersectional care, such as identity-congruent housing, relevant sex education, and proper emotional and peer support (McCandless, 2018). Due to the lack of acceptance on personal, operational, and national levels, LGBTQ+ youth often turn to criminogenic activities, such as selling drugs, panhandling, theft, and survival sex, to obtain income or food (McCandless, 2018). This accounts for the 58% of LGBTQ+ youth currently in the juvenile justice system who were arrested before age 18 (Movement Advancement Project, Center for American Progress, 2017, p. 1). As this population is two to three times more likely than cisgender-heterosexual youth to be in a juvenile correctional setting for a year or more, this creates both a potential for developing trauma and a high recidivism rate due to a lack of reentry support and resource information (Wilson et al., 2017). Moreover, 85 to 90% of incarcerated LGBTQ youth are racially minoritized youth (Movement Advancement Project, Center for American Progress, 2017). Thus, this becomes an issue of racism and heterosexism in the schools that push youth out.

Disabled Youth

The prevalence of disabilities in the juvenile legal system is significantly higher than in the general youth population, where about 65 to 70% of youth involved have a disability (Snydman, 2022). Estimates suggest that 30 to 85% of incarcerated youth have a learning disability (Snydman, 2022), and half of incarcerated youth with disabilities are Black students (Walter, 2024). Racial bias in the criminal legal system and educational settings leads to Black students being identified more as having a disability. For example, compared to their White counterparts, Black youth are three times more likely to be labeled as having an intellectual disability and twice as likely to be diagnosed with an emotional disturbance or with a learning disability (VanderPyl, 2018). However, Black students are often overdiagnosed and misdiagnosed as having learning disabilities, intellectual disabilities, and emotional distances in school but underrepresented with sensory or physical impairments (e.g., blindness or deafness; VanderPyl, 2018). As a result, Black students are housed in more restrictive educational settings, where they receive inadequate and inferior services and are disproportionately subjected to increased surveillance and disciplinary actions such as out-of-school suspensions and law enforcement

referrals by schools to juvenile detention centers because of zero-tolerance policies (Walter, 2024). Repeated school discipline frequently leads to students dropping out, which increases the likelihood of contact with the juvenile carceral system (Walter, 2024).

Upon entering the criminal legal system, students with disabilities encounter subpar or absent educational support that exacerbates academic disparities and increases the likelihood of recidivism (VanderPyl, 2018). The lack of educational support is alarming as incarcerated Black girls are twice as likely to receive services under the Individuals with Disabilities Education Act (IDEA) compared to White girls, who make up almost half of all incarcerated girls receiving IDEA services (Cabral et al., 2023). For justice-involved youth with intellectual and developmental disabilities, “the prison’s Mental Health Unit had become a sort of ‘dumping ground’ for the courts- a place where kids with disabilities were being sentenced when courts felt there was nowhere else to ‘put’ them” (The Arc’s National Center on Criminal Justice and Disability, 2016, p. 4).

Erevelles (2014) regarded that a reason disability is seldom mentioned when discussing mass incarceration is from the implicit assumption that confinements in carceral settings (e.g., the prison-industrial complex (PIC), psychiatrist institutions) are medically necessary to manage individuals with intellectual and psychiatric disabilities, especially Black youth. The medical model of disability has been used to justify the continued segregation and incarceration of Black disabled people in special education classrooms, alternative schools, psychiatric institutions, segregated residential institutions, and conventional detention centers (Erevelles, 2014). The material consequences following these carceral logics of disability are to be associated with the “aesthetics of human disqualification,” including being perceived as uncivilized, incapacitated, diseased, morally deficient, and mentally/intellectually defective (Siebers, 2010, p. 23), thus being positioned as threats to standard educational practices (Erevelles, 2014). This signifies that ableism and anti-Blackness are interconnected and mutually reinforcing. Lewis (2020) stated that

the justification for the debasement, dehumanization, and mass murder [of Black people has been rooted] in racialized notions of delinquency, dependency, and defectiveness, as determined by White supremacists and [upheld] by governments, corporations, and medical and carceral institutions that directly and indirectly benefit from continued subjugation and criminalization, extraction, and commodification, diagnosing and destruction of our most marginalized people and communities (para. 9).

By invoking Jim Crow ideologies, the over-incarceration of Black students with disabilities in juvenile detention centers is legitimized, as it presumes that deviance is endemic to Black bodies, thus continuing traditions of eugenic criminology that utilizes various technologies of punishment and discipline to render “unruly bodies” docile (Erevelles, 2014).

Other Pipelines

Since more attention has been brought to addressing the school-to-prison pathway, some school systems have discussed active approaches to addressing the issue. Scholars and advocates have noted that the pathway extends before the school space. For instance, childhood trauma is frequent. After noting that over 90% of girls in the legal system have experienced sexual abuse, scholars and advocates have named the *sexual abuse- or trauma-to-prison pipeline* (Baumle, 2018; Saar et al., 2015). The abuse-to-prison pipeline disproportionately affects Black girls, and these girls often fail to receive the mental health services they need to address their traumas. (Galán et al., 2022; Saar et al., 2015). Scholars have discussed the need for trauma-informed interventions and schools (Dutil, 2020).

Edelman (2007) also describes *the cradle-to-prison pipeline*, which examines how limited access to prenatal care, early childhood health care, and mental health care for children and families contributes to the prison industrial complex. Teachers need to recognize the other variables affecting students and their families with each pathway, and there needs to be a public health response to address the underlying issues affecting these youth.

Changing Legislation

Legislative or legal changes are often required for the legal system to change. Over the last several decades, court systems, including the United States Supreme Court, have changed their approach to youth in the JLS. As noted earlier, courts historically adultified youth, particularly Black youth, and punished them similarly to adults. For instance, in 1944, George Stinney Jr. was falsely convicted of the murder of two White girls and sentenced to the death penalty at age 14. Although his case was re-opened in 2004, and his conviction wasn't vacated until 2014—70 years after he was wrongfully executed. Black forensic psychologist Dr. Thomas Hilliard described the need for Black psychologists to be involved in high-priority areas within psychology and law. Hilliard (1978) noted the importance of psychologists' engagement in legislation, noting, "A logical extension of the application of psychology and law in the courtroom setting involves utilizing this expertise in the legislative process" (p. 123). In 2005, *Roper v. Simmons* overturned the use of the death penalty for children. Justice Kennedy explained that a line needed to be drawn somewhere, and 18 was the logical place to draw it because "[t]he age of 18 is the point where society draws the line for many purposes between childhood and adulthood." At the time, the United States was the only country in the world that sentenced youth to life without parole as it was deemed a human rights violation. *Miller v. Alabama* eliminated juvenile life without the possibility of parole. These decisions held that courts should not be held culpable for their actions in the same ways as adults.

To begin with, we can keep children out of the JLS. Various jurisdictions have used deferred sentencing or diversion programs to help youth avoid long-term consequences and labeling and allow them opportunities for rehabilitation. In some states, children as young as 8-year-olds can be prosecuted in the JLS. Advocates in several states, such as Massachusetts, have fought for “Raise the Floor” legislation to help keep younger children in treatment and rehabilitative services and out of the legal system. Moreover, legislation is arising to help transition aged youth or emerging adults to avoid the harsh penalties of the adult legal system. These efforts require communities to focus on the rehabilitative spirit of the JLS and allow opportunities for youthful maturation and malleability.

Role of Forensic Psychology

In the spirit of Dr. Hilliard, Black psychologists have a critical need to engage in efforts to support Black youth in the JLS. Forensic psychology’s current approach is narrowly constrained by its definitions of knowledge and its methods for obtaining it, which oppressively limit other knowledge traditions from the marginalized other (Strauss-Hughes et al., 2022). There should be a paradigm shift toward embracing epistemic plurality, incorporating cultural knowledge such as Black radical tradition and Indigenous epistemologies in a meaningful and ethical manner (Strauss-Hughes et al., 2022). We suggest that forensic psychology root out carceral logic that recreates oppression systems and advances toward liberation and decolonization that disrupt and reinvent colonial foundations of Euro-Western psychology (DaViera et al., 2024). Calling to decolonize Eurocentric knowledge does not involve rejecting or dismissing these modern advances but intentionally delinking from contemporary colonial knowledge systems to undo the coloniality inherent in WEIRD (Western, educated, industrial, rich, and *supposedly* democratic) epistemologies and clinical work (Bhatia & Priya, 2021). Therapeutic practices could include building critical consciousness, engaging in Black liberation pedagogy, and African-centric healing practices when clinically working with Black youth.

In addition, forensic psychologists and the broader field should acknowledge the imperativeness of abolitionism and its alignment with other global cross-movement anti-colonial struggles anchored in disrupting carceral and violent mechanisms of settler-colonialism, such as military and immigration industrial complexes (DaViera et al., 2024). Therefore, forensic psychology requires creating a blueprint to remove pathways to criminalization in ways that do not collaborate with stakeholders of the PIC to prevent perpetuating carceral algorithms that align with expanding incarceration (DaViera et al., 2024). The field must explore alternatives to forensic psychology’s evidence-based practice, including anti-carceral crisis support, community-based restorative and transformative justice circles, community-led support networks/crisis interventions, holistic harm reduction, and peer-based accountability centers. Although transformation and abolitionism are the goals, engaging in amelioration action that circumvents carceral logics is needed to address

the current needs of individuals harmed by the PIC, such as providing material relief, ensuring no marginalized group is left behind, and rallying individuals most directly impacted for continued struggle (DaViera et al., 2024; Spade, 2020).

Given the abolition goals, Black psychologists can work to advocate to keep Black youth out of the JLS. Greater emphasis can be placed on community-based approaches for youth that do not allow for the separation and displacement of Black youth from their families and communities. A more considerable emphasis on diversion can also aid in providing more restorative opportunities for Black youth who encounter the JLS. Research has established that diversion is more effective in reducing recidivism than traditional judicial interventions (Wilson & Hoge, 2013a, 2013b). However, there have been concerns that there are few opportunities for Black youth to be involved in diversion programs. Below, we will describe additional areas where Black forensic psychologists can contribute to dismantling the harms of the JLS on Black youth.

Intervention

The field of forensic psychology needs a critical examination of how colonialism and oppression have impacted the mental health experiences of Black youth. Hegemonic forms of psychological science, including forensic psychology, are thoroughly implicated in cultural imperialism and protect the colonial narrative through interventions that function as architects that maintain the status quo in WEIRD (Western, educated, industrial, rich, and *supposedly* democratic) countries (Henrich et al., 2010; Morrill, 2021). Western psychology creates taxonomies and leverages diagnoses that privilege the White, Western, male (colonialist) knower and silences, excludes, and pathologizes the knowledge produced by those otherized (Joseph, 2014). Historically and presently, psychological interventions are one way the nation-state exercises control over socially constructed marginalized groups to advance colonial projects (e.g., heterosexuality, land appropriation, enslavement, prison-industrial complex) by medicalizing deviance or depoliticizing stress (Joseph, 2014). Therefore, Western psychology, including forensic psychology, becomes a primary justification for the use of harmful and forced treatments, criminalization, and deportation of Black youth (Joseph, 2014).

Forensic psychology primarily developed etiological and treatment crime theories, presuming sufficiency to guide intervention guidelines, and neglects the socio-political and sociocultural contexts (Strauss-Hughes et al., 2022). For example, the contemporary paradigm underpinning forensic explanation and intervention in most Western nations, the Risk-Need-Responsivity (RNR) model, centers solely on an individual's psychopathology as the cause of offending and cannot holistically contextualize an individual through their developmental, contemporary, cultural, and political environments (Strauss-Hughes et al., 2022). Individuals shoulder full responsibility for their circumstances regardless of how their choices are constrained (e.g., limited access to education or medical care, poverty, low wages, high levels of

unemployment; Adams et al., 2019), and ill-equipped to change their material conditions historically informed by sociopolitical forces (Strauss-Hughes et al., 2022). By attributing individuals' "criminality" to a "mismanaged life," "abnormalities," or "biological nature," social and economic powers, as well as intergenerational trauma, become depoliticized and neoliberalized (Adams et al., 2019; Bhatia & Priya, 2021).

Forensic psychology also has a vested interest in maintaining the prison-industrial complex (PIC) rather than addressing the material needs of incarcerated individuals. For example, Kilty (2012), in their study interviewing 22 women in a Canadian prison, found that not only did psychological interventions fail to meet their needs but worsened their conditions through

medicalization, coercive practices (e.g., mandating medication for release), and using data and the accumulation of large case files [for surveillance], all of which made functional client-practitioner relationships untenable. One woman reported, 'I don't trust them. Prison doctors. Psychologists. They all work for the system. They get paid by the prison. They aren't there for me and my best interests. How can I talk about things with someone who reports to the system keeping me locked up?' (p. 174)

The erosion of trust and limited capacity to build a therapeutic alliance compounds as forensic psychologists and other mental health professionals operate as agents of carceral system and surveillance capitalism, as extensive collection and maintenance of detailed case files (e.g., psychological assessments, personal histories, behavioral reports) are used not only for continuous monitoring of the individual, but to categorize justice-involved individuals into varying degrees of risk management, engage in behavioral prediction, and share information across institutions, such as parole boards, social services, and even employers post-release, impacting individuals' lives beyond their time in carceral settings. Forensic psychology normalizes the use of mass surveillance within carceral settings, and these techniques utilized on justice-involved individuals become expanded upon and used as the foundation to monitor, track, and analyze collected data in the public sphere to maintain control, train algorithms, and predictive analytics to influence consumer behavior, healthcare, and law enforcement. These surveillance programs exacerbate pre-existing oppressive tensions between Black communities, especially Black youth, and law enforcement, as they are already hyper-survived and over-policed by predictive technologies as crimes are historically characteristically in racist and classist terms (Buckham, n.d.). This environment not only hinders effective psychological treatment for incarcerated individuals; it sustains a cycle of mistrust and alienation that exacerbates psychological distress.

In addition, forensic psychology tends toward reformist interventions that do not dismantle the PIC but legitimize incarceration and the use of law enforcement as the primary avenue for mental health rehabilitation. For example, forensic psychologists often advocate for training police officers and other law enforcement in "de-escalating" techniques via crisis intervention teams (CIT) when working with detained individuals who have mental health concerns (Coonen, 2016). Through creating a collaborative partnership of law enforcement and mental health professionals, CIT programs reinforce the idea that police officers should be first

responders for mental health crises and interventions to contend with police brutality and murders of individuals with mental illness and disability, as well as transinstitutionalization, where individuals with mental illnesses frequently are transferred between court, jail, prison, and the streets.

Notably, Coonen (2016) found no statistically significant differences in emotional intelligence and levels of empathy among CIT-trained police officers and those not CIT-trained. Additionally, Barringer-Wise (2020) found that with the mandatory implementation of CIT training for deputies in Denver City and county jails, a reduction in the use of force toward incarcerated individuals with mental illnesses was not statistically significant. In their systematic evaluation of 25 papers, Peterson and Densely (2018) concluded that CIT training had poor efficacy due to a dependence on self-report data, the absence of control or comparison groups, and insufficient follow-up data that inadequately assess long-term effectiveness.

With the increasing awareness that a vast proportion of people with mental health needs are filling the prison and jail systems, forensic psychologists and other mental health clinicians propose and are leading behavioral and psychological intervention programs couched within correctional settings, such as advocating for mental health courts and expanding mental health services provided by carceral institutions (Law, 2021). The expansion of state-imposed coercive and carceral mental health policies across the country, including CARE Courts in California and New York City's Major Eric Adam's NYC Involuntary Commitment Directive, aims to divert individuals with mental illness from the criminal legal system through orders for psychological treatment, medication, and assigned housing (Ezell, 2023; Gilbert, 2023). Those who fail to obey court orders regarding treatment may have an imposed conservatorship, which would potentially strip that person of their legacy capacity and personal autonomy to make decisions over the conduct of their lives ("Human Rights Watch's Opposition to CARE Court," 2022). These services and reforms inherently uphold ongoing coercion and control over marginalized communities, failing to preserve the rights and autonomy of those in crisis. The increase in proposals and policy decisions of involuntary psychiatric institutionalization, mandated treatment, and conservatorship allocates *more* resources into oppressive institutions and deprioritized alternative approaches that are patient-led and community-based (Law, 2021).

Although many reforms are well-intended to improve the material conditions of incarcerated and justice-involved individuals, they often demonstrate a limited political scope or analysis that excludes social structures in understanding "criminogenic" behavior and involvement in the criminal legal system (DaViera et al., 2024). As a result, forensic psychology practices often are counterproductive and contribute to directing more funding into expanding and maintaining the PIC through collaborating with law enforcement and creating behavioral interventions within carceral settings instead of investing in community-led solutions, which perpetuates the cycle of incarceration of Black youth and reinforces harmful structures (DaViera et al., 2024).

Research

Similarly to Western psychological intervention, psychological research demonstrates a lack of awareness of the historical and political context, which has “[led] to uncritical acceptance of the ideas that science is universal, value-free and objective, and that science is the only reliable way to produce knowledge” (Mercier, 2018, p. 85; as cited in Strauss-Hughes et al., 2022). Western psychological research positions itself as “acultural” from the prevailing assumption that dominant cultural groups and individuals are ostensibly unaffected by sociocultural forces (Strauss-Hughes et al., 2022).

While neglecting attention to colonization and other entrenched oppressive institutions, researchers presume that adhering to strict scientific protocols will curb potential biases to produce morally and ethically neutral evidence (Kirmayer, 2012). However, scientific “evidence” is not neutral, as it is “not a question of evidence or no evidence but who has the power to control the definition of evidence, who determines the best methods to produce the best forms of evidence, and whose criteria and standards are ultimately used to evaluate the quality of evidence” (McKinley, 2020, p. 619). For example, political forces influence Western scientific epistemology, such as grant funding availability and accessibility to specific populations. In the case of forensic psychology, abiding by dominant sociopolitical beliefs surrounding the criminal legal system will provide more research grant opportunities and determine what constitutes “evidence-based practice” (Strauss-Hughes et al., 2022). Despite concerns over the lack of robust phenomena, problems with psychological constructs validity, difficulties establishing causal relationships (Eronen & Bringmann, 2021), and limited evidence for forensic intervention efficacy (Heffernan et al., 2019), there is a continual dismissal of alternative approaches and practices informed by Black and Indigenous wisdom that resulted in an ineffective and unethical practice for dominant and marginalized groups (Strauss-Hughes et al., 2022).

Within forensic psychology, there is a dearth of research on Black youth, specifically interventions that are most effective for Black youth. Much of the literature is comparative research (e.g., examining differences by racial groups) and does not add to strength-based approaches and assessments of Black youth. Further, there’s a need to center approaches that give voice to Black youth, such as community participatory action research (CPAR). CRT describes the need to provide voice, particularly storytelling of individuals impacted by these systems. Black psychologists can provide these important contributions while furthering the research on what is needed to support Black youth in our communities.

Beyond Mandated Reporting

Mandated reporting, as an extension of carceral logic, ensnares Black families, especially Black youth, in punitive systems rather than addressing harm through community-based transformative justice models. Organizations such as Mandatory Reporting is Not Neutral, JMAC ForFamilies articulated how mental health providers, including forensic psychologists, function as agents of the state through their legal obligations as mandated reporters and duty to warn laws that tie them to systems of law enforcement and policing. Mandated reporting leads to increased state involvement in the lives of Black and other racially marginalized individuals, which reinforces the over-surveillance and hyper-policing of Black communities. All of these contribute to the loss of autonomy, increased likelihood of family separation and criminalization, as well as undermining Black youth's self-determination. Informed by grassroots organizers and those with lived experience, forensic psychologists must advocate for community-based approaches that prioritize the autonomy, safety, and healing of Black youth by moving away from carceral frameworks. Examples include:

1. Pod Mapping for Black Youth

Disability activist Mia Mingus, as part of the Bay Area Transformative Justice Collective (BATJC), developed the concept of a pod as a tool to address and prevent harm, violence, emergency, or crisis by identifying a person's specific needs and outlining resources, including people, that can be mobilized to provide support (Mingus, 2016). A person can have multiple pods, one for a myriad of situations or contexts, far beyond acute harm and violence. According to Soil: A Transformative Justice Project (SOILTJP), pod mapping refers to creating a map of your pods for each situation to create a more concrete approach to building care and accountable communities.

Forensic psychologists can collaborate with Black youth to identify networks of care (including family members, peers, mentors, community leaders, and trusted adults) that they can lean on to offer emotional, material, and safety-related support without needing to interact with the police or other carceral systems. Creating pods, especially for children, can provide concrete ways to build safety by preventing or stopping harm in its early stages. Moreover, it aids in revealing what and who is in their intimate networks and allows for the space for Black adolescents to explicitly discuss what their access needs are.

2. Peer-Driven and Anti-Carceral Crisis Response for Black Youth

Forensic psychologists can co-create and partner with community organizers that engage in crisis response by deploying peers and people with lived experience rather than police officers or emergency psychiatric services. For example, the Anti-Police Terror Project, a Black-led, multi-racial, intergenerational coalition dispatches trained peers, rather than police officers, to de-escalate crises and offers immediate support for Black youth in distress.

3. Transformative Mutual Aid Practices (T-MAPS) to Create Ecosystems of Care

T-MAPS is a set of tools that provides space for building a personal “map” of wellness/resilience strategies and community resources (TMAPs—Transformative Mutual Aid Practices, [n.d.](#)). In collaboration, forensic psychologists can work alongside peers, community members, and family members to engage Black youth in expressing their needs and desires, connect what they are going through with collective struggles, and use storytelling to craft narratives that foster growth and healing. (TMAPs—Transformative Mutual Aid Practices, [n.d.](#))

Reimagining Risk Assessments

Forensic psychologists should divest from using risk assessments and other forensic instruments rooted in punitive and carceral logic and cultivate alternative practices that center on repairing harm through accountability, dialogue, and community healing. It is imperative to acknowledge that certain risk assessments cannot be adapted or transformed to adopt a liberatory, abolitionist framework, and making divestment from them is necessary to continue reproducing harm toward Black youth. Two possibilities for how this could take shape include:

1. Forensic tools should be tailored to reflect the sociocultural realities of Black adolescents.
 - a. Forensic psychologists need to recognize that harm and “risk behaviors” are often responses to trauma. Consequently, reimagined assessments should focus on understanding how trauma—especially racialized trauma—affects behavior. Instead of labeling Black youth as “high-risk,” assessments would explore their history of trauma, level of consciousness, exposure to systemic violence, and unmet needs as a way to better match Black youth to services that divert them from further involvement in the criminal-legal system.
2. Shift the focus of risk assessment from predicting future harm and focusing on how harm and relationships can be repaired and restored.
 - b. Instead of predicting future risk, the assessment can focus on understanding the nature of the harm caused and the needs of both the person who caused and was on the receiving end of harm. Assessments can involve examining what reparative actions can be taken within the community to heal relationships. Through the use of community-led approaches such as peer accountability circles and community accountability processes (see Mariame Kaba’s (2021) *We Do This ‘Til We Free Us: Abolitionist Organizing and Transforming Justice* for more information), the goal would be to repair relationships, rebuild trust, and develop accountability and support plans for Black youth.

Conclusion

The criminalization of youth, particularly Black youth, has been long-standing and has been a means to displace Black students from schools and systems. CRT posits that racism is a systemically pervasive issue. Moreover, CRT gives us a lens to examine how laws and structures have been created in the United States to create carceral systems to control and incarcerate Black youth. In thinking about the future of forensic psychology, it would be difficult to imagine how psychologists can continue to uphold the JLS. The JLS operates to dehumanize Black youth. The foundation of the JLS was to provide rehabilitative structures for youth. However, the history of enslavement and White supremacy as it relates to carceral systems has prevented some of those goals from being actualized for *Black youth*. Black forensic psychologists have an important role of being present for Black youth and advocating for better practices. Approaches such as diversion, restorative justice, and reconsidering approaches to assessment and treatment that integrate Black psychology are our aspirational goals for how we can advocate for more community-based approaches for Black youth. Investment in prevention and community resources to support Black youth and their families can also aid in addressing the overall issues related to mass incarceration. Hilliard et al. (1974) described possibilities for prevention in addition to rehabilitative approaches. Black and liberation psychologies challenge us to engage in a process of envisioning and transformational thought and actions. To protect Black youth from the harms of the JLS, we must engage in envisioning that requires us to challenge and dismantle the systems that operate to harm these youth.

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Practices of Black Liberatory Forensics

“Our Legitimate and Unavoidable Impatience”: Forensic Mental Health Assessment and the Black Experience



Natalie M. Anumba

Where I Come From

I am a Black woman and first-generation American who resides and works in the northeast United States. I earned a doctorate (Ph.D.) in clinical psychology, with a forensic concentration. In addition, I am an academic clinician employed by a large medical school. In my clinical capacity, I practice as a forensic psychologist who conducts public-sector, court-ordered mental health assessments of individuals facing criminal charges. I work among and train forensic mental health professionals. My colleagues, trainees, and I routinely discuss our desire and efforts to meaningfully incorporate race and ethnicity into evaluations and reports conducted for the benefit of the courts. However, we also feel unprepared for this, describing a struggle to inform the court of our clinical impressions of the psycholegal question while also providing sufficient identity context. The commonality of these statements among colleagues who are generally well-trained, smart, and thoughtful, is striking. Given how often I hear them, I have come to consider them less reflective of personal failings than an opportunity to examine the threads of clinical education, training, and practice that bring us all to collective paralysis.

Psychology, despite its position as a helping profession, has a history of contributing to inequity and perpetuating harm to marginalized and minoritized populations (outlined elsewhere in this volume). The specialty of forensic psychology, which operates at the intersection of multiple systems, compounds such harms if it fails to take a stance of explicit and intentional anti-racism. In this chapter, I will briefly describe psychology's failure to fully study and understand Black mental health functioning. In moving forward, I describe alternative frameworks from which to assess members of the Black diaspora, identify relevant clinical concepts,

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and provide recommendations for racially responsive forensic mental health assessment.

Colorblind Racial Ideology

The Jim Crow era drew to a close after the Civil Rights Movement and accompanying mobility of marginalized groups, case law reaffirming the rights afforded to individuals (e.g., *Brown v. Board of Education*, 1954), and the passage of the Civil Rights Act of 1964 (1964); after this era, the acceptability of overt expressions of racism and white supremacy to the general population declined (Bonilla-Silva, 2006). However, Bonilla-Silva (2006) noted that after this the development of covert and indirect forms of racism, while difficult to define, became evident in discourse. He described this as color-blind racism, noting that while it purports to stand for equality, it continues to protect white supremacy. He also identified frames, or means by which this ideology emerges in language, as abstract liberalism, naturalization, cultural racism, and minimization of racism. Briefly, *abstract liberalism* involves employing abstract principles associated with political and economic liberalism (i.e., individualism, choice, equal opportunity) to oppose practical solutions to intentional systemic inequities (such as segregation) that have ongoing consequences (poor school quality) and pervade throughout society (limited educational and professional opportunities) and the lifespan. This frame also ignores the structural realities that limit the ability of marginalized persons to make individual choices or have opportunity to advance. *Naturalization* involves further ignoring systemic realities by casting racial disparities as phenomena naturally occurring among all groups (e.g., different racial groups reside in different areas due to a natural preference to live among people like oneself). The frame of *cultural racism* attributes differences and disparities in social standing to innate cultural characteristics, such as failure to assign value to educational success, in a parallel to presumed biological differences between the races in prior centuries. Finally, *minimization of racism* involves minimizing or denying the impact of racism in the lives of the marginalized, often employing tactics such as drawing marked contrast between current and historical conditions.

Neville and colleagues (2013) further describe two dimensions to colorblind racial ideology. First is *color-evasion*, which is the failure to acknowledge or “see” race. This dimension also involves emphasis on the universal sameness of people, a focus on the individual without attention to situation or context, and a belief that universality and stripping of context is a form of fairness. The second dimension is identified as *power-evasion*. This dimension encapsulates the belief that every person has access to the same opportunities; the corollary of this belief attributes failure entirely to the fault of the individual or the community.

Thus, under this ideology develops a conventional understanding that racism consists entirely of isolated, visible, and intentional acts aimed toward individuals. This ideology further asserts that racist acts stem from ignorance or hostility about

racialized targets, are abnormal or irrational in nature, and are uncommon. Where disparities emerge, such as those empirically observable throughout the United States across multiple life domains that include education (Morris & Perry, 2016) and healthcare (Alegría et al., 2016), these differences are typically attributed by colorblind ideology to nonracial phenomena, such as market dynamics, inherent group differences, and cultural deficiencies, to explain differential access to opportunities and resources (Martinez, 2014). In making decisions about opportunities and resources, there is an emphasis on race neutrality, equal opportunity, colorblindness, and pure merit. However, this perspective also ignores the reality that members of different groups have different and unique lived experiences, that discrimination exists on a broader scale, and that larger institutions and social practices with roots in long-standing history can perpetuate discrimination absent individual intent.

As a consequence of colorblind racial ideology, society develops an idea that race or ethnicity applies only to certain people—racialized “others,” on the basis that they deviate from “the norm.” However, what and how the “norm” is defined tends to escape attention or thorough consideration. Under this ideology, race does not exist unless and until focus is brought to a person who is not white. As such, whiteness becomes the normative point of reference, with identities outside of this being abnormal, deviant, or even overly political. Non-whiteness becomes both invisible and hypervisible. Through this lens, the understanding of race and racial identity is only relevant for understanding limited and circumscribed aspects of psychological functioning, then and only for minoritized persons.

With exclusive focus on the individual and the elision of social context, there is limited acknowledgment or recognition of the broader patterns of structural bias, social stigmatization, and history that shape everyone’s lives. Under this ideology, discussion of race is avoided and limited only to circumspect, hesitant, and coded use of language (Bonilla-Silva, 2002). In thinking about this ideology and its logical consequences, despite explicit claims of fairness, colorblind ideology is associated with increased discriminatory behaviors and decreased culturally responsive practices (Neville et al., 2013). Similarly, in their meta-analysis, Yi and colleagues (2022) found colorblind racial ideology to be associated with higher anti-Black prejudice. This ideology was also associated with lower racial/ethnic empathy and lower competence in multicultural practice in helping professionals. In considering the dimensions of colorblind racial ideology, power evasion was associated with higher anti-Black prejudice, lower racial/cultural empathy, and lower openness to diversity.

Consideration of colorblind racial ideology and its consequences led in part to American Psychological Association’s (APA) apology for its role in the perpetuation of racism and racial discrimination in the United States. In its apology, APA (2021) noted the field’s historical tendency to center whiteness, defined by Leonardo (2002) as a socially constructed racial category that is in part distinguished not only by skin color but also by an unwillingness to identify with a racial identity or group, acknowledge racism, or fully realize the broader historical or social impacts of racial discrimination. According to APA (2021), this centering of whiteness resulted

in the protection of white supremacy, white people, and white epistemologies. As an example of this, Henrich et al., (2010) observed that human subjects research samples almost entirely from global societies that are Western, Educated, Industrialized, Rich, and Democratic (WEIRD), and generalizes the results to make universal conclusions about human functioning, despite observing only a small portion of the global population. Abo-Zena and colleagues (2022) further note that the utilization of WEIRD populations in service to strict notions of scientific rigor results in stripping away the impact of context and situational influences on behavior. These research practices in turn privilege Western ways of thinking, learning, and knowing; produces results that are inapplicable to those outside of WEIRD societies (essentially, most of the global population); makes assumptions that certain psychological phenomena and principles are universal; distances science from practice with and the lived experience of those it purports to serve; devalues other means of knowing; erases marginalized communities from benefits of scientific knowledge; and excludes minoritized researchers' contributions to a larger body of knowledge. APA's (2021) apology acknowledges these impacts. The Association of Black Psychologists (2021, November) in its rejection of this apology critically noted APA substantially contributed to the oppression of the Black community across multiple social structures, including media, criminal justice, and education; failed to fully acknowledge this history in this apology; and has not taken substantive, concrete steps to remedy the harms inflicted by the field. Auguste and colleagues (2021) further commented upon APA's collusion with the state in its oppression of the Black community. As a result, persons from marginalized backgrounds are not represented among scientists, research focusing on marginalized persons and communities tend to be relegated to "specialty" areas of study or publication venues, the research does not accurately represent all peoples, and while researchers may experience career advancement the communities that participated in such research do not necessarily benefit.

Given this discussion of epistemology, centering of whiteness, and harmful impacts, it is necessary to extend this logic to the consideration of its implications for aspects of applied psychological practice and the ways in which colorblind racial ideology has failed to substantively address broad and pervasive disparities across multiple social domains.

Psychology, Law, and Colorblindness

Forensic psychology involves the application of "the scientific, technical, or specialized knowledge of psychology to the law to assist in addressing legal, contractual, and administrative matters" (APA, 2013, p. 7). Recognized as a specialty area of psychology, forensic practice, particularly (but not exclusively) in the clinical domain, is distinctive enough from general psychology practice that forensic psychology has specialty guidelines intended to provide guidance adjunctive to the *Ethical Principles of Psychologists and Code of Conduct* (APA, 2017). The field of

psychology has much to contribute to matters of law, including provision of mental health information about litigants or psychological phenomena relevant to legal questions. As such, legal professionals may be made aware of individual experiences, relevant social context, and the findings of psychological research, rather than relying entirely on common sense, assumptions, or stereotypes in making legal decisions. In recognition of the potential stakes and the centrality of justice and rights in the legal process, forensic psychology ethics identifies the necessity of such principles of integrity, impartiality and fairness, and diligence in the work performed by psychologists to assist the court process (APA, 2013).

However, the intersection of psychology and law provides a window to real-world effects of bias, exclusion, and harm to marginalized populations. For instance, within the criminal legal system, racial/ethnic disparities emerge at every juncture. These include citizens interactions with police that include the extent to which police officers address citizens with respect (Voigt et al., 2017), decisions regarding stops and searches (Hetey, 2020; Pierson et al., 2020), and arrests (Headley & Wright, 2020). Disparities also emerge in pretrial release decisions (Schlesinger, 2007), sentencing (Girvan & Marek, 2023; Rehavi & Starr, 2014), and prison populations (Carson, 2023). Mass incarceration has been identified as a means of targeting and oppressing the Black community, with effects persisting across communities, political representation, and generations (Alexander, 2010; Thompson, 2010). Where psychology intersects with law, systemic problems emerge, such as the criminalization of mental illness (Slate, 2016). Given the overrepresentation of minoritized individuals in the criminal legal system, as well as racial disparity present across social domains, it follows that there is some evidence of racial disparity in forensic mental health, such as whether a defendant is jailed or hospitalized (Grekin et al., 1994) or whether defendants exhibiting symptoms of mental illness are transferred to a state psychiatric hospital or a higher-security forensic facility (Pinals et al., 2004).

Beyond these, while the doctoral psychologist workforce may be growing more diverse, its composition, which is 84% white, does not reflect that of the general population of the United States (APA, 2020; U.S. Census Bureau, 2021), nor does it keep pace with anticipated trends in population in the decades to come (Colby & Ortman, 2015). A Black workforce analysis (ABPsi, 2022) further notes that only 4% of psychologists identify as Black. Within the specialty area of psychology and law, the workforce is even less diverse, with estimates steadily remaining about 6% persons of color altogether over approximately 30 years (Hunt & Shepherd, 2023). The growth of training programs in psychology and law (DeMatteo et al., 2009) suggests growth in the field and increased interest on the part of students. However, the extensive education required to practice independently in the field (DeMatteo et al., 2009), the presence of racial discrimination in academia (Dupree & Boykin, 2021), and concerns about the climate of a major professional organization representing psychology and law in the United States (Gottfried, 2020) may pose substantial barriers to the recruitment and retention of a diverse forensic psychology workforce. As such, given the disproportionate representation of Black and brown persons in the legal system, particularly in the criminal legal system, the psychology

workforce tasked with studying, evaluating, and treating them by and large does not reflect them. However, despite this salient issue, it should be noted that workforce representation does not equal or by itself ensure justice, particularly if the larger systems in which psychologists operate do not substantively change.

It can be argued that colorblindness in psychology and law also emerges in more subtle yet interconnected ways, despite intentions otherwise. For instance, the Specialty Guidelines for Forensic Psychology (APA, 2013) encourage forensic psychologists to remain unbiased; work with understanding of identity-related variables (identified as “age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, socioeconomic status, or other relevant individual and cultural differences” (APA, 2013, p. 10)) and how they are related to legal system involvement; refrain from unfair discrimination; and appreciate individual differences during assessment procedures. Despite this encouragement, practical application of this principle in training and professional practice appears challenging, related to the invisibility of minoritized populations under a colorblind approach to psychology and law. A survey of early career professional members of the American Psychology-Law Society (Division 41 of APA; Cantone et al., 2019) found that fewer than half of respondents reported receiving training in sociocultural issues in law and psychology during graduate school. Fewer than one-fifth reported training in harassment and discrimination matters. The texts that are typically used to educate and train professionals in the field (e.g., Heilbrun et al., 2008; Melton et al., 2018) make limited mention of matters of race or ethnicity. The inattention in foundational psychology and law texts is likely a reflection of the state of empirical research within psychology and law, which, despite the disproportionality evident in the legal system, tends to pay limited attention to topics related to race/ethnicity or use racially/ethnically diverse samples (Carter & Forsyth, 2007; Nijdam-Jones et al., 2023; Wylie et al., 2018).

The effects of invisibility persist in clinical practice. While Black individuals may be included in the groups used to norm psychological testing, at times there are concerns about bias or inadequately normed instruments (see Graves & Aston, 2016 for a historical perspective). Forensic clinicians commonly report struggling to meaningfully integrate race, ethnicity, or culture into their work. For instance, in a survey, forensic mental health professionals typically endorsed engaging in culturally informed practices, including seeking training in cultural considerations, considering the impact of an examinee’s linguistic background, and considering how discrimination affected examinees (Fanniff et al., 2022). However, these respondents also identified numerous challenges in doing so, including lack of appropriate tests, a lack of guidelines for conducting culturally responsive evaluations, having few colleagues of diverse backgrounds or with whom to consult, and lack of resources (time, funding, or access to trainings). Forensic clinicians, who may thus vary in their training in and preparation for the incorporation of race or ethnicity into their work, in turn tend to vary in their practices. Riggs Romaine and Kavanaugh (2019) noted limited consistency in whether an examinee’s race or ethnicity is clearly or explicitly identified in forensic reports. Gardner and colleagues (2023) additionally noted variation in the extent to which race or ethnicity is identified, and

where in the report this information is included. As these variations were not related to random variation or factors specific to the case, the decision to include or exclude this information was assessed as specific to the individual evaluator; the authors further noted a general lack of explicit guidance regarding whether and how race/ethnicity information is to be included in forensic reports. On the whole, there appears limited consensus around how race or ethnicity is incorporated into evaluations.

APA publications (2019, 2021) indicate that within mainstream American psychology there is a growing recognition of the importance of cultural humility, cultural responsiveness, and active efforts toward equity. However, there appears anxiety about explicitly taking on a similar stance in psychology and law. That is, as noted by Bergkamp and colleagues (2023), there appears a dilemma, particularly experienced by clinicians practicing at the intersection of psychology and law. Specifically, attending to matters of race, discrimination, and sociohistorical context (as well as the positionality and social power of the evaluator) appears in conflict with foundational forensic principles of neutrality and lack of bias. It also raises concerns that a forensic clinician engaged in culturally responsive practice is “modifying standard procedure to account for cultural factors” (Bergkamp et al., 2023, p. 237), appearing biased or non-objective, and thus making the professional vulnerable to cross-examination and potentially threatening that professional’s livelihood. Heilbrun et al. (2021) similarly noted (and challenged) potential concerns about the incorporation of racial identity in forensic mental health assessment; these focus around assertions that such information is irrelevant to the legal question, lacks reliability and validity, lacks precedent, may be manipulated by a litigant for the purpose of secondary gain, is vulnerable to misuse in evaluating white litigations engaged in discrimination, is patronizing, and potentially violates the dictates of equal protection.

It is certainly helpful and important to discuss the challenges of and responses to cultural responsiveness. However, it is noteworthy that the acknowledgment of the reality that some social groups have historically experienced discrimination and oppression (which a wealth of empirical literature indicates to be objectively true) is itself considered non-objective and thus professionally inappropriate. However, the broader psychological literature indicates that failing to acknowledge power, privilege, and bias compromises the quality of clinical practice and perpetuates inequity. Ethical guidance and other official statements promulgated by APA explicitly note that ethical and competent psychological practice involves cultural competence and responsiveness. This line of thought raises the possibility that the forensic insistence on neutrality, while based upon the necessity of providing the best psychological knowledge and practice to the courts, is also in part an extension of colorblindness, and may in this be inconsistent with professional guidelines and obligations for ethical and competent practice of psychology. As such, maintaining a colorblind stance has not upheld justice for all and may be considered a failed intervention in addressing racism and its consequences for society.

Moving Forward: New Frameworks for Justice

I propose some re-evaluation of our approach to clinical forensic mental health assessment. Specifically, I posit that forensic mental health clinicians can meaningfully incorporate race and ethnicity, central aspects of identity long since ignored, into practice. I additionally put forth that we may improve our knowledge and practice; work toward justice; and remain in keeping with professional, ethical, and social obligations all the while. Moving in this direction requires not only study but also challenging ourselves, re-examining the premises on which our work is based, and engaging in self-reflection. The first step toward forward movement is reorienting ourselves to consider new frameworks that better reflect the human experience and our clinical explanations of it, which I will detail below.

Hunt and Shepherd (2023) directly interrogate foundational notions of impartiality and fairness, which on one hand is required for good psychology, which produces rigorous and high-quality research, forms competent and ethical clinical practice, and withstands the scrutiny that is a central element of the legal process. However, they point out that these notions also undermine other aspects of good psychology. That is, psychology and psychological practice that fail to uphold larger principles of justice by avoiding any activity that may evoke an appearance of advocacy, discounting the value of many forms of knowledge and ways of knowing, and sidelining certain perspectives into neglected “specialty areas.” They argue that this approach, in keeping with historically WEIRD psychology and colorblindness, serves to uphold the status quo and its accompanying inequity. They also note that this orientation serves to reinforce the values associated with middle class, cisgender, heterosexual whiteness. As such, they propose that psychology and law set aside insistence on objectivity or impartiality, and instead take on a stance of *transparent non-objectivity*. They define this as “an approach in which racial justice is an explicit and acknowledged goal of research and practice that exists alongside a commitment to open and rigorous science and evidence-based practice” (Hunt & Shepherd, 2023, p. 3).

Applied to forensic clinical practice, this notion does not mean a total abandonment of the impartial provision of information to legal parties. Rather, it means reminding ourselves that bias is inherent in human cognition (e.g., Neal & Grisso, 2014). This stance ideally also incorporates our empirical understanding of such phenomena as adversarial allegiance, that is, the evaluator’s identification with the retaining party and impact of possible identification on forensic assessment, respectively (Murrie & Boccaccini, 2015). This stance also requires acknowledgment of one’s positionality, which in turn will require self-awareness and reflection. Of note, self-awareness has been commonly identified in the emerging consensus regarding the incorporation of race in forensic psychiatry and psychology practice (Bergkamp et al., 2023; Fanniff et al., 2023; Ratkalkar et al., 2023). In clinical practice, such a stance will certainly require awareness of one’s identity, beliefs, and potential areas of bias. The clinician should also consider how one’s identity (both visible and hidden) may influence how an individual being evaluated will relate to the examiner,

the interview process, decisions about what clinical information to gather, and what information will ultimately be communicated to the court.

Another useful framework is that of *structural competence*. In the healthcare fields, structural competence is defined as an understanding of the social, economic, and political conditions that produce health inequalities; avoidance of making negative judgments of individuals for outcomes generated by structures beyond their control; and taking intentional action to create change (Metzl & Hansen, 2014; Waite & Hassounah, 2021). Similarly, Shadravan and Bath (2019) proposed that forensic psychiatry moves from a cultural competency approach to a structural competency approach, pointing out the need for psychiatrists to examine and take ownership of the field's contribution to inequity. They encourage forensic mental health practitioners to understand that inequalities are not personal, individual, or new, and prompt professionals to fully understand and consider the broader context of history, structural racism, and pseudoscience.

We can apply this framework to forensic mental health practice in our consideration of mental health, mental illness, diagnosis, and treatment recommendations. This can involve drawing from our knowledge, as explored in medicine, of social determinants of health that lie upstream from individual thoughts, behaviors, and feelings (Braveman et al., 2011). For example, upstream determinants include access to education and employment; these in turn influence socioeconomic status, which in turn shapes access to transportation, healthcare, and neighborhoods that are safe and free of environmental hazards. These larger systems interact with each other, and their effects, both positive and negative, persist and accumulate over generations. Taking a population perspective of mental health, this interplay of structures can lead to racial/ethnic disparities in whether and at what stage of illness individuals receive mental healthcare (e.g., Wright & Perry, 2010), diagnoses assigned (e.g., Schwartz & Blankenship, 2014), and access to care (Alegría et al., 2016). In considering matters of responsiveness to treatment, it is additionally necessary to consider how previous experiences of systems (e.g., healthcare, education, legal) are likely to inform an individual's present attitudes and (un)willingness to engage with institutions, or potentially be a threat to safety. The clinician should also consider sources of treatment, safety, and healing that are outside of the traditional social structures of the healthcare system.

No consideration of identity and social forces is complete without recognition of *intersectionality*. While this concept emerged in the 1970s and Kimberle Crenshaw (1991) first assigned an academic label on this concept, its roots date back to the nineteenth century (Cole, 2009). Intersectionality is the concept that people have multiple identities, each of which is associated with some form of privilege and marginalization, and the intersection of these identities form the basis of unique experiences. In psychology, this concept may take the form of attending to how multiple identity-related variables interact in studying the impact of identity on experience, avoid erasure of more marginalized members within specific groups, and consider social hierarchy and power dynamics within groups. This perspective challenges the tendencies to assume that more privileged groups are the norm and that social constructs (e.g., race, gender, class) are individual characteristics (Cole,

2009; Velez & Spencer, 2018). In clinical forensic work, this notion prompts us to intentionally and thoughtfully gather information about multiple identity variables, such as gender, age, or socioeconomic status. Furthermore, clinical assessment of an individual should include consideration of the impact of the combinations of multiple identity variables on an individual's life experience. Consider, for example, the concept of misogynoir, or anti-Black misogyny specifically experienced by Black women (e.g., Kwarteng et al., 2022).

Critical race theory originated as a response to failures in critical legal studies to acknowledge the presence and impact of race, with additional foundations in education and sociology. It notes the presence of racism in the structures underlying society, as a result of a long history of intentional laws, policies, and practices to maintain power structures. Critical race theory notes that colorblind ideology normalizes differential social standings and camouflages presence and impact of racism; as such, failing to acknowledge race and challenge racism perpetuates inequity and oppression. Also central to this framework are the valuing of perspectives of multiple disciplines and the obligation to challenge current power structures to redress oppression (Martinez, 2014). This theory is grounded in part in psychology rooted in the Black experience, as Derrick Bell, the legal scholar credited with establishing this framework cited optimal psychology in stating the importance of understanding the mentality of both colonizers and those surviving enslavement and oppression (Cokley, 2021). Specifically, Optimal Conceptual Theory is a psychological framework that explicitly centers the contribution of African ancestors, cultural worldviews, teaching, and thought on the individual experience of oppression and resilience. This framework can inform psychological analysis of racism not only on broader or societal levels, but within the individual psyche; identification of strength, spirituality, and wisdom undergirding lasting survival; and maximizing the health and well-being of all peoples (Myers et al., 2018).

Contrary to colorblindness, these frameworks share common ground of straightforward acknowledgment and integration of race into one's understanding of individuals, society, social standing, and health. They also identify the necessity of considering individuals and their functioning in a larger social context. In these frameworks, differential social standing and outcomes are not attributed to inherent deficiencies; rather, harm, danger, and illness are the natural result of long-standing structures and policies that subordinate specific groups and communities. These effects persist even when individual actors do not necessarily intend to discriminate, and are central to understanding the social context of identity and life experiences. These frameworks also suggest or outright state a collective obligation to challenge and dismantle inequity, meaning that inaction is unjust. With this stance, the forensic mental health assessment may prove a means to utilize empirical science to educate the legal consumer.

“New” Concepts in Forensic Assessment

Clinicians assessing Black individuals would likely benefit from review of specific clinical phenomena relevant to the Black experience in the United States, which while researched and discussed within clinical psychology, have not been highly visible in forensic mental health literature or training to date.¹ Despite this neglect, these themes have applicability to forensic mental health assessment and treatment involving Black individuals, particularly given the disproportionate representation of Black persons in the criminal legal system.

The notion that the mental health effects of trauma can be contagious emerged in the 1960s, following observations of trauma-related symptoms among the families of survivors of the Holocaust during World War II (Sotero, 2006). *Historical trauma* is a term most often in reference to the experiences of Indigenous people and groups in North America related to colonization (Stamm et al., 2004). According to historical trauma theory, members of populations previously subject to long-term, intentional, and broad-scale victimization demonstrate observable health effects, even among individuals born several generations after the precipitating victimization occurred. Members of the group in question are linked not only by a shared identity but also by the shared experience of historical oppression. As such, this term has been used in relation to Black Americans in the context of American slavery, as have the terms *cultural trauma* and *Post Traumatic Slave Syndrome*. These terms incorporate a powerful, shared history of major destructive events that significantly threatened the existence of the group in the past, come from the intentional acts of a dominant population subjugating the group in question, have lingering aftereffects beyond the direct survivors of the event, drive current inequity, and contribute to continuing distress with lack of resolution or redress. Specific group experiences vary, but health effects have been noted to include poorer health, lower socioeconomic status, higher levels of stress, trauma-related symptoms, maladaptive learned behaviors, substance use, and anxiety or depressive symptoms (Mohatt et al., 2014; Scott-Jones & Kamara, 2020; Sotero, 2006; Stamm et al., 2004), with at least one scholar describing a mental health nosology specific to the experience of the African diaspora (Azibo, 2014).

Also relevant to the Black experience in America is the notion of race-related stress, which Harrell (2000) defines as race-related interactions between an individual/group and the environment that strain or exceed resources for coping or threaten well-being. Such stress is defined expansively, from small interpersonal slights to violence to interaction with systems, and arises from the emotional pain of discrimination or exclusion. The experience of racism is stressful for the target, associated with negative emotional and physical health outcomes, with an association between the experience of racial discrimination and trauma-related symptoms (Carter, 2007; Kirkinis et al., 2018). Additionally, the experience of multiple

¹Of note, the clinical concepts presented here are not necessarily exclusive to Black Americans, but will focus on this population for the purposes of this volume.

incidents and stressors can have a cumulative effect (Williams et al., 2018). An acute form of race-related stress is conceptualized as *racial trauma*, which involves danger, threats of injury, and/or humiliation or shaming (Comas-Días, 2016). Similar to vicarious distress experienced by those who are exposed to a traumatic stressor through occupational requirements or the media (see, e.g., Bernstein et al., 2007; Bor et al., 2018), racial trauma may be experienced by a person of shared background who witnesses or is otherwise exposed to racial trauma (Williams et al., 2018). Comas-Días (2016) noted that a contemporary experience of racial discrimination may combine with a shared historical experience of oppression to cause a traumatic reaction. By these conceptualizations, persons of color may be at increased likelihood of future traumatic stress reactions and other psychopathology in response to traumatic exposures (Williams et al., 2018).

Also relevant is the concept of *cultural mistrust*. Originally identified as “cultural paranoia,” this term describes the tendency of Black persons to mistrust white persons. Cultural mistrust is borne from historical, past, and current experiences of racial discrimination. This leads an individual to avoid self-disclosure, express wariness, and view an individual white person (including a clinician) as a representative of larger white society and institutions. Where previously lack of trust in a clinician has been interpreted as an aspect of clinical paranoia secondary to psychotic illness, cultural mistrust is described as a normative and perhaps adaptive response to pervasive and cumulative racism. Cultural mistrust is also considered on a continuum, wherein mild mistrust involves the self-consciousness and adaptation of an individual to a threatening social environment and institutions that have historically harmed Black persons and communities, and severe paranoia represents a delusional process that is not based in social reality (Whaley, 2001).

It is important to maintain awareness that the Black experience in America is not entirely composed of tragedy, violation, and distress. For instance, Lillian Comas-Días (2016) discusses the notion of *cultural resilience*, which she defines as “a set of values, strengths, and practices that promote adaptive coping reactions to traumatic oppression” (p. 259). This notion may help contextualize how individuals respond to racism, discrimination, and racial trauma. It also lays the groundwork for considering how such responses may, instead of reflecting pathology, be viewed from the lens of survival and resilience. Some aspects of cultural resilience include (but are not necessarily limited to) the following:

Creative expression, with Afro-futurism being a noteworthy example of this. First emerging in the mid-nineteenth century and given a name by Mark Dery in 1994, Afro-futurism may be considered speculative fiction centering themes and concerns of the African diaspora in the context of technology. This line of thought explores the impact of European colonization on the African continent, and considers a history or world in which such colonization never occurred. Afro-futurism contrasts with mainstream science or speculative fiction, in which racially or ethnically minoritized persons do not exist, are not represented, or included with much complaint. Through the music of Sun Ra and Janelle Monáe, the novels of Octavia Butler and Nnedi Okorafor, and films such as *Black Panther*, Afro-futurism is the creative accompaniment to critical race theory in its consideration of the past,

present, and future from a lens that resists the centering of whiteness and challenges typical social hierarchies. This line of thought, which incorporates themes such as liberation and empowerment, also prompts us to conceive of a future in which injustice is dismantled and cultural actualization may be realized (Capers, 2019). Indeed, Saleh-Hanna incorporated Octavia Butler’s work in her discussion of Wild Seed Justice, defined as “an abolitionist framework meant to liberate us from the limiting, harmful imaginations and expectations of justice that colonialism, criminology, and the criminal legal system enforce” (Saleh-Hanna, 2023). This framework incorporates challenges traditional criminological carceral theory, distinguishes between survival and true freedom, and envisions collective thriving absent from physical and intellectual colonialism.

Whereas white families may avoid discussing race with their children (Ferguson et al., 2022), Black individuals learn about race, race relations, and the standing of Black people in larger society beginning in childhood. This communication about race, both verbal and nonverbal, has been identified as *racial socialization* (Anderson et al., 2019). Smith and colleagues (2012) note that adaptive racial socialization encourages the individual to recognize, identify, and develop coping strategies in response to discrimination. Thus, in contrast to colorblind beliefs that discussing or calling attention to race serves to highlight differences and thus to divide people, racial socialization occurring in families from childhood may serve to instill pride and self-esteem, recognize discrimination as externally based rather than in response to individual deficiency, cope adaptively, and overall preserve individual self-regard despite societal devaluing of one’s identity, humanity, and community. Racial socialization, depending on the messages conveyed, may potentially be a protective factor. In consideration of youth academic and mental health functioning, communications of cultural socialization (cultural heritage, cultural pride, and pride in the legacy of one’s ancestors) and preparation for bias (focusing on increasing the youth’s awareness of and preparation to cope with discrimination) have been associated with the development of active coping strategies and positive academic and mental health outcomes. However, messages such as promotion of mistrust (encouraging the youth to distrust members of other races) tend to be associated with increased risk to mental health and socio-emotional development. While empirical investigation of the message of egalitarianism (race will not affect one’s ability to succeed and/or should not be discussed) remains limited in Black families, available information suggests that this message combined with other messages of racial socialization may be associated with positive outcomes (Anderson et al., 2019).

A high proportion (94%) of Black individuals endorse either absolute or fairly certain belief in God, and the majority (75%) consider religion very important in one’s life, especially in comparison with other racial/ethnic groups (Pew Research Center, 2024). In considering the role of religion, it should be noted that houses of worship not only provide venues for religious service, but have historically been major drivers for social equity. DeSouza and colleagues (2021) point out that the Christian church has a long history of providing refuge within the Black community, perhaps dating back to the late eighteenth century. During the Civil War, churches established and housed schools for Black children, and during the Jim

Crow era became restaurants and performing venues for those otherwise shut out by segregation. Black churches are also described as the birthplaces for civil rights gatherings and activism in the Civil Rights Era. Religion and spirituality have been identified as means of coping with trauma (Bryant-Davis & Wong, 2013). Black persons tend to endorse mistrust of mental healthcare, and thus may be more inclined to first seek assistance for mental health or other personal problems through religious means (Alang, 2019; Bilkins et al., 2016; DeSouza et al., 2021). As such, assessment of a Black individual's mental health or illness should necessarily involve exploration of the individual's spirituality (if any), religion (if any), and relationships with houses of worship or religious leaders (if any).

However, consistent with the tenets of intersectionality, evaluation of the role and benefit of religion should involve nuance. DeSouza and colleagues (2021) note that negative thoughts and feelings about God, the attribution of problems to demonic forces, negative interactions with other believers, guilt, and doubts about one's faith may serve to exacerbate distress. Religious beliefs also vary by age, gender, and education level (Pew Research Center, 2015). Religious adherents vary in their acceptance of homosexuality and support for same-sex marriage (Pew Research Center, 2015), and there is a history of estrangement, harm, and trauma to the LGBTQIA community that complicates the relationship between Black members of this community and religion (Barnes, 2023).

In addition to identifying, describing, and quantifying aspects of discrimination, race-based stress, and racial trauma, clinical literature has also identified means of healing. For instance, Comas-Díaz (2016) describes individual therapy process that involves focusing on safety, processing the racial trauma, and examining consequent negative emotions, all from a therapeutic stance of liberation, decolonization, and affirmation. However, in addition to conventional and individually focused therapeutic practices, literature commonly identifies the importance of empowerment, challenging injustice, and enacting positive social change as a means of healing. Tools of resilience include the practice of storytelling, which can include testimony, public documentation, and awareness-raising; storytelling facilitates sharing one's experiences, regaining control of a harmful dominant narrative, acknowledgment of harm, and forward movement (Bryant-Davis et al., 2017; Chioneso et al., 2020; Comas-Díaz, 2016). Resistance, advocacy, and activism are additional forms of healing, extending what a clinician may initially consider an individual mental health concern into the sociopolitical domain. In contrast to a 1960s conceptualization of protest psychosis as reinforcing criminal aggression in young Black men (Bromberg & Simon, 1968), social action is more recently and more appropriately interpreted as a means of healing from trauma and harm. Healing from historical and racial trauma is additionally noted to occur on both individual and collective levels, related to both collective orientation and efforts toward social change (Anyiwo et al., 2020; Chioneso et al., 2020; Hickson et al., 2022; Turner et al., 2022). Through this lens, justice does not only live in the courthouse, enacted by judges in robes and lawyers in suits, but is instead the direct action that promotes change, equity, and liberation.

Application to the Forensic Evaluation

In considering African-centered forensic evaluation of individuals identified as Black or otherwise belonging to the African diaspora, I refer the reader to Lodge (this volume). I will also comment on general clinical skills and methods broadly applicable to forensic mental health assessment that is culturally informed and responsive. Toward this end, the clinician should adopt an overall orientation and approach that facilitates clinical practice that is culturally appropriate, culturally responsive, and respectful. Toward this end, I recommend a stance of cultural humility. This stance involves a recognition that, despite possession of education, training, and credentials, there are inevitable gaps in one's knowledge about the full range of human cultures and experiences (Abbott et al., 2019). This stance emphasizes acceptance of these limits, as well as ongoing self-education, and identifies the individual as the expert in their own life experience.

In forensic mental health assessment, Heilbrun et al. (2021) recommended consideration of identity, defined as incorporating both the individual's self-concept and socially imposed classification, and also taking an intersectional approach. Thus, on a routine basis, clinician should inquire about aspects of the individual's identity, including racial and gender identity, sexual orientation, and religion. In exploring racial identity, such questions may include "How do you identify your race or ethnicity?" (racial self-identification), "How important is this to you?" (extent of salience of or pride in one's race), and "Has it ever impacted your life or how you have been treated by others?" (prior experiences of discrimination). The individual's responses to these questions are likely to be informative, reflecting not only the individual's racial self-conception (should the person choose to disclose) but other helpful clinical data such as the individual's ability or willingness to discuss openly aspects of identity that are infrequently explored. The information provided will also provide the foundation for examination of the impact (if any) of the examinee's identity on the legal proceedings. Due to cultural mistrust, it may not be uncommon or maladaptive for an individual to express concerns and doubts about sharing information about their race, ethnicity, or background with persons involved in the legal process, especially if the evaluator does not share a racial background with the individual. Given the potential stakes, history of disproportionality and harm, and the potential negative consequences, guardedness and caution (regardless of whether race is shared) may in fact be an adaptive response. An individual's choice not to disclose upon query should be respected, but the clinician bears the responsibility of attempting to gather all relevant information.

As noted by Heilbrun et al. (2021), there will be instances in which race is not a salient aspect of the case or circumstances of referral; in these instances, the clinician will not need to do much other than perhaps note the individual's self-identification. In some instances, however, the individual's identity is a salient or even central aspect of the psycholegal question or broader legal case. Some brief examples could include:

- A civil case in which a plaintiff is alleging racial discrimination causing psychological distress (e.g., Carter & Forsyth, 2009).
- Referral for adjudicative competence of an individual who, having experienced prior instances of discrimination, expresses beliefs they will be disadvantaged in the legal proceedings due to their race.
- Evaluation of criminal responsibility of an individual alleged to have committed a hate crime.
- Evaluation of violence risk of an individual who would benefit from culturally responsive therapy targeting a criminogenic risk factor.
- Evaluation of an individual previously misdiagnosed with a psychotic disorder, when culturally responsive assessment reveals the symptoms to be mood or trauma-related instead (e.g., Jegarl et al., 2023).

In instances in which racial identity becomes salient and relevant, the clinician should ensure to explore this in some detail. This exploration could include, in addition to the topics above, messages that one has received about one's race (from family and society at large), prior individual experiences of racial discrimination, familial experiences with racial discrimination, distress resulting from any prior discrimination, means of coping with race-based stress, and social (extended family, chosen family, religious group, or neighborhood) supports and resources available to the individual. The clinician should also consider the community or collective experience that forms the context of racial identity. In this, it is necessary to keep in mind that at times the larger social context may be invisible or experienced as "the way things always are" and therefore not worthy of mention unless and until intentionally explored. Examples of this may include "the talk" and other forms of racial socialization with family or taking intentional steps to avoid or minimize discrimination by healthcare providers (Cummings, 2022). Race-based traumatic stress may develop through interactions with individuals, major institutions, or systems (e.g., child welfare, healthcare, education, legal) that were harmful or traumatizing for the individual and the community. Racial identity and experience are also relevant to the individual presenting with significant concern, preoccupation, or even delusions about real or perceived discrimination; even if not fully based in reality, lived and shared experience may influence the expression of mental health symptoms. Such traumatic stress or traumatic reaction may become relevant to the psycholegal question in instances in which an individual reports having prior distressing experiences of racial discrimination (particularly if prior experience is similar to the circumstances of the forensic referral), or if the alleged offense in question involves racial overtones. Racial trauma may be evident following recent and/or broadly publicized instances of serious injuries or deaths of Black individuals by violence, particularly (but not exclusively) in the context of police violence or custody. Intergenerational trauma may be relevant in relation to race-related family or generational experiences (e.g., segregation and desegregation of housing or schools, lynchings, deaths attributed by family to racism, loss of property, targeting or violence by police). As such, a clinician engaging in forensic assessment or treatment of such an individual should be aware of these historical and social contexts, as well as cultural

expressions of distress. Clinicians may also wish to utilize instruments to measure race-related stress such as UConn Racial/Ethnic Stress & Trauma Survey (Williams et al., 2018) or the Everyday Discrimination Scale (Williams et al., 1997). Care should be taken to avoid inaccurately or unnecessarily pathologizing an individual's presentation or adaptation to hostile social context.

In integrating race into the forensic formulation, the clinician should explain the sociocultural context, based upon known history, current trends and phenomena, self-report, and information obtained from collateral reports. With regard to history and current trends, there is a wealth of empirical literature documenting and exploring the large-scale presence of racial disparity and impact of discrimination on individuals, families, and communities. Where the clinician can assist the court is through the clear, thorough, and truthful description of how larger social/historical context impacts the individual, the individual's psycholegal capacities, and the case in question. While there have been concerns about the potential for bias (Bergkamp et al., 2023; Heilbrun et al., 2021), it should again be noted that omission of this major aspect of identity and sociocultural consideration can itself be a form of bias that adversely affects the accuracy and thoroughness of clinical information provided to the court. Additionally, including such information is part of the comprehensive assessment of the internal and external factors affecting psychological functioning, and as such is relevant to consideration of an individual's psycholegal capacities. Indeed, Candilis and Griffith (2021) in their discussion of how to challenge structural racism identify the report and testimony as the unique opportunity and obligation for the forensic practitioner to articulate and contextualize the individual's narrative in a way that minimizes harm and avoids bias.

In report-writing, it is helpful to follow recommendations by Riggs Romaine and Kavanaugh (2019). Specifically, while race or ethnicity should be routinely inquired after, the evaluator should be intentionally and thoughtfully selective with regard to whether and how to include this information in the report. It may be helpful to document the individual's self-reported race or ethnicity in the personal history section. If and when racial identity is relevant to clinical conceptualization, additional information about the person's identity and experiences can also be included in this section. If psychological testing is utilized to assess racial identity or race-based traumatic stress, those results would be included among other test results in the Mental Status section. Where racial identity is relevant to the psycholegal question, this is additionally typically documented in the data sections directly addressing queries regarding the psycholegal question. In the opinion section of the report, the clinician can discuss the impact of racial data gathered and presented in the information sections on the individual's clinical functioning, psycholegal capacities, and the relationship between them. The clinician may also wish to incorporate or cite relevant literature, to best provide a clinical opinion that is well-grounded in all information gathered and conceptualized. The clinician should also be prepared to discuss the clinical/forensic conceptualization, and its basis, in as much detail as possible upon testimony, in the spirit of transparency regarding the basis of one's clinical opinions.

Beyond the Forensic Evaluation

As is noted in the broad definition of forensic psychology (APA, 2013), psychologists have more to contribute to the law than clinical evaluations and can thus broaden their circles accordingly. Psychologists may also consider advocacy. I will note that much discussion of advocacy in psychology appears geared toward psychologists engaged in treatment (e.g., Ali & Sichel, 2020) and may initially appear to violate the foundational stance of impartiality. However, this stance does not preclude psychologists from promoting justice and working toward social good. Alexander and Allo (2021) define multiple types of advocacy, specifically noting that that *public policy advocacy* involves impacting legislation, *social justice advocacy* involves scholarship and professional work designed to create social change, *professional advocacy* blends public policy and *social justice advocacy* to advocate for fair access to services and legislative changes that enhance quality of life, and client-centered advocacy that advocates on behalf of an individual. *Client-centered advocacy* (advocacy on behalf of the individual, such as for services) may be beyond the scope of the role of the forensic psychologist. However, there are means to engage in advocacy work that is in keeping with ethical obligations and professional roles, which I will describe.

In research, for instance, Hunt and Shepherd (2023) encourage reflexive practice in psychology and law research; this stance encourages consideration of how the researcher's power, privilege, and positionality can shape research from the development of the research question through data collection, analysis, and writing. APA's (2021) apology provided some guidance that may be a starting point in more equitable research practices. That is, researchers should focus on topics relevant to social issues, intentionally gather information about marginalized communities, operate with attention to the impact of historical and systemic factors versus an assumption of cultural deprivation or values, engage in populations sampling in a way that allows for data analysis more nuanced than comparing white with non-white groups, focus on groups typically not represented in research, equitably include communities of color in the design and implementation of studies, elevate scholars from underrepresented groups, and support diversity among journal editors. I also urge that researchers engage in qualitative research as a means of leveraging lived and other means of knowing. I additionally recommend enhancing the accessibility of research, such as by prioritizing open access articles and journals; pressuring publishers, universities, and professional societies to assist with the costs of making one's work open access; and elevating their work through media work and public education (e.g., op-eds and community presentations). Psychologists can ensure that good science be brought to the attention of legislators, through testimony at the local, state, and federal levels, to inform policy that influences people's lives and health that is not based upon or misled by misconceptions, prejudice, or poorly informed assumptions about human behavior (Alexander & Allo, 2021; Marshall-Lee et al., 2020; Najdowski & Stevenson, 2022). Such science should be, as it has in the past and present, brought to inform the judiciary not only in trial

adjudication but also in influential case law (Gilfoyle & Dvoskin, 2017; Najdowski & Stevenson, 2022).

In teaching and training, we must examine our pipeline, and seek out opportunities for outreach to students at levels from high school to undergraduate, graduate, internship, and postdoctoral training. This includes classroom curricula that intentionally incorporate work from multiple perspectives, disciplines, and communities; encourages reflexivity in our definitions of knowledge (e.g., Abo-Zena et al., 2022); challenges colorblindness and white supremacy (McCubbin et al., 2023). Classwork should necessarily include learning from persons with lived experience, inculcating critical thinking, ensuring a safe and equitable learning environment, attending to the unspoken expectations around college coursework and student interactions with faculty, and teaching students to consider how they exist within the larger context of community, culture, and society (Fanniff & Rynczak, 2022). In clinical training and supervision, we should train clinicians in self-awareness, cultural responsiveness, cultural humility, and reflective practice (APA, 2019). Supervisors should operate with awareness of the power differential and its interaction with various aspects of identity within the triad of the trainee, supervisor, and the individual with which the trainee interacts. Toward this end I recommend intentional self-reflection, considered self-disclosure, and explicit discussion of identity variables in clinical work during the supervisory relationship.

Psychologists can also leave their offices and classrooms to directly apply their knowledge and skills to the benefit of their communities. As such, psychologists should find ways to volunteer with local causes or through means that align with their values and utilize their skills. In doing so, the psychologist must prioritize the knowledge and wisdom of the community by listening when local leaders identify the crucial needs, and working at their direction in realizing the community’s goals. Such work could include volunteering with an organization, donating one’s professional time through counseling services (Ali & Sichel, 2020), engaging in program evaluation or consultation (Putney & Rynczak, 2023), and serving on organizational committees and boards.

Conclusion

Through this chapter, I hope to illustrate how the field of psychology, despite its aspirations as a helping profession, has had its role in perpetuating bias and harm, by way of pathologizing, excluding, and misinterpreting the Black experience in America. Such history is in a sense concentrated in the more specialized area of psychology and law. This history, however, does not burden the field to repeat it. A firm grounding in its history, even that which is difficult to contemplate or accept, is necessary to own its maleficence and work toward beneficence. Thoughtful clinical understanding, intentional practices, and uncomfortable work are only some of the tools available for forward movement. As illustrated in this volume, psychologists

have great potential to clarify and move toward a future of empowerment, health and well-being, safety, true justice, and freedom.

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African-Centered Assessment for an Optimal Psychological Forensic Practice



Tania S. Lodge

Black psychologists are positioned to highlight and address racism, discrimination, and cultural bias inherent in forensic psychological assessment and have been called upon to explain various race-related mental health issues and culturally specific approaches while simultaneously debunk anti-racists approaches. African-centered Black psychology is an evidence informed school of thought that provides a cultural understanding of the African psyche and of people of African ancestry from an African perspective (Grills, 2004). However, there continues to be a lack of inclusion of an African-centered perspective in conceptualizing and addressing the psychological stressors and needs of people of African descent, which has contributed to disproportionate rate of incarceration, unfavorable treatment recommendations, and over-pathologizing the cultural and lived experiences of Black Americans (Awosogba et al., 2023; Myers et al., 2022). Additionally, the field of forensic psychology continues to lack practical and tangible guidelines outlining how to conduct African-centered forensic psychological assessments. There have been many conversations highlighting and substantiating a need for culturally specific forensic psychological evaluations, yet there has been limited progress in achieving or advancing this knowledge and awareness (Faniff et al., 2022; Heilbrun et al., 2021). Consistent with the culturally competency movement which illuminates the importance of having knowledge of self, awareness of others, and practical skills implementing culturally specific approaches, and limitations thereof, the implementation of such skills continues to be halted by lack of understanding of culturally specific assessment measures and/or the lack of confidence and credibility to introduce and advocate for such inclusion and perspective. Thus, this chapter will provide an overview of limitations and historical injuries sustained by forensic psychological assessments, an overview of African-centered/Black psychology, inclusion of

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African-centered assessment measures in forensic psychological assessment, steps and processes to conducting an African-centered forensic assessment, and recommendations for practice.

Racial Trauma to Prison Pipeline

The manifestation of racism, cultural bias, and oppression within the forensic psychological assessment process has resulted in unfavorable outcomes for Black Americans involved in the criminal justice system (Auguste et al., 2023). Test and racial bias embedded in forensic psychological assessment measures and practices contributes to the trauma-to-prison pipeline, overrepresentation of Black Americans in the criminal justice system, and mass incarceration.

The trauma-to-prison pipeline initially described how the juvenile justice system criminalizes girls' experiences of trauma (Baumle, 2018), also extends to the judicial system criminalizing Black Americans experiences of multiple and intersecting forms of trauma, including trauma resulting from racism and discrimination. Trauma responses are normal reactions to abnormal or traumatic experiences; however, these challenging behavioral manifestations of trauma are over-criminalized, judged, and misunderstood. Forensic and clinical psychologists are obligated to understand and interrogate the roles within systems that perpetuate the overcriminalization of developmentally appropriate responses to trauma and abuse, which create the trauma-to-prison pipeline (Alexander et al., 2023). By understanding this pipeline and its impact, appropriate assessment and assessment measures can better highlight and expose trauma-based reactions and behaviors and advocate for systemic change to dismantle and disrupt it criminalizing psychological distress. Disregarding the influence of trauma and cultural factors on diagnoses, test interpretation, and clinical conceptualization for Black Americans perpetuates the racist history of forensic psychological assessment and related risk for injustice. Conducting psychological and forensic assessments utilizing a cultural and African-centered framework will reduce the harmful effects of systemic racism.

There has been recent acknowledgement and advocating for more culturally informed practices, and although some guidelines for culturally informed practices have been published, there has not been consensus on best practices for incorporating cultural considerations and assessment measures (Fanniff et al., 2023). Fanniff and colleagues sought to establish consensus regarding best practices in incorporating culture into forensic mental health evaluations. They found wide agreement on the importance of methods for incorporating cultural considerations in each phase of the forensic evaluation process. However, of the 28 practices, none consisted of the use of incorporation of culturally specific or emic measures as a practice that more accurately captures the experiences, thoughts, feelings, and personality traits of Black Americans. Most of the practices that reached consensus are consistent with the culturally competent components specific to knowledge and awareness but lacks insight into skill and practicality. The 28 proposed practices are ambiguous

and without specific guidance or instruction on their applications. More specific guidance for evaluators to assist in the production of high-quality, culturally informed forensic psychological evaluations are needed.

Sayegh et al. (2023) reviewed how racism and other forms of cultural bias and oppression may manifest within different modalities of psychological assessment, highlighted deficits in cultural awareness, knowledge, skills, and how humility may affect assessment with Black Americans. They proposed a call to action and related agenda to promote integration of diversity, equity, inclusion and justice (DEIJ) issues in assessment, and provided references and resources to enhance DEIJ training in assessment about serving minoritized groups. In the proposal, a gap in skill application is evident due to the lack of insight or recommendations to incorporate culturally specific assessment measures. Utilizing emic measures (African-centered measures) which accurately and comprehensively captures the lived experiences of Black Americans, and the African psyche will fulfill the gap in the literature and practice guidelines and will reduce the harmful effects of forensic psychological evaluations.

Psychological assessment involves the evaluation of human behavior and functioning across multiple domains and includes intelligence, cognitive, and personality traits. Historically, many psychological assessments were developed to disenfranchise Black Americans and contributed to systemic oppression (see Guthrie, 1998). Thus, efforts to highlight anti-Black and generally racist practices in psychological and forensic assessments must first address the biases inherent in the western Eurocentric historical roots of psychological assessment. Western approaches include instruments developed and defined by White Americans which have yielded negative outcomes and disproportionate consequences for Black Americans (Auguste et al., 2023). From a western approach, psychological and forensic assessments rely on assessment instruments that do not consider the cultural background and lived experiences of Black Americans which results in mistrust (e.g., Dixon et al., 2023). Experiences of cultural and racial trauma and adaptations to various forms of oppression that is the catalyst to persistent psychological distress and maladaptive coping are not accounted for in assessment instruments used to make life impacting decisions and have resulted in unfavorable outcomes for Black Americans. Specifically, because of biased and racist practices in psychological and forensic assessments, Black Americans are over-pathologized, over-represented in special education, prison, and child welfare services (Auguste et al., 2023).

Psychological forensic assessment is a process of gathering data using psychological tests, clinical interviews, behavioral observation, and collateral information. The process begins with a referral question geared towards answering a psychological question, a question about an individual's mental state or capacity, solving a problem, or arriving at a decision using psychological evaluation tools of evaluation. Psychological forensic assessment can help in understanding psychological and mental health status of individuals who are involved in the judicial system and can provide insight into a person's personality, mental state, competency, criminal intent, dangerousness, parental fitness, cognitive functioning and intelligence

(Areh, 2020). The primary purpose of psychological forensic assessment is to provide the legal decision-maker with information about an individual's relevant capacities underlying the specific civil or criminal legal question. The role of the psychologist in forensic assessment is an objective role or quasi-objective role when gathering, interpreting, and presenting data and is concerned with objectivity and accuracy. To achieve this standard, inclusion of assessment measures that comprehensively captures the experiences of the examinee is necessary. Forensic assessment includes clinical and legal standards which consider the relationship between underlying mental, emotional, and cognitive deficits and various legal issues. It relies on clinical data and psychosocial information obtained through self-report measures, psychological testing, and behavioral observation. Collateral information is used to assess the accuracy and consistency of gathered information by self-reports. Interviews are the most utilized technique and can vary widely in format, depending on the aim of the assessment. For instance, structured interviews offer a precise set of questions, which provide a levelled playing field for all examinees, while unstructured interviews take a more open approach, permitting the psychologist to diverge depending on the interviewee's responses. Self-reports are used for capturing an individual's perceptions, feelings, and thoughts about themselves or others. These may gauge traits like aggressiveness or empathy or measure constructs like stress and depression. Observations aid in forming a more complete picture of an individual and their behavior and can provide unbiased insights into responses and interactions.

Because forensic evaluation is conducted in an adversarial legal context and methods used in the evaluation will be critiqued and challenged, it creates a lack of confidence and in some instances, avoidance in identifying pertinent cultural barriers influencing assessment data and findings. In forensic practice, the forensic psychologist is almost always called to testify as an expert witness and testify to the findings of the forensic assessment (Areh, 2020). Positioning the forensic psychologist as an expert witness who must explain the theory that formed the context and framework for the tests used during the assessment process and how the results are interpreted. This provides an opportunity for the psychologist to identify and discuss limitations of the evidence-based or most used/preferred tests that are typically used in psychological forensic assessment and/or justify the use and inclusion of more culturally appropriate measures.

Forensic psychology provides a psychological personality evaluation by drawing on different sources of information, including tests, questionnaires, interviews, behavior assessments, and checklists. The process of assessment generally begins with a referral for assessment from a person or an institution wanting to solve an issue, reach an important decision, or obtain answers to questions such as whether the accused can understand the implication of legal proceedings (Cohen & Swerdlik, 2018). The admissibility of the expert opinion produced depends on its scientific merit or the scientific merit of methods employed by expert witnesses in producing that opinion (Archer et al., 2006). If expert witnesses are solely relying on scientific methods and test measures that are biased or lack cultural consideration, their opinions are led by cultural bias and perpetuate the racist practices that lead to

unfavorable and life-changing decisions (Neal & Grisso, 2014). The forensic psychologist is viewed as the expert and their opinion and practices are important because they provide insight into forensic assessment, allow for standards to be adjusted if needed, and call attention to possible issues such as test bias and racist practices. How expert witnesses formulate their expert opinions, and which tests are used in doing so is a significant step and process that must be highlighted and applied.

Psychopathological and criminological variables play a role in influencing forensic psychological evaluations and have been shown to be influenced by psychopathological factors. Thus, evaluating all facets of such variables is paramount. Racism, discrimination, various forms of trauma, and cultural background are variables that must be considered, measured, and addressed. Forensic psychological assessment evaluates whether a person has a mental disorder, and whether this condition reaches the threshold established by the legal standard for non-responsibility or social dangerousness. Psycho-legal constructs or capacities measured includes a defendant's competence to stand trial, a person's capacity to make legal, financial, and healthcare decisions, clinical constructs such as malingering, recidivism, violence risk, psychopathy, clinical symptoms and personality traits (Areh, 2020). Several survey studies have been conducted on psychological tests utilization in different forensic settings and found that the most used instruments in forensic assessment are the Minnesota Multiphasic Personality Inventories (MMPI-2, MMPI-2-RF, and MMPI-A) which assesses psychopathology and personality, and the Wechsler scales (WAIS-IV, WISC-V) which assesses cognitive abilities and deficits (El-Shenawy, 2017). The different versions of the MMPI and Wechsler scales are used to gather comprehensive information about an individual's personality, cognitive abilities, and potential mental illnesses. However, use of these measures without consideration of cultural context and cultural factors is what contributes to over-pathologizing and criminalization of psychological distress.

Personality Assessment

Personality functioning is critical for understanding behavior. Thus, measures of personality are often used to understand personality and personality pathology. The intended purpose of personality assessment is to clarify diagnoses and determine differential diagnoses. These assessments are often used in legal and forensic settings. Personality assessments have contributed to over-pathologizing Black Americans. Black Americans are more likely to be diagnosed with a psychotic disorder or antisocial personality disorder. This is due to lack of consideration and understanding of cultural experiences and background in assessment instruments used to gather insight into psychopathology and personality traits. Experiences of cultural and racial trauma which is the collective experience of most Black Americans are conceptualized by Western Eurocentric theories as psychotic, while adaptation to cultural trauma and various forms of oppression is conceptualized as

having an antisocial personality. Common clinical elevations on assessment instruments reflecting psychoticism or antisocial traits are reflective of experiences of cultural and racial trauma, however these lived experiences of Black Americans are captured as paranoia and suspiciousness by assessment measures which are conceptualized as psychoticism from a Western/Eurocentric perspective. Thus, psychoticism and antisocial behaviors are almost always clinically elevated on many personality instruments administered to Black Americans given the persistent experiences of cultural and racial trauma.

The most used personality inventory (various forms of the MMPI) attempts to depict what a person is like based on how they respond to questions about what they believe, think, or feel and the influence of personality on mental well-being. In a review of studies of the MMPI significant racial and ethnic differences were found. Blacks had higher scores on the psychopathic deviate scale of the MMPI. Significant racial and ethnic differences are also found with conduct disorder. Specifically, Black Americans have significantly higher scores on conduct disorder than whites based on prevalence estimates and effect sizes.

The MMPI measures have significant limitations related to Black Americans. Research with Black Americans related to the use of personality assessments have found that Blacks are almost always over-pathologized with psychotic disorders, antisocial personality disorder, paranoid personality disorder, and somatoform disorders and are least likely diagnosed with depression, anxiety, bipolar, PTSD and other traumatic stress related disorders. The MMPI-2 has been criticized as potentially biased in predicting the psychiatric status of racial minorities. Some studies were conducted to examine predicted bias between racial groups across various settings and populations. Gonzalez et al. (2019) compared the MMPI-2RF scores of college students by gender and race. Black Americans scored significantly higher than Whites on 6 of the 9 validity scales. On the higher order scales Black Americans scored higher on thought dysfunction and behavioral externalizing disorders. On the restructured clinical scale, Black Americans yielded higher scores on RC4 (Antisocial Behavior), RC6 (Ideas of Persecution) and RC8 (Aberrant Experiences). Black students obtained higher scores than their white counterparts on scales reflecting externalizing behaviors interpersonal suspiciousness, unusual thoughts, perceptual experiences, and feelings of alienation from others. Persecutory ideation items are related to the belief that others seek to harm you and suspiciousness of others. In context of the African experience of racism in America including, police profiling and brutality etc., it is reasonable that this scale would be elevated. However, ideas of persecution from the test developer's perspective are indicative of psychosis. Additionally, the aberrant experiences subscale is often elevated. Although aberrant experiences are symptomatic of hallucinations and delusions, they are also indicative of spiritual experiences and beliefs. The RC6/RC8 code type is often interpreted as psychosis which leads to the over diagnosing of psychotic disorders for Black Americans. A cultural understanding of the RC6/RC8 code type on the MMPI-2 and MMPI-2RF most often reflects trauma and/or spiritual experiences. Due to the limitations of the MMPI and the inherent bias embedded in the measure,

it is important to consider cultural context and explore further the items endorsed during a clinical interview beyond what is provided.

Cultural factors must be considered in the process of personality assessments. Black Americans are likely to endorse items on the MMPI that are specifically related to mistrust, suspicion, and skepticism as a response to a history of oppression, racism, and discrimination.

Clinical scales reflecting suspiciousness is attributed to past and present experiences of oppression and racism. The manifestation of cultural mistrust and perceived discrimination associated with paranoia has been found to predict higher levels of cultural mistrust and non-clinical paranoia. Perceived discrimination and racism have also been tied to several psychological symptoms, including higher stress levels, anger, anxiety, depression, and substance use. Additional cultural factors to consider that also must be assessed and influences the assessment results include the divergent worldviews of Black Americans minority versus the European culture, differences in values and perceptions, differences in symptom presentation, and differences in response style.

Response Style

Response style refers to the nature and accuracy of the information provided by individuals being evaluated. It is imperative that psychological forensic test results are interpreted within the context of the individual's response style. When response style appears to be malingering, defensive, or irrelevant, other data sources should be used. Forensic psychologists should consider the potential impact of cultural mistrust when attempting to interpret response style and include culturally sensitive assessment measures to gather objective data to gain insight and understanding of the individual's response style. Cultural mistrust must be considered in psychological assessments, particularly when assessing Black Americans. Cultural mistrust is a coping response to discrimination and racial oppression, and can be characterized by a sense of suspicion, lack of trust, and heightened self-consciousness. It is often misinterpreted as clinical paranoia. Cultural mistrust refers to a suspicion or distrust towards authority figures or institutions stemming from a person's cultural background, often due to experiences of racism and discrimination. Cultural mistrust impacts the validity of test results as observed when interpreting scores on the different versions of the MMPI. The validity scales on the MMPI are designed to help identify discrepancies in responses and potential biases and ensure accurate interpretation of test results by assessing the individual's response patterns, including cultural mistrust.

Dixon et al. (2023) conducted a study that identified cultural mistrust critical items (CMCI) on two versions of the MMPI, (MMPI-2RF and MMPI-3) that might be endorsed by people of color because of cultural mistrust rather than clinical paranoia. Dixon et al. studied whether CMCI and items on the MMPI-2-RF/MMPI-3, Ideas of Persecution scale (RC6) were endorsed at different rates across

cultural groups in a nonclinical college sample and a forensic inpatient sample. Results indicated that Black college students endorsed the highest levels of cultural mistrust. Dixon et al. recommended that the validity scales which often deem profiles invalid, must also be understood in the context of cultural mistrust. Black Americans are more likely to present with an invalid profile due to cultural mistrust or test bias. Thus, additional data should be collected to support or refute the findings from an invalid or exaggerated profile.

Cognitive Assessment

Measuring cognitive abilities and deficits is another critical component of psychological forensic assessment. Cognitive assessments measures knowledge, memory, processing speed, thinking processes, and language. The Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) is a cognitive test that can provide information about a defendant's competency to stand trial. It provides information about a defendant's general knowledge, abstract problem-solving, working memory, and speed of processing information. The WAIS-IV can help understand a defendant's mental state, intellectual functioning, understanding of legal proceedings, and decision-making capacity. To address the test bias of the WAIS-IV, it is important that less emphasis is placed on the FSIQ and instead place emphasis on cognitive areas that are indicative or symptomatic of a cognitive deficit that could influence one's competency to stand trial or capacity to make financial, health, or legal decisions.

The Weschler's scales are also used to assist in the diagnosing of neurodevelopmental disorders including intellectual developmental disorder (IDD), autism spectrum disorder (ASD), and attention deficit disorder (ADD) which influences competency and capacity. Historically, intelligence/cognitive tests were developed to demonstrate White superiority and to favor White, middle-class groups. For instance, these tests consist of language and measure knowledge and content that are more familiar to White middle-class individuals. Intelligence and cognitive testing were used to argue for the racial segregation of students in schools. These tests were used to remove Black students from regular classes on the basis that the children were "educable mentally retarded." In the California landmark case *Larry P v. Riles*, a California court held that intelligence tests could not be used to place Black students in special education classes. The court concluded that intelligence tests were racially and culturally biased, resulting in disproportionate placement of Black students in classes for the "educable mentally retarded" and was considered a violation of constitutional guarantees of equal protection. Consequently, intelligence tests have been banned in almost all states and have resulted in limited access to Black children who may qualify or meet criteria for special education. Consequently, Black children that meet the diagnostic criteria for autism spectrum disorder or intellectual developmental disorder are not identified, have a lack of access to

resources, and are at greater risk of criminal activity and involvement in the legal system.

Due to the case of Larry P and/or lack of access and awareness that parents experience, intellectual developmental disorders and autism spectrum disorders are commonly underdiagnosed in Black Americans. According to the equality and human rights commission report (2020), individuals with intellectual disabilities and ASD are over-represented in the criminal justice system. Individuals diagnosed with autism spectrum disorder have higher rates of interactions with the criminal justice system and an increased likelihood of being arrested (Griffiths et al., 2019). Social and communication differences inherent in autism spectrum disorders create difficulties navigating the criminal justice system. It is common for individuals with ASD and IDD to exhibit self-incriminating behaviors and have more adverse interactions with police (Brewer & Young, 2018). Individuals with ASD and intellectual disabilities are likely to struggle with communicating a reliable account of events, more likely to confabulate, misunderstand their legal rights and the implications of what they report to authorities, and are more gullible. The social and communication difficulties can be very different and, in some cases, less obvious making it difficult to recognize as a confounding variable in legal proceedings. Although intellectual disability is common among individuals with autism, most have average to above average IQs, making their social and communication difficult to identify. These nuances were demonstrated in case study 1 (appendix).

The Weschler's scale, more specifically the Weschler Adult Intelligence Scale, fourth edition (WAIS-IV) assesses four areas of cognitive functioning, Verbal Comprehension Index (VCI), Perceptual Reasoning Index (PRI), Working Memory Index (WMI), and Processing Speed Index (PSI). A high VCI score indicates that a child has strong verbal reasoning, word knowledge, and the ability to retrieve information and communicate learned material. Cultural issues are notable on the verbal comprehension index. Language barriers, cultural vernacular, and exposure and experience to information and concepts highly influences scores on the VCI. An individual's VCI is influenced by their culture and access to education. This VCI index reflects an individual's ability to understand, comprehend, and use and think with spoken language. It also demonstrates the breadth and depth of knowledge acquired from one's environment.

In response to the inherent biases and cultural insensitivity of the Weschler's scales, Dr. Robert Williams, An African-centered/Black Psychologist, developed the Black Intelligence Test of Cultural Homogeneity (BITCH) test. Dr. Williams believed that lower scores by Black people on existing intelligence tests were caused by a bias among test items toward what was considered normal in white society, and not because of lower intelligence. The BITCH test demonstrated that intelligence tests show racial and cultural biases. This test also demonstrated that Black students do better on tests than White students when the test is geared towards Black vernacular and experiences, rather than white speech and experiences. Through his research, Dr. Williams showed that standardized tests have an inherent racial bias that unfairly discriminates against Black students.

African Personality

African personality theory emphasizes the interrelatedness between a person, their family, community, and ancestors. From an African-centered perspective, one develops personality through interpersonal interaction with other human beings in family, community, and social situations starting from infancy through childhood, adolescence, adulthood. Optimal conceptual theory (OCT), rooted in African/Black psychology, is a theory of understanding for people of African ancestry introduced by Dr. Linda James Myers in 1987. OCT provides a contextual framework to provide insight into the how personality of Black Americans is shaped and recommendations for reclaiming African history and healing practices. Myers (1987, 1993) postulates that psychopathology and psychological distress is a result of chronic and persistent experiences of various forms of oppression that influences a suboptimal/Eurocentric worldview. According to Myers (1993), the suboptimal worldview is a worldview that values materialism, individualism, power and control, an extrinsic view of self, a disjointed view of spirituality, and a dichotomous way of thinking and being. A suboptimal worldview is highly correlated with various forms of psychological distress, including depression, anxiety, criminal activity, abuse, violence, and addictive behaviors. OCT also considers historical injuries and various forms of trauma on current functioning and behavior. Because the effect of trauma is inherited, it is important to consider the impact of historical and cultural trauma on its survivors and on the generations that follow. The role of racism in the captivity, enslavement, Jim Crow era, mass incarceration, and murder of countless Black men, women, and children that is often publicized across the media and social media platforms heightens the traumatic effect of racism and significantly shapes personality and behavior.

The African personality is shaped by an individual's worldview, racial identity, and knowledge of self also known as African self-consciousness which illuminates how one feels about being Black. These personality constructs are not measured in assessment measures and not accounted for in psychological forensic assessments. There are many African-centered assessments that have been developed, validated, and are determined reliable for the use of measuring personality constructs for Black Americans. Although these measures have been well researched and are evidence-informed, they have been primarily used in research settings and rarely used in clinical and forensic settings. It is critical that these assessments are included in psychological forensic assessment. To not include assessments that measures African personality and cultural experiences, will continue to result in over-pathologizing and criminalizing the cultural experiences of Black Americans.

African-Centered Assessments

An individual's worldview must be considered and understood when attempting to understand personality, symptoms of psychological distress, and response style. Worldview is critical in psychological forensic assessment because it significantly influences how a person perceives, interprets, and reacts to their experiences, shaping their thoughts, emotions, and behaviors, which in turn provides vital context for understanding psychological distress. A person's worldview is the lens through which the world is viewed and must be considered to accurately assess their situation. Worldview is deeply intertwined with cultural background, thus understanding a person's cultural context is critical to avoid misinterpreting their behaviors and beliefs. Worldview plays a key role in psychological well-being and can impact how symptoms present. More specifically, an African-centered worldview has been demonstrated as a protective factor against the impact of stress and psychological distress (Neblett et al., 2010).

The Belief Systems Analysis Scale (BSAS) is an African-centered worldview measure that captures the worldview and beliefs of people of Black Americans. The BSAS is used to measure individuals' endorsement of African beliefs and worldview or commitment to an African-centered worldview. The measure consists of 31 items reflecting, hypothetical behaviors or characterize is either African-centered, which is an optimal worldview or non-African-centered, a suboptimal worldview. The items from the BSAS are rated on a five-point Likert scale. High scores on the BSAS reflects an African-centered/optimal worldview and low scores reflect a Eurocentric/suboptimal worldview. Understanding that low scores on the BSAS which reflects the suboptimal worldview as defined by Dr. Myers, is highly correlated with criminal behavior, addictive behavior, and psychological distress provides a level of insight to the psychological forensic evaluation that will influence decision-making at various stages of the legal proceedings including sentencing.

Research underscores the importance of considering the sociocultural identity as a necessary component of the psychological forensic assessment process, it is critical to examine an individual's racial identity. Racial identity is another construct that provides insight into personality functioning and traits. Similarly to worldview, racial identity is critical in psychological forensic assessment because it significantly influences how individuals perceive and experience the world inclusive of experiences of racism and discrimination which impacts psychological functioning and how they respond to assessment items. Considering one's racial identity is necessary for a comprehensive and accurate evaluation as it can help forensic psychologists interpret symptoms accurately and connect experiences of discrimination and cultural factors. Racial identity can shape how individuals cope with stress and adversity, such as racism and discrimination, which is important to consider when assessing their psychological functioning.

The Cross Racial Identity Scale (CRIS) is a measure of racial identity that contributes to the African personality construct and provides information and insight into a person's view of self (Vandiver et al., 2002). The CRIS assesses six racial

identity attitudes: assimilation, miseducation, self-hatred, anti-White, Afrocentricity, and multiculturalist inclusive. It consists of 40 items consisting of six subscales of five items and 10 filler items. It is a seven-point Likert scale ranging from strongly disagree to strongly agree, and averages are computed for each subscale.

Measuring values is another important aspect that should be included in psychological forensic assessment because it provides critical insight into a person's motivations, beliefs, and priorities, which can significantly impact their behavior, decision-making, and overall well-being. Values act as guiding principles that influence how people behave and make choices. When assessing psychological distress, understanding a person's values can help explain a person's actions and reactions and identify potential conflicts between their values and their current behaviors which can be a helpful factor in decision making and treatment recommendations.

African-centered values are an integral aspect of ethnic identity for many Black Americans. The Africentric Scale (AS) is a 15-item scale that assesses the degree to which a person adheres to the Nguzo Saba (Kwanzaa Principles) attributed to African and African American cultures (Grills & Longshore, 1996; Cokley & Williams, 2005). The AS is a culturally specific value scale that gives some information regarding how Black Americans cope as well as how values are utilized in everyday lived experiences that could either help or deter from healthy coping and adaptive strategies to live in. It is a four-point Likert scale ranging from strongly disagree to strongly agreed. Higher scores on the Africentric scale reflect a stronger adherence to African-centered values. Endorsement and adherence of African-centered values and cultural practices are protective factors for optimal mental well-being and serves to protect against internalizing oppression and racism.

The African Self-Consciousness Scale (ASC) is a measure of African personality that provides insight into the personality as it relates to Black Americans cultural experiences developed by Baldwin and Bell (1985). It consists of 42 items that measure Black American attitudes, beliefs, and values. The ASC scale is an eight-point Likert scale. The ASC measures four competency dimensions: awareness of African identity and heritage, priorities for Black liberation, self-knowledge, and self-affirmation, and resistance to anti-Black forces and manifest dimensions: education, family, religion, cultural activities, interpersonal relations, and political orientation. The ASC scale is based on the belief that it's healthy for Black people to recognize their cultural identity and heritage. It also encourages Black people to resist Eurocentric-based values and social forces that threaten African/Black identity. The ASC is used to assess African-oriented values and is considered a viable tool for understanding the cultural experiences and personality of Black Americans.

African-centered assessments are imperative to include and incorporate in the psychological assessment process when attempting to understand personality and psychopathology in a way that is culturally consistent with the experiences of Black Americans. Incorporating African-centered assessments will cultivate more culturally specific practices and approaches to the psychological forensic assessment process. Administering, scoring, interpreting, and writing a clinical summary about how these constructs influences behavior and interactions provides a level of ongoing training and learning and fulfill the gap in practice guidelines attempting to

address the limitation in skill application of cultural competence. Additionally, incorporating African-centered assessments in the assessment process will lead to more accurate depictions and understanding of psychological distress and personality functioning that will allow for more affirming and favorable outcomes.

Racial Trauma Assessments

Racial trauma is a cultural experience of Black Americans that involves repeated and chronic experiences of race-based discrimination and racism. Racial trauma has detrimental impact on psychological functioning and personality. Given the persistent nature and rate at which Black Americans experience racism and discrimination and the parallels that these experiences have with trauma related stress, it is important to have measures of racism and discrimination. These measures can capture the experiences of racism and discrimination and will provide the context necessary for an accurate conceptualization and picture of the lived experiences. Carter et al. (2013) developed the Race Based Traumatic Stress Symptoms Scale (RBTSSS) is a comprehensive, 52-item assessment of racial trauma and stress. It includes a checklist of racism-related traumas and open-ended questions about the individual's traumatic experiences that can serve as an anchor for questions about symptoms. The RBTSS has seven scales: Depression, Anger, Physical Reactions, Avoidance, Intrusion, Hypervigilance/Arousal, and Low Self-Esteem. Scores are interpreted by converting the summed scale scores into T-scores.

The Trauma Symptoms of Discrimination Scale (TSDS), developed by Williams & DeLapp (2018) is a measure of discriminatory distress, with a focus on anxiety-related trauma symptoms. The TSDS is a 21-item self-report measure that focuses on anxiety-related trauma symptoms surrounding the experience of discrimination, including avoidance, negative cognitions, social fears, and worries about the future.

The Racial Microaggression Scale (RMAS) developed by Torres-Harding et al. (2012) measures the frequency of ongoing racial microaggressions. It contains 32 items, rated from 0 (*never*) to 3 (*often/frequently*), with higher numbers indicating more frequent experiences of microaggressions. There are six categories of microaggressions included in the total scale which include items about feelings of invisibility due to race, assumptions of criminality by others, eroticization, being low-achieving or part of an undesirable culture, being a foreigner or not belonging, and environmental omissions.

Racism and discrimination can be traumatizing for Black Americans and is positively correlated with distress and psychopathology. Thus, the assessment process should include a measure of worldview, racial identity, values, and experiences of racism and discrimination. It's important that these items are reviewed as a starting point for further exploration. This allows the forensic psychologist to understand the intersection of worldview, racial identity, values, trauma, racism, and discrimination on personality and psychopathology.

Steps in Psychological Forensic Assessment

Prior to selecting a measure of personality and psychopathology, it is important to first understand the limitations and biases of the instrument for Black Americans. For instance, understanding that the MMPI does not include items or scales that captures experiences of various forms of trauma including racial and cultural trauma and spiritual practices and beliefs, it is common that most Black Americans who take the MMPI will be diagnosed with a psychotic disorder. Black Americans are known to be over-represented in forensic and criminal justice settings. This is the result of culturally biased assessment instruments that reflect Western and Eurocentric concepts of personality functioning. Behavioral norms developed to adapt to or cope with oppression and cultural and racial trauma are considered deviant and psychotic. Black Americans are often rated as having more antisocial personality features and aversive attitudes and are theorized to experience higher levels of negative emotionality, including anger and hostility. However, this limitation and bias can be rectified by adding measures of trauma, cultural and racial trauma, and African-centered measures that explains and provides insight into cultural experiences, values, and spiritual practices. When assessment measures lack cultural sensitivity, it is important to add relevant assessments that account for the cultural and lived experiences.

Another important factor in conducting forensic psychological assessments is a review of relevant research. Producing expert opinions without employing scientific research, risks the expert/evaluator to project their expectations, beliefs, motives and stereotypes into the interpretation of obtained data and draws conclusions that are culturally insensitive and harmful. For instance, understanding that Black Americans are often over-pathologized with conduct disorder, antisocial personality disorder, and psychotic disorders and are less likely to be diagnosed with trauma related disorders, depression, or anxiety provides a level of cultural understanding and insight into test biases in psychological tests. Credibility of forensic and clinical psychologists is centered on the ability to incorporate culturally relevant information and appropriate assessments and articulate findings, justification, and theory when attempting to answer clinical and/or psycho-legal questions that have significant implications for Black Americans. There are also biases with standardization of these personality assessments that do not consist of adequate representation of Black Americans. This is a systemic inequity that results in further marginalization that leads to a series of interrelated negative outcomes that includes reduced or poorer educational opportunities, lower paying occupations, stigmatization, as well as reinforce stereotypes regarding the cognitive and academic abilities of Black Americans. Test bias and unfairness contribute to these adverse outcomes including detrimental treatment as well as appropriate recommendations, referrals, and services.

When attempting to conduct a full battery psychological assessment, it is important to include a measure of personality the MMPI-2RF, a symptom checklist measure, which consist of symptoms consistent with the DSM-5, a trauma symptom

inventory, measures of worldview, racial identity, values and exposure to racism and attitudes, feelings, thoughts about being Black. These assessment measures together will provide a more accurate and holistic clinical picture of the experiences of Black Americans that will lead to more accurate diagnoses and recommendations that will reduce or eliminate harmful and negative outcomes.

Decision-making is a critical part of psychological forensic assessments and are life-changing. These decisions must be guided by applicable and culturally appropriate scientific research, standardized guidelines, and careful consideration of the individual and societal consequences. Careful consideration must be given to the influence of cultural factors at all stages of the forensic psychological evaluation process. It is common in forensic assessments for the evaluator to have diminished objectivity because of implicit bias. Thus, to perform forensic psychological assessments competently, it is necessary to approach assessments with as much clinical objectivity as possible.

Conclusion

As a result of the cultural competency and anti-racism movements, judges and other legal decision-makers are more open to being educated and informed about racists and biased practices in psychological and forensic practices. Due to the sensitivity and heightened focus on cultural competence, to be called racist or culturally incompetent is taboo. We have an opportunity and responsibility as African-centered clinical and forensic psychologists to select culturally appropriate tests, identify and discuss the limitations of commonly used tests, and develop comprehensive and accurate depiction of the African mind and psyche when it is under attack. As African-centered psychologists we have an obligation to educate and illuminate the racist practices that continuously and persistently harms African people. To expect the judicial system to lead or guide us in educating the system about African centered practices and approaches perpetuates our internalized racism.

Cultural competence in forensic practice acknowledges the influence of cultural factors on the evaluation process and outcome. Considering human experience and socialization that result in an individual's unique way of perceiving and experiencing the world and others is critical and ethical. Given the influence of culture on human thinking and behavior, it is essential for psychological and forensic assessments to be culturally sensitive and infused with an African-centered framework and assessments. While the importance of conducting culturally responsive psychological and forensic evaluations is clear, the tasks associated with doing so have been complex. It is the responsibility of the psychologist to gather a client's history in a historical and cultural context, which requires them to go beyond the face value results of testing instruments and gather more insight into why an individual endorsed a particular item. For instance, a culturally competent psychologist is better able to discern whether a thought/psychotic disorder, or a culturally accepted spiritual practice or belief is a more accurate interpretation of behavior. Deciding

which explanation of behavior is most accurate of the individuals experience is a challenging task. It is imperative that over-attributing causes to culture or neglecting the implications of its influence is carefully considered and evaluated. This may lead to better clinical formulations of factors that maintain the client's current psychological problems that include both historical and cultural events and psychological functioning. This approach can also aid in the assessment of psychological forensic assessment domains that are particularly sensitive to cultural biases and misinterpretations, such as cultural and racial trauma. Although, the historical and current bias and racist practices in psychological assessments has been and continues to be problematic contributing to inequitable treatment and outcomes for Black American, incorporating African centered assessments which have proven psychometric properties is a necessary strategy and step towards cultural competency.

Appendix

Case Study 1

A request to complete a competency evaluation on an 18-year-old Black male who was charged with statutory rape and was facing a sentence of 25–30 years. The details of the case involved the 18-year-old male “making out” with a 13-year-old White female. The evidence in the case revealed that the defendant “made out, kissed” the 13-year-old who initiated the contact and made an advance at the defendant. It was also reported that 4 other minor adolescents were involved ranging in age 13–16. The defendant was the only Black male of age 18. He was assessed by the court diagnostic clinic and was diagnosed with antisocial personality disorder and adjustment disorder. The evaluation consisted of a clinical interview conducted by a bachelor's level psychology aide. The evaluation did not consist of any objective data or measures. Upon initial meeting with the defendant, it was evident that he had developmental and social delays which prompted a complete full battery psychological assessment and competency evaluation.

Sources of Information

Clinical Interview and Behavior Observation

Mini Mental Status Exam (MMSE)

The MacArthur Competence Assessment Tool-Criminal Adjudication (MacCAT-CA)

Miranda Rights Comprehension Instruments (MRCI)

Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF)

Structured Inventory of Malingered Symptomatology (SIMS)

Symptom Checklist 90-Revised (SCL-90-R)

Gilliam Autism Rating Scale-Third Edition (GARS-3)

Adaptive Behavior Assessment System Third Edition (ABAS-3)

Wechsler Adult Intelligence Scale-IV (WAIS-IV)

Interview with Mother

Review of employment and school records

Review of records from Psycho-Diagnostic Clinic and Fairhaven Counseling Inc.

Review of records from Akron Bureau of Vocational Rehabilitation records

Criminal Justice Records

The defendant's education background revealed a longstanding history of special education and identified academic needs. He was referred for a Multi-Factored Evaluation by his teachers due to significantly below average academic performance. At age 12, he was administered the Wechsler Intelligence Scale for Children-Fourth Edition (WISC-IV) to assess his cognitive abilities. His general cognitive abilities during this time were within the Borderline range of intellectual functioning.

He was diagnosed at age six with attention deficit hyperactivity disorder (ADHD) and was prescribed psychotropic medication by his primary care physician. Additionally, he reportedly received counseling services due to emotional and behavioral concerns.

He received ongoing special education services and accommodations based on his Individual Education Plan (IEP) to assist with support in identified impaired areas of functioning throughout his academic career. He graduated from High School in 2014.

His employment history revealed that he was significantly disabled and thus is eligible for multiple vocational rehabilitation services.

He was charged with rape, a felony of the first degree, for an alleged incident that occurred on or about May 24, 2015. Prior to this charge, on or about this same date, he was arrested and charged with disorderly conduct, a misdemeanor of the fourth degree. This charge was dismissed. Records or reports do not suggest or indicate any other legal charges as an adult.

Clinical interview and observation of the defendant throughout the assessment process are consistent with psychological testing. He met the criteria for neurodevelopmental disorders, specifically Intellectual Developmental Disorder, Mild and Autism Spectrum Disorder. He presented deficits in intellectual functions such as reasoning, problem-solving, planning, abstract reasoning, judgment, and learning from experience, confirmed by both clinical assessment and individualized standardized psychological testing. The defendant's approach to problems and solutions was concrete. Additionally, he presented deficits in adaptive functioning that result in failure to meet developmental and sociocultural standards for personal independence and responsibility. Compared with typically developing age-mates, the defendant was immature in social interactions. He demonstrated difficulty in accurately perceiving social cues. His language, communication, and conversation were more concrete and immature than expected for his age. He presented limited understanding of risk in social situations, social judgment is immature for age and presents risk of being manipulated by others. He demonstrated persistent deficits in social communication and social interaction across multiple contexts as manifested by deficits

in social-emotional reciprocity and developing, maintaining, and understanding relationships.

The results of standardized competence measures and clinical interviewing converge to suggest substantial impairment in numerous abilities required for meaningful participation in legal proceedings. The defendant demonstrated a poor grasp abstractly related to the roles and procedures involved in adjudicating criminal cases. Similarly, he displayed limited ability to distinguish more relevant information from less relevant information in response to hypothetical choice queries and he had difficulty describing advantages and disadvantages of alternative procedures. Thus, it was inferred that he will have difficulty understanding and communicating with his attorney discussing matters related to his own case.

Case Study 2

The client was referred for psychological evaluation while awaiting sentencing for a felony drug conviction. Due to client's involvement with the legal system, he was diagnosed by a court diagnostic clinic with antisocial personality disorder. His attorney requested a second opinion to be considered during his sentencing hearing.

Referral Question: Are there deficits or impairments in cognitive, emotional, and behavioral functioning? Does the examinee have a mental health disorder that impairs and impacts his overall functioning?

Sources of Information

Clinical Interview and Observation

Mini Mental Status Exam (MMSE)

Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF)

Symptom Checklist 90-Revised (SCL-90-R)

Trauma Symptom Inventory 2nd Edition (TSI-2)

Structured Inventory of Malingered Symptomatology (SIMS)

Racial Trauma Scale (RTS)

Belief Systems Analysis Scale (BSAS)

Cross Racial Identity Scale (CRIS)

African Self-Conscious Scale (ASCS)

Africentric Scale

Adverse Childhood Experiences Scale

Review of available Records

Informed consent was reviewed with client. The client signed a release of information and provided consent for evaluation. The client stated that he understood the purpose of the evaluation and limits of confidentiality.

K is a 34-year-old African American single male born and raised in Youngstown, Ohio. He is the eldest of 3 children born to his mother. Reportedly, he has 4 children. He resides with a significant other and three of his children. K is the primary provider and caretaker of his children. He reported limited contact with family members and a limited support system.

K reported that he met all developmental milestones on time. However, he reported multiple adverse childhood experiences that likely contributed to early onset of emotional and behavior problems that led to substance use at an early age and dropping out of high school. K denied a history or knowledge of developmental disorders.

K did not report any academic concerns or challenges in school. He attended High School and reportedly was not identified or evaluated to receive special education services. He did not complete high school, nor does he have a GED. His last grade completed was 11th grade.

K reported that he currently earns money by painting and helping a friend fix and reconstruct homes. He reported a sporadic history of working short-term and temporary jobs throughout his teenage years and early adulthood. He could not provide dates of employment or length of employment for each job.

K denied a history of mental health concerns. He reported that both of his parents were addicted to “crack” when he was a young child, but he is not aware of a positive history for mental health disorders within his family of origin.

K denied any history of or current medical concerns.

K reported a lengthy history of using illicit drugs and alcohol stemming from childhood. Reportedly, he received substance use treatment as a youth and he is currently mandated to submit random urine screens. Additionally, K has a history of legal involvement due to drug-related charges.

K reported that he currently has a pending federal case due to drug-related offenses. He also reported a history (2016) of legal involvement due to drug related charges.

K is an English-speaking, right-handed male who was cooperative throughout the interview sessions. He was appropriately groomed and appeared his stated age. K had adequate eye contact, normal motor activity, and spoke in a moderate tone and at a slow pace. He was oriented to time, place, person, and situation. Thought content did not reveal evidence of concrete or linear thinking. There was no evidence or observation of perceptual disturbances, psychosis, or suicidal/homicidal ideation. His mood, behavior, and affect were congruent and appropriate for the situation. K’s observed intellectual functioning appeared limited. His social judgment and insight appeared limited, and his understanding and use of language were below average.

To answer the question if K has a cognitive, emotional, or behavioral impairment, a clinical interview, clinical observation, and a series of psychological tests were administered.

The Mini-Mental State Exam (MMSE) is a widely used test of cognitive function. It assesses orientation, attention, memory, language and visual-spatial skills.

On the MMSE, K scored 27 out of 30, which suggests his basic cognitive abilities are intact.

K was administered the MMPI-2-RF, a measure of personality and psychopathology. His approach to objective and self-report measures was open and cooperative. He completed all 338. Scores on the MMPI-2-RF validity indicators raise concerns about the possible impact of over-reporting. K's level of infrequent responding is likely due to genuine, substantial psychological difficulties. Thus, scores on the substantive scale are interpreted with caution.

K reported multiple somatic complaints including vague neurological complaints and several gastrointestinal complaints. In addition, he is likely to be preoccupied with physical health concerns and to be prone to developing physical symptoms in response to stress. He reported a diffuse pattern of cognitive difficulties. He complains of memory problems, low tolerance for frustration, not coping well to stress, and difficulties in concentration.

K responses to the MMPI-2RF indicate significant emotional distress. He reported feeling sad and unhappy and being dissatisfied with his current life circumstances. He is likely to be stress-reactive and worry-prone and to engage in obsessive rumination. He reported feeling anxious and is likely to experience significant anxiety and anxiety related problems, intrusive ideation, and nightmares. He endorsed multiple specific fears of certain animals and acts of nature. K reported prominent persecutory ideation including a strong belief that others seek to harm him. He is very likely to be suspicious and distrustful, to experience serious interpersonal difficulties and lack insight.

In terms of behavioral functioning, K's responses indicate significant externalizing, acting-out behavior, which is likely to have gotten him into difficulties. He is likely to have poor impulse control, act out when bored, and fail to conform to societal norms and expectations. K endorsed a significant history of substance abuse including using alcohol to "relax and open up." He is likely to have a history of problematic substance use, to be sensation seeking, and to have had legal problems because of substance abuse.

Interpersonally, K reported significant distrust of others, believing others look out only for their own interests. He likely feels alienated from others and has negative interpersonal experiences as a result.

The findings of the MMPI-2-RF are consistent with K's clinical presentation, clinical interview, and his responses to other assessment instruments. His response style to assessment instruments and clinical interview revealed signs of anxious distress.

On the SCL-90, a comprehensive self-report of symptomatology, K had significant clinical elevations of the following subscales: somatization, obsessive compulsive, interpersonal insensitivity, anxiety, paranoia, and psychoticism. Results of the SCL-90 suggest that K is experiencing significant symptoms of psychological distress.

K reported multiple symptoms consistent with posttraumatic stress, thus, he was administered the Trauma Symptom Inventory (TSI-2). On the TSI, K scored in the clinically elevated range on the trauma factor. The trauma factor consists of

intrusive experiences, defensive avoidance, anxious arousal, and disassociation. K reported a combination of flashback, nightmares, intrusive memories, cognitive or behavioral avoidance of reminders of previous traumatic events and hyperarousal.

K was administered the SIMS, a measure of malingering or feigning. K's SIMS total score of 17 is mildly elevated, suggesting that his endorsement of psychiatric and cognitive symptoms is consistent with symptoms described by K.

K was administered the BSAS, CRIS, Africentric Scale, ASC, and the RTS, culturally specific measures to assess K's worldview, racial identity, values, thoughts and feelings about being a Black male, and experiences of racism. On the worldview measure (BSAS), K scored in the mixed mainstream phase suggesting that he has some suboptimal views of self and the world. In terms of his racial identity development, K is in the encounter phase which revealed his awareness and acknowledgement of experiences of racism and discrimination. K demonstrated limited endorsement of African-centered values and had neutral thoughts and feelings about being Black as demonstrated in the Africentric and ASC scales.

K reported multiple adverse childhood experiences which contributed to a long-standing history of anxiety and depression that went undiagnosed and untreated. He described a history of extensive emotional and physical abuse and neglect by his mother and father who were both reportedly addicted to crack cocaine. He was separated from his mother and had limited contact with his father. His father reportedly, was in and out of prison throughout his childhood. K reported a primary and dominant memory in which he described his mother being arrested and taken to jail. He reported she was able to hug, kiss, and say goodbye to his other siblings but not to him. K reported that he resided with his maternal grandmother most of his childhood.

Additionally, K experienced multiple traumas as an adult that are exacerbating symptoms. He reported intrusive memories of multiple close friends murdered in which he witnessed their "bodies lying in the street." K reported that his primary mode of coping was self-medication with alcohol and drugs to avoid thoughts and feelings connected with his life experiences.

Clinical interview and observation of K throughout the assessment process are consistent with psychological testing. K meets the diagnostic criteria for posttraumatic stress disorder and comorbid Depression.

DSM-5 Diagnoses

Posttraumatic Stress Disorder, Chronic
Persistent Depressive Disorder
Substance Use Disorder, In Partial Remission

Summary and Recommendations

K's experiences are complicated by internalized oppression and racism in which K has bought into the notion of Black inferiority and has internalized the negative societal messages about being a Black male. He has adopted maladaptive coping

and surviving strategies that are consistent with a worldview and values that are focused on materialism, power/control, extrinsic view of self and a dichotomous way of thinking about the world and solving problems. K's worldview and values have contributed to his behaviors and decisions that have resulted in the legal systems.

Additionally, individuals who suffer from adverse childhood experiences and traumatic stress are those who have been exposed to one or more traumas over the course of their lives and develop reactions that persist and affect their daily lives after the events have ended. Traumatic reactions can include a variety of responses, such as intense and ongoing emotional upset, depressive symptoms or anxiety, behavioral changes, difficulties with self-regulation, problems relating to others or forming attachments, regression or loss of previously acquired skills, attention and academic difficulties, nightmares, difficulty sleeping and eating, and physical symptoms, such as aches and pains. Older children and adults may use drugs or alcohol, behave in risky ways, or engage in unhealthy sexual activity.

Individuals who suffer from traumatic stress often have these types of symptoms when reminded in some way of the traumatic event. When an individual experiences traumatic stress, these reactions interfere with the individual's daily life and ability to function and interact with others. Without treatment, repeated exposure to traumatic events can affect the brain and nervous system and increase health-risk behaviors (e.g., substance use and high-risk activities). Research shows that adverse childhood experiences and trauma survivors can be more likely to have long-term health and mental health problems and increased involvement with the judicial system.

K was evaluated to determine if he exhibits impairment in cognitive, emotional, and behavioral functioning. Thus, a series of psychological tests were conducted along with a clinical interview and review of available records, clinical observation, and collateral data.

Assessment results reveal that K has difficulty adjusting to adverse childhood experiences and posttraumatic experiences. It is likely that cognitive limitations specific to insight and judgment are related to severe anxiety and trauma related symptoms. Difficulty concentrating, thinking clearly and flexibly, distractibility, reasoning, ability to conform to social norms and rules, solve problems, extensive use of substances are directly impacted by posttraumatic stress and depression.

It is my opinion based on reasonable psychological certainty that K presents with Posttraumatic Stress Disorder, Chronic and comorbid Depression in which he has primarily and historically relied on substances to cope and self-medicate. Individuals with Posttraumatic Stress Disorder and comorbid affective disorders typically require support and culturally specific psychotherapy and treatment strategies. Criminalizing or relying on punitive methods to address K's experiences and symptoms of distress, will increase the chance of recidivism and worsening symptoms and behavioral responses. Thus, it is recommended that K is connected with community resources targeting culturally specific approaches and healing strategies.

Case Study 3

This case study is the result of racism's practice in the forensic psychological evaluation process. This client presented for a second opinion after being diagnosed with a psychotic disorder and borderline personality disorder using psychological tests that did not account for trauma, racism, discrimination or cultural background which resulted in the removal of her children by child welfare services.

Referral Question: Client requesting a psychological evaluation to assess capacity and overall functioning. Does the client have a severe mental illness, disability, or defect that impairs her overall functioning? What treatment recommendations will assist promote client's wellness and recovery?

Sources of Information

Clinical Interview

Wechsler Adult Intelligence Scale-IV (WAIS-IV)

Adaptive Behavior Assessment System Third Edition (ABAS-3)

Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF)

Symptom Checklist 90-Revised (SCL-90-R)

Trauma Symptom Inventory-2nd Edition (TSI-2)

Belief Systems Analysis Scale (BSAS)

Africentric Scale

African Self-Consciousness Scale (ASC)

Cross Racial Identity Scale (CRIS)

Racial Trauma Scale (RTS)

Requested Review of previous records including parenting evaluation

Mental Health Records

Phone Consultation with primary therapist

Informed consent was reviewed with client. The client signed a release of information and provided consent for evaluation. Client stated that she understood the purpose of the evaluation and limits of confidentiality and consented to evaluation.

T is a 27-year-old African American single female. She recently gave birth to a baby girl who is currently in the temporary custody of a relative. She also has a four-year-old daughter who is in temporary custody of her father. T reported that her children were removed from her care due to allegations being made to the children services board (CSB). T currently resides alone in subsidized housing and is self-sufficient. She has a positive and supportive relationship with her maternal cousin (mom) and has weekly supervised visits with her daughters.

T reported a long-standing history of adverse childhood experiences that resulted in her feeling depressed and anxious at a very young age. Reportedly, she was raised by a maternal cousin whom she refers to as mom. She reported a conflictual and strained relationship with her biological mother and father. T and her older brother

were placed in the custody of her maternal cousin due to allegations of abuse and neglect related to substance abuse.

T reported having a conflictual relationship with her oldest daughter's father who is pursuing custody of their daughter as an act of vindictiveness. She reported that her relationship with him was tumultuous and abusive. T reported experiencing significant interpersonal trauma with her oldest child's father. She also reported that her brother was involved in a homicide/suicide in which he allegedly murdered his girlfriend and then killed himself.

T did not report any developmental challenges throughout her childhood. However, she discussed feeling depressed and disconnected from others due to separation and lack of relationship and involvement from her birth parents.

T graduated from High School. She denied a history of special education, grade retention or disciplinary problems. She reported that she was active and involved in extracurricular activities in school and had positive peer interactions and relationships.

At the time of evaluation, T was unemployed. She reported that she is actively seeking employment and just ended her employment at a fast-food restaurant.

T reported a long-standing history of depression. She reported heightened levels of distress in which she was hospitalized for a suicide gesture while pregnant with her first daughter. T reported feeling overwhelmed and depressed due to emotional, physical, and sexual abuse she was sustaining by her unborn child's father at that time. T reported that she received mental health counseling and was diagnosed with depression. Per T and records from her therapist, T met her treatment goals and was successfully discharged from treatment.

T re-engaged in therapy following the loss of her brother to suicide. T reported that she re-engaged in therapy to help deal with grief, loss and depression. T is currently engaged in therapy and has been consistent and compliant with treatment recommendations.

T received a psychiatric evaluation to determine if medication was needed to assist manage her distress. According to reports, medication was not prescribed or deemed necessary.

T was evaluated by the court diagnostic center as mandated by Children Services Board (CSB). The report concluded that she had borderline personality disorder and depression. It was recommended that she is evaluated by a psychiatrist to determine if medication is needed and to continue with counseling to address impulsivity and emotional dysregulation. T reported a history of affective disorders, schizophrenia, and substance use disorders within her family of origin.

T denied any medical concerns.

T denied using illicit drugs or alcohol. She reported that she has never received treatment for drug or alcohol related concerns.

T is an English-speaking, right-handed female who was open, engaged, and cooperative throughout the interview sessions. She was appropriately groomed and appeared her stated age. T had adequate eye contact, agitated motor activity, and spoke in an elevated tone and at a fast pace. She was oriented to time, place, person, and situation. The thought content revealed no evidence of disordered thinking.

There was no evidence of psychosis or suicidal/homicidal ideation. Affect, mood, and behavior were congruent and appropriate to the situation. T's observed intellectual functioning appeared intact. Her social judgment and insight appeared adequate, and her understanding and use of language were average.

Cognitive Functioning

T's cognitive abilities were measured using the WAIS-IV. Her general cognitive ability as measured by the WAIS-IV is in the Average range and above that of approximately 50% of her peers (FSIQ = 100; 95% confidence interval = 96–104). She performed better on non-verbal than on verbal reasoning tasks, but there was no meaningful difference between T's ability to reason with and without the use of words.

T's verbal reasoning abilities and concept formation as measured by the Verbal Comprehension Index (VCI) are in the Average range and above those of approximately 37% of her peers (VCI = 95; 95% confidence interval = 90–101). She performed comparably on the verbal subtests contributing to the VCI, suggesting that the various verbal cognitive abilities measured by these subtests are similarly developed.

T's non-verbal reasoning abilities as measured by the Perceptual Reasoning Index (PRI) are in the Average range and above those of only 73% of her peers (PRI = 109; 95% confidence interval = 102–115). The PRI is designed to measure fluid reasoning in the perceptual domain with tasks that assess non-verbal concept formation, visual perception and organization, visual-motor coordination, learning, and the ability to separate figure and ground in visual stimuli. She performed comparably on the non-verbal subtests contributing to the PRI, suggesting that the various non-verbal perceptual reasoning abilities measured by these subtests are similarly developed.

T's ability to sustain attention, concentrate, and exert mental control as measured by the Working Memory Index (WMI) is in the Low Average range. She performed better than approximately 18% of her peers in this area (WMI = 86; 95% confidence interval = 80–94). T's performance on the working memory subtests suggests that working memory is a relative weakness as compared to other cognitive abilities.

T's ability in processing simple or routine visual material without making errors as measured by the Processing Speed Index (PSI) is in the High Average range when compared to her peers. She performed better than approximately 77% of her peers on the processing speed tasks (PSI = 111; 95% confidence interval = 102–118). Processing speed as measured by the subtests is a relative strength of T.

Adaptive Functioning

T's adaptive skills were assessed using the ABAS-3 Adult Form. T's self-report of her General Adaptive Composite is in the Average (GAC = 120). In the conceptual domain which involves competence in memory, language, reading, writing, math reasoning, acquisition or practical knowledge, problem solving, and judgment in novel situations, T's score is in the Above Average range. In the social domain which involves awareness of other's thoughts, feelings, and experiences, empathy, interpersonal communication skills, and social judgment, her score is in the Above Average range. In the practical domain, which involves learning and self-management across life settings, including personal care, job responsibilities, money management, recreation, self-management of behavior, and school and work task organization, T's score is in the Above Average range.

Emotional and Personality Functioning

T was administered the MMPI-2-RF, a measure of personality and psychopathology. Her approach to objective and self-report measures was open and cooperative. She completed all 338 questions. Scores on the MMPI-2-RF validity indicators raise concerns about possible under-reporting. The profile indicates that T presented herself as well-adjusted. On the clinical scales of the MMPI-2-RF, there are no clinical elevations or indications of somatic, cognitive, emotional, thought, or behavioral dysfunction. The findings of the MMPI-2-RF are consistent with behavioral observations, T's clinical presentation, clinical interview, and her responses to other assessment instruments.

On the TSI-2, a measure of trauma related symptoms and behaviors; T endorsed items that resulted in slight clinical elevations on the traumatic stress subscale. Elevations on the traumatic stress subscale indicate that T experiences a combination of flashbacks, nightmares, intrusive or triggered memories, cognitive or behavioral avoidance of reminders of previous traumatic events, sympathetic arousal, and various dissociative symptoms. T endorsed the following items: *nervousness, sadness, trying to forget about a bad time in your life, watching out for danger, memories of trauma that were so upsetting that you fainted or passed out, pushing painful memories out of your mind, feeling depressed, and not letting yourself have painful thoughts.*

On the SCL-90, a comprehensive self-report of symptomatology, T did not endorse or reveal any signs of current psychological or emotional distress. Results of the SCL-90 suggest that T was not currently experiencing severe psychological distress.

Clinical interview and observation of T throughout the assessment process are consistent with psychological testing. T was cooperative, open, and engaged throughout the assessment process. Her cognitive abilities were intact with fair insight and judgment. T's response style to assessment instruments and clinical interview did not reveal signs of cognitive impairment or personality pathology.

DSM-5 Diagnoses

Post-traumatic stress disorder
Adjustment Disorder with Depressed Mood

Summary and Recommendations

T requested an evaluation to assess her emotional, behavioral, personality, cognitive and adaptive abilities. Thus, a series of psychological tests were conducted along with a review of available records, clinical observation, and collateral data.

T's scores on the WAIS-IV are indicative of average to high average cognitive abilities in the areas of verbal and non-verbal reasoning and processing speed. However, working memory is a relative weakness for T. Low scores or impairment in working memory is consistent with and indicative of trauma exposure.

An adaptive functioning measure was used to provide insight into mastery of practical tasks and reasoning in real-life situations. Deficits in adaptive functioning refer to how well a person meets community standards of personal independence and social responsibility. T's scores on the ABAS-3 suggest that she is functioning at an above average level. She is self-directed and has demonstrated competence in the areas of self-care, communication, community use, social interactions, home living, self-direction, and health and safety. T's abilities are further substantiated by her ability to self-advocate and seek out an evaluation to assess her overall emotional and cognitive functioning and abilities. She is notably self-sufficient. She has demonstrated the capacity to self-advocate, seek help, and engage in services when necessary. Her adaptive skills and cognitive abilities are overall strengths.

The MMPI-2RF and SCL-90R did not reveal clinical elevations or signs of personality pathology. However, on the TSI-2, T endorsed experiencing trauma related symptoms related to the loss of her brother and a past abusive relationship that involved sexual assaults. Additionally, T reported experiencing anxious distress and depressed mood related to the custody status of her children and involvement with the child welfare system. T expressed concern regarding the custody process of her children and what she describes as racism, discrimination, and unfair treatment by CSB, and "biased" evaluation conducted by the court ordered psychological evaluations. Her response to her stated experience was to have an objective second opinion evaluation which this evaluation is serving.

On the BSAS, T endorsed a worldview that is considered moderately African-centered with a moderate level of consciousness (ASCS). She demonstrated awareness of her experiences being a black woman with lived cultural experiences that she attributed her involvement with child welfare services to. She described these experiences as racist, discriminatory, and oppressive. She demonstrated high endorsement of cultural values as evidenced by her scores on the Africentric scale and demonstration of self-determination. In terms of racial identity and feelings and thoughts of being black, T is in the immersion/emersion stage of development and demonstrated positive and affirming beliefs about her cultural and racial identity. T

actively seeks out opportunities to explore and understand her cultural experiences and history and surround herself with affirming images and supports. This has served as protective factors for T as she attempted to navigate the child welfare and legal system to regain custody of her children.

Clinical interview and observation including reports from current therapist, did not reveal any evidence of overt acting out or perceptual disturbances.

Based on this assessment, T's symptoms are consistent with and best accounted for by subthreshold PTSD and Adjustment Disorder with Depressed Mood. There is no data or evidence within this evaluation or prior and current mental health records that supports a diagnosis of borderline personality disorder. The first line of treatment for PTSD and comorbid depression is psychotherapy. In response to her distress, T sought out therapy to help manage her symptoms and reportedly has been compliant with treatment and has followed treatment recommendations.

It is my opinion based on reasonable psychological certainty that T presents with adjustment disorder with depressed mood precipitated by the recent loss of custody of her children, ongoing custody proceedings, and limited/restricted access and visits with her children. Additionally, T meets criteria for subthreshold PTSD connected with past intimate partner violence and the loss of her brother to murder/suicide. T continues to experience psychosocial stressors with interrelated impact given the custody status and involvement with the child welfare system. However, given her endorsement and adherence to an African-centered worldview, values, and sense of black pride and racial socialization which serves as a strength and protective factors, resources and support should continue to build upon her cultural awareness and identity.

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Sawubona (I/We See You): Confronting the Disenfranchised Grief of Justice-Involved Persons



Lori E. Banfield

All of these families experience significant social isolation, stigmatization, and loss of familial and community support, which further exacerbates existing problems.—Vincent B. Van Hasselt

He heals the brokenhearted and bandages their wounds.—Psalm 147:3 NLT

Have you ever considered how people experience the reality of relational ruptures (grief) and, more specifically, the impact disenfranchised (unacknowledged) grief has on the capacity of justice-involved individuals and their families in preparation for re-entry? As an attachment-narrative clinician and clergyperson holding a Gospelist theology¹ lens, I have heightened awareness of the rippling impact ruptures and strained relationships have on people and their stories. An attachment-narrative approach to psychological discourse is a fusion of attachment theory's premise and narrative therapy's techniques. Attachment theory posits that

¹ Also known as a Black Gospel Haymanot—a biblical lens and disposition that embodies theological orthodoxy with sacred orthopraxy (pursuit of liberating justice and shalom for all, to the glory of God). Haymanot is a Ge'ez term meaning faith or belief, interpreted as theological discourse in some of the earliest African Traditions. Vince Bantu ed., Gospel Haymanot.

As defined by Quonekuia Day, "A Gospelist reading of scripture is informed by the interdependent relationship between truth and justice. Gospel Haymanot holds firmly to the biblical priorities of orthodoxy and social action without prioritizing one over the other; moreover, Gospel Haymanot rejects any alleged distinction between the two... Gospel Haymanot embraces the call of pursuing liberation for the oppressed and its inseparableness from orthodox theology." In Bantu (2020), pp. 25 and 28.

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humans are relational beings whose bonds or attachments (felt, perceived, and, I would add, desired) play a foundational, formative role in the development of a person, including their physical, socio-emotional, and identity development as well as their cognitive capacity to communicate and envision (Myers & DeWall, 2021). Such bonds begin with persons (subjective) but quickly are shared with places (e.g., a home) and things (e.g., toys). As we engage, our imagination takes on a transcendent quality wherein we express emotional bonds with people, places, and things outside our purview (e.g. imaginary friends in childhood, God, and even those deceased). Narrative therapy's techniques of storytelling and testimony provide a liberating experience of healing through recalling and reimagining experiences in one's life. At its foundation, narrative theory takes a communal approach to acknowledging and valuing an individual's story and aims to empower them as both storytellers and encourage their proactive, hopeful prose (Wimberly, 1997). Together, the attachment narrative provides the framework I use to view how attachment bonds—perceived and felt, desired and denied, present and transcendent, subjective and objective, present and lost—have the power to influence our personal story (Dallos, 2006). In such, I have become aware of the ways we view ourselves, the world, and the place we operate in, as well as our capacity to envision a future self in relation to one's thematic reality.

In America, aggressive incarceration of persons, young and old, has disrupted family systems, debilitated communities, strained relationships (subjective and transcendent), and distorted views of self (real and ideal). With my attachment narrative lens, I posit that justice-impacted persons are bereaved persons, actively grieving the layered losses they have experienced. What distinguishes their grief is the tendency for it to be overlooked, downplayed, or outright denied—disenfranchised grief. With an aim to enhance practitioner effectiveness and honor the dignity of justice-involved (or justice-impacted) persons, this chapter will consider the concept of disenfranchised grief and the reality of its consequences. I will also present methods for honoring grief processes that strengthen qualities of resilience critical to addressing the realities of persons experiencing the journey of reintegration. Finally, I will examine how Redemption Housing—Reentry Services, a Philly-based reentry non-profit, is confronting disenfranchised grief, restoring dignity in grief that revitalizes a hope-focused communal ethic using the principles of Christian Community Development and the practice of sacred neighboring.

Yebo, Sawubona! (Yes, We See You Too!)

The human person as an individual is beautifully complex, but as a collective, we are wonderfully simple in our quest to thrive in the world. Universally and cross-generations, we share a foundational set of needs that slingshot our motives: Attachment—the need to belong; Esteem—the need to be significant and important; and Security—the need to experience a reasonable extension of safety. John M. Perkins (1993), activist, visionary and founder of the Christian Community

Development Association, coins these the Inherited Universal Needs. These needs first must be felt or tangibly experienced before they elicit perceived notions of trust, stability, and value.

Attachments are emotional bonds that stem from physical and named connections to persons, places in time and space, and even things that satisfy our need to belong. They allow us to place ourselves in context; to remember that we are a part and parcel of something bigger than ourselves. This ignites an unconscious motivation to strengthen and secure our bonds and the spaces that hold them; and even to defend against threats to the legacy or breaches of bonds. So as not to be overwhelmed by the greater order of community, esteem steps up as the second inherited universal need to remind humans that our individual personhood is also valuable. Esteem acknowledges the valuation of our worth, and though largely founded in our attachments, it is majorly influenced by our engagements with the world. Esteem deals with our need to be seen and heard. It ignites a motive of personality expression and the usage of gifts and skills. However, in a world filled with constructed norms and expectations, our esteem aggressively defends against the dishonoring of one's personhood, devaluing one's presence, and diminishing one's power. Finally, the need for security asserts itself in our quest for safety. Humans are motivated to the preservation of attachments and assets because of the worth we perceive. There is a need to be covered and cared for physically and emotionally. When such is established, humans and other mammals alike find themselves more apt to explore the world, imagine capacity, and practice potentials. Unfortunately, in our Western civilization, inundated with the Eurocentric ideals of individualism, people, especially those of melanated glory—those who's complexion and ethnic heritage identify as Black and Brown—quickly recognize their quest for safety is consistently under attack by externally oppressive systems of discrimination or competition because of strategic disenfranchisement; both of which find its development in the origins of this nation.

In the United States of America, the carceral crisis and its particularly disproportional impact on people of melanated glory (Black and Latinx) has been described as the modern iteration of chattel enslavement. Scholars and practitioners like Drs. Michelle Alexander, Harold Dean Trulear, and Bryan Stevenson have shined the light on the substantial similarities and indelible impact such aggressive criminalization has had on the disproportionate status of wealth and well-being amongst Black and people in this nation (Alexander, 2012; Alexander & Trulear, 2014; Stevenson, 2015). Moreover, the majority of those incarcerated have not only been convicted of non-violent offenses but have been sentenced for what I summate to be largely crimes of poverty (illegal behaviors spurned by a lack of resources) or personal possession (substance abuse/active addiction). Across every carceral circumstance (warranted or wrongful), we can find these three inherited universal needs as motivators of behavior or as collateral damage igniting the desire for restoration or, when unacknowledged, revenge.

The unacknowledged is of the utmost concern as I see how it wears on the human psyche and soul. In my service as a clergyperson, professor, and practitioner in Philadelphia, Pennsylvania, I have had the privilege of walking with people from all

walks and stages of life trying to navigate the reality of transitions and losses with all too frequent feelings of loneliness and abandonment in their ills. I have witnessed their quest to secure relational bonds while dating and parenting, heal from relational ruptures during divorces and disappointments, and even display the courage it takes to advocate for both emotional and tangible reparations when they have been dishonored by infidelity. It is innate in every human being to be recognized. “It is not good for man to be alone (Genesis 2:18, NLT).” In the spirit of the Swahili concept of *ujamaa*, a person becomes a person through or in connection with the people. From our first moments of breath in this world, we sound a cry, wailing for a semblance of assurance that we are seen, heard, and felt. *Sawubona*, an ancient Zulu greeting meaning “I/We see you; we see the divine in each other” in spirit and echo actively confronts the notion of personhood disenfranchisement plaguing our neighbors. Employing such a spirit in this context has the power to resuscitate the lives of those who have too long walked in the shadow of carceral death. *Sawubona* functions as a warm light.

Sacred Scars

On the first day of my General Psychology classes, I commence our knowledge quest by welcoming each person to collectively acknowledge one another. After communicating the space (course) they have joined in, we who are gathered (instructor and student alike) are invited to introduce ourselves. With a slide projected on the screen and my modeling, each is directed to share who they are or whom they belong to, where they are from, and a brief story about one of their bodily scars. “Why a scar?” you may ask. Scars are like a microcosm of human experience. Unassuming and often hidden or ignored, once seen and acknowledged, oh, the story that comes alive and gives shape to a song of hope that honors our development, makes accountable misgivings, grieves disappointments, and affirms our wonderful relatedness in the world.

Typically, I will lead them off by sharing one of my own scars—the age I was, who I was with, how it all went down, the place we were, and even the scar’s position on my body. Such moments of storytelling become infectious as students, once shy and reserved, begin to vie for the next opportunity to show and tell. Quickly, these shared moments become filled with laughter, gasps, and empathic reverence for what their neighbor has experienced—deep listening becomes evident in the space as an unconscious weaving and bonding through vulnerable exchange goes forth. A bond is forged (attachment), safety is championed and perceived (security), and most of all, we are seen (esteem). In this class period, we experience *Sawubona* and declare, “I see you, and by seeing you, I bring you into being.” A story that might have all but been forgotten if not for the scar on our bodies and the place to honor it in. I call this merciful, meaningful moment “Sacred Scars.” That scar, most often hidden and ignored, is brought out of the shadows of silent suffering to expose

God's marvelous light, and we are privileged to witness it all. It is a gift to see but a resuscitating honor to be seen.

Scars are not mere blemishes but are a bodily testimony of extended mercy and a reminder of the resilient purpose and assignment still trusted in our lives. Moreover, scars operate as memory markers; they remind us of lessons learned and resilience awakened from pain. They humble us and remind us of our fragility but also our hope of the creator God, still at work in us. The scar is evidence of resilience, but the courage to tell the story—in a space of honor—brings with it the gift of spiritual resilience, a significant ingredient to human flourishing. *Take a moment to do your own quick body scan.*

How many scars do you have?

Oh, the stories they tell us of where we have been, choices we have made, battles fought, fears overcome, lies we told to our parents about how it went down, but mostly, lessons we learned through not only its immediate experience but the process of our recovery in its hopeful healing journey.

Making the Wounded Whole

Scars were once open, fresh wounds—breaks or ruptures in the flesh. Injuries to human flesh can be inexhaustible in context and take many forms, but the approach to its healing tends to have some uniformity.

As you recall one of your own scars, consider what you or another on your behalf did to move you from wound to scar. List 3 things or actions they did to direct your healing. How does one actually make the wounded whole?

Though I am unable to see your notes or hear your thoughts, I can perceive that the steps identified are spot on, but none of them can be done if the wound is not seen and acknowledged first! Acknowledgment conceives that a response occurs because one is close enough and consciously astute enough to perceive that harm or rupture was experienced. This leads to the administration of care. As an extension of felt acknowledgment, the administration of care is the capacity to engage empathy, sympathy, or at least duty (obligation within one's skillset) that compels a restorative or consoling response to harm.

Linda LeBoutillier, paraphrasing philosopher and spiritual guide Rumi posits, "The wound is the place where light enters you (LeBoutillier, 2014)." But what if that wound is not regarded as valuable enough to be brought into the sun? What if it has been shamed into hiding, stigmatized into denial, or neglected of its existence? What becomes of that wound? Wounds unattended are vulnerable to elongated pain and suffering, infection, withdrawal, and even numbing strategies. This is a picture of *disenfranchised grief*—relational ruptures and wounds unacknowledged and unattended. Disenfranchised Grief is an emotional response to a loss that society does not acknowledge or disregards. Grief is a natural process of honoring a lost bond, whether it is physically experienced (felt) or perceived. However, when our view of the subject of our loss is influenced by social stigma, shame, and or guilt,

Shock-Numbness	In a state of daze, one is gripped by a sense of unreality and disbelief at the loss. Experience of empty feelings.
Yearning-Searching	Acute separation anxiety is experienced, and efforts (subtle and overt) to reunite with the lost attachment figure are made.
Disorganization - Despair	Awareness that reunion is impossible or inaccessible sets in, at which point feelings of hopelessness and apathy become prominent.
Reorganization - Recovery	Eventually, one will begin to invest less emotional energy in the deceased or lost subject. The capacity to develop bonds is renewed and transitions to living or available attachment figures. A revision of one's identities typically occurs during this phase.

Fig. 3.1 Parkes & Bowlby’s attachment model of bereavement (*Murry Parkes and John Bowlby, 1970 foundation with Banfield interpretation*)

the natural inclination to emote can become suppressed. A dishonoring of the self, suppressed emotions have been found to increase susceptibility to chronic depression, displaced aggression, compromised cognition, and adverse coping strategies.

My research, in part, has centered on how people experience the reality of relational ruptures (grief and bereavement) using theorists Murray Parkes and John Bowlby’s Attachment Model of Bereavement (1970). This theory outlines the process of grief at work in individuals who have experienced the loss of an attachment bond (Sigelman & Rider, 2022). John Bowlby and Mary Ainsworth’s earlier theory of Attachment proposed that individual attachment bonds influence the processes, patterns, and outcomes of emotion regulation while grieving (Ainsworth, 1978). Parkes and Bowlby extended this observation to posit the following four phases as the active and adaptive ongoing process of grieving (Fig. 3.1).

I argue that this process is present in infancy and that Edward Tronick’s Still Face experiments display the process in real-time as the child perceives a deep emotional loss while the parent (attachment figure) is directed to mute expressions and posture stillness. In less than two minutes, Tronick denotes how disruptive this experience of emotional detachment is to the infant world and how critical the moment of reengagement, reunification, repair, or, as Parkes and Bowlby call it, reorganization is to the developing person. Tronick, like myself, then asks us to consider spaces where no repair and no reorganization is made accessible. A state of perpetual loss is experienced and disregarded. As such, I associate this with the impact disenfranchised grief has on human persons of all ages. Moreover, I posit that the detrimental impact of disenfranchised grief is especially relatable to justice-involved individuals and their families. Unacknowledged losses and inaccessibility to relational repairs are the wounds eroding the capacity of the justice-involved person in their preparation for re-entry (an experience of reorganization). My work currently aims to apply intentional sacred neighboring practices that can enhance reorganization’s resilience qualities critical to addressing the realities of persons experiencing the prevalent journey of civil reintegration today.

Justice-Involved Context

Currently, 1 in 100 citizens are in jail or prison, and 1 in 3 persons have experienced the carceral system in some way (Office of Justice Programs, 2023). The U.S. prison population was 1,230,100 on December 31, 2022, a 2% increase from 2021 (1,205,100) (Bureau of Justice Statistics [BJS], 2023). At year-end of 2022, 3.7 million people were registered under community supervision (probation and parole) (BJS, 2024). Though these numbers have dropped since 2017, they remain significant in their impact, especially on the family system (McCarthy, 2018). According to FWD.us 2019 research, this “incarceration crisis” includes 64 percent of American adults who have had an immediate or extended family member incarcerated. This includes the rapid increase of incarcerated females (Fleck, 2022). Such a reality continues to disproportionately affect historically disenfranchised groups;

Black adults are 50 percent more likely than white adults to have immediate family members imprisoned and 3 times more likely to see a loved one imprisoned for a year or more. Latino adults are also 70 percent more likely than white adults to be locked up for more than a year. (FWD.us, 2019)

Moreover, America finds itself living in an Era of Mass Reintegration. The Era of Mass Reintegration refers to the mass exodus of individuals maxing out, or paroling, due to the completion of carceral sentences; retroactive justice policy changes occurring at national, state, and local levels; with resentencing policies granting new leashes of relief. So, we have high reentry and little capacity or infrastructure for reintegration. Years incarcerated have turned into broken relationships, technological advancements, and neighborhood turnovers. It is a different world for our brothers and sisters whose sentence may have only begun just 5 years ago. The instability of housing and familial support has been both a contributor and a consequence of incarceration. Research has displayed a longstanding intersection between chronic homelessness and carceral stints (Interrogating Justice, 2021). Now a resurgence of substance addiction and untreated psychological comorbidity have pushed the outrageously high recidivism rates, especially within the first 1–3 years of release (Zgoba et al., 2020). Those like me who work in this reentry sector have identified the first 90 days of reentry as critical to longevity and hope for one’s reentry success. With over 60,000 barriers to fully restored citizenship awaiting a returning citizen, it can be a debilitatingly arduous journey. In addition to the abuse and trauma experienced by those imprisoned, they and their loved ones must persevere through the unacknowledged, death-like loss that is or has been incarceration. As I have previously written,

Time spent incarcerated, even pre-conviction, results in loss of opportunities, relationships, credibility, and possessions. This is in addition to the psychological detriments as a result of confinement. An incarcerated person is a bereaved person. They not only grieve the loss of family, friends, and freedom, but also the hope of their ideal self. (Banfield, 2019, p. 225)

The imprisoned and their loved ones are bereaved people experiencing a devalued death-like loss regardless of the stint in the carceral institution. The strained or

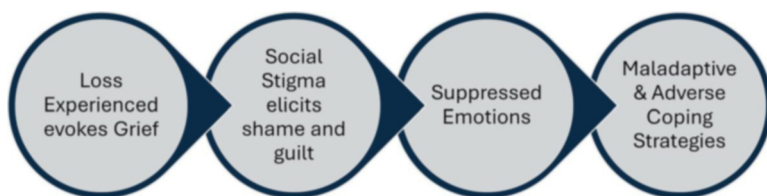


Fig. 3.2 Banfield's process of disenfranchised grief (*Lori Banfield, 2020*)

broken bonds that result from a conviction often lead to questions around worth, if they are worthy of being in a relationship with another, which leads to insecurities around their capacity to provide a sense of safety to others. Whether internally perceived or socially communicated, experiencing such disenfranchised grief, can contribute to maladaptive behaviors and adverse coping strategies that can strain other remaining attachment bonds and make repair of ruptures/wounds seem unattainable, thereby making attempts at sustainability more strenuous. I suggest this is a view of the progression disenfranchised grief can have on persons in the carceral crisis (Fig. 3.2).

Loss Experienced Evokes Grief

A loss or bond rupture can be characterized by death, displacement, or disappointment. All such disruptions imply a bond or relational attachment was present and valued to some extent by one or both parties and thereby seeks repair. Our attachments can be subjective (person-centered), objective (item-centered), and transcendent (beyond space or time, e.g., God, a time in life that creates nostalgia, etc.). The more significant the attachment bond, the more intense the experience of rupture and grief response. In the carceral context, grief responses are often unwelcomed due to masculinity norms and the strongly associated stigma, or superimposed label of disgrace associated with unlawful behaviors (Clow et al., 2023).

Social Stigma Elicits Shame and Guilt

In general, experiences of stigma have been strongly correlated with shame and guilt responses. Shame and guilt-laden schemas strain attachments as their natural inclination is to hide or to disassociate themselves from the subject of stigma. Moreover, stigma and guilt can also inhibit one's internalized capacity to pursue new healthy attachments, as it negatively impacts one's view of self as worthy of a relationship. The carceral system carries with its physical bondage punishment an overt stigmatization that cultivates an imaginary bondage for individuals even after their prison sentence has come to an end. This elicits great experiences of shame

and guilt in the individual incarcerated as well as their loved ones, which begin to permeate one's worldview.

Suppressed Emotions

The physical confines of the carceral system, accompanied by the stigma of association, significantly disrupt interpersonal relationships and strain attachments, resulting in grief. Grief is a natural emotional response to a perceived or felt loss. Often, in this context, the stigma surrounding incarceration leaves grief unacknowledged or shunned. Moreover, a masculine gender norm that says men are not to express emotions typically associated with grief and loss (like crying, sadness, or despondence). The emotional energy of natural grief tendencies is often suppressed and then subverted into the more culturally accepted, though still condemned, emotions of anger and aggression (Clow, et al., 2023). This avoidance of processing the open wounds is present in adults and children alike, with children often perpetuating the process their parents or other socializing agents, like siblings, have modeled.

Maladaptive and Adverse Coping Strategies

Suppressed grief emotions are correlated with higher rates of physical and mental distress. Physically, the heightened stress levels (increased release of cortisol hormones) and tension in the body to mask feelings increase susceptibility to heart conditions and chronic depression. When such frailties are coupled with practical voids felt from navigating an impoverished, under-resourced environment, it increases the probability of maladaptive coping strategies (like displaced aggression, smoking, substance abuse, participation in illegal activities for financial gain or acceptance, etc.) to suppress or release tensions (Hiolski et al., 2019; Kitzmiller et al., 2021; Murray et al., 2012). The trauma of this magnitude of interpersonal disruption impacts one's cognitive processing, emotional impulsivity, and can lead to poor decision-making, critical thinking, and compromised planning skills especially at developmentally impressionable stages of life (early childhood and adolescence) (Banfield, 2019; Brown et al., 2016). These coping strategies qualify as adverse in that the "coping" is counterproductive, leaving one in a perpetual phase of what Parkes and Bowlby call disorganization and despair.

Unacknowledged wounds, physical or emotional, never truly heal. Rather, they become corrosive and callous to the flesh, making it difficult to receive and produce in that area. Masking grief corrosively rusts into aggressive and apathetic behaviors. Such unfortunate experiences challenge all three of our Inherited Universal Needs and thereby compromise one's capacity to persevere. **Still Here (Langston Hughes)**

I been scared and battered.

My hopes the wind done scattered.

*Snow has frizz me,
 Sun has baked me,
 Looks like between 'em they done
 Tried to make me
 Stop laughin', stop lovin', stop livin' –
 But I don't care!
 I'm still here!*

What can be done to mitigate the debilitating process of disenfranchised grief for justice-involved persons as well as their extended bonds? What can help one shift from disorganization and despair into the phase of reorganization and recovery? It has become clear to me that the way to shed the implications of disenfranchised grief (unacknowledged relational ruptures) is to graciously confront the grief connected to a person's inherited universal needs and invite as well as model reconciliation. First and foremost, disenfranchised grief needs to be acknowledged, and the value of what remains needs to be affirmed. With this in mind and based in the spirit of the Sawubona greeting, I propose a method for honoring grief processes that can strengthen qualities of resilience critical to addressing the realities of persons experiencing the journey of reintegration:

1. Acknowledge personhood and acknowledge (assess) losses: See each other's humanity and then consider the ruptures and wounds we have experienced.
2. Honor enduring strengths (center hope): Do not get burdened down by the struggles, rather encourage each other in our active resilience; call out the assets.
3. Care to listen actively: Give space to testimony and lament as uninterrupted sharing becomes liberating; one authentically shares out of a sense of safety. Moreover, spaces of storytelling invite restored significance and a sense of belonging as we participate in a communicative exchange.
4. Practice integrity of presence: Stints of detachment and relational disruptions can build schemas of distrust, stigmatized self-concepts, and expectations of unreliability. It behooves us to model stability and integrity with our words and actions, and even lay the foundations of ritual with others (e.g. a coffee walk every Thursday morning, bible study on Wednesday evening, a WaWa run before worship service). Presence in body and mind communicates significance and value.
5. Connect with resources to fulfill immediate practical needs: Join in the effort towards reorganization by leveraging your resources. In such you give and invite/welcome others into place and positions of security.
6. Explore paths to sustained restoration and reconciliation: Join in the effort towards reorganization by leveraging your connections. In such you give and invite/welcome others into belonging.

It is critical to effectiveness and sustainability that these methods be engaged within a person's capacity of expertise and purview! Practitioners and faith leaders (clergy persons) are in a uniquely prime position to offer compassionate acknowledgment (Sawubona) that makes a pathway to hope-focused prosocial coping and personal agency. Both roles offer space and expertise associated with an increase in

the spiritual resilience and mental vitality critical to reconciliation and crisis resolution like reentry (Banfield, 2019). Researchers on surrogate attachments affirm that “attachment to another significant person provides an important starting point for spiritual development” (Elsass, 2008, p. 74) among other areas of growth and exploration.

During times of crisis, no matter how far removed, African Americans are accustomed to seeking out clergy and other spiritual figures to provide spiritual direction, explore life meaning, suggest coping strategies, and provide tangible resources (Boyd-Franklin, 2003; Goode, et al., 2011; Walsh, 2009). Moreover, when African Americans have sought the aid of professional counselors, they have stressed the importance of integrating their spirituality into the conversation. Unfortunately, they have often met therapists and social workers ill-equipped or uncomfortable facilitating that exploration (Boyd-Franklin, 2003). Thus, clergy and pastoral clinicians possess an advantage in meeting a core yet devalued need facing many Black families and urban communities today. (Banfield, 2019, p. 222)

Spiritual Resilience

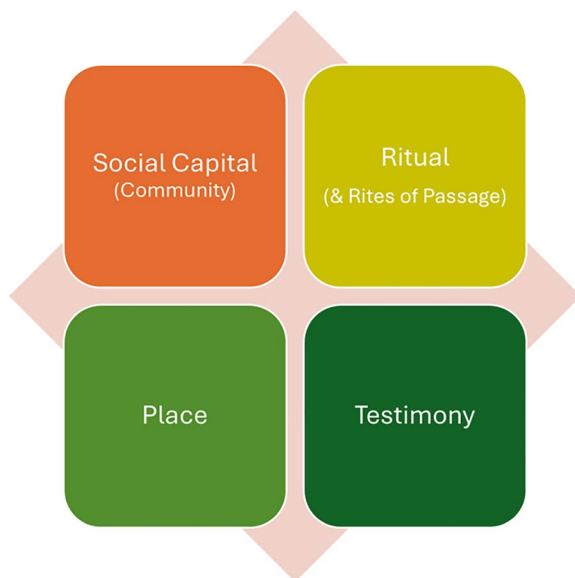
Since 2017, a large portion of my research and practice has focused on various bounce back (resilience) enhancers. In particular, conceptualizing and uncovering facets of spiritual resilience at work in the process of justice-involved men during their reintegration. In 2019, I published research that established spiritual resilience as a working term within the field and as a valuable variable in the sustainability of reentry goals and the longevity of healthy habits and connections within African American men’s transition out of incarceration. Moreover, this research provided credibility to the essential role faith communities play in the development of spiritual resilience and, thereby reentry success.

An offshoot of the term resilience, my conceptualization of *spiritual resilience* is defined as endurance birthed out of one’s sense of their sacred identity, cultivated by an active attachment to God (Higher power); the persistent reliance on one’s covenantal faith—who I belong to empowers my endurance around what I can do. Romans 5:3-4 declares, “We can rejoice, too, when we run into problems and trials, for we know that they help us develop endurance. And endurance develops strength of character, and character strengthens our confident hope of salvation [redemption from sin or separation that leads to reconciliation with God]”. In general, and particularly in crisis situations, spiritual resilience has been correlated with adjustment fortitude, a buffering against adverse circumstances, and a reckoning with the internalized struggles of reintegration (e.g., shame, grief, and abandonment, as well as the notion of promise and second chances; Banfield, 2023).

In this time and context, I have found spiritual resilience to be most prominently fostered in four overarching realms—social capital, ritual, place, and testimony (Fig. 3.3).

Spiritual resilience is fostered through *social capital* cultivated through community life and acts of contextual service learning, *ritual* and identity crystallizing rites of passage like corporate worship, commencement ceremonies and weekly routines,

Fig. 3.3 Banfield's realms of spiritual resilience development (*Lori Banfield, 2023*)



place that gives a sense of ownership, responsibility and refuge, and *testimony* a sacred form of storytelling and communal sharing that weaves other individual spiritual practices like prayer, reading, and meditation (Brown, 2008).

While exploring these four realms, I could not help but hear the voice of John Perkin's echoing his Inherited Universal Needs at work as social capital, ritual, place, and testimony are engaged. Inspired by his Christian Community Development philosophy and 3R approach: Relocation, Reconciliation, and Redistribution, I leaned into this spiritual resilience framework to strategically partner with local faith institutions in Philadelphia, Pennsylvania, to guide them in leveraging their inherent gifts to offer hospitality, relationships and safe spaces to returning citizens in their early reentry phases. Historically, faith communities have taken the initiative to bridge the breach (Gilliard, 2018; Lee, 2016a; Lee, 2016b). A conceptually cemented as well as tangible place, churches within the tradition of melanated glory already encompassed ritual and testimony in song, spoken word and embodied remembrance. It quickly became evident that an emphasis on communal belonging alone needed to be revived—the building of community via parishioners (the majority of which were practitioners in a variety of service sectors—educators, nurses, social workers, etc.) and clergypersons stepping up as surrogate attachment figures to those who experienced ruptures within their core relationships (Goode, et al, 2011; Granqvist et al., 2012; Kirkpatrick, 1998). CCDA believes,

The most creative long-term solutions to the problems of the poor are coming from grass-roots and church-based efforts. The solutions are coming from people who see themselves as ambassadors of Jesus in their own neighborhoods and communities... These are Biblical, practical principles evolved from years of living and working among the poor. (Gordon & Perkins, 2013, p. 45)

A community of dedicated, empathic believers can operate as a disruptive refuge and launching pad of fortitude and grace that ignites courage and hope in a once grief-stricken individual to explore the ever-changing world. “The church’s involvement is both desirable and necessary, and we are not supposed to be disconnected from what is going on in our geographic location (Brooks, p. 78).”

Sacred Neighboring

Healthy roots are connected roots. Roots are essential to the health of a tree. As we’ve already established, interpersonal connections are essential to the health and vitality of people, especially in new environments. Social support has long been evidenced as the key to reentry sustainability/recidivism decrease (Brown, 2008). The practice of sacred neighboring provides a way to engage. Inspired by Hebrews 13:1-3 (NLT), *sacred neighboring* is an art of intentional (in modern individualized society) and radical practice of hospitable presence. It models the incarnational generosity of Christ with an aim to foster a restored dignity in the process of civil reintegration through self-efficacy and shepherded agency.

Keep on loving each other as brothers and sisters. 2 Don’t forget to show hospitality to strangers, for some who have done this have entertained angels without realizing it! 3 Remember those in prison as if you were there yourself. Remember also those being mistreated, as if you felt their pain in your own bodies. (Hebrews 13:1-3, NLT)

The mandate of hospitality, the onus of welcome, is not in the hands nor hearts of the state but rather in the church! Such radical restoration is an expression of spiritual resilience that takes an incarnational and embodied group of people. This concept awakened during COVID-19 pandemic as people were confined to their home spaces and relegated to depend on those proximate to them—their neighbors. Sacred Neighboring recognizes the ecology of thriving as expressed by the principles of Ujamaa and Ujima—responsibility and group interdependence for the building and maintenance of our community.

Individuals who have first-hand experience and exposure behind the walls of the American carceral system due to a documented crime offense or conviction have much to contend with emotionally and practically. Disparities exist at every stage of the carceral system—arrest, conviction, sentencing, and release. African Americans have historically experienced higher rates of justice involvement, and the reality of lengthy sentencing structures has led to a graying prison population. Many older adults are released from prison or jail without access to housing, healthcare, or basic income and face more physical and mentally disabling conditions exacerbated by limited attachments.

The process of reentry for formerly incarcerated persons can be a burdensome, stigma-laden transition, and any difficult transition requires resilience. Nicklas (2016) purports that caring for offenders was never the role of the government, as offenders were simply viewed by the society as a liability to either be removed or shamed and punished into conformity. Caring for offenders was always the role fulfilled by the people of God, as they did not

allow the offense to define that individual's character but loved them into human fullness (Casson, 2015; Nicklas, 2016; Stevenson, 2015). Nicklas (2016) asserts that, based on the scriptural narrative and the example left by Jesus and the early church members, caring for the incarcerated as well as FIPs should be "typical Christian charity." (Banfield, 2019, p. 50)

Yet, Romeo (2007, p. 83) contends, "inmates need healthy relationships even more than they need programs." The bonds in our lives and hope of reconciliation (connection and covering) can change the trajectory of someone's life and ignite the endurance necessary to navigate the reentry hurdles. If practitioners and faith leaders recognize such suppressed grief and then assume the role of surrogate secure attachment—acknowledge and care for these family systems as the wounded of our universal body, they can effectively enhance the social capital needed for justice-involved persons to resist adverse coping and increase mental and spiritual resilience. This level of transformation is not restricted to clinical and church spaces, but organizations can step in with their resources to help re-establish a justice-involved individual's sense of belonging, significance, and safety.

Redemption Housing

The organization Redemption Housing, for which I serve as executive director, has endeavored to address the hidden open wounds of disenfranchised grief through the principles of Christian Community Development in the provision of transitional housing and the practice of sacred neighboring. The Era of Mass Incarceration turned Mass Reintegration has left us vulnerable to the pervasive scarcity of housing desperation and ruptured relationships. It is worth examining how Redemption Housing's model is resurrecting a hope-focused communal ethic that confront disenfranchised grief through the practice of sacred neighboring.

A housing-first model, our vision is to be a network of transitional reentry homes that provide safe, stable, structured, and sober living arrangements. Founded in West Philadelphia, Pennsylvania and rooted in the liberating and reconciliatory good news of Christ, we are commissioned to bring God's healing and restoration to those affected by incarceration and resulting homelessness, by providing housing as they transition back into the community. At Redemption Housing we don't just do housing. We invite our returning brothers into a home with the space to confront disenfranchised grief and its implications because security, esteem, and attachment have been refortified during our program.

Assessing not only needs but strengths, Redemption Housing's housing first model includes a House Chaplain as a vital member of the reentry program. Chaplains with lived experience and volunteers walk alongside residents as advocates, accountability partners, and resource liaisons. This model is one transformed in the redemptive love of Christ, propelled by restorative justice ideals and rooted in Psalm 9:9-10 (NLT) "The LORD is a shelter for the oppressed, a refuge in times of trouble. Those who know your name trust in you, for you, O LORD, do not abandon those who search for you."

In the founding stages of our mission, our proximity and ethnography revealed that one of the debilitating hurdles for successful reentry is access to stable and safe affordable housing. Concurrently, affordable housing for those native to the Philadelphia community is dissipating, leading those most vulnerable to the exclusionary practices deeper into housing insecurity. With Philadelphia receiving thousands of formerly incarcerated citizens annually, we asked ourselves, “Is the process of reentering civil society really civil if there is no safe housing on which to stabilize and jump-start dignified reentry success?” To which we vehemently responded, “No!” In further recognition of the reality of little to no secure housing options serving men in our vicinity, we set our sights on redistribution for the health and wellbeing of adult males in the west Philadelphia area. I am a firm believer that if our men are healed, then families will be healed; and if families are healed then communities can thrive.

Our model and training of our missional partners through the Spiritual Resilience Council seek to empower community members to serve in the basics of human flourishing. Dignity and hospitality are simple acts of generosity that exclaim Sawubona and profoundly impact one’s hope. Alexander Strauch states, “Hospitality is love in action...the flesh and muscles on bones of love.” Justice-involved persons are highly vulnerable to the demoralizing vicissitudes of American life. Sacred neighboring is a collective opportunity to express hospitality and be directly active in the restorative thriving of the community, to acknowledge and care for the wounds.

I’m not the richest, strongest, nor bravest. But what I see now more than ever is my desire and passion to help. So I volunteer...Redemption Housing is that organization. They point those who have been dehumanized in the right direction to get their identity back, their life back. They care like I’ve never seen. I want to be a part of that! – Camille, A Redemption Housing Volunteer

Redemption Housing is in the business of mutual dignity restoration through the practice of sacred neighboring with returning citizens. There would be no neighboring without you! Redemptive Partners—advocates of reconciliation walk in stride with us as we mission onward. Our walk, though tiresome, is not in vain. With every intentional step we take, justice-impacted individuals are seen, welcomed into the community, valued for their story and who they are becoming and provided a safe space to rest while empowered to be a good steward of a reorganized life. That restored life can be the catalyst that reconciles the family, and the reconciled family is key to the revitalization of a community.

Take an opportunity to practice applying the methods discussed in the chapter through this case vignette.

The Case of Chris Cane Age 29

Congratulations! After many long years in prison, your day has finally come! Freedom! You have been incarcerated since 2016, when you were convicted of burglary, one college semester away from graduating with your accounting degree.

Your parents passed away when you were a toddler. You grew up in the foster system but have not kept in touch with any of the families you lived with. You accepted Christ while incarcerated but are unsure about joining a church.

You are relatively healthy for your age, but you have been taking medication for the past 15 years to help you cope with anxiety and depression. You have a healthy appetite but have to be careful due to a fairly severe peanut allergy. You don't like crowds, but you have never lived outside of Philadelphia. As far as you know, you don't have any friends left in the city.

You lost touch with everyone while you were incarcerated. The only people you know to reach out to is your parole officer, as you will be on parole for 2 years and an old professor who sent you a few postcards, one sharing information about a housing program called Redemption Housing."

Circle the open wounds mentioned in this case (can you identify them in terms of attachment, esteem, and security).

How are the wounds influencing his perception and capacity?

Highlight the areas of strength/potential (what does he have?)

Underline the potential connections for restoration.

Using your expertise and experience, How could you engage Mr. Cane?

Discussion Questions

- How will you, your research, your service, or your programs be a catalyst for the restoration and resilience of bereaved justice-involved neighbors?
- What are some resources your institution, church, or network has that could be used to help/aid returning citizens or another underserved population?
- What percentage of your household, church, or organization's budget are you dedicating to the practice of sacred neighboring?
- Does your church/organization leadership know where to refer a returning citizen for basic need help?
- What population is your church/organization currently equipped to serve as a neighbor (before, behind, or beyond the walls)?
- What hesitations or obstacles exist in your community that stifle your work with justice-involved individuals today?

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Culturally Responsive Treatments Targeting Recidivism and Delinquency Risk: A Systematic Review of Interventions Developed for Black Youth



John Keith Samuels IV

In recent years, American institutions have been reckoning with systemic injustice and disenfranchisement that they have perpetuated. Within the juvenile justice system, this reckoning has been framed around Disproportionate Minority Contact, referring to points of contact with the juvenile justice system including rates of police contact, rates of detention, and adjudication processes (Rodriguez, 2018; Office of Juvenile Justice and Delinquency Prevention [OJJDP], 2019; Sakala, 2020). Efforts to mitigate DMC have included legislation targeting bias in policing practices, federal funding for research initiatives, and systematic analysis informing systemic change (Rodriguez et al., 2018; Sakala, 2020). Unfortunately, the racist and disenfranchising origins of policing in America, coupled with the political systems that have reified police authority, have incentivized adherence to the status quo and the use of force to fulfill law enforcement's original aim of subjugation and control (Parks & Kirby, 2022). Tragically, the racial bias in policing practices continues to manifest in the disproportionate killing of Black people by police, even when considering non-racial risk factors such as exhibition of mental crisis, possession of a weapon, and attempts to flee a police encounter (DeAngelis, 2024). This chapter's discussion is contextualized by the foundational and intransigent racism and violence within America's legal system. The impetus for keeping Black youth protected from police contact and involvement in the legal system is non-figuratively a matter of life and death. The research reviewed in this chapter will provide compelling evidence for community-based, non-carceral programming by comparing its efficacy to carceral responses to recidivism and delinquency.

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Disproportionate Minority Contact

To formally codify, understand, and target DMC, the United States Congress issued a series of legislative mandates aimed at making the juvenile justice system more culturally responsive (OJJDP, 2019). In 1988, the Juvenile Justice and Delinquency Prevention Act (JJDP; Pub. L. No. 93-415, 42 U.S.C. § 5601 *et seq.*) required states receiving federal funding for their juvenile justice programs to assess for DMC by comparing confinement rates of adolescents who identify as Black, Indigenous, or People of Color (BIPOC) to overall population demographics. In 1992, Congressional amendments mandated that states demonstrate efforts to address DMC as a “core requirement” (Cabaniss et al., 2007). Since then, the OJJDP has published reports on juvenile justice cases to monitor DMC, but little research has been published on efforts to target DMC.

It is worth noting that these mandates came at a time when juvenile offending was particularly salient in America’s public consciousness. The JJDP was enacted one year before the Central Park Five case, in which five Black and Latiné teens were falsely convicted of the rape and assault of a White woman. This case highlighted associations between Blackness and violence, even among youths, and juxtaposed the socially constructed perception of power attributed to young Black males against the socially constructed systemic power of the legal system, including the coercion of false confessions (Davies, 2006).

Several years later in 1995, Princeton Political Science Professor John DiIulio coined the now infamous term “superpredator” (Howell, 2009). DiIulio used this term to engender fear of youths with antisocial tendencies and poor future orientation, whom he believed would repeatedly break the law and become menaces to society. Howell (2009) provides further information about DiIulio’s moral panic and why some criminologists mistakenly co-signed the superpredator prediction. One key misinterpretation was DiIulio’s conflation of rates of police contact with rates of arrests (Howell, 2009). This error ironically highlights how police contact is not always attributable to offending behavior, and how DMC is influenced heavily by bias in police practices. Despite the probable good intentions of legislation like the JJDP, at the same historical moment America was experiencing a moral panic around the risk posed by youth, particularly Black youth, driven by high-profile, mismanaged legal cases and inflammatory, methodologically flawed academic predictions.

Research conducted since the JJDP has highlighted differential treatment of BIPOC individuals across multiple decision points in the juvenile justice system (OJJDP, 2019). Compared to their White counterparts, BIPOC adolescents experience more interactions with law enforcement, receive more severe adjudications, and receive mental health services in detention less frequently (Cabaniss et al., 2007; Dalton et al., 2009; Rawal, et al., 2004). Even compared to other BIPOC adolescents, Black adolescents are particularly overrepresented in the juvenile justice system. In 2014, 36% of juvenile court referrals, 37% of adjudicated cases, and 40% of cases that resulted in placement involved Black adolescents, who

represented only 15% of the United States population (Development Services Group, Inc., 2014). This overrepresentation is not accounted for by behavioral differences in Black adolescents such as violence risk or incidence of mental health difficulties (Chapman et al., 2006; Desai et al., 2012; Richetelli et al., 2009). These data suggest that the overrepresentation of Black adolescents in the juvenile justice system is not explained by delinquency rates but reflects a difference in how Black adolescents are perceived, treated, and possibly targeted by the juvenile justice system.

Efforts to Reduce DMC

Cabaniss et al. (2007) published a review of best practices to reduce DMC, drawing from state and federal DMC reports, peer-reviewed journal articles, and communication with DMC advocacy stakeholders. They outlined six practices that had successfully reduced DMC, including cultural competency training for juvenile justice decision makers, community-based detention alternatives, and removing decision-making subjectivity through the development of race-neutral assessment instruments (Cabaniss et al., 2007). Moreover, this review analyzed carceral and non-carceral juvenile justice programs, evaluating their effectiveness based on post-completion recidivism rates and offense-related costs.

One study comparing program costs to money saved in reduced delinquency and offense-related costs found that enrolling juvenile offenders in Functional Family Therapy saved taxpayers as much as \$26,000 per adolescent that year and enrolling them in Dialectical Behavior Therapy saved taxpayers as much as \$31,000 per adolescent enrolled. By comparison, juvenile intensive probation cost taxpayers as much as \$1400 per adolescent, and juvenile intensive parole cost taxpayers \$12,000 per adolescent that year (Aos et al., 2004). Cabaniss et al.' (2007) review covered best practices situated in multiple decision points within the juvenile justice system and outlined the drawbacks of strictly Eurocentric approaches to juvenile justice programming alongside the benefits of cultural responsiveness in providing services to justice-involved adolescents. However, they provided little guidance on how to actually develop more culturally responsive juvenile justice interventions.

The Current Review

The central question of this systematic literature review is as follows: among justice-involved samples, are culturally responsive interventions more effective at reducing recidivism compared to standard, non-culturally responsive interventions? This review will address this question in three sections. First, a brief review of meta-analyses on standard juvenile justice interventions will establish a baseline rate of recidivism reduction with which to compare culturally responsive interventions.

Second, a review of culturally responsive juvenile justice interventions targeting recidivism will evaluate the cultural responsiveness of these interventions and their effectiveness in reducing recidivism. Finally, a review of culturally responsive interventions targeting delinquency in non-juvenile justice or mixed sample groups will assess the effectiveness of such treatments in preventing initial justice involvement. Given that Jackson et al. (2010) conducted a meta-analysis with a similar focus, the third section of the literature review will exclude studies covered in that meta-analysis and only include studies conducted after 2010.

In sections two and three of the current review, the cultural responsiveness of each intervention will be evaluated. Following a national survey of batterer intervention programs, Williams and Becker (1994) defined three categories describing increasing gradations of cultural responsiveness. *Colorblind* programs do not consider culture at all in their development or delivery, *culturally focused* programs attend to the historical and lived experiences of demographic groups, and *culturally centered* programs incorporate cultural practices and/or values into the intervention.

Given the ubiquity of DMC and the cultural diversity across BIPOC individuals, a review of all culturally responsive juvenile justice interventions would require a knowledge of cultural history, practices, and values beyond the competencies of this author. Given the overrepresentation of Black adolescents in the juvenile justice system, and the author's familiarity with relevant cultural knowledge, this review will focus on culturally responsive interventions designed for Black individuals, with a particular focus on Afrocentric/Africentric (these two spellings will be used interchangeably based on the researchers' spelling) and African-centered treatment approaches. As a result key findings and recommendations will be most applicable to Black youth. This will further differentiate the current review from Vergara et al.' (2016), which did not focus on particular cultures or racial/ethnic groups. This systematic review will explore whether the juvenile justice system is making progress in developing, implementing, and evaluating culturally responsive treatments for Black adolescents. As guidance on how to develop culturally responsive interventions is scant, as are reviews evaluating their effectiveness, the results of this review may inform future juvenile justice programming. Recommendations based on the reviewed research will be summarized at the end of each section.

Section 1: Juvenile Justice Interventions

To properly contextualize the need for culturally responsive juvenile justice interventions, it is important to examine the effectiveness of standard, non-culturally responsive juvenile justice interventions. Cruise et al. (2016) reviewed five meta-analyses on juvenile justice interventions conducted in residential settings, evaluating effectiveness based on reductions in recidivism rates. Across five meta-analyses, juvenile justice interventions in residential treatment programs exerted a mean effect size of 0.19 ($SD = 0.09$, 95% CI [0.08, 0.30]), translating to a small effect on recidivism. Recidivism rates for juvenile justice offenders in residential treatment

were 9% lower compared to offenders in no-treatment control groups (45.5% and 54.5%, respectively).

A meta-analysis by De Swart et al. (2012) compared evidence-based treatments to traditional institutional care and included a mix of institutional and non-institutional samples. Across 27 studies that examined juvenile justice interventions, there was a small non-significant overall effect size of treatment on recidivism ($d = 0.13$, 95% CI $[-0.02, 0.26]$), with individual study effect sizes ranging from -0.69 to 1.81 . The studies included in this review used treatment as usual, skills training, or Cognitive Behavior Therapy (CBT); the authors found a significant moderation effect of intervention type, with CBT being more effective than treatment as usual or skills training ($d = 0.52$, 95% CI $[0.28, 0.76]$). The authors found that study setting (institutional vs. non-institutional) did not significantly moderate the effectiveness of CBT ($d = -0.34$, 95% CI $[-1.16, 0.49]$), or care as usual ($d = -0.16$, 95% CI $[-0.62, 0.30]$), as multiple comparisons yielded non-significant effect sizes. The only comparison that yielded a significant difference in effect sizes was that of CBT delivered within institutional settings vs. care as usual in institutional settings ($d = 0.34$, 95% CI $[0.14, 0.54]$). These findings suggest that institutional juvenile justice interventions generally have a small effect on recidivism, treatment type can significantly impact intervention effectiveness, and for CBT interventions the effectiveness of interventions is not significantly different between institutional and non-institutional programs.

In the juvenile justice system, CBT is arguably the most commonly used and studied treatment modality. Landenberger and Lipsey (2005) conducted a review of 58 studies investigating the effect of CBT on recidivism in adult and adolescent offenders. Of these studies 17 used juvenile justice samples. The authors operationalized treatment success by calculating an odds ratio representing the likelihood of an offender recidivating within a 12-month period after completing treatment. Across all included studies, adult and adolescent offenders who received CBT interventions were 1.53 ($p < 0.001$) times more likely to succeed in treatment and not recidivate a year post-treatment. This finding translated to a 25–30% reduction in recidivism across offender samples.

To investigate possible moderators of intervention effectiveness, Landenberger and Lipsey (2005) conducted regression analyses including a number of participant and treatment characteristics, while controlling for method effects. These moderator analyses indicated that although participant age (juvenile vs. adult), gender, and race/ethnicity did not significantly impact the effect of CBT on recidivism, participants' recidivism risk did ($\beta = 0.27$, $p < 0.05$). CBT program type did not significantly moderate intervention effectiveness, but quantity of CBT and certain treatment elements did. Unsurprisingly, number of sessions per week ($\beta = 0.34$, $p < 0.05$) and total hours of treatment per week ($\beta = 0.38$, $p < 0.05$) positively predicted treatment success. Regarding specific treatment elements, a focus on cognitive restructuring ($\beta = 0.27$, $p < 0.05$) or anger control ($\beta = 0.32$, $p < 0.05$) positively predicted treatment success. Individual attention in treatment ($\beta = 0.39$, $p < 0.05$) was another significant moderator of intervention effectiveness.

Based on their findings, Landenberger and Lipsey (2005) offered best practice guidelines for juvenile justice CBT programs. According to them, to maximize intervention effectiveness, juvenile justice CBT programs should focus on treating individuals with moderately high risk of recidivism, use any brand of CBT, focus on anger control and interpersonal problem-solving skills, and last for at least 16 weeks in a well-designed, well-implemented format (Landenberger & Lipsey, 2005). These guidelines will inform the next sections of the current review, as recidivism risk, intervention foci, duration, design, and program fidelity will be referenced in evaluating intervention effectiveness.

More broadly, these literature reviews of standard colorblind interventions provide baseline comparisons for culturally responsive interventions. Standard juvenile justice interventions appear to exert small effects ranging from 0.13 to 0.19 on recidivism outcomes; this translates to recidivism rate reductions ranging from 10% to 30%, with odds of not recidivating post-intervention being about 1.53 times that of non-treatment groups (Cruise et al., 2016; De Swart et al., 2012; Landenberger & Lipsey, 2005). The effectiveness of culturally responsive interventions will be weighed against these statistics.

Prior Reviews on Culturally Responsive Interventions

To date, there have been few systematic literature reviews on culturally responsive interventions aimed at reducing recidivism or delinquency risk. Two in particular informed the current review. Vergara et al. (2016) conducted a meta-analysis of studies investigating the effectiveness of culturally adapted treatments for justice-involved adolescents. Inclusion criteria required studies to isolate the effect of cultural adaptations by utilizing a control condition where participants received a standard form of the study treatment. Although the authors' inclusion criteria allowed for more specificity in the authors' focus on the impact of cultural adaptations, they may have also led to the exclusion of many informative studies. Of 3816 articles screened, only three were eligible for inclusion (Vergara et al., 2016). This small number could be indicative of a dearth of research using comparison groups to gauge the effectiveness of culturally adapted treatments, or a dearth of such research in juvenile justice samples specifically. This literature review will not require comparison groups as a criterion for inclusion in order to broaden eligibility criteria. Moreover, this review will focus on culturally responsive interventions generally, including those infused with cultural considerations from their development.

A prior meta-analysis conducted by Jackson et al. (2010) reviewed culturally sensitive interventions designed to reduce high-risk behaviors in Black adolescents. The authors reviewed seven eligible studies and found that Black adolescents who received culturally sensitive interventions were significantly less likely to engage in high-risk behaviors compared to adolescents who received other types of interventions. Hedge's g was calculated as 0.35, constituting a moderate sized effect of culturally sensitive interventions on reducing high-risk behaviors. Although not all

Table 1 Key Findings and Recommendations from Section 1: Juvenile Justice Interventions

• When evaluating the cultural responsivity of intervention programs, consider these three categories (Becker, 1994):
– Colorblind: designed without cultural considerations
– Culturally Focused: designed considering historical and lived experience
– Culturally Centered: designed incorporating cultural practices and/or values
• Juvenile justice programs in residential treatment programs only exhibit a small effect on recidivism, with effect sizes ranging from $d = 0.13$ – 0.19 (Cruise et al., 2016; De Swart et al., 2012)
– Culturally sensitive interventions exhibit a moderate effect (Hedge’s $g = 0.35$) on reducing high-risk behaviors (Jackson et al., 2010)
• CBT interventions are more effective than skills training and treatment as usual (De Swart et al., 2012)
– Across CBT interventions, institutional vs. non-institutional programs do not significantly differ in effectiveness (De Swart et al., 2012)
• When developing and delivering CBT programs, consider the following to optimize the effectiveness of interventions (Landenberger & Lipsey, 2005):
– Focus on treating individuals with moderately high risk of recidivism (as opposed to low risk or extremely high risk)
– Focus on anger control and interpersonal problem-solving skills
– Deliver the intervention for at least 16 weeks in a well-designed, well-implemented format (manualized, evidence-based)

studies reviewed included juvenile offenders, all studies focused on reducing delinquent behaviors. As such, these culturally sensitive interventions may be applicable to juvenile offenders and efforts to reduce recidivism. Table 1 summarizes key findings and recommendations from the research presented in this section.

Section 2: Culturally Responsive Interventions
Targeting Recidivism

This section will review four studies evaluating culturally responsive interventions based on their effects on recidivism rates. Each intervention will be described in terms of intervention foci, format, development (when such information is included), and cultural responsivity according to Williams and Becker’s (1994) designations.

The Community Corrections Partnership Program

Wooldredge et al. (1994) published a study on the development and intervention effectiveness of the Community Corrections Partnership Program (CCP). The CCP was developed by community leaders in Cincinnati and the Hamilton County

Juvenile Court in order to reduce recidivism rates among Black adolescents. Adolescents were referred to the CCP by their Probation Officer as a condition of their supervision. Community leaders involved in the development and implementation of the CCP included the Black Male Coalition, which provided administrative support and mentors for the program, the Citizens' Committee on Youth, which provided case management and life skills training, and Talbert House, a community-based juvenile justice treatment organization that provides assessment, group counseling services, and facilitates the *norms and standards of behavior* component of CCP. Juvenile court staff were trained in culturally specific practices relevant to the CCP as they worked with adolescents to facilitate referrals and track progress toward treatment goals. This training was intended to ensure treatment fidelity by promoting and maintaining the cultural responsiveness of the intervention.

The CCP consists of four main treatment components: *substance abuse* (referred to hereafter as "substance use"), *family enhancement*, *cultural enhancement*, and *norms and standards of behavior*. The substance use component provides substance use education and parent groups, which meet 4 days per week for 2 hours over the course of 8 weeks. The family enhancement component provides once-a-week groups wherein program staff collaborate with parents and relatives to develop effective parenting strategies. These sessions are specifically geared toward addressing adolescents' delinquency. The cultural enhancement component includes a cultural competence subcomponent and a co-cultural existence subcomponent and takes place over 12 weeks. The former uses historical accomplishments and "culturally appropriate behaviors of African Americans" (Wooldredge et al., 1994, p. 591) to increase adolescents' self-esteem and confidence. It is unclear what the authors meant by culturally appropriate behavior. The latter subcomponent targets color consciousness and cultural biases as barriers to self-actualization. The norms and standards of behavior component provides skills training for adolescents once per week over 8 weeks, with an emphasis on adaptive coping, decision making, and problem solving.

The cultural responsiveness of the CCP manifests in using historical awareness to promote a sense of self-effectiveness and targeting cultural biases as possible obstacles to behavior change. Based on Williams and Becker's (1994) criteria, this intervention is culturally focused, but not culturally centered.

320 Black adolescent males with prior felony offenses were included in Wooldredge et al.' (1994) comparison study after completing either traditional probation or the CCP. All adolescents began their programs between May 1991 and February 1993 and completed their programs after a period of between 9 and 16 months. There were 160 juvenile offenders in the CCP group and 160 in the traditional probation group, and all adolescents were matched between groups retrospectively based on zip code, age, program start dates, and program duration.

Records from the Hamilton County Probation Department were collected at follow-up between 1–2 years after program completion to determine whether adolescents in either study group recidivated after program completion. The authors conducted a logistic regression controlling for 8 variables (offense type, history of detention, history of substance use, grade level, being held back in school, school

attendance, disruptive school behavior, lack of respect for others and their property) to examine whether program placement predicted later recidivism. Logistic regression analyses indicated that whether adolescents completed probation or CCP did not significantly predict likelihood of recidivism ($R = -0.12$, $p > 0.05$). These findings suggest that CCP was as effective as traditional probation supervision at reducing recidivism rates in a sample of Black adolescent boys, providing moderate support to the effectiveness of culturally responsive treatments.

A Follow-Up Study on the CCP

Another study investigating the effectiveness of the CCP was conducted by King et al. (2001). This study included 281 Black adolescent males in the CCP group and 140 Black adolescent males in the probation group. This discrepancy in group size was due in part to the fact that adolescents in the comparison group were selected in 1994 at the beginning of data collection, but between then and the end of data collection in 1997, referrals to the CCP program continued but the authors did not select a second wave of probation completers for the comparison group.

To test for pre-program differences between the CCP and comparison group, legal history for all participants was collected from Hamilton County Juvenile Court records. The authors categorized legal history based on different outcomes, with each type indicating varying levels of criminal behavior. Arrests were considered the least stringent indicator of criminal behavior due to the variety of potential outcomes that could occur after an arrest. Adjudications were considered more stringent than arrests due to further processing and being placed in prison was considered the most stringent indicator of criminal behavior. Analyses of pre-program legal history indicated that the CCP and probation groups were similar in their age of first adjudication (CCP $M = 13.44$, Probation $M = 13.65$), age at referral to CCP or probation (CCP $M = 15.08$, Probation $M = 15.41$), and number of adjudications prior to referral (CCP $M = 2.42$, Probation $M = 2.70$).

To analyze the impact of intervention on recidivism, the authors conducted logistic regression analyses based on juvenile records while participants were under supervision as well as post-supervision. The authors also factored between group differences in program duration as *time at risk*. Because adolescents in the CCP group took up to 60% longer to complete their programs, they had more time under supervision to possibly recidivate, but less time post-supervision while still participating in this study. Adolescents in the CCP group had an average follow-up period of 583 days after their 18th birthdays, compared to 961 days after in the probation group.

King et al. (2001) conducted six logistic regressions holding time at risk constant. The six recidivism outcomes of interest were felony charges, misdemeanor charges, supervision violations, any adjudication, suspended commitment (diversion), and permanent commitment (facility placement). While under supervision, CCP adolescents were less likely to be adjudicated for a new offense ($R = -0.07$,

$p = 0.04$) and less likely to receive suspended commitment ($R = 0.03$, $p = -0.07$) than adolescents on probation. The remaining four recidivism outcomes did not significantly differ between the two groups. Post-supervision, CCP adolescents were less likely to be charged with a misdemeanor ($R = -0.11$, $p = 0.008$), violation ($R = -0.07$, $p = 0.012$), or any adjudication ($R = -0.12$, $p = 0.006$) than adolescents on probation. The remaining three recidivism outcomes did not significantly differ between the two groups.

Contrary to the findings by Wooldredge et al. (1994), these analyses indicate that the CCP significantly impacted likelihood of recidivism compared to traditional probation. This provides evidence that culturally responsive treatments may be more efficacious than traditional colorblind practices. The authors noted, however, that after participants turned 18, recidivism rates for CCP program completers were no longer significantly different from probation completers (King et al., 2001). This regression to the mean could reflect a need for long-term intervention for this particular population. Unfortunately the way that logistic regressions were categorized for participants before and after age 18 (e.g., chance of felony, misdemeanor, or violation for adolescents; arrest, probation, imprisonment for adults) did not clarify whether recidivism rates changed globally between comparison groups after age 18. Further research could elucidate the role of development on recidivism in conjunction with targeted interventions. It is recommended that such research operationalize outcomes such that recidivism can be compared across juvenile and adult justice system involvement.

It is worth noting that the *substance use* and *norms and standards of behavior* CCP modules align with more typical services provided in carceral institutions (e.g., substance use treatment, CBT), whereas *family enhancement* and *cultural enhancement* modules offer more novel support for adolescents. Aside from the recidivism outcomes of CCP, these latter modules stimulate protective factors and engender prosocial development. Specifically, the *family engagement* module engages parents/caregivers in behavioral change efforts, and the *cultural enhancement* module engenders positive cultural identity development and ameliorates negative cultural biases (Wooldredge et al., 1994). These strength-focused efforts offer additional benefits to CCP participants beyond recidivism reductions in a more comprehensive intervention than traditional probation.

A Restorative Justice Approach to Recidivism

Bergseth and Bouffard (2013) studied the intervention effectiveness of a Restorative Justice (RJ) program on recidivism rates among juvenile offenders. 352 adolescents from the Upper Midwest were assigned to the RJ condition, and they were compared to 353 adolescent participants who went through the traditional juvenile justice system. Offenders in the comparison group were selected based on prior offenses similar to those in the RJ group. Demographic information and offense information before and after program participation were collected using the local

juvenile court's database. Of the initial sample, 67 cases were excluded due to dual referral (being referred to RJ and traditional processing for the same offense), resulting in a final sample of 284 RJ youth and 267 traditionally processed youth. RJ practices have roots in African societies (Omale, 2006), so the use of RJ practices qualifies this intervention as culturally centered.

Cox regression analyses indicated that even after controlling for group differences such as referral age, race/ethnicity, and gender, adolescents in the RJ program did not recidivate for longer periods of time (designated *survival time*) compared to adolescents on probation ($\chi^2 = 10.43, p < 0.01$). On average, adolescents in the RJ program did not recidivate for over ten months longer than adolescents on probation.

Cox regression analyses also indicated significant moderating effects of gender, race, and offense history on the effectiveness of RJ programs. Males in the RJ program did not recidivate significantly longer than males in the probation group ($B = -0.53, SE = -0.19, \chi^2 = 8.22, p < 0.01$). Females in the RJ program were also offense-free for longer than those on probation, but this effect of program type was not significant ($B = -0.38, SE = 0.29, \chi^2 = 1.69, p > 0.10$). White adolescents in the RJ program did not recidivate significantly longer than their counterparts in the probation group ($B = -0.49, SE = 0.19, \chi^2 = 6.69, p < 0.01$). Non-white adolescents in the RJ program also remained offense-free longer than those on probation, but this effect was marginally significant ($B = 0.57, SE = 0.30, \chi^2 = 3.66, p < 0.10$). Adolescents with no prior charges in the RJ program did not recidivate for significantly longer than their counterparts in the probation group ($B = -0.57, SE = 0.19, \chi^2 = 7.47, p < 0.01$). Adolescents with at least one prior charge also remained offense-free for longer than those on probation, but this effect was not significant ($B = 0.57, SE = 0.30, \chi^2 = 3.66, p > 0.10$). These findings suggest that although RJ programming may have mild effects on recidivism for BIPOC juvenile offenders, it may be most efficacious for younger White male adolescents, particularly those with no prior offenses (Bergseth & Bouffard, 2013). Unfortunately, the authors did not differentiate Black adolescents in the sample from other non-white groups, so a firm determination on intervention effectiveness cannot be made for that particular population.

A Canadian Approach to Culturally Responsivity

Black individuals are overrepresented in the Canadian justice system just as they are in the United States. African Canadians represent 2.5% of the country's population, but 9.5% of federal inmates (Zinger, 2013). Beausoleil et al. (2017) conducted an RCT investigating the effectiveness of Redemption Reintegration Services (RRS) compared to traditional re-entry programming.

RRS is a culturally specific program designed for African Canadian youths that draws upon Positive Youth Development (PYD) to promote smooth reintegration post-incarceration. PYD is a strengths-based model focusing on youths' external and internal assets and leveraging these assets to promote well-being. PYD

developed in contrast to more deficit-based models that framed risk as a problem of the individual, ignoring the role of systemic forces in fostering criminogenic risk (Wilson, 2011). Specifically, RRS recognizes that a negative relationship with one's cultural identity and lack of access to housing and material resources both contribute to criminogenic risk. To address these deficits, RRS provides culturally responsive programming promoting positive cultural identity development and a sense of empowerment, while also providing material supports targeting education, housing, mental health/substance use, and mentorship (Beausoleil et al., 2017). Given this attention to systemic inequality, this intervention qualifies as culturally focused.

To determine necessary sample size, the authors conducted a power analysis based on results from a prior meta-analysis on the effects of reintegration programs on recidivism rates. To be safe, they oversampled by 25%, recruiting 115 participants to each group. Outcome measures were administered at intake and at 9-month follow-up. In addition to recidivism, outcomes of interest included external assets (support, empowerment, constructive use of time), internal assets (commitment to learning, positive values, positive identity), family, school, and community assets. The authors also assessed violence risk (based on historical, social, individual risk factors and protective factors), as well as behavioral indicators (hyperactivity, pro-social, anxiety and emotional disorder, conduct disorder and physical aggression, indirect aggression, and past property offenses).

Recidivism was measured using the Life Circumstances Questionnaire (Beausoleil et al., 2017), a 20-item yes/no measure that asks about various life events. A *yes* response to "Recently charged for an offense" constituted recidivism. At 9-month follow-up, 4 youths (3.5%) in the RRS group reported having recidivated, compared to 48 youths (45.7%) in the traditional re-entry program. Chi-squared analyses indicated that RRS youths were significantly less likely to recidivate than their traditional re-entry counterparts ($\chi^2 = 53.30, p < 0.0001$).

In addition to recidivism likelihood, Beausoleil et al. (2017) also conducted a cost analysis of the RRS intervention compared to the re-entry control group. Regarding recidivism costs, the authors noted that the average annual cost of incarceration for a single Canadian was \$113,364. Therefore, the 48 youths in the re-entry program who recidivated at 9-month follow-up cost \$5,489,472 to incarcerate, compared to \$457,456 to incarcerate the 4 RRS youths who recidivated. By this metric, the RRS intervention essentially saved \$5 million (rounding the follow-up period up to a year). These figures are substantially larger than those estimated by Aos et al. (2004); this may be due to differential spending on social services in Canada compared to the United States, since the cost calculation methods were similar across the two studies.

The authors also measured annual expenditures for health and social services between the groups. The authors multiplied youths' self-reported frequency of service use by the cost of that service. Chi-squared analyses indicated that annual expenditures between the RRS and re-entry groups did not significantly differ at baseline, but at 9-month follow-up, annual expenditures for all health and social services except for outpatient lab tests were significantly lower for the RRS group. Juvenile justice-related expenditures included law enforcement costs ($\chi^2 = 110.20$,

Table 2 Key Findings and Recommendations from Section 2: Culturally Responsive Interventions Targeting Recidivism

• Include community leaders (e.g., Black Male Coalition, Citizens’ Committee on Youth, Talbert House) when developing and implementing community-based programming
– This collaboration can foster greater trust between providers and the communities they serve, and tailor interventions to make intervention targets (e.g., psychoeducation, skills training, risk reduction) more precise
• Follow-up studies and longitudinal research can provide more long-term perspectives on recidivism and delinquency outcomes, which is crucial for adolescents as a developmentally dynamic population (Wooldredge et al., 1994; King et al., 2001)
– When evaluating recidivism and delinquency outcomes, try to use operationalizations that can track across juvenile and adult legal system involvement
• Restorative Justice approaches may be effective for White adolescents as well as BIPOC adolescents (Bergseth & Bouffard, 2013)
• Criminogenic risk is driven by lack of resources and a negative relationship with one’s cultural identity; this may constitute a mechanism of change for culturally responsive interventions impacting recidivism and delinquency (Beausoleil et al., 2017)
• Community-based culturally responsive programs are at least as effective as typical carceral and re-entry programs and are more cost-effective between costs of recidivism and re-incarceration (Beausoleil et al., 2017)

$p < 0.0001$), probation/correction services ($\chi^2 = 97.60, p < 0.0001$), police involvement ($\chi^2 = 135.70, p < 0.0001$), court appearances ($\chi^2 = 76.20, p < 0.0001$), lawyer/legal assistance ($\chi^2 = 25.90, p < 0.0001$), and jail costs ($\chi^2 = 134.90, p < 0.0001$). These findings make a compelling case for the effectiveness of RRS at reducing recidivism, as well as its effectiveness at reducing financial burden related to provision of juvenile justice system services (Aos et al., 2004) Table 2 summarizes key findings and recommendations from the research presented in this section.

Section 3: Culturally Responsive Interventions Targeting Delinquency Risk

The effectiveness of interventions like RRS that derive from the PYD model highlight the importance of stimulating protective and responsivity factors as well as reducing risk factors to address delinquency. The next section of this review will shift from recidivism studies and focus on culturally responsive interventions aimed at preventing delinquency and high-risk behaviors in Black adolescents who have not yet become involved with the juvenile justice system.

The Pen or Pencil™ Mentoring Program

Grills et al. (2016) conducted a study on the impact of the Pen or Pencil™ mentoring program (POP) on promoting PYD. Specifically, they were interested in how the POP could stimulate cultural consciousness predictor variables (cultural orientation, Africentric values, and racial socialization) and how these might impact PYD outcome variables: future orientation, prosocial behavior, political and community civic mindedness (PC-CM), and social justice and equality civic mindedness (SJE-CM).

POP is a culturally based group mentoring program created by National Alliance of Faith and Justice. Its approach to PYD centers around the Five C's model (Heck & Subramaniam, 2009), which identifies five intra- and interpersonal elements as treatment targets. The Five Cs are Competence, Confidence, Connection, Character, Caring, and it is theorized that by helping youths develop these elements, a sixth C, Contribution (to self, others, society) is engendered. In this way, POP seeks to develop and leverage external and internal assets for youths in the program and reduce recidivism by stimulating more positive interpersonal and community engagement.

1930 Black youth, ranging from age 9 to 19 ($M = 12.68$, $SD = 1.72$); 54% male ($n = 724$), 46% female ($n = 627$) participated in the POP program over a 3-year period in two waves. POP is comprised of weekly group sessions led by program mentors focused on developing mentor–mentee supportive relationships, educational competencies, and prosocial attitudes and behaviors. The program draws from historical examples of Black youth community and political engagement (the Underground Railroad, the Civil Rights Movement) to motivate and empower mentees. This emphasis on community and political engagement reflects Africentric values at the core of the program. Collectivistic themes of interdependence and social responsibility promote prosocial attitudes and behaviors by emphasizing the importance of relationships and service to one's community (Grills et al., 2016). POP was funded by the OJJDP starting in 2011 as a culturally responsive program designed to reduce likelihood of delinquency among Black youth. To track and guide its implementation, the Association of Black Psychologists (ABPsi) developed program measures and research protocols (OJJDP, 2011). The centrality of the Africentric values, coupled with the program's partnership with ABPsi, qualifies POP as a culturally centered intervention. Although Grills et al. (2016) did not explore the legal history of the sample in this study, they noted that POP was designed to be adaptable to juvenile justice settings as well as community settings. Therefore, it could be implemented to reduce recidivism as well as reduce delinquency risk.

Grills et al.' (2016) study was a pilot evaluation of POP, which impacted methodology and analyses. The authors selected items and subscales from different measures to synthesize a less taxing survey for adolescent participants to complete; this may have affected the psychometric properties of their evaluation. Reliability estimates in the study sample suggested good internal consistency across all four

outcome variables: future orientation $\alpha = 0.84$; prosocial behavior $\alpha = 0.92$; PC-CM $\alpha = 0.78$; SJE-CM $\alpha = 0.92$. Notably, for this pilot evaluation, the authors only analyzed pretest data collected prior to participation in POP. The following analyses do not reflect the impact of the program itself, but a projection of potential program impact as indicated by correlations between intervention targets and desired outcomes.

Independent samples *t*-tests were conducted to examine gender differences in outcome variables. Female adolescents scored significantly higher on prosocial behaviors ($t = 2.56$; $p < 0.05$), PC-CM ($t = 2.30$; $p < 0.05$), and SJE-CM ($t = 3.43$; $p < 0.01$) than male adolescents. Linear regression analyses were conducted to examine the impact of demographic variables (gender, age) and cultural consciousness variables on PYD variables. Independent analyses were conducted for demographic variables and cultural consciousness variables as predictors, and for each PYD variable as an outcome. For the purposes of this review and its interest in delinquency, the focal point will be regression analyses predicting prosocial behavior. The first regression model using demographic variables as predictors was significant, explaining 1% of the variance in prosocial behavior scores, $R^2 = 0.01$, $F(2, 1927) = 3.75$; $p < 0.05$. In this model, gender significantly predicted prosocial behavior scores, $\beta = 0.06$, $t(1927) = 2.54$, $p < 0.05$, such that female participants scored higher on prosocial behavior. The second regression model using cultural consciousness variables as predictors was also significant, explaining 23% of the variance in prosocial behavior scores, $R^2 = 0.23$, $F(3, 1926) = 76.22$; $p < 0.001$. In this model, cultural orientation [$\beta = 0.22$, $t(1926) = 6.98$, $p < 0.001$], Africentric values [$\beta = 0.29$, $t(1926) = 9.33$, $p < 0.001$], and racial socialization [$\beta = 0.13$, $t(1926) = 5.38$, $p < 0.001$] were all significant predictors of prosocial behavior scores.

These findings suggest that cultural consciousness variables are significantly predictive of prosocial behaviors, validating the POP's intervention targets as potentially efficacious. One notable limitation of this study is its cross-sectional design, which prevented the authors from making determinations about the effectiveness of the intervention over time.

Sisters of Nia

Longitudinal studies allow for a more methodologically sound evaluation of intervention effectiveness. Aston et al. (2018) incorporated a longitudinal design to examine the effectiveness of Sisters of Nia, a culturally responsive intervention on verbal aggression in a sample of Black female adolescents. The authors chose to focus on verbal aggression due to its connection to disproportionate disciplinary practices among Black women. Verbal aggression is widely studied in Black female adolescents, and they are frequently disciplined for it in school settings. The authors noted that stereotypes of Black anger/violence and demure femininity contribute to

this perception of Black women as aggressive. By reducing instances of verbal aggression, Sisters of Nia could reduce participants' experience of in-school discipline, thus reducing risk of delinquency.

Like the POP program, Sisters of Nia is a culturally centered mentoring program developed for Black youth. The program centers around Nguzu Saba (also spelled Nguzo Saba), seven Afrocentric principles that have been central to Black cultural movements in the United States and are observed during the celebration of Kwanzaa (Karenga, 1989). The Nguzu Saba and their clinical/developmental relevance are as follows. Self-determination (Kujichagulia) describes the process of defining and developing oneself and is relevant for promoting prosocial behavior, and not following antisocial groups. Creativity (Kuumba) encourages building rather than destroying and is also relevant to prosocial behavior. Purpose (Nia) encourages defining goals by their collective, rather than individual benefit; this principle may be used to emphasize the importance of education as a way to increase one's options. Collective work and responsibilities (Ujima) promotes working together for the common good, while also accepting individual successes and failures; this principle may be relevant to accountability and/or community engagement. Cooperative economics (Ujamaa) teaches that one's wealth, talents, and resources can be shared for the common good and may also be helpful in promoting community engagement or service. Unity (Umoja) emphasizes connectedness to family and ancestors and may be relevant to developing an individual's spiritual self and finding sanctity in all interactions. Finally, Faith (Imani) emphasizes a belief in one's people and may be leveraged to promote a sense of self situated within and buttressed by group pride (Harvey & Coleman, 1997).

Aston et al. (2018) included some interesting logistical notes regarding their implementation of the Sisters of Nia program. Lessons on Kuumba (Creativity), Ujamaa (Cooperative Economics), and Imani (Faith) were not included in this intervention as they were considered inappropriate for the school-based format. To guide their implementation, the authors used the Black feminist-womanist (BFW) research paradigm. This paradigm considers dynamics of gender and race in the development and execution of research. Researchers are encouraged to make a personal connection with the research materials, recognize the role of lived experience in the research, promote social change, and empower Black women to challenge stereotypes. The authors also used a treatment integrity checklist to ensure fidelity. This checklist mirrored the Sisters of Nia intervention manual and was completed by a second experimenter in addition to the one conducting sessions. The second experimenter indicated that intervention sessions passed the integrity check 100% of the time (Aston et al., 2018).

12 Black adolescent girls in 7th and 8th grade, ages 13 to 15 participated in this study and were randomly assigned to one of two Sisters of Nia intervention groups. Of these 12, four were randomly selected to have their data analyzed. All participants had to be identified by the school as high risk in order to be eligible for the study, and all of them were from single-parent homes. Prior to participating in the Sisters of Nia intervention, all participants were observed for several weeks to establish baseline levels of verbal aggression.

Observation sessions were conducted 1–2 times per week for 20 min, both during typical academic classes and during the Sisters of Nia intervention sessions. The following behaviors were coded as verbal aggression based on these observation sessions: arguing, teasing, taunting, threatening, and speaking with a hostile tone. Sisters of Nia intervention sessions took place for 35 min once per week over 8 weeks. For each participant, intervention effectiveness was captured by mean changes in instances of verbal aggression, percentage scores corresponding to these mean changes, and Tau-U calculations representing the effect size of the intervention.

Participant 1's mean verbal aggression score decreased from 7.00 at baseline to 3.90 during the intervention, constituting a 44.3% change. The Tau-U score indicated a moderate effect of the intervention on reducing verbal aggression (Tau-U = -0.85 ; $p = 0.01$). Participant 2's mean verbal aggression score decreased from 6.14 at baseline to 2.63 during the intervention, constituting a 57.2% change. The Tau-U score indicated a strong effect of the intervention on reducing verbal aggression (Tau-U = -1.00 ; $p = 0.01$). Participant 3's mean verbal aggression score decreased from 6.30 at baseline to 3.00 during the intervention, constituting a 52.4% change. The Tau-U score indicated a moderate effect of the intervention on reducing verbal aggression (Tau-U = -0.87 ; $p < 0.001$). Participant 4's mean verbal aggression score decreased from 6.09 at baseline to 4.13 during the intervention, constituting a 32.2% change. The Tau-U score indicated a moderate effect of the intervention on reducing verbal aggression (Tau-U = -0.86 ; $p < 0.001$). These findings indicate that the Sisters of Nia intervention was successful at reducing verbal aggression among Black adolescent girls. Although this study did not use a treatment comparison group to isolate the effect of cultural responsiveness, the longitudinal design allowed for within-subject comparisons that firmly established the effectiveness of the intervention for each participant.

Imani Rites of Passage Program

Whaley and McQueen (2020) conducted a study investigating the effectiveness of the Imani Rites of Passage program (IROP) on Africentric socialization, racial identity, psychosocial functioning, and violence risk. IROP is a 15-week intervention derived from an afterschool program grounded in Africentric principles of collectivism and Nguzu Saba. Exploratory data involving this intervention were analyzed in the Jackson meta-analysis (Whaley & McQueen, 2004).

60 students were originally recruited to participate in this study, but only 40 were retained in the posttest phase. Of the original 60 students, 30 were referred by school officials to participate in IROP, while another 30 volunteered to complete study measures without receiving any intervention. The initial sample consisted entirely of male adolescent students, 93% of whom were Black. Participants in the intervention group were slightly older ($M = 16.09$, $SD = 1.08$) than participants in the control group ($M = 15.42$, $SD = 1.14$), but analysis of study variables at pretest indicated few significant differences between groups (Whaley & McQueen, 2020).

After the pretest phase, wherein students completed questionnaire surveys online, they entered the intervention phase of the IROP, wherein they attended 15 weekly 2-hour sessions led by a Black male group leader. Each session started with libation to the ancestors, and modules covered topics including cultural identity development, building communal relationships, coping, and academic excellence. Each module took 2–3 sessions to complete. The inclusion of the libations ritual and Afrocentric modules qualify this intervention as culturally centered.

In this study, the key delinquency outcome of interest was violence risk. Violence Risk was assessed using the Violence Risk Assessment Inventory (VRAI; Rodney et al., 2005), with particular focus on three subscales: violence risk index, poor anger management, and substance use risk. To analyze the impact of IROP on violence risk, the authors used a combination of normative (independent samples *t*-test, Cohen's *d*), idiographic (latent profile analysis), and idiothetic (pretest/posttest regression analyses; Whaley & McQueen, 2020).

Independent samples *t*-tests indicated that at posttest, individuals in the IROP group scored significantly higher on racial identity [$t(36) = 2.69, p < 0.05$], academic competence [$t(38) = 2.42, p < 0.05$], and social acceptance [$t(38) = 2.14, p < 0.05$] than individuals in the no-intervention control group. The authors suggested that these variables in particular served protective functions against future violent behavior. In particular, they drew from their study on IROP exploratory data (Whaley & McQueen, 2004) that found a negative correlation between academic competence and violent behavior.

Multidimensional scaling analysis was used on pretest and posttest data to reorganize study variables into proximity matrices. In these matrices, variables on different poles were negatively correlated and stimulus coordinate values were generated for each variable at pretest and posttest. Latent profile analysis yielded 4 profiles based on stimulus coordinate values greater than 1. Of these 4 profiles, Profile 4 (Social Acceptance) captured negative relationships between social acceptance on one pole and violent behavior on the opposite pole, and Profile 3 (Black Collectivism) captured negative relationships between racial identity and social acceptance on one pole, and violence risk on the other. In pretest analyses of Profile 4, stimulus coordinate values of the social acceptance subscale (1.31) fell on the opposite pole from VRAI poor anger management (−2.57) and substance use risk (−1.32) subscales. These findings suggest that social acceptance may serve a protective function against violence risk. Since social acceptance scores were higher in the IROP group in posttest analyses, IROP may reduce violence risk by promoting social acceptance (Whaley & McQueen, 2020).

In posttest analyses of Profile 3, stimulus coordinate values of the social acceptance subscale (−1.30) and the racial identity subscale (−1.05) fell on the opposite pole from the VRAI violence risk index (1.91), poor anger management (1.27) and substance use risk (1.12) subscales. Because these results were only observed in the posttest analyses, they suggest that IROP may promote social acceptance and racial identity in a way that protects against violence risk beyond the levels observed at the pretest phase.

Table 3 Key Findings and Recommendations from Section 2: Culturally Responsive Interventions Targeting Delinquency Risk

• Historical examples of Black youth community and political engagement (e.g., the Underground Railroad, the Civil Rights Movement) reflects Africentric values and provides prosocial modeling for youth at risk of legal system involvement (Grills et al., 2016)
• Negative stereotypes associated with race and gender (e.g., Blackness being associated with anger and violence, femininity being associated with demureness) can influence perception of Black youth and contribute to disproportionate disciplinary action in school settings (Aston et al., 2018) – Education on stereotypes, cultural values, and exploration of lived experience can counteract this stereotype threat
• Africentric traditions like libations can serve similar grounding and guiding functions as mindfulness practice in Western interventions (Whaley & McQueen, 2020)
• Positive racial identity and social acceptance can play a protective role against delinquency and violent behavior (Whaley & McQueen, 2020) – Culturally responsive interventions should include educational components to increase positive association with racial identity and engender greater social acceptance through cultural connection and affirmation
• Negative relationships with authority figures, zero tolerance policies, and racial stereotyping are school environmental factors that may impede healthy development of Black youth in particular (Whaley & McQueen, 2020)

Whaley and McQueen’s (2020) IROP study is informative in several ways. First, it complements exploratory data collected in their 2004 study by replicating normative data and augmenting understanding of the program’s impact by using idiographic and idiothetic approaches. Second, it operationalizes cultural socialization and violence risk using multiple measures, allowing for a more comprehensive view of the possible pathways of reducing delinquency risk through culturally responsive intervention. Finally, subject weights for Profile 1 (Cultural Socialization) changed more from pretest to posttest than they differed between intervention condition, indicating that the social environmental context in which the adolescents operated had more of an impact than the IROP intervention itself. This finding underscores the importance of context in implementing and evaluating culturally responsive interventions targeting delinquency risk. Even the most efficacious culturally responsive intervention may be undermined by a context (school, detention facility, etc.) that works against the cultural socialization that the intervention promotes. The authors specifically mentioned negative relationships with authority figures, zero tolerance policies, and racial stereotyping as school environmental factors that may impede healthy development of Black youth in particular (Whaley & McQueen, 2020). These factors may warrant further study as potential moderators of the effectiveness of culturally responsive treatments on delinquency risk. Table 3 summarizes key findings and recommendations from the research presented in this section.

Review Summary

The first four studies included in this review suggest that culturally responsive interventions are at least as effective and on average are significantly more effective at reducing recidivism than traditional probation and re-entry services. Culturally responsive interventions yielded lower recidivism rates at follow-up, longer periods of time post-intervention without recidivating, lower self-reported recidivism, and lower offense-related service costs. The latter three studies included in this review suggest that culturally responsive interventions resulted in significant changes in outcomes associated with delinquency risk. Culturally responsive interventions increased prosocial behavior and decreased verbal aggression and violence risk. These findings are significant in the context of other literature on cultural responsiveness and treatment effectiveness. Pina et al. (2019) found that across 22 well-established and probably efficacious interventions, although the moderating effect of ethnicity on treatment effects was equivocal, in 21 of the 22 interventions, white youth gleaned more benefits from the intervention than BIPOC youth. This decreased effectiveness among even well-established evidence-based treatments underscores the need for tailoring treatments to Black youth and other minoritized populations to ensure not just access but the benefit of interventions.

The findings from this literature review suggest that culturally responsive interventions are at least as effective as traditional probation or re-entry services and are often more effective at reducing recidivism rates and likelihood. Culturally responsive interventions may also be effective at reducing delinquency risk for adolescents not yet involved in the juvenile justice system by promoting prosocial behaviors and reducing verbal aggression and violence risk. Based on the checklist developed by the Critical Appraisal Skills Program (CASP, 2018), all studies included in this review met at least 8 of the 12 criteria for methodological rigor. Aside for the IROP study, the recidivism studies demonstrated greater methodological rigor than the delinquency risk studies. This may be because the CASP checklist was designed for cohort studies, and IROP was the only delinquency risk study to use a comparison group. Strengths and limitations of these studies will be discussed separately, followed by ethical considerations and implications of findings for future research and policy.

Study Strengths and Limitations

These studies had several notable strengths. First, all recidivism studies boasted large sample sizes of over 100 adolescents in each condition. These sample sizes provided considerable statistical power to analyses. Second, all recidivism studies used a longitudinal design with a long-term follow-up assessment. Follow-up periods ranged from 9 months to over 2 years, covering a sufficiently long period to observe recidivism in both the culturally responsive intervention groups and the

traditional juvenile justice process control groups. This longitudinal design also allowed the authors to make causal inferences regarding the data. Third, with the exception of the RRS study, the authors used juvenile court records as objective measures of recidivism. This operationalization avoided social desirability (and possible self-incrimination) obstacles of self-reporting recidivism. Official juvenile court records also made follow-up much easier and offered a codified record of offense type, disposition, etc.

Fourth, the studies approached recidivism outcomes from different angles. By examining recidivism likelihood during and post-intervention, time without recidivating post-intervention, and even self-report, these studies provided multiple perspectives on how culturally responsive interventions can impact recidivism. The CCP studies demonstrated that adolescents could benefit from the intervention before program completion, so even partial participation can yield desirable outcomes. The RJ study demonstrated that even years later, the effects of the intervention may still be evident, while also raising the question for future researchers: when do intervention effects clearly subside? The RRS study demonstrated that self-report can be used to estimate recidivism, but this method should be contrasted with more objective measures due to social desirability and self-incrimination concerns mentioned above. The fifth strength is particular to the RRS study by Beausoleil et al. (2017). By conducting cost analyses, the authors demonstrated that culturally responsive interventions could save millions of dollars in offense-related costs and health and social service utilization. Although this study was conducted in Canada, these findings may be particularly persuasive to a US audience, given cost concerns around social program development.

The recidivism studies also had several limitations. First, since all studies used samples of adolescents who were actively involved in the juvenile justice system, participation in these studies was required as a stipulation of their legal supervision. Although this is a limitation of most research on this population, it also made it difficult to include treatment resistance or attrition rates into analyses, which are important factors in intervention studies. Second, the recidivism studies used a variety of statistical analyses to evaluate intervention effectiveness. Moreover, these studies did not provide effect sizes, making it difficult to compare the intervention impacts across studies.

Due to the methodological heterogeneity among the delinquency risk studies, their strengths and weaknesses will be discussed specific to each study. The POP study boasted two notable strengths. First, the large sample size ($N = 1930$) contributed to the power of statistical analyses. Second, outcome variables were based on PYD, an underutilized paradigm in juvenile justice research that complements data gleaned from more common deficits-based (risk-oriented) approaches. The POP study also had some limitations. First, the study did not use a control group, preventing the authors from isolating the impact of the intervention. Second, the study was exploratory, and only pretest data were used, preventing them from using longitudinal data to make causal inferences (Grills et al., 2016).

The Sisters of Nia study boasted two notable strengths. First, verbal aggression was measured using structured in vivo observation, which is more objective and

relevant to typical functioning than self-report. Second, their within-subjects design established a baseline of verbal aggression by observing adolescents for several weeks prior to participation in the program. This gave the researchers multiple data points before and during the intervention, allowing for a comprehensive, time-sensitive evaluation of participants' verbal aggression. The Sisters of Nia study also had several limitations. First, as with the POP study, the researchers did not use a comparison group, so possible confounds may have influenced their results, even with their careful within-subjects baseline approach. Second, the original study sample was very small ($N = 12$), and of that sample only four participants' data were analyzed. As such, though these data may be anecdotally compelling, the analyses are insufficiently powered to make generalizations about the intervention's effectiveness outside of this sample (Aston et al., 2018).

Finally, the IROP study boasted three notable strengths. First, the study used a no-intervention control group to isolate the impact of IROP on violence risk. Second, the study used a longitudinal design, allowing for causal inferences. Third, the researchers used normative, idiographic, and idiothetic analyses, allowing for multiple perspective on the data. This study had several limitations as well. First, the sample size was only $N = 20$ for each group, making them somewhat small, possibly leading to underpowered analyses. Another possible limitation was that the IROP group was referred by school officials for intervention whereas the control group volunteered to complete the same measures without receiving an intervention. Fortunately, the researchers thoroughly analyzed pretest data and found that only violent behavior was significantly different between the groups, which was to be expected as it was the reason for IROP referral (Whaley & McQueen, 2020).

Ethical Considerations

Research on culturally responsive juvenile justice interventions involves specific ethical considerations. Some of these considerations can be addressed through refinement of research practices, but others are static due to the inherent challenges of conducting research in the juvenile justice system with detained adolescents (for a comprehensive review of these issues, see Lane et al., 2012). One that was prevalent across the studies in this review was the question of voluntary participation. In typical clinical research, voluntary participation is critical to ethical practice, as it protects participants from being coerced into research protocols, or being harmed during research without the option to withdraw. In these studies, however, justice-involved adolescents were referred to culturally responsive interventions as a stipulation of their probation. As such, their participation in these studies was not voluntary. Juvenile offenders in comparison groups completed traditional probation stipulations, so this issue of voluntary participation was not related to between-group differences in outcomes.

Another ethical consideration is that incarcerated individuals and adolescents constitute vulnerable populations that warrant special Institutional Review Board

(IRB) approval. In order to approve research explicitly involving incarcerated individuals, the approving IRB is required to have a prisoner or prisoner representative on the board (Lane et al., 2012). None of the recidivism studies mentioned an affiliate IRB or addressed these ethical considerations. The delinquency risk studies, on the other hand, did mention IRB processes and considerations, possibly because they were affiliated with community organizations and academic institutions. Since the delinquency risk studies did not include detained adolescents, they did not have this IRB requirement.

Finally, this core ethical principle of equity is germane to the risk-oriented designs of this research. Justice-involved adolescents are referred for services based on their individual risks and needs (Bonta & Andrews, 2007). As such, the provision of services is inherently inequitable, higher risk adolescents may be prioritized to receive more services or more efficacious interventions, and detained participants cannot be randomized to study conditions. These systemic processes create static limitations for clinical research in these settings. In the recidivism studies of this review, intervention and comparison groups were matched based on key demographics and legal history in order to minimize pre-intervention between-group differences. This was also a concern in the delinquency risk studies. High-risk adolescents were referred to the culturally responsive interventions, meaning low-risk adolescents who also could have benefited did not have equitable access to the interventions. Future studies can address this limitation by including adolescents of differing risk levels and controlling for it in analyses.

Conclusions

Research on culturally responsive interventions for Black youth suggest that both culturally focused and culturally centered approaches contribute to marked reductions in recidivism in justice-involved adolescents and delinquency risk in high-risk adolescents. Culturally responsive interventions appear to be more efficacious than traditional probation and re-entry services and may also result in fewer offense-related costs. Moreover, although the infusion of Afrocentric values and practices may be particularly salient to Black adolescents, RJ, a model derived from African culture appears efficacious with White adolescents as well. Further cohort studies are needed to assess the effectiveness of culturally responsive interventions at reducing delinquency risk in high-risk adolescents, but extant research in this area is promising as well. These findings have important implications for juvenile justice policy, program development for adolescents in community and juvenile justice settings, and future research.

These findings underscore the need for culturally responsive juvenile justice interventions; not only are they warranted to address DMC, but they may be more effective at reducing recidivism in Black adolescents than traditional colorblind juvenile justice interventions. Other reviews of culturally responsive interventions suggest that this effect is not limited to Black adolescents (Jackson et al., 2010;

Vergara et al., 2016). This resonates with the Risk-Need-Responsivity model, which proposes that individual-level factors and treatment characteristics may affect an individual's response to treatment (Bonta & Andrews, 2007). The effectiveness of most of the interventions explored in this review reflect a cultural match between the intervention and the individuals receiving it. Since other BIPOC groups are overrepresented in the juvenile justice system, culturally responsive interventions should be developed reflecting those groups' sociohistorical context, cultural values, and practices as well. Although all states may benefit from culturally responsive programming due to DMC, states with robust non-White juvenile justice populations, or with low rates of success with traditional juvenile justice interventions stand to benefit the most from this policy.

The findings of the current review also offer insights into how to develop and implement culturally responsive interventions. Williams and Becker (1994) emphasize the importance of cultural focus (attention to cultural experiences and sociohistorical context) and cultural centering (infusion of cultural values, use of cultural practices) in developing a culturally responsive intervention. To this end, partnerships with culturally relevant professional organizations like ABPsi can help to ensure that interventions maintain cultural fidelity (Grills et al., 2016). Regarding implementation, partnerships with community stakeholders can help to ensure that interventions are developed based on youths' specific contextual needs (Wooldredge et al., 1994). A one-size-fits-all approach to this work is insufficient, as an adolescent's environment plays a sizeable role in their development as well as intervention effectiveness. For prevention programs implemented in schools and community programs, culturally incongruent or biased policies can cause iatrogenic harm (Whaley & McQueen, 2020). It is also worth noting that although most studies on juvenile justice interventions and offense-related outcomes focus on mitigating risk, further research on PYD and protective factors may complement this work by highlighting additional pathways to preventing justice system involvement (Beausoleil et al., 2017; Grills et al., 2016).

The findings of the current review offer several directions for future research. First, future studies should review culturally responsive interventions specific to other BIPOC groups. To build off of Vergara et al.' (2016) meta-analysis, studies initially developed as culturally responsive should be the focus rather than cultural adaptations of extant interventions. This work is particularly important in the context of the moral panic over Diversity, Equity, and Inclusion work; strengthening the evidence base for culturally responsive interventions will reinforce the value of cultural responsivity in promoting the well-being of BIPOC youth. Second, future studies should use comparison groups and longitudinal designs to evaluate culturally responsive interventions aimed at delinquency risk. Such studies are needed to statistically isolate the impact of these interventions. Third, future studies should use a PYD approach to target recidivism or delinquency risk, complementing more common deficit-based approaches. These recommendations should improve understanding of the effectiveness of culturally responsive interventions, aid in their development for other BIPOC groups, and possibly promote positive behavioral and attitudinal changes in justice-involved and/or high-risk adolescents.

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Collective Action in Black Liberatory Forensics

Resisting the Mental Health Industrial Complex: Honoring Ancestral Wisdom and Adopting African/Indigenous-Based Therapeutic Practices



Jean Semelfort Jr.

Introduction

The identities we hold cannot be separated from healing work. I am a licensed mental health therapist in both New Jersey and Pennsylvania. Everyone in my family was born in the First Freed Black Nation, Ayiti (Haiti), which explains the amount of pride emanating from our pores. My Haitian cultural identity and language not only contribute to my overall understanding of mental health, but also the traumas sustained through assimilation to Western standards, gender dynamics and expectations, and child-rearing practices. I was born in and lived in Newark, New Jersey throughout the majority of my life, a place I have come to love for toughening me up and have at times resented for not allocating enough space for me to be soft without dire consequences. Being the youngest of three—two older sisters who are twins—and the only male gave me VIP access to the incessant violence Black women experience and the ruptures existing within the men who perpetuated such acts. Living in Newark showed me the implications racism and sexism has for all Black bodies (Cis, queer, American-born, Immigrant, justice-involved or not). Influenced by my lived experiences and those around me, I have gravitated towards Black feminist thought and spent many years integrating it into my clinical work with clients, particularly those who are justice-involved and in my violence prevention outreach work.

bell hooks (1990, p. 215) wrote “true resistance begins with people confronting pain...and wanting to do something to change it.” “Healing” and “Therapy,” two words prior to the 2020 COVID-19 pandemic that were not often believed to be in association with each other within Black communities. In the media, nuanced depictions of those within the African-diaspora engaging with mental health were/are not in-depth and are often non-existent, making examples of prosocial ways to mend

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internal fractures and complex relationships inaccessible. Still, while the modality of therapy as a form of repair may not have been fully embraced until recently within Black communities, it does not mean practices of healing our minds and spirits are not rooted deep in our bones. I believe a “both and” perspective is an essential skill needed throughout the process of Black psychological liberation. For me, Black psychological liberation is defined as a Black person’s ability to access all of their humanity—their rage, joy, excitement, love, silliness, intellect, and all of the many other pieces within themselves. With this acceptance of self, there must also be a normalized acceptance and safety within their communities. In this way, there are no attached stigmas, rather an understanding that this is who they are and we can honor the entirety of their mind, body, and spirit.

Aspiring to Black psychological liberation cannot exist without acknowledging the multitude of harms inflicted on Black bodies. While Black suffering is true, another truth is that written within our DNA are the transgenerational strengths passed down from our ancestors that many mental health practitioners/healers, existing in a multitude of settings—carceral institutions, community centers, college institutions, and hospitals—working with marginalized populations use to facilitate healing (e.g., Mullan, 2023). Reflexively, Black bodies attempt to soothe pains in manners that are holistic. This chapter is in honor of the practitioners/healers before us, those with us, and most importantly, within us. It will challenge dominant cultural stories, stereotypes, and scripts; rethink mental health solutions within predominantly Black communities; and use deep reflexivity to explore the intersections between the self and society.

This chapter will focus on (1) examples from clients who are justice-involved from my time spent consulting and partnering with The Paterson Healing Collective (PHC), a community agency located in Paterson, New Jersey. The agency facilitates violence prevention by specifically working with individuals at-risk, justice-involved, and/or survivors of gun-violence through trauma-informed case management, psychoeducation, job skill development, and mentor-ship; (2) the ways African/Indigenous-based therapeutic practices are currently being integrated to decolonize Western mental health strategies and assist in not only mending personal injuries but communal ones as well; and (3) the importance of collective healing to address traumas sustained through systems, including, discriminate policies and laws, lack of governmental accountability/repair, and present day practices of segregation. This is an exploration of how to tune into and intentionally rewire Black bodies’ inherited survival mechanisms triggered by significant events in their lives. Please note, that while this chapter focuses on key modalities of healing, it will not cover every nuance. Instead, allow this to be a launchpad of necessary exploration and reframing as it pertains to this therapeutic journey.

Mental Health Industrial Complex

During COVID-19, Black families were disproportionately impacted by the pandemic because it occurred through an established and elaborate system of racism. Armstrong and colleagues (2022, p. 13) explained:

Black communities are suffering not only from the COVID-19 pandemic itself, but from the antecedents and consequences of the virus, including higher levels of morbidity and mortality (Cyrus et al., 2020; Yancy, 2020), greater incidences of unemployment, underemployment, food insecurity, homelessness, incarceration, grief, and loss as loved ones themselves are disproportionately affected by COVID-19 (Snowden & Graaf, 2021). Political uncertainties and rising awareness of racial injustice demonstrated time and time again by police brutality and subsequent acquittals pose further threats to an already marginalized population.

This, in turn, resulted in mainstream media becoming more receptive to highlighting the voices of Black mental health practitioners and advocates speaking on psychological conditions and needs.

Yet, the reluctance to embrace popular mental health solutions stems from the racist roots of the mental health industrial complex (MHIC). It is crucial to recognize the MHIC as an extension of colonial violence that perpetuates contemporary oppression while validating the legitimate concerns of Black communities (Greene, 2019; Guthrie, 1998). Among these concerns is the fear of stigmatization and the social consequences that a DSM diagnosis can have for Black people (Abdullah & Brown, 2020). Mental illness stigma involves society's tendency to devalue individuals with mental health conditions, encompassing harmful stereotypes, negative attitudes and behaviors, loss of social status, and discriminatory actions (Hinshaw, 2007). Thus, for Black people especially, the MHIC does not and cannot sufficiently label or treat. Enclosed within the walls of many spaces (e.g., schools, homes, and justice-involved facilities) riddles phrases of minimization and shame whenever neurodivergence, depression, and/or anxiety are centered as an explanation to the many issues existing within Black bodies. One of the many minimization scripts often triggered to explain these mental health conditions is the simplistic phrase, "they are just different." Black families continue to navigate both historical and intergenerational traumas with maladaptive interpersonal skills that sustain the tears within the human spirit, heart, mind, and body. Our interventions, specifically toward intergenerational trauma, must recognize that "the transference of trauma isn't just about how human beings treat each other. Trauma can also be inherited genetically. Recent work in genetics has revealed that trauma can change the expression of DNA in our cells, and these changes can be passed from parent to child" (Menakem, 2017, pp. 39–40).

Paterson Healing Collective

Some years ago, the director of PHC brought me in as a mental health consultant to work with her staff, who all identified as formerly justice-involved and survivors of gun-violence. My role was to provide them with a space to process their complex trauma stories and explore how these experiences shaped their relationships to providing care. This was deep work as every one of the PHC staff members continued to work in Paterson, the very city they all experience/d various forms of harm in. While I may have been the “expert” in facilitating dialogue and creating a space for shared healing, the staff brought with them well-developed skill sets they had cultivated throughout their lives in Paterson. Frequently existing within many neighborhoods economically impacted by “white supremacist patriarchal colonial violence” (zoning, redlining, and over-policing/police brutality) are rivaling neighborhoods, blocks, and/or sets. Within that context, PHC has established itself as a neutral zone, composed of folks from rivaling neighborhoods operating as colleagues in the work of violence prevention and communal healing. Interventions from PHC can and have ranged from mediating conflicts between members from rivaling neighborhoods and deterring someone from exacting revenge, to showing up at the bedside of persons who have been shot to provide them emotional support and advocacy. The director and staff understand how rapport with the community is essential in any work towards moving people.

It is inherited-ly Indigenous and African for our wellness to be communal and holistic. Somé (1997) stated:

When you don’t have community, you are not listened to; you don’t have a place you can go to and feel that you really belong. You don’t have people to affirm who you are and to support you in bringing forward your gifts. This disempowers the psyche, making you vulnerable to consumerism and all the things that come along with it. Also, it leaves many people who have wonderful contributions to make holding back their gifts, not knowing where to put them. And without the unloading of our gifts we experience blockage inside, which affects us spiritually, mentally, and physically in many different ways. We are left without a home to go to when we need to be seen. (pp. 22–23)

Any form of healing/treatment must be courageously inclusive even within one-on-one session dynamics. Therapy must courageously walk through the fields of racism, sexism, misogyny, queerphobia, xenophobia, islamophobia, and anti-Blackness through both the lens of victimization and perpetration of harm. I believe that therapy is a modality of healing that needs to operate in collaboration with other methods of healing. It is essential that healing practitioners both acknowledge and access the powers existing within the community. PHC in many ways has informed the community that “we see you” through the careful selection of staff—staff who are members of that community, staff who share similar identities, staff who are presently or have experienced similar, if not the same, plights. It is important for all to be seen and felt in order for repair and healing to occur.

My observations in justice-involved spaces and higher education institutions, particularly while working with male-identified individuals who have perpetrated

sexual harm, have highlighted the critical need to incorporate intersectionality into our restorative practices. We do a disservice if we do not see misogynoir as a subset of white supremacist patriarchal structures and practices entangled with our overall state of well-being. Misogynoir, a term coined by Dr. Moya Bailey, refers to “the uniquely co-constitutive racialized and sexist violence that befalls Black women as a result of their simultaneous and interlocking oppression at the intersection of racial and gender marginalization.” (Bailey, 2021, p. 1). Too often, I have found that in doing the work of collective Black healing, particularly within carceral settings or with those who are justice-involved, conversations that fall between the intersections of masculinities and rehabilitation continually endorse a “manning up” ideology and perpetuate misogynoir. I have seen patriarchal racism and misogynoir operating in three distinct ways throughout Black communities: (1) for Black men, there is a strong emphasis on achieving financial security through employment and entrepreneurship, coupled with an altruistic mindset that positions their bodies in a state of constant service to others; (2) there are Black women who internalize similar ideologies and receive resentment for it, without acknowledgement that they did not create the ideas themselves; and (3) there is a lack of exploration around Black queerness, and the learned reaction to negate and pathologized Black queerness, as something that needs to be cured.

Case Example

One evening at PHC, I facilitated a session where the group participants explored gender stereotypes, societal expectations, and their implications for relationship dynamics. Due to the open format of groups, while you have your usual attendees from the community, others are welcomed to join in at any time. This format often leads to a mix-gendered group of predominantly Black residents from the surrounding area. Within this group, the discussion quickly escalated into what some would refer to as a “gender war.” Back and forth hurling of blame, minimization, deflection, and rationale explaining away the harms inflicted onto one another. Female identified participants spoke to the pervasiveness of gender-based violence, and communicated the difficulty in accessing their “softness” as a result of feeling unsafe with their male counterparts. Softness, often interchanged with nurturance, was described as the ability to offer emotional support through affirming language, domestic tasks, and empathy. Male-identified participants within the group gave voice to the stringent expectations of Black masculinity, which focused on being a provider, emotionally intelligent, a leader, and a protector. They continued that there was a lack of acknowledgement/validation of their attempts to succeed, and that they were instead often ridiculed and criticized, which left them resentful. They also felt they had little to no space for their emotional experiences.

Neither party, articulated accountability in a manner that fully recognized the other’s pain. Those present attempted to distance themselves from the most egregious depiction of their gender identities, and blocked any possibility of seeing

themselves operate on the spectrum of gender-based violence. A particular result of white supremacist patriarchy is to dichotomously code things, you are either criminal or a law-abiding citizen, good or evil, right or wrong, victim or perpetrator. Given that most in attendance were/are justice-involved, the reflex to stay clear of any overarching labels that dismisses the totality of who they are is quite understandable. Still, the harm needs to be named and the aversion to challenge in a manner that pushes beyond the black and white thinking of identity must be fought. Within this space, it felt imperative to introduce new/ancestral language and strategies that could capture the nuance of the experiences articulated without taking away the severity.

Opportunities for Black bodies to not only explore the pervasive harms of sexism, gender-based violence, pay inequities, gender expectations and stereotypes, but also challenge them are limited. Instead, we double down on traditional conservative notions of gender and sex in a manner that greatly impacts cohesion and forward movement. Emphasis on story-telling returns us to our ancestral practices of holding space for the complexity of human-beings and how sharing creates space for radical acceptance and relation-based connection. So I welcome you to: close your eyes for a moment, bring forward an experience/action that has created much shame for you. Now envision being in a space, where someone else shares that exact experience/action. Allow yourself to feel an array of emotions that can range from relief in knowing that you are not the only one to motivated in finding a possible way forward.

Who Gets to be a Healer?

Decolonizing mental health work must acknowledge and accept that licensure and degrees are not and should not be the required credentials of healers. Personally, the thought around licensure was an area of struggle, as it required me to rethink the characteristics of what makes someone effective within the field of mental health. It was a call for humility, to shed self from Western beliefs that place value on its own educational system or those alike as the experts on what successful implementation looks like. Specifically, what gives someone the *right* to be a mental health therapist? It was necessary to move away from looking at being a healer/practitioner as a right, instead seeing it as a spiritual/moral calling.

Case Example

Never would I have thought licensed mental health therapists and law enforcement could be seen as similar or operating in tandem. Blinded by the image of “helper,” I unconsciously refrained from thinking about how state requirements around my

licensure enforced policing practices such as mandatory reporting. Inguanta and Sciolla (2021) argued:

It is evident that white supremacy is the ideological backbone of the family regulation system. Through the operation of the family regulation system, including the foster care system, the United States demonstrates that it believes the state will do a better job of parenting a child than those living in poverty, specifically Black folks, Indigenous individuals, immigrants, and people with disabilities. This is the intent of the family regulation system and has been since its formation; it is by choice, not coincidence, as was seen in the Orphan Train's movement to 'clean up' urban communities. This kind of thinking has a dire legacy in the United States and must end. Mandated reporting contributes to the racial disproportionality within the family regulation system at both state and federal levels. (pp. 125–126)

Viewing the MHIC as grounded in healing was/is a farce uncovered by shedding white supremacist expectations and being open to the Black radical feminist theories and practices around mental/emotional healing. I remember reading a social media post referring to licensed therapists as “soft cops.” My immediate thought was, “why do they have to liken us to cops? Especially with the little well-intended and culturally competent, mental health therapists of color who are operating in these systems trying to support others sharing similar identities.” This visceral reaction indicated that a nerve had been struck, prompting me to investigate further to understand why. I found clarity in the work of Inguanta and Sciolla (2021) who explained:

The first manuscript reporting racial disproportionality in the family regulation system dates back to 1972 (Billingsley & Giovannoni, 1972), and its findings continue to hold true 45 years later. In 2000, it was reported that Black children represented 38% of the foster care system while being only 16% of the national population (National Council of Juvenile and Family Court Judges [NCJFCJ], 2017). Between the years of 2000 and 2011, Black children were twice as likely to be removed from their parents' care as white children (Sangoi, 2020). Black children were overrepresented in foster care in 46 of the 50 states in 2015 (NCJFCJ, 2017). In 2015–2018, only 9 out of every 1,000 cases in the United States reported to child protective services were confirmed cases of maltreatment (KIDS Count, 2018). In 2017, in California and New York, Black children were represented three times more in foster care than they were in the state's population (NCJFCJ, 2017). Of cases that were confirmed as maltreatment, in 2018, 18% involved Black families and 23% involved Hispanic or Latino families (KIDS Count, 2018). Thus, for 2018, children of color accounted for approximately 65% of all children in foster care throughout the United States (KIDS Count, 2018). As of 2020, children that are Black represent 23% of kids in the family regulation system while only representing 14% of the national population (KIDS Count, 2020). (pp. 126–127)

It is important to note that justice-involved parents are also often subjected to family separation practices indicated in the statistics above. Such harms, both historical and present perpetrated by licensed mental health therapists, need to be acknowledged for the communities we are working in. Without this recognition, our healing efforts can only exacerbate these pains. This has become clear through my work with the PHC.

Given that the PHC is not composed of healers who are also licensed mental health practitioners, they have collaborated with Paterson Police Department along with the local hospital's behavioral department. They have found these partnerships

necessary to respond to crisis situations with the goal of de-escalation through holistic support, including addressing mental and emotional crises. While partnerships exist between community agencies like PHC and local law enforcement, licensure or lack thereof often gets in the way of staff being seen as mental health professionals fully-equipped to effectively respond to mental health emergencies. This fundamental misconception of healing came to a head on March 23rd, 2023 when Najee Seabrooks, a PHC staff member at the time, was killed by Paterson Police Department (PD) during a mental health crisis. During his crisis, Najee, a Black man from Paterson, contacted both Paterson Police Department along with his fellow PHC co-workers/friends for support. Paterson PD denied PHC trained, experienced crisis interventionists the access to support Najee through obvious mental health distress. While the rationale of ensuring the safety of civilians can be tempting to anchor to, it is not justifiable.

Footage of Najee's death went viral and many throughout Paterson were subjected to deep intimate and racial trauma as Paterson PD raced to justify their actions. In a similar and prior case, PHC and Paterson PD successfully collaborated, utilizing staff's expertise to deescalate a person in distress in order to provide them with the appropriate level of support. It is important to note that while the commonalities of the crisis were shared between that individual and Najee, racial/ethnicity was not.

Case Example

Before consulting with PHC, I worked in correctional facilities where, for many individuals, it was their first time encountering a mental health therapist. My clinical documentation within that setting held significant power. It played a part in determining if that person received a more favorable outcome around parole or half-way housing when transitioning from the space. It was only after I stopped working in carceral institutions that I began to understand the hesitation of justice-involved individuals to view mental health practitioners as a safe and viable source of support. While there can be value in institutional learning, humility is imperative when working within any community, for it is the members who are the "experts" on their needs and effective modalities. Particularly, within the carceral system that focuses on reinforcing/sustaining oppressive systems through severe and cruel punishment, we in-turn can/have metabolized ideologies that dismiss how much those in it are or can be stewards of healing.

When entering any community as a mental health practitioner, it is important to assess both the needs and the inherent wisdom within the people. Ojelade et al. (2014) noted that the "utilization of such healing modalities may be indicative of an affirmation of cultural heritage or historical concerns regarding stigma, racism, and treatment strategies inconsistent with the cultural values and worldview of this population" (p. 492). These healing modalities are defined as "helping beliefs and strategies that originate within a culture or society and that are designed for treating the

members of a given cultural group,” a definition originally cited by Constantine et al. (2004) (as cited in Ojelade et al., 2014, p. 493). Failing to recognize and respect these cultural practices can perpetuate harm by echoing colonial violence, which involves imposing external ideas of what is effective or appropriate. Mental health researchers and/or practitioners licensed and/or unlicensed should not operate as gatekeepers to who is allowed to provide healing. Interjecting ourselves into spaces in a manner that does not honor the “indigenous healing” that has occurred already. The role of the practitioner in that space is to collaborate in the creation of a language inclusive of the members holding space together and recognize how non-physical violence shows up. It is to engage in very pointed explorations and assess the gaps existing within the wisdom of the community members and confirm them with those present in the space.

African-Centered Healing Circles

Black psychologists who have noticed these gaps, formulated restorative communal practices that honors ancestry and merges innovative healing strategies (Grills et al., 2025). This has resulted in an array of healing circles and restorative practices emerging locally and globally. One of them being Sawabona Healing Circles (Auguste et al., 2024). Sawubona is an isiZulu greeting meaning “I see you/we see you” and represents the collective nature of being. Using an African-centered worldview, the Sawubona Healing Circles were initially designed to recognize and validate the challenges of Black first responders at the onset of COVID-19 and equip them with African-centered healing strategies. The Sawubona Healing Circle program focus eventually expanded to address the emotional and psychological responses to anti-Black violence and other racially driven factors. Sawubona Healing Circles provide virtual healing, support, and validation for Black people navigating life, mental health, and other health challenges while dealing with the stress and trauma of racism in its various manifestations (Auguste et al., 2024). Sawubona Healing Circles, and other African-centered healing circles, allow us to envision and practice communal healing practices that operate outside of the stringent ideologies and structures of MHIC. It pushes away from the individualized notions of “getting yourself together” and taps into the power existing within the community.

Conclusion

“Emancipate yourself from mental slavery, none but ourselves can free our minds”—Bob Marley.

Stripping away white supremacist patriarchal expectations around mental health therapy allows us to treat generational wounds inflicted and sustained by colonial

violence at the root. In the process of shedding, we automatically return to our ancestors, accessing their remnants for strength, wisdom, and strategy. In that place, we are able to create innovative solutions where we see Black liberation as a right rather than a privilege. Pathologizing systems more than we do individuals leads to addressing root causes of mental health issues. Indigenous/African mental healing is holistic. African-centered mental health healing sees the wisdom in the moments when our mothers ask, “Did you eat?” because they have observed a shift in our mood. It also embraces structured modalities, like healing circles run by trained mental health practitioners.

We can observe the radical potential of such practices in community-led violence interruption work, such as the PHC, where communal healing fosters de-escalation and builds resilience in communities most impacted by systemic violence. Conversely, the failure to fully embrace these healing practices has deadly consequences, perpetuating cycles of harm and leaving wounds unaddressed. Decolonizing mental health asks that we acknowledge, question, and push back on the barriers (i.e., licensure, state laws, educational requirements) that make full healing inaccessible for Black people, whether receiving help or desiring to be in the position to help. African healing allows us to say to each other *mwen wè ou* (I see you). *Ayibobo* (Amen).

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“We Who Believe in Freedom”: The Duty of Forensic Psychology to Reparations Movements



Cheryl Grills and Robyn Douglas

Introduction

The goal of leveraging psychology to shape state responses to Black people in ways that promote reparations is both urgent and essential. The historical record of enslavement and its enduring legacy of systemic racism underscore the necessity for reparations to complete America's unfinished business. Reparations represent not only a means of redress but also an opportunity to heal and rebuild communities. Psychology, particularly through the lens of critical psychology and Black Psychology, is pivotal in advancing social justice. This includes calling out the American Psychological Association's apology for past civil rights violations against the incarcerated and ensuring that this apology translates into meaningful action. Forensic psychologists have a unique and significant role. They can conduct and disseminate research that highlights the psychological harms caused by systemic racism and carceral practices, advocate for policy reforms that address these injustices, and develop clinical interventions that support the mental health and reintegration of formerly incarcerated African Americans. Moreover, forensic psychologists can provide expert testimony in legal proceedings, consult on policy development, and collaborate with community organizations to create support networks to support reentry. By taking these specific practical steps, psychologists can contribute to the movement for reparations and foster a more equitable and just society for African Americans impacted by the carceral system.

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Historical Context

The call for and the merits of reparation cannot be appreciated absent of at least a rudimentary understanding of history. The American institution of enslavement is inextricably tied to the establishment, history, and prosperity of the United States. American government at all levels allowed or participated in exploiting, abusing, terrorizing, and murdering people of African descent so that mostly White Americans could profit from their enslavement (Goodwin, 2018). Half of the nation's pre-Civil War presidents enslaved African Americans while in office (Kimberley, 2020). More than 1700 Congressmen from 37 states once enslaved African Americans (Weil & Blanco, 2022). By 1861, nearly two percent of the United States budget was allocated to the payment of expenses related to enslavement including enforcing fugitive slave laws (Ericson, 2005). Buttressed by the highest levels of American political leadership, America's wealth was built by the forced labor of trafficked African peoples and their descendants who were bought and sold as commodities (California Reparations Report, 2023d, Chapter 2). In fact, the United States built one of the largest and most profitable enslaved labor economies in the world (Stelzner & Beckert, 2024). This economy was cemented by an anti-Black mindset that continues to permeate every facet of American life, including American jurisprudence, law enforcement, and the carceral system.

In order to terrorize and force this captive population to work without pay, the colonial and American governments created a form of enslavement that deemed race as the sole, legal basis for life-long enslavement, that children born of the enslaved were enslaved from birth, and that people of African ancestry were naturally destined to be enslaved (Kolchin, 2003). Control was established and maintained by means of racial terror. To ensure increased production and profits, enslavers regularly staged public beatings and performed all manner of violent acts as standard fare (Baptist, 2014a, 2014b). The ever looming threat of physical violence, psychological torture, loss of connection to loved ones, and any semblance of dignity and safety ensured at least feigned resignation to the status of enslaved.

Why is this historical account important? It provides a lens through which to understand current systems, practices, mindsets, and attitudes that permeate American life and the American carceral system. For example, following the abolition of enslavement, government entities continued to perpetuate and condone practices that brutalized descendants of U.S. slavery. This legacy resulted in debilitating financial, educational, and physical hardships uniquely experienced by Black Americans. The vestiges of enslavement, undergirded by an undisturbed anti-Black mindset lives on in the present day—simply look at the disparities found in the social determinants of health, or common indicators of social, educational, or occupational success. Black people are at the bottom of every good list and the top of every bad list (Burrell, 2010) Post the period of enslavement, racism and discrimination remain deeply baked into America's DNA. The Slave Codes shapeshifted into the Black Codes and Jim Crow laws segregating African Americans and White Americans in every aspect of life. Eventually, these shapeshifted into the

present-day over-incarceration of African Americans using various rationales such as drug offenses as a justification. With the decriminalization of certain drugs, the U.S. Supreme Court has paved the way for a new reason for mass incarceration of Black people—simply being unhoused (*Johnson v. Grants Pass* 2024; Howe, 2023).

Essentially, “The slave went free; stood a brief moment in the sun; then moved back again toward slavery.” (Du Bois, 1935, p. 32). A rudimentary understanding of American history is essential because what America fails to understand is that in the American context, Black people did not elect to be here—they were stolen and enslaved; they did not elect to vote—they fought to get the vote; they do not elect to be poor—they were systematically impoverished; they do not elect to be homeless—they were systemically excluded from home ownership and/or swindled out of their homes; they do not elect to be miseducated and under-educated—they face massive education disparities buttressed by structural racism; and finally, they do not elect to face carceral violence—they are disproportionality targeted by the carceral system in the U.S.

Reparations, at its core, is a form of resistance to oppression (Miller, 2019, p. 363). What was done to African Americans in this country is unparalleled in its assault on the humanity and dignity of a people and in its breadth, duration, and cruelty. The harms endured during and post enslavement were multifaceted. The forms of repair must be equally multifaceted, inclusive of long overdue repairs within law enforcement, American jurisprudence, and the criminal justice system. Reparations is a call to live up to its reputation as a beacon of democracy and American values of fairness, justice, equality, and civility. It is a call to be who we say we are as a nation. As such, reparations is not simply a “Black” issue. It is an American reckoning. Each time America acknowledges its wrongs, repairs them, and becomes more inclusive, the nation and our system of justice are made stronger and more authentic. The idea of reparations as a form of restitution for communities who have been wronged by oppressive laws and policies is not novel in the U.S. Restitution, while denied to African Americans has been afforded to others in the form of payment to Indigenous Americans, for “denial of citizenship rights and loss of personal property”; payment to the Philippines for the damages caused to their country by the U.S during World War I; reparations paid to Japanese Americans for “denial of rights, seizure of property and confinement in concentration camps during World War II.” These are but a few examples but these examples beg the question, why is it so hard to fathom reparations for African Americans?

Reparations stem from, but are not limited to, a “breach of contract” (Ogletree, 2002) between the newly freed and the US government. In the end, four million men, women, and children across the nation were freed without a penny of earned compensation. But—slave holders were compensated for their lost human “property.” The debt from a breach of contract and the enduring legacies of enslavement remains unpaid.

Reparations are responses that are justified based on past harm; the legacy of those harms; and enduring, present-day harms. Reparatory responses should assess and correct the harms in their various forms—material, psychological/emotional, societal, carceral, etc. and protect the lives of those who would be harmed in the

future simply because of their race. Ultimately, reparation is about (a) **assessment and correction of the harms** (in their multiple forms—material; psychological/emotional, societal etc.); (b) creating a diverse set of **responses** (programmatic, financial, and healing) that build a better future by correcting past injustices; and (c) **processes** that lead to a reversal of harmful racial attitudes and narratives that in part can be achieved through truth-telling, policies, and structural changes.

The U.S. is in good company in the movement for reparations. This has become an international movement as people of African descent in the Caribbean, Central, and South America, Europe, and the continent of Africa seek redress from their kidnappers, enslavers, and colonizers. Transnational, pan-African, grassroots movements such as the Global Pan African Congress (GPAM), the Caribbean Community and Common Market (CARICOM), the United Nations Permanent Forum for People of African Ancestry and more are simultaneously waging reparatory campaigns that embolden the efforts of the U.S.

“We who believe in freedom cannot rest until it comes” (Sweet Honey in the Rock, 1988). Reparations is a critical step toward enacting complete freedom and dignity for African Americans, but it is a journey that requires full American engagement and ownership across all racial groups and sectors of society. The “we” in this lyric should and must include those who serve within the criminal justice system.

Practical Implications for Forensic Psychologists

How much is one man’s life worth? How about two lives? Twenty? Because it’s not just one man’s life that is lost. It’s his family’s life, his wife’s life, his children’s lives. (Collof & Zavadski, 2020).

Lest we forget, a key purpose of the discipline of psychology is to affect social change and to develop interventions whereby psychologists can assist in solving problems of all communities including African Americans and other racial/ethnic groups. (ABPsi, n.d., ABPsi mission statement, para. 2). Incarceration is a critical societal issue that negatively impacts the well-being of society’s most vulnerable members, weakens feelings of personal autonomy, deteriorates relationships with the community, and increases feelings of hopelessness and mistrust (Lira & Castillo, 1991, p. 236). Over the years, many psychologists and divisions within the APA have advocated for better conditions within carceral spaces (e.g., jails, prisons, detention centers, and asylums) in a myriad of ways. They have produced scholarly work on the unjust conditions within these institutions, designed and delivered treatment programs for the incarcerated and carceral staff, served as researchers and translators of correctional science, acted as advisors on reform committees, and created scientific reports and articles that play key roles in advocating for carceral policy reform (Batastini et al., 2023). Undoubtedly, psychologists can and must play a key role in driving correctional policy and practice (Bierie & Mann, 2017) and this role should include reparations.

Institutions like the American Psychological Association must reckon with their role in perpetuating unjust conditions for marginalized populations and their overincarceration. Previous acts of APA malfeasance have included calling for the indefinite confinement of imprisoned people in the United States and providing the U.S. military with novel political prisoner torture tactics (Gómez et al., 2016). Psychology must hold itself accountable and recognize the institutional power and responsibility it holds as providers, researchers, and advocates to interrupt the criminalization and pathologization of at-risk populations served by practitioners (Auguste et al., 2023). The criminalization of African Americans has led to substantial physical harm, imprisonment, and deaths—more so than other racial groups relative to their percentage of the population (California Reparations Task Force, 2023a, Ch. 11).

Within this context, the work of reparations is a natural extension of a Black liberatory approach to forensic psychology. Forensic psychologists/psychiatrists have a duty to redress the harm caused by the state and society. These harms extend beyond the incarcerated individual. For example, exposure to parental incarceration is a significant marker of accumulative risk for mental health distress, cumulative disadvantage, and behavioral difficulties for Black youth. This can increase the likelihood of transgenerational incarceration (Boch, 2017), cumulative trauma, the intergenerational transmission of inequities, and perpetuation of stereotypes and negative attributions directed against Black communities. Policies that promote criminal justice reform hold great promise for disrupting the cycle of intergenerational trauma (Alexander, 2015) and dismantling structurally racist institutions and practices (Hankerson et al., 2022).

Consistent with its liberatory tradition, Black psychologists and their colleagues have demonstrated this a commitment to this duty by providing expert testimony at reparation hearings. For instance, at hearings of the AB 3121 Task Force to Study and Develop Reparations Proposals For African Americans, lawyer Enola Aird, founder, and president of Community Healing Network (CHN) provided testimony that traced the roots of “The Lie” of White superiority and Black inferiority that for centuries has dehumanized Black people and justified centuries of oppression. She highlighted how this lie has permeated Western culture, caused ongoing emotional and physical harm, and fostered self-loathing and diminished self-worth among Black people. Past president of the Association of Black Psychologists, Dr. Theopia Jackson argued that the mental health field is rooted in racism, with systems that continue to discriminate against people of color. She emphasized the impact of cultural, historical, inter-generational, and racial trauma, linking these to the legacy of enslavement. She called for collective action to influence decision-making to address these historical injustices, and the need for the voices of affected communities to lead the discourse. Dr. Shawn Utsey, a member of the Association of Black Psychologists discussed the reality of historical trauma and its intergenerational transmission, highlighting the enduring impact of 400 years of anti-Black racial violence. He emphasized that Black Americans remain primary targets of racial violence through police and carceral violence and critiqued the lack of research documenting the psychological trauma and emotional harm related to this history.

Psychologist, Dr. Brian Nichols submitted written testimony articulating a cogent argument that “in the demand for reparation, there is healing of the historical victim through the self-recognition and defiant affirmation of humanness.” Black/African-centered psychology has been at the forefront in the call for reparations within forensic settings. African-centered scholars and practitioners, have long advocated for equity, justice, and reparations. It is only recently, and after persistent requests from Black psychologists and community psychologists to do so, that the APA has joined the chorus with its recent 2024 convention position statement in support of reparations stating that “The push for collective reparations and restorative justice processes that move toward restitution is now gaining momentum across cities, municipalities, and historical institutions globally”. The following resolution establishes APA’s support for restorative initiatives that facilitate healing and repair for survivors of individual, collective, and intergenerational trauma (American Psychological Association, 2009).

The historical legacy of Black social justice movements is peppered with targeting Black political leaders and community activists by law enforcement agencies with the aim of neutralizing them. Aligned with the legacy of chattel enslavement, public lynchings, and the civil rights era, police violence against Black Americans has been pervasive, with a long history of unjust killings. In general, Black Americans are significantly more likely to be victims of police brutality compared to other racial groups (Hassell, 2018; Zimring, 2017). Black Americans (youth and adults) are more likely to be stopped, searched, and arrested by police compared to white Americans. Black men and women comprise about 13% of the male and female U.S. population, but Black men make up 35% of incarcerated men, and Black women make up 44% of incarcerated women (Hinton et al., 2018). Black American youth are also overrepresented in the juvenile justice system due to biases in school disciplinary actions and the school-to-prison pipeline. Black youth under the age of 18 make up 15% of the U.S. population of youth, but 42% of arrest and confinement rates for youth (Hockenberry, Sarah and Puzzanhera, Charles, 2024).

It is not hard to discern the connection between racially disparate labor exploitation within carceral spaces and the legacy of chattel enslavement in the United States. Correctional facilities use the labor of incarcerated citizens, heavily populated by African Americans, to produce goods, perpetuating the longstanding exploitation of Black bodies for financial gain (Childs, 2015). This connection is underscored by the unsettling fact that several present-day prisons in the South were formerly plantations where enslaved individuals were forced to labor to meet the capital demands of their enslavers (Kennedy, 2017).

This review demonstrates the need to challenge these conditions, as Black communities continue to suffer economic, educational, psychological, and physical health hardships that make it more difficult for them to achieve the same socio-economic liberties guaranteed to all U.S. citizens under the 13th, 14th, and 15th Amendments (Wu, 2003). Proposals for reparatory justice for African Americans must include attention to those who have been impacted by the carceral system.

Recommendations for Policy Reform in the Legal System

The California Reparations Task Force Final Report (2023b) proposed over 115 legislative means of repair for the harm done to Black Americans within the state. A number of these recommendations take into consideration the impact of carceral violence and injustice that perpetuate harm to Black communities. Among them are recommendations to: (a) emphasize the “rehabilitation” in the California Department of Corrections and Rehabilitation; (b) prohibit pretextual traffic and pedestrian stops, probation inquiries, and consent-only searches; (c) mandate policies and training on bias-free policing; (d) repeal three strikes sentencing; (e) abolish the death penalty; and (f) require payment of fair market value for labor provided by incarcerated persons. In addition to the first set of reparations bills put forth by the California Legislative Black Caucus, a ballot measure (initially ACA 8: Slavery, proposed by Assemblymember Lori Wilson, would amend the state’s constitution to prohibit slavery in any form. It will now appear on the November 2024 ballot as Proposition 6. Currently, the California Constitution prohibits slavery and prohibits involuntary servitude, except as punishment to a crime. This measure would instead prohibit slavery in any form and forbid the Department of Corrections and Rehabilitation from disciplining any incarcerated person for refusing a work assignment. While these are specific to the state of California, we highlight them to serve as examples of how forensic psychologists can use their position as researchers, clinicians, and advocates to champion policy reform that could improve the conditions of Black individuals and Black communities impacted by the carceral system. Forensic psychologists can and must contribute to the development of normative frameworks that guide the implementation of reparative measures to undo the harms perpetuated by anti-Blackness in the U.S. These could include creating guidelines for fair compensation, mental health support, and community reintegration programs that align with the recommendations in the California Reparations Final Report (2023c).

Compensation

Allocate Funds for Reentry Following Incarceration

Mass incarceration drives both financial and racial discrimination within the U.S. Many detainees remain incarcerated for extended periods because they are unable to afford bail and other legal fees (Liu et al., 2018). This can lead to difficulties finding and maintaining employment, loss of the right to vote and access public benefits, difficulty maintaining stable housing, loss of access to family and the community for support, and difficulty accessing educational programs. This inability to afford fees, fines, and sanctions post-incarceration, combined with the barriers they experience to pursue education and find stable employment, can increase the likelihood of recidivism and further incarceration in the future (Lofstrom & Raphael,

2016). Black people are also more likely to experience homelessness, unemployment, and poverty after their release (Orians, 2016; Finzen, 2005). These findings signal the fact that harsh sentencing practices do not show any significant reduction in further carceral punishment for low-income members of the Black community (Hinton et al., 2018). States should increase the compensation received by exonerated individuals to address wages lost during incarceration. Forensic psychologists can play a crucial role in addressing these forms of financial and racial discrimination driven by mass incarceration by leveraging their expertise in psychological assessment, advocacy, and systemic reform. This includes highlighting the psychological, social, and economic impact of prolonged detention resulting from the inability to afford bail and legal fees.

Require Payment of Fair Market Value for Labor Provided by Incarcerated Persons

Currently, incarcerated workers across the U.S. are paid significantly below minimum wage, generating billions of dollars in goods and services while earning, on average, between 13 and 52 cents per hour. Many incarcerated workers hold jobs that maintain prison operations and functions during their time served and this labor is often not voluntary as inmates are compelled to work. These positions may entail tasks such as food service, working in the prison warehouse, or fulfilling roles as an orderly, plumber, painter, or groundskeeper. Additionally, some incarcerated individuals are assigned to produce goods and services for sale by federal and state governments and the private sector, yielding profit (Turner et al., 2022). These products include textiles, furniture, park and school equipment, and janitorial supplies, among others. Legislatures must mandate fair market value payment for this jail and prison labor.

Residents of court-mandated treatment facilities face daily medical bills covering everything from detoxification monitoring to psychological counseling. Forensic psychologists can support these endeavors by highlighting the psychological impact of forced labor (akin to the forced labor associated with enslavement) and the lack of fair market wages on the well-being of incarcerated individuals. Further, by collaborating with sociologists, economists, and human rights advocates, forensic psychologists can contribute to a comprehensive case for wage policy reform and just benefits for incarcerated workers.

Allocate Funds for Research on Reducing Carceral Violence

Research on policing practices in the United States can help highlight and elucidate the reasons behind the disproportionate representation of Black people under correctional control. States should allocate funding to foster partnerships between

communities and forensic psychologists to conduct disparity studies in the realm of criminal justice. These studies, rooted in community expertise and academic research methodologies, can inform public contracts aimed at criminal justice reform. It is imperative to establish mechanisms to financially support individuals who are incarcerated by including them as partners and thought leaders on research projects aimed at reducing these and other disparities, enabling them to better cope with the adverse effects of continuous surveillance, and to meet their reintegration needs (Smith & Kinzel, 2021). Scholars must also ascertain what would support the efforts of local community based organizations that support incarcerated communities rather than presuming to know their needs. Furthermore, research should not have a goal of guiding or educating organizations and communities but rather have goals associated with supporting community-driven initiatives (Townsend et al., 2019). These organizations also engage in their own research and education on historical and contemporary injustices. While these organizations and community activists do not require external tutelage, they may benefit from access to empirical validation of specific issues and strategies to increase the credibility of their strategies and positions. For practitioners, this could mean participating in community organizing alongside the community to amplify their call for reparative justice and reforms.

Prohibit Cash Bail and Mandate that Those Who Are Acquitted or Exonerated Be Reimbursed by the Entity or Entities at Fault

Cash bail is a significant economic barrier that contributes to class and race-based inequities (Jerjian, 2017). Those with greater financial resources can afford bail and return home to their communities and jobs, while those with limited means are left to languish in jail until trial. Practitioners could engage in several actions to support reparatory justice. For example, advocacy to end cash bail requirements indefinitely is needed. This includes prompting state legislatures to codify a presumption of pretrial release in all criminal cases. Funding could be allocated to pretrial support programs for lower-income individuals. Compensation could also be given to individuals held pretrial who are later acquitted or exonerated or who received inappropriate and excessive bail amounts. Researchers could collect data to establish the extent to which there is disparate harm associated with cash bail requirements based on race. Both practitioners and researchers could align with community organizers and advocates of reform to lend their expertise.

Direct Action

Direct action in forensic psychology can take many forms including changes to policies and practices within the profession as well as collaborating in and participating in community organizing, electoral politics, and research and dissemination. A few concrete examples are offered below.

Closures of State Prisons with Financial Savings Redirected to Social Service Organizations Agency

Attention must be given to the overlapping interests of government and prison-related industries which contributes to a press to fill prisons in the service of exploiting the cheap labor of citizens for profit (Cao, 2019). These overlapping interests are further impacted by the need to provide jobs for cities and towns (Morrell, 2012).

In several states, the prison population has steadily declined since the COVID pandemic (Klein et al., 2023). However, there have not been closures of prisons commensurate with these declines. State prisons annually cost many states millions of dollars to stay in operation (Henrichson & Delaney, 2012). Closures could save states billions of dollars, repurpose funds toward prevention, early intervention, and social programs and to support reform efforts leading to a more effective and humane approach to criminal justice. Forensic psychologists could conduct research to demonstrate the prevention and reentry impact of community based organizations. They could partner with community-based organizations to establish evidence of the effectiveness of culturally and contextually based approaches to mental health and well-being as was done with the California Reducing Disparities Project (Psychology Applied Research Center, 2022) and the Los Angeles County Ready to Rise Initiative (California Community Foundation 2022). Armed with findings for psychological science, theories and constructs, practitioners could also educate leadership within the carceral system, legislators, and the general public about the pitfalls in current practice and the need for transformative change.

Eliminate Barriers for African American Prospective Attorneys by Funding Legal Education and Ending Discriminatory Gatekeeping at the State Bar

Disparities in race, ethnicity, and culture between legal counsel and indigent defendants can impede the development of relationships, effective communication, and trust (Hoag, 2021). African Americans are disproportionately represented within the criminal justice system, with the majority likely considered “indigent” and thus eligible for public defenders or appointed counsel. Due to the lack of racial diversity

within the legal profession, the system predominantly assigns White attorneys to represent Black clients. For example, over 70% of assistant federal public defenders are White, with White men constituting the largest subgroup at 41%; similarly, approximately 80% of Criminal Justice Act attorneys appointed by federal courts to represent defendants are White (Report of the Ad Hoc Committee to Review the Criminal Justice Act, 2018). Anti-Black bias among defense attorneys is well-documented, which can result not only in distrust and miscommunication, but also poor quality representation and disproportionate representation of African Americans within the criminal justice system.

Left unattended, limited Black representation among attorneys is a significant factor in the ongoing failures of the criminal justice system (Hoag, 2021). Evidence suggests that Black attorneys communicate more effectively with Black clients and are more likely to gain their trust (King, 2008). Forensic psychologists could play a major role in advocating for greater diversity of attorneys within the system. Research can be brought presented to substantiate the need for this diversity. Additional studies can be conducted to add to the case for attorney diversity. Carceral system specific implicit bias training can be designed by practitioners and offered in law schools, judicial settings, and jails and prisons to increase awareness and promote change. Guidance and mentorship from forensic psychologists that includes a focus on community-serving roles like public defenders, public interest attorneys, and children's rights could be offered. They can also call for policies that, for example, redistribute tax dollars from weapon manufacturing and funding global conflicts to instead prioritize providing resources to diversify the pool of public defenders, public interest attorneys, and children's rights advocates.

Invest in Non-Carceral Solutions

While there is a need for more psychologists to deliver services in the jails and prisons, merely increasing the number of direct service providers will not lead to substantive change. Transformative change in the carceral system means investing in non-carceral solutions. While targeted, non-carceral programs have demonstrated significant potential in reducing recidivism rates (Skeem & Polaschek, 2019) efforts such as vocational programs within correctional facilities frequently fail to equip individuals for post-release employment. For a number of reasons, training can often lack practical application in the real world (Baldry et al., 2018). To address these shortcomings, states must prioritize comprehensive education, job training, substance use and mental health treatment, and other non-carceral programs, with a particular focus on their efficacy in reducing recidivism. Forensic psychologists can play a vital role here through research and development of new approaches that can result in higher-quality release plans capable of shielding offenders from rapid reimprisonment, even when there is a high assessed criminal risk. Enhancing the resources allocated to release planning is likely to yield improved parole outcomes.

In this context, therapeutic jurisprudence is crucial in balancing community and offender rights from a human rights perspective.

Guided by a normative framework that emphasizes assessing risk, treating needs, and managing readiness in balancing these rights, forensic psychologists can be integral to this process. From a human rights perspective, forensic psychologists are tasked with ensuring that offenders are given the autonomy to make informed decisions regarding their acceptance or rejection of rehabilitation programs (Birgden, 2008). Below are several areas that could be explored and supported through research, advocacy, and practice by forensic psychologists.

Houselessness Financial resources spent on punishing unhoused individuals could be redistributed in needs-based income assistance programs that provide housing, health care, therapy, workforce development, and job placement services. Additionally, fees, fines, or bail requirements related to incarceration could be waived for individuals living in poverty. These barriers only lead to increased debt and perpetuate cycles of recidivism. In treatment, mental health professionals should help clients connect with community programs to support them in becoming self-sufficient. Connections with programming could help prevent further incarceration and future housing instability. Financial resources spent on punishing unhoused individuals could be redistributed in needs-based income assistance programs that provide housing, health care, therapy, workforce development, and job placement services.

Substance Usage The carceral space can have a detrimental effect on substance users by perpetuating unjust, traumatic, and dehumanizing conditions. Decriminalizing drug possession and redirecting resources toward appropriate substance abuse treatment could potentially reduce rates of relapse among recovering substance users. Given that many individuals with criminal records do not receive substance abuse treatment during or after incarceration (Tsai and Gu (2019), it is imperative to provide free access to substance abuse treatment for individuals with drug-related arrests. Further, a trauma-informed approach to substance abuse treatment is pivotal to increasing the client's likelihood of recovery. These factors can be especially true for individuals mandated to substance abuse treatment as a condition of parole or probation supervision.

Sex Work Studies have highlighted that a significant proportion of sex workers experience poverty and homelessness within their lifetime (McNaughton & Sanders, 2007; Kim et al., 2011). Additionally, due to discrimination and biases surrounding the nature of their work, many cannot seek the protections and services offered by many charity-based and governmental organizations, such as healthcare or housing. Their limited resources can increase their risk of experiencing incarceration, and this can particularly impact sex workers with intersecting marginalized identities, such as living in poverty, being Black or brown, or identifying as queer, trans, or gender-diverse. These vulnerable populations also tend to receive harsher punishments in the carceral system for engagement in nonviolent offenses (Stubbs, 2020;

Thoreson, 2022). Following their incarceration, many sex workers may have difficulty finding stable support due to continued oversurveillance in the community and monetary demands associated with their arrest. Sex workers, like any other laborer, should receive free and accessible health care, mental health services, and government-sanctioned safety measures. As mental health professionals working with sex workers navigating carceral punishment, it is pivotal to consider the stigma, discrimination, and potential impact of their work on their mental and physical well-being. Practitioners can use their position to advocate for rehabilitative reparations in the form of free and accessible health care, mental health services, and government-sanctioned safety measures. Therapists working with this population should consistently educate themselves on the experiences of sex workers and reflect and work through their own potential biases and judgments to not perpetuate further harm to these clients within treatment (Sawicki et al., 2019). They must help clients find strategies to promote their health and safety, regardless of whether or not clients would want to center or even discuss their occupation during sessions as their occupation and incarceration do not encompass all aspects of their life story. As with others in the carceral system, sessions should highlight the client's resilience, strengths, empowerment, and connection with the self, and foster self-compassion and care (Burnes et al., 2012). Liberation, feminist, and womanist psychological theories can provide important guidance on reparations and mental health care for sex workers impacted by the carceral system.

Public Disturbances Due to Mental Health Crises Studies have shown that communities impacted by systemic oppression, such as poverty and racism, are more likely to be diagnosed with severe mental illnesses and experience mental health crises (Beech et al., 2021). These individuals are also more likely to experience financial distress and less likely to have access to sustainable, affordable healthcare treatment. Typically, first responders to impoverished individuals experiencing mental health crises are police officers, who are often not trained to support individuals experiencing mental health episodes. Their limited skills with de-escalation strategies often means that people in the midst of a mental health crisis are more likely to be arrested and incarcerated instead of receiving immediate treatment. Forensic psychologists can play an important role in advocating that police officers be mandated to receive trauma-informed training on how to interact with individuals experiencing mental health crises without the use of firearms or excessive force and also provide this training.

Forensic psychologists must interrogate every aspect of what is currently done under the umbrella of mental health assessment and treatment. Although development of evidenced-based practices (EBP) has been called a “remarkable advance” (Kazdin, 2011), reliance on EBPs raises concerns about their relevance or effectiveness with culturally diverse clients (Sue et al., 2009; Hall et al., 2011). Practitioners must (1) question, as well as norm and validate the ethno-cultural validity and reliability of standard risk and assessment tools used to determine mental illness and mental health needs that may over-pathologize Black people and contribute to their

higher rates of incarceration, (2) examine the extent to which there is equivalence of measurement, method, and meaning in current assessment instruments, (3) explore the relationship between diagnosis and different intervention variables (e.g., dose and modality) given that improved treatment outcomes are the ultimate goal of any diagnostic system revision (Haney-Caron et al., 2016), (4) raise skepticism about the appropriateness of evidence-based interventions until studies of their cultural validity and context of service delivery have been established, (5) evaluate mechanisms by which mental health/substance use disorders and criminogenic risk interact to affect risk of re-arrest and how this operates differently across race/ethnic groups, (6) incorporate an intersectionality framework that includes race, gender, disability, sexual orientation and gender identity, class, education status etc., and (7) articulate a research agenda that seeks to understand conditions under which mental health is implicated in offending, as well as decisions for incarceration. Finally, before making diagnostic determinations, it will be important to not only consider a client's previous diagnosis, but also the role that multi-generational systemic oppression, trauma, culture, and stigma/bias is playing in their presenting problems (Baillargeon et al., 2009).

Amend Penal Codes to Decriminalize Transit and Other Public Disorder Offenses

Transit mobility laws perpetuate inequalities by criminalizing poverty and race, limiting economic opportunities, and causing the displacement of African Americans (Herring et al., 2020). Despite recent laws in some states aiming to decriminalize fare evasion and other minor transit offenses, authorities continue to cite individuals for these infractions. These statutes need to be decriminalized and explicitly prohibit criminal citations for transit violations, ensuring clarity for relevant agencies, law enforcement, and courts. Victims of these discriminatory policies should have the right to seek compensation for unlawful arrests or prosecutions related to transit offenses.

Policy Change

Prohibit Private Prisons from Benefiting from Contracts with State Prisons to Provide

Many states within the U.S. remain heavily invested in backing for-profit correctional services (Burkhardt, 2019). Advocacy with local state legislatures is needed. States should consider eliminating state funding streams to private prison companies, by barring state-funded contracts with for-profit correctional companies.

Additionally, provisions should be taken to reinvest this funding into providing reentry services to incarcerated and paroled individuals. Forensic psychologists can provide expert testimony and evidence-based recommendations to legislators on the detrimental impacts of for-profit correctional services and the benefits of reinvestment in reentry programs. Their expertise can guide the creation of policies that emphasize rehabilitation over incarceration.

Disrupt Entry Into Carceral Settings: Amend Penal Codes to Shift Public Disorder Infractions and Low-Level Crimes Outside of Law Enforcement Jurisdiction; Prohibit Pretextual Traffic and Pedestrian Stops, Probation Inquiries, and Consent-Only Searches

Many law enforcement interactions with the public involve low-level, nonviolent offenses such as illegal camping, public intoxication, and disorderly conduct (Welsh & Abdel-Samad, 2018). These encounters often involve individuals experiencing homelessness or mental health crises. Responding officers often lack the necessary training to handle such situations, leading to disproportionate use of force, particularly against Black individuals. State legislatures can be called upon to prohibit law enforcement from criminally enforcing public disorder infractions and other low-level crimes. Instead, a public health and safety institution could be assigned to handle enforcement without arrest or prosecution powers. Forensic psychologists could further contribute to these efforts by establishing culturally grounded and mental health-informed alternative treatments and programs for supporting individuals engaging in these behaviors.

Mandate Policies and Training on Bias-Free Policing

Existing law prohibits peace officers from engaging in racial or identity profiling. However, law enforcement agencies (LEAs) are not mandated to have policies addressing or prohibiting bias-based policing. This lack of guidance may lead officers to interact with certain members of the public unfairly. Recent reports have highlighted biased conduct among officers, such as racial profiling, excessive usage of force, and police brutality (Legewie, 2016). Forensic psychologists can advocate for legislation that requires Law Enforcement Agencies (LEAs), with input from psychologists and other mental health professionals, to be trained to recognize racial bias and to reduce disparities in discriminatory interactions with community members.

Additionally, forensic psychologists and researchers should call for LEAs to collect and analyze data to identify officers perpetuating systemic bias. Some topics in

the curriculum could include alternatives to the use of force, citizen complaints, bias prevention, stops and searches, community engagement, and law enforcement recruitment. Forensic psychologists could aid in the creation and sustainment of these programs and evaluate their impact on both victims and law enforcement personnel.

Increase Efforts to Restore the Voting Rights of Formerly and Currently Incarcerated Persons and Provide Access to Those Who Are Currently Incarcerated and Eligible to Vote

All eligible individuals living within the U.S. deserve the right to vote. There is no existing evidence that losing one's right to vote deters individuals from committing further crimes (Keyssar, 2000). Efforts must be taken to restore voting rights for all incarcerated persons, regardless of their sentence status. This ongoing denial of civil rights further disenfranchises individuals impacted by the carceral system and robs them of their right to democracy as U.S. citizens (Middlemass, 2006). Upon release, individuals who have completed their sentences or are on parole should be granted access to voter registration and polling precincts. Forensic psychologists could call for legislation calling for the reinstatement of civil rights of formerly incarcerated individuals and create supportive interventions that facilitate their successful reentry into society as U.S. citizens exercising their right to democracy.

Eliminate Legal Protections for Peace Officers Who Violate Civil or Constitutional Rights

Suicide is the leading cause of death in U.S. jails (Dixon et al., 2020). However, current law shields correctional authorities from liability when they fail to implement suicide prevention programs within their facilities. Given that there is no risk of accountability for failing to protect the well-being of incarcerated individuals, officers may lack incentive to reduce suicides among those detained in jails and prisons. (Chui, 2018). Also, by highlighting the correlation between legal protections for officers and mental health consequences, forensic psychologists can build a compelling case for overturning qualified immunity to officers who violate the civil rights of incarcerated individuals.

Enact Enforceable Legislation with Penalties that Dismantle the School to Prison Pipeline and Decriminalize the Youth Justice System

Studies show that Black youth are disproportionately subject to exclusionary and excessive discipline in school, which in turn leads to higher rates of school dropout and juvenile justice involvement (Skiba et al., 2014). Further, Black students are more likely to attend schools with law enforcement on campus and are more likely to be arrested than their white peers (Howard, 2016). Commonly known as the “school-to-prison pipeline,” this dynamic disproportionately victimizes Black youth and leads to increased risk of incarceration during adulthood. Targeted efforts must take place to mitigate the impact of and ultimately end the school-to-prison pipeline for youth. Reparatory justice for school-related issues should include eliminating law enforcement and probation officers from school campuses; reallocating funding for school policing to support resources such as social workers, guidance counselors, psychologists, wellness centers, and therapeutic resources; implementing comprehensive and updated training for all peace officers with juvenile-specific duties including implicit bias training; mandating data collection and annual reviews to track disparities in police encounters; requiring new law enforcement facilities to be a specified distance away from schools; and having preexisting police precincts near schools provide resources to disrupt the school-to-prison pipeline.

Forensic psychologists can take the lead in advocating for specific actions to promote reparatory juvenile justice. These include establishing presumptive diversion for the majority of youth offenses to minimize court-based intervention; limiting juvenile probation terms and restriction of formal supervision; reserving formal probation for serious cases; prohibiting the application of strike enhancements for any juvenile adjudication, including retroactively; and the cessation of all adult prosecution of youth to prevent them from facing adult penalties and the lifelong effects of an adult record. Forensic psychologists could not only support these efforts by highlighting the detrimental impact of early incarceration on the mental health and well-being of youth in the carceral system, but they can also become a force for change by establishing a more robust presence in prevention and early intervention efforts.

Global Models of Carceral Reparation Programs

In Latin America, various historical and current examples of successful rehabilitative and psychological reparation programs for incarcerated individuals can be found. Lira et al. (2022) reviewed mental health programs and reparation strategies implemented in Chile for political prisoners and their families. Following a coup d'état in 1973, thousands of Chilean activists were arrested and charged, detained, and sentenced to death as political prisoners. As a result, a group of churches

created various responses, such as the Committee for Peace in Chile (COPACHI), the Vicariate of Solidarity, and the Psychiatric Medical Program of the Christian Churches Social Aid Foundation (PMS-FASIC), which consisted of lawyers, medical doctors, social workers, and psychologists committed to providing resources for the persecuted. Volunteer psychologists offered free mental health care to former prisoners, current prisoners, and their relatives through individual, couple, group, and family therapy. They also collaborated with defense lawyers to provide psychological evaluation reports for political prisoners. They helped create proposals on reparations for victims of human rights violations submitted to the Chilean government. Due to the efforts of community organizers and volunteer professionals, the Chilean Ministry of Health finally implemented a formal reparations program entitled the Program for Reparation and Comprehensive Health Care for Victims of Human Rights Violations in 1991. Importantly, their work has continued to this day, supporting political prisoners still incarcerated and their families, conducting human rights psychoeducation programs and disseminating information on the therapeutic modalities they implemented with victims and families. The PMS-FASIC teams published their strategies and reported that their treatment plans prioritized repairing “the repercussions of the traumatic impacts of violence linked to political repression on the damaged subject. The aim is to reestablish the subject’s relationship with reality and recover their capacity to relate to people and things and to recover capacities through a better knowledge of self and resources and by broadening awareness of the reality in which one has lived (Lira, 2016). They also championed holistic, multisystemic interventions combining psychoanalytic, cognitive-behavioral, phenomenological, and other therapeutic modalities. Importantly, reparation laws were passed to provide holistic resources, including pensions and education, to support the victims of political imprisonment and their families.

Robaina (2022) reviewed rehabilitative reparation techniques employed by therapists for former political prisoners in Uruguay from 1968 to 1985. Once again, the Uruguayan government established formal rehabilitative reparations programs due to the work of community-based organizations first coming together to formulate immediate support programs for the victims. The Social Rehabilitation Service (SERSOC; 1984–2009) and Cooperativa de Salud Mental y Derechos Humanos (COSAMEDDHH; est 2009) were created and consisted of a team of psychologists, psychiatrists, and social workers volunteering time to provide free mental health, psychiatric, and social services to reparation beneficiaries. Robaina’s (2022) treatment plans included narrative and testimonios, techniques to support the client in processing their traumatic experiences, supporting the client in integrating their trauma history into their life story to help them analyze meaning, naming the social, historical, and political implications of their traumatic and carceral experiences, providing coping skills for trauma symptoms, highlighting their protective and resilience factors, and supporting them in working through their internalized stigma and feeling of helplessness and isolation following their imprisonment. In their consultation and testimonial work, psychologists emphasized the detrimental impact of carceral experiences and how this led to many victims developing avoidant coping

strategies such as dissociation, denial of emotions, alcoholism and substance usage, suicidal thoughts, and behaviors. Finally, psychologists highlighted the detrimental effects of prolonged imprisonment on the released, including the development of passivity and isolation behaviors. They noted that these behaviors were likely rooted in living under an authoritarian system that prevented them from making most decisions, including choosing when to sleep, eat, or exercise for extensive periods. Treatment plans highlighted the importance of earning the client's trust by supporting them and highlighting themes of truth, justice, memory, and reparations when processing their traumatic experiences, empowering them to redevelop feelings of agency, and helping them to integrate their time in prison into the larger history of their lives. Importantly, some psychologists emphasized the importance of recognizing rehabilitative reparation as just one piece of a larger systemic need that also included special reparatory pensions and support in finding work and housing to help the clients stabilize during treatment. These global examples of successful, community-led campaigns for government-sanctioned reparations for political prisoners inspire hope for systemic change when psychologists utilize their positioning to advocate for more just positions for individuals impacted by incarceration.

Conclusion

The objective and purpose of reparations are to enact justice and make the aggrieved victims of crimes against their humanity “whole again.” Repair must be exacted for the damages and injuries of the past and the current legacies of these injustices. The institutionalized and self-perpetuating continuum of harm under post-enslavement structural violence flows uninterrupted in local and global systems, policies, practices, and mindsets. Reparations must, therefore, be approached with a sense of urgency, inclusivity, and recognition of the dehumanization and subjugation associated with enslavement, colonialism, and discrimination against African people globally. They must be constructed in a manner that accounts for the damages and lost opportunities incurred and be in alignment with the Inter-American Court of Human Rights (IACtHR; [Pasqualucci, 1996](#)) concept of restitution in integrum and the United Nations Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law (2005) both of which contain the same five modalities of repair: restitution, compensation, rehabilitation, satisfaction, and guarantees of non-repetition.

Forensic psychology can make a difference in reparatory justice process through concrete actions. These actions should be informed by the United Nations General Assembly's (2006) Adopted Resolution 60/147, which provides international standards of remedy for wrongs and injuries caused by the state (and its instruments). The resolution held that any full and effective reparations strategy must include five forms: (1) restitution, (2) compensation, (3) rehabilitation, (4) satisfaction, and (5) guarantees of non-repetition. These principles reflect state responsibility but with

the clear consensus that non-state actors should also be held responsible for their policies and practices. Principle 3© provides for equal and effective access to justice “irrespective of who may be the bearer of responsibility for the violation” United Nations General Assembly (2006, p. 5). A careful examination of the five principles can provide forensic psychologists with several options. For example, the principle of rehabilitation includes a broad array of interdisciplinary services such as medical and psychological care, legal services (e.g., rectification of legal records or invalidation of unlawful convictions), social services, community and family-oriented assistance, education, and vocational training.

The principle of satisfaction includes instituting effective measures aimed at the cessation of continuing violations, verification of the facts, and full and public disclosure of the truth (without causing further harm to specific victims), and a public apology that includes acknowledgment of the facts and acceptance of responsibility among others. This principle provides direction to the profession of forensic psychology to issue its own apology for collusion (through policies and practices) with broader societal mechanisms of injustice that have occurred across generations against African Americans. The State of California issued its own apology, via state legislation (Assembly Bill 3089, September 26, 2025) as part of its first slate of reparations bills. Apologies matter both symbolically and practically. Symbolically, an apology concedes that something occurred that warrants a response. This has practical implications. It aligns with and opens the way for healing and reconciliation. Other California reparations bills of potential interest to forensic psychology is Assembly Bill 1986 (September 26, 2025) which addresses the banning of certain books in state prisons that disproportionately bans books that may be of interest to incarcerated African Americans.

Within the context of its professional associations, forensic psychology could also issue a formal statement of support for the growing reparations movement. In August 2024, the American Psychological Association passed its first-ever resolution on reparations and restitution to address interpersonal, collective, and intergenerational trauma and explains the related state of psychological science to promote healing. The APA was preceded by the Association of Black Psychologists, the Latinx Psychological Association, and the Asian American Psychological Association, each of which registered letters of support to the California Reparations Task Force citing the importance of reparations to the well-being of people of African ancestry and the nation. Were forensic psychology to issue a formal statement of support for reparations, it would become aligned with the best thinking in psychological science and intergroup race relations and contribute to the capacity of our society to pursue lasting transformative change.

The carceral system in the United States has long served as an instrument of racialized control, perpetuating the legacies of colonial displacement and enslavement. Psychology, historically, has often upheld white supremacy through the guise of objectivity and neutrality. This facade has enabled the continued marginalization and dehumanization of Black individuals within the justice system (Xinachтли & Ilyés 2024). Now is the time for forensic psychologists to move beyond mere apologies for psychology’s historical complicity in the oppression of the Black diaspora

and move towards active engagement in structural change and distributive justice, such as supporting efforts to provide victims of carceral violence with financial compensation, engaging in direct action to challenge unjust conditions and advocate for policy changes that can prevent further systemic harm. By centering the experiences of those historically excluded and building a psychology rooted in solidarity and centering resilience and agency of Black communities, forensic psychologists can play a transformative role in advocating for and achieving reparations for Black individuals impacted by the carceral system. This approach addresses past injustices and paves the way for a more equitable and humane future. By highlighting stories of resistance and survival within oppressive systems, forensic psychologists can advocate for reparations not just as compensation but as recognition and validation of collective struggle and resilience. Modeling methodologies of radical solidarity and mutual aid forensic psychologists can engage in cross-disciplinary and community-based collaborations to build networks of support and advocacy for reparative justice and embrace pedagogies of radical solidarity to dismantle oppressive institutions. Forensic psychologists can and must work towards conscientization—raising critical awareness about systemic injustices—and reparations to restore the what, how, and consequences of generations of harm inflicted upon Black communities.

Finally, reparations must be understood as both a process and a set of outcomes that result in making the people and their communities “whole again.” Considerable attention is often paid to the “outcomes” associated with reparations—such as money paid, the delivery of resources, monuments built, apologies delivered, laws reformed, etc. This focus on outcomes has been at the expense of attention to the “processes” taken to reach these outcomes—processes that ensure that those who were/are harmed are active agents negotiating, designing, implementing, and evaluating reparations outcomes. If reparations are to be empowering, transformative, and restore dignity, a process should be created that resists creating passive recipients of reparations but rather restores power to the victim community through their inclusion in all stages of reparatory justice.

Lack of engagement can cause further harm, missed opportunities for true transformation, and dissatisfaction (Grills, 2024). We can draw from the lessons learned from the case of *Villatina vs Columbia* (Comisión Interamericana de Derechos Humanos, 2005) where a sense of community distrust in the Colombian government deepened when the government ignored the wishes of the harmed families. The opportunity for dynamic rituals and commemoration processes to more effectively keep collective memories alive was lost. In its place, static public sculptures were placed in spaces that go unnoticed. The government paid more attention to the outcome (placement of a static monument) and not to the process of how it was conceived and executed. In the 1995 Oklahoma City bombing in the U.S., a process of healing and community building emerged out of a participatory process to develop the memorial. In other words, the process of engagement in and of itself became therapeutic.

For forensic psychologists, this means engaging in community based participatory practices (Grills et al., 2018) to ensure that efforts in support of reparations

include input from those directly impacted by the carceral system. A failure to do so can undermine full satisfaction for the victims and even cause new injuries. Establishing guidelines for a participatory process opens the way for both a culture shift and a truly transformative set of outcome.

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“Even Through the Chains, I See Our Freedom”: Community Defined Evidence Practices for Black Mental Health Justice and Liberation



Kelechi Ubozoh

Prologue:

A sea of Black and Brown faces of all expressions peer into my soul. Collectively, we take a breath. I live in a virtual Black oasis. In 2020, I dedicate my time facilitating healing spaces for Black employees locally, nationally, and internationally. This work has undoubtedly shaped my life. Before each space, I light candles and incense, set an intention with my ancestors, and clear my mind. Through some kind of alchemy of past trauma, I embody this expansive healing work. Bone tired. Soul tired. They come to share, listen, or just exist. We witness each other and hold space for the untold stories that are screaming to get out. Many tears are released. We welcome anger, sorrow, joy, and all the stages of grief of being Black and alive. Some elders speak about progress made and their hope for real change in their lifetime.

Some say it is not enough. Many are suspicious of the hollow institutional apologies, the sudden flurry of #blacklivesmatter in their social media and wonder if this is all performative justice.

There is space for multiple realities and experiences. We don't use the language of mental illness in these spaces. We have an unspoken understanding. How our hearts may beat a little faster following slow beads of sweat if our Black loved one doesn't return fast enough from an errand. The double-dutch codeswitching thought process ignited when approached by a non-Black colleague to process their guilt about racism, join the diversity, equity and inclusion team, or lead a conversation about race for staff. I sit through stories of eager white allies with book clubs and promises. I hear an almost equal mixture of hope from this new “awakening” and suspicion that it is a flavor of the week; business will go back to normal soon enough. Some folks want to educate, some folks want to stop educating. We hold space as our bi-racial folks come to terms with how their family members really feel about Black lives. Some struggle with not feeling “Black enough.”

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There are stories laced in guilt for not correcting coworkers on their microaggressions, not going to the protests, not doing more. How will we talk to our children about this? We hold our breath collectively as we hear from one man in the group who just got pulled over by a police officer. His small child asked from the back seat: “Daddy is he going to kill us?” Our hearts echo his heartbreak. This is not just a moment for us. We explore Black joy, the imperative to moving on from surviving to thriving. I share wisdom from Audre Lorde, and there is music, dancing, and even laughter. The space is as complex as our experience. I tell them that there is no one way to be Black. We are not a monolith. I tell them as much as I tell myself. I’ve learned as much as I’ve taught.

Introduction

I am a planner. In a world of chaos, I like to have an agenda—a clear next step, a path. So, it was a great surprise to everyone, including me, when, in March of 2020, I quit my high paying, high status, highly public mental health job with no clear next step. I was in a career coaching session with my visionary coach, Latonya when she invited my ancestors in. My question: “What should I do?” Their answer: a loud, unambiguous ‘GET OUT NOW.’”

Being held in a container by someone who believes that I in concert with my guides, spirits, and ancestors have the answers to my own challenges was something entirely new. I’ve always been careful about how much I disclosed about my connection to spirituality or messages from loved ones who have passed on, as I’ve seen this realm as an area to be labeled psychotic and routed to forced treatment. But Latonya welcomed and invited spirit into her coaching. Five years ago, I quit my job at the burning urgent request of my ancestors. I’ve been called brave. So, with no clear agenda but with the blessing of my ancestors I created my own pathway. I created healing spaces for Black employees. I was humbled to experience the power of affinity space as a demonstration of love and collective care. I also wanted to integrate what I had experienced in coaching into my work.

Personal narrative, space holding, and weaving together a tapestry of experiences has shaped my viewpoint on mental health and my mental health system work identity. I have been forcibly psychiatrically incarcerated, overmedicated, and experienced and witnessed abuse instead of care inside of carceral mental health systems. I have experienced wonderful therapeutic individualistic interventions that helped manage my pain. I have both designed and implemented mental health programming at community-based organizations. I have been an evaluator for mental health programs. I have experienced the power of peer support and radical Mad movement support. I have experienced racism and marginalization in those movement spaces. I have experienced collective care models grounded in culture and identity that supported my belonging to my community and felt life affirming. This collection of experiences have grounded my unique perspective as a Black woman who seeks to champion indigenous approaches to healing for her community.

Working alongside transformative coaches, trainers, practitioners, and the California mental health movement, I’ve witnessed firsthand the power of community-defined evidence practices. This study aims to contribute to the literature of these ancestry shaped programs. This work is rooted in the power of autobiography to usher in the stories and felt experiences of Black liberators. To begin, I would like to outline the movement spaces and healing approaches that have shaped my understanding of Black liberation and healing: Mad Movement, Healing Justice, and CDEPs.

Mad Movement

The Mad Movement is an umbrella terminology that encompasses many movement identities including psychiatric survivor, psychiatric abolition, consumer/survivor/ex-patient, and includes those who have incurred harm and oppression by the traditional mental health system. Following the closing of big state hospitals in the late 1960s and 1970s, people who were institutionalized and then released started organizing to assert and protect their rights and establish alternatives to what was described as a paternalistic mental health system (Ostrow & Adams, 2012).

When I entered the Mad Movement as a young Black woman, it was the first time I heard a collection of activists with lived experience challenge the biomedical model and label it misleading, inaccurate, and violent. There were shared stories of brutal psychiatric hospitalizations, forced treatment and chemical restraints that validated my own experiences. I learned the language of recovery, that madness could be celebrated and healing can happen. I was seen. Partially. This predominantly white-led Mad Movement that was established alongside, but not integrated with—the Civil Rights Movement was critical in informing my identity as a survivor of psychiatric abuse, but not my identity as a Black woman experiencing racism in an oppressive system and even within the movement itself. Overtime, I wondered why I hadn’t brought forward the experiences of healing and ancestors in the Mad Movement and westernized mental health movement spaces (e.g. Nobles, 2013). I further reflected on which part of my identity felt unwelcome, which part of my practices were not welcome, and which part of these cultural practices have not been historically validated or recognized in systems of practice. I became curious about holistic Black centered approaches for healing where all parts of identity could be integrated and celebrated. Slowly, the seeds of curiosity were planted on what culturally-centered approaches for healing and liberation may be occurring and how I could learn from these practitioners.

Coaching for Healing Justice & Liberation

Soon afterwards, I attended a coaching school called Coaching for Healing Justice and Liberation (CHJL). CHJL is a nine-month coaching program focused on supporting Black Indigenous, and People of Color (BIPoC) movement leaders to

become coaches. Liberatory coaching utilizes a healing justice framework and teaches people that they have all the answers inside themselves through asking insightful questions that connect them to their own wisdom. There is a readiness to being open to self-reflection for the alchemy to begin, which is referred to as self-leadership. Joining this coaching space was magical. If you've spent a long part of your life never feeling safe enough to be seen, it is life changing to have 30 people witness you, understand your experience, and love on you in a coaching container where you meet weekly to decolonize pathways to liberation. There I was introduced to parts work (originating from Internal Family Systems), which CHJL co-founder Sarah Jawaid defines as,

a path of seeing the many parts within ourselves and understanding the motivations behind these parts so we can be at choice with our reactions and move towards greater self-compassion and clarify the channel to Spirit. (Jawaid, CHJL)

For Black people with mental health issues who have suffered at the hands of the carceral mental health system and criminal (in)justice system, the need for Black liberation and Black healing is critical. As a Black woman with lived experience of the trauma both incurred from sexual assault and racist involuntary treatment, I struggled to find spaces inclusive of both lived and Black experience. As I grappled with these overarching themes of decolonization, healing, justice, and belonging; the argument for the amplification and advancement of community-defined evidence practices became clear. This emboldened my inquiry into exploring community-defined evidence practices; healing practices created by and for the community.

California's Path Toward Community Defined Evidence Practices

How does one combat historical and scientific racism at the intersection of mental health and healing? One approach is to honor that communities have been healing and tending to themselves for eons, and consider an approach which includes researching, funding and implementing such practices. The California Reducing Disparities Project (CRDP, [n.d.](#)) is a culturally responsive mental health initiative founded in 2009 and funded by the Mental Health Services Act (MHSA), a law passed in 2004 to designate resources to expand and transform the mental health system in California. This initiative was created to reduce mental health disparities among five of the most underserved and inappropriately served communities: African American/Black, Asian and Pacific Islander, Latinx, American Indian/Alaska Native, and Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ+) (California Reducing Disparities Project, [n.d.](#)). One of the driving forces behind the CRDP was the need for these communities, who may feel deeply mistrustful of psychiatry, association with mental illness, and the system, to have access to culturally responsive mental health programs. Another one of the goals of the CRDP was to validate community defined evidence practices (CDEPs)

Community-Defined Evidence Practices and Strategies: Resource Compendium (2019), Pacific Southwest Mental Health Technology Transfer Center Network (n.d.).

This chapter explores California programs that are officially defined as CDEP approaches, as well as approaches that incorporate their core methods and offer new opportunities for the field. In this chapter, I will: (1) explore the healing capacity of cultural practices through California CDEP programs; (2) introduce other approaches that incorporate the core methods and essence of CDEPs alongside connection to spirit, ancestral practices, decolonization of mental health, and reclamation of self through the acknowledgment of systematic oppression; (3) examine culturally centered coaching as a liberatory method and framework that incorporates the core elements of CDEPs; (4) highlight the Insight Garden Program, which incorporates CDEP elements including peer support; (5) uplift the voices of Black leaders doing cultural healing work that holds systems accountable by interrupting white supremacy, and elevates that we are not defined by the worst thing that has happened to us, in order to; (6) provide liberatory Black-culturally grounded recommendations for the field of psychology.

Methodology

Research Foundation

The foundation of this methodology braids in narrative, history, and culture, which is also the foundation of CDEP work. There is a lineage of Black authorship that has grounded this research approach and I’m calling on this ancestry to support the personal and collective narrative that has shaped how we hold healing as Black folks. The methodology framework reinforces a non-carceral mental health approach that supports healing and liberation. This weaving of collective narrative, history, culture, and ancestry, is the foundation for an analysis performed with Culturalist Methodology and Critical Race Theory (Grills et al., 2016). Further, personal narrative has shaped my own perspective on mental health system work as well as my identity which also informs this study.

When I learned of Vanessa Jackson’s (2002) research, *In Our Own Voice: African-American Stories of Oppression, Survival and Recovery in Mental Health Systems*, I found the missing link in my “Mad” identity. Jackson’s methodology bridging critical inquiry with a grounded theory approach to ancestral recovery provided a foundational text for this work as well as my own positionality and reclamation. Jackson passionately captured both the experiences of Black folks who identified as psychiatric survivors—who shared stories of racism, oppression and recovery in mental health systems—and also documented the scientific racism of psychology. Jackson’s writing also paid homage to the oral traditions of storytelling that have been passed down from generation to generation of Black ancestors and descendants while uplifting those stories with impactful historical lessons often shielded.

Research Design

This qualitative research study will explore the wisdom in CDEPs and speak to the radical ways Black communities are defining healing on their own terms and reclaiming culture and tradition. It will also include practical approaches to holding spaces, building trust, and creating spaces where folks can heal. As a journalist with a background of interviewing those most impacted by various systems it was important that my approach to the research design was spirit and ancestor lead, iterative, and joyfully embracing of Black liberatory practices.

Study Participants

Participants were selected through purposive sampling based on their experience providing culturally specific healing and liberation approaches and were either formally considered a CDEP or held the spirit and principles of CDEPs. All participants identified racially as Black and represented various ethnicities (e.g., Guinean, Jamaican, and Trinidadian) within the Black diaspora. These leaders identify as coaches, community organizers, formerly incarcerated folks, trauma survivors, non-profit executive directors, and restorative justice practitioners (see Table 1). Through interviews with these participants, I engaged in snowball sampling to learn of others who embodied these ideals and approaches.

Table 1 Interviews of featured Black leaders and healers

Interview name	Title & organization	Program name(s)	CDEP Principle
Sonya Young Aadam ^a	CEO of California Black Women’s Health Project	Sisters Mentally Mobilized; Anti-Violence Ventures; Sistas Aging with Grace and Elegance	Ethno-Cultural Awareness and Celebrations; Community Capacity Building; Healing Justice; Mental Health Advocacy Strategy; Lived Experience
Jodie Geddes ^a	Program Director at Restorative Justice for Oakland Youth	Safe Outside the System	Healing Justice, Restorative Justice Healing Practices; Lived Experience; Family Wraparound Supports; Social/Recreational Activities
Damon Azali-Rojas	Co-director/ co-founder of the Coaching for Healing Justice & Liberation School	Coaching for Healing Justice & Liberation	Ethno-Cultural Awareness and Celebrations; Healing Justice; Restorative Justice; Life/Skills or Personal Career Development;
Jamala Taylor	Reentry Manager for Insight Garden Program	The Insight Garden Program	Healing Justice; Life/Skills or Personal Career Development; Lived Experience; Mental Health Advocacy Strategy; Peer Support; Social/Recreational Activities

^a Starred names indicate CDEPs that are part of the California Reducing Disparities Project and the remaining names have many qualities similar to CDEP programs

Data Collection

I conducted eight semi-structured interviews via zoom and telephone; four interviews are explored in this study. Three of the remaining interviews were previously conducted and helped to create the narrative structure and methodology of this piece, and one of the interviews conducted for this project supported the results and analysis.

Participants were asked about (1) their approaches to developing trust through holding space; (2) how they incorporate, reclaim, and integrate spirit and ancestral wisdom into their work; (3) strategies for working with current and formerly incarcerated Black folks; and (4) practical advice for the field of psychology and active allyship strategies for non-Black psychologists on how to work better with the Black community. The interviews ranged from 45 to 90 minutes, based on the capacity and interest of the participants. In the table below are the participants included in this study and the aligning CDEP principle.

Analysis

A thematic analysis approach was used to explore the semi-structured interviews with the foundation of Cultural Methodology and Critical Race Theories. Interviews were analyzed through inductive coding to find emerging themes between and across participant narratives. The findings are explored in context of historical foundational texts and previous CDEP literature. Through these texts I used themes of participation, community support, and Black centered mental health strategies as well as themes within conventional treatment options and peer support. To honor one of the key tenets of Critical Race Theory and Black Culture, the writing is intentionally delivered in storytelling or vignettes (Ogbonnaya-Ogburu et al., 2020).

The APA Apologizes for Yesterday, and Tomorrow, and Tomorrow, and Tomorrow

It's valuable to identify the precise cultural moment at which these interviews were collected and reflect briefly on their historical precedent. Following the murders of Ahmaud Arbery, Breonna Taylor, and George Floyd, which was the catalyst for the 2020 “racial reckoning” whereby global conversations about the impacts of racism emerged and many institutions offered apologies and commitments to diversity, equity, and inclusion efforts. Even the American Psychiatric Association (APA) offered an apology, and their statement specifically points to “events in 2020” as a catalyst for action, despite resisting decades of insistence from Black psychiatrists to demand racial equity (APA, 2021). We continue to metabolize a longer troubled history that includes scientific racism, segregated psych wards, the eugenics movement, criminalization of mental illness and more (Grills et al., 2016; Shim, 2020;

Street, 1994; Umeh, 2019). As we grapple with the legacy and reality of racial disparities and systemic racism while DEI efforts are under attack and systematically being rolled back and defunded, while politicians seek to criminalize people who lack basic resources, old patterns of forced treatment reemerge, and community-based solutions lose funding; how does one counter this and access healing in the midst of turmoil? As a mental health practitioner, it is crucial to understand that foundations of psychiatry are rooted in systemic racism (e.g. Cartwright, 1851; Cartwright et al 1860). This knowledge is empowering and allows the practitioner to move forward with culturally defined practices.

Results

To honor the lineage and history of indigenous oral traditional, the interviews were collected and grouped into two main sections: (1) Narrative and (2) Findings. The narrative section will describe the context of how these Black community healers entered the field, highlight their values and grounded principles, and describe our commitment to healing those impacted by carceral systems. Through a lens of uplifting CDEPs, the findings section will provide practical strategies for supporting Black community healing, recommendations for how to work with formerly and currently incarcerated Black individuals, and our dreams and hopes for Black liberation. Five emerging themes were identified, and subthemes will also be explored. Interviewees highlighted the importance of: (1) designing environments for Black safety and healing; (2) supporting the needs of incarcerated and formerly incarcerated Black folks, (3) reclaiming traditional practices and wisdom; (4) advising solidarity amongst mental health providers supporting Black individuals; and (5) voicing our dream of Black liberation. These five core themes will be elucidated throughout the findings section.

Narrative—Paths to Liberation: How Community Healers Found Their Calling

Creating Healing Through Community Defined Evidence Practices

Sonya Young Aadam (whose pronouns are she/her/diva/hey sister!) grew up in South Los Angeles aka South Central. She entered the world of Black women's health and mental health because of what she was witnessing for herself, her family, and her neighborhoods, which she calls the "pathology that exists in our community for Black people." Every time she returned home to L.A. from a whirlwind adventure as an Ivy-League educated corporate executive, she was faced with increased homelessness of Black folks, domestic violence, and women experiencing maternal and reproductive health challenges. She decided to give up her cushy lifestyle to directly support her community via non-profit leadership. Aadam, now the CEO of

the California Black Women’s Health Project, has implemented three community-defined evidence practices with her organization over the past seven years. She shared how she defines CDEPs:

There is the technical definition, which is “a set of practices that our communities have used and found to yield positive results as determined by the community’s consensus over time.” Then there’s the one where we say, “We do what we have to do to get done what we have to get done!” We develop things, we are solution-oriented, because we see the problems that are existing as we have for 400 years in this country. We find ways to mitigate. We find ways to fill a gap or make do so we can survive... That’s what community defined practices are... they are interventions. (Aadam, CBWHP)

While Black communities have deep-rooted practices to support our wellbeing, more recently, these practices are being formalized as culturally responsive mental health interventions. As Aadam described earlier, community defined evidence practices are born from what a community considers culturally rooted healing, as well as their cultural, linguistic, or traditional practices. These interventions are developed specifically to address the unmet needs and strengths of a cultural group; they are rooted in the community’s worldview and its historical and social contexts (Myers, 1987).

Aadam describes that:

...doing it together is what really defines the community, when you say a CDEP, it is **community** defined. We have come up with it, we have put it together, we have massaged it, and we have sown it together even tighter to where it looks like it needs some help. We have made it to hold us up, while we await the cavalry, while we await the system’s change, while we await the policy, while we await the elimination of racism in this society. (Aadam, CBWHP)

Another common definition of community defined evidence practices describes, “a set of practices that communities have used and determined by community consensus over time, and which may or may not have been measured empirically but have reached a level of acceptance by the community” (Martinez, 2008).

This is important to note especially since communities of color are primarily provided “evidence based” mental health solutions and interventions that were created and tested on predominantly white audiences/stakeholders. Aadam expands on the significance of the difference between evidence-based practices versus community-defined practices. She explains, “some of those [evidence-based practices] work, but they have not all been tested for us, they don’t acknowledge us, they don’t recognize culture as a social determinant of health, and don’t even look at things like chattel slavery...”

Some examples of community defined evidence practices that promote mental health and healing include but are not limited to: (1) healing or prayer circles, affinity spaces, spiritual, and/or faith-based practices; (2) ancestral practices to healing via traditional healers, practitioners, coaches, mentors, and peers (3) healing through arts and expression via poetry, spoken word, storytelling, singing, and performing; (4) capacity building/raising community awareness/interventions to address and educate about the mental health impacts of specific community traumas faced (e.g. over-incarceration of Black men) (5) cultural adaption of evidence based practices via integrated culturally or linguistically specific adaptations.

According to the California Reducing Disparities Project Phase 2 Statewide Evaluation Report, 97% of the CDEPs addressed individual/peer level protective factors, among these were: social support/connectedness, cultural connectedness, and self-esteem. Further, this CRDP approach demonstrated cost effectiveness with the net estimated financial benefit to the state exceeding \$450 million. (Psychology Applied Research Center at Loyola Marymount University, 2022).

Aadam describes the importance of technically defining community defined evidence practices, because it is an opportunity for funders to realize that their work has value and potential and so that it can be codified and actualized. The California Black Women's Health Project has implemented 3 CDEPs, Sisters Mentally Mobilized, Anti-Violence Ventures, and Sistahs Aging with Grace and Elegance. These are just a few examples of CDEPs from one organization, and in the latest phase of the CRDP, California has implemented 35 CDEPs in 36 of the 58 California counties and encompassed all 10 regions (Psychology Applied Research Center at Loyola Marymount University, 2022).

Discovering Restorative Justice

One of the direct service strategies used by CDEPs is healing justice. Coined by Cara Page, the healing justice framework calls for holistic interventions and includes traditional cultural practice rooted in ancestry, environment, culture, and spirituality. Restorative justice practitioners utilize a healing framework in their work (Page, 2013). When Jodie Geddes migrated to the United States from Jamaica at 6, she just knew she was going to become a fancy Chicago lawyer with a shiny BMW.

"I always had this fight for justice. And it was coupled with my own experiences of understanding my identity as someone who's Black, but also Caribbean and growing up in the United States," said Geddes.

Geddes became a young community organizer and felt herself becoming overwhelmed with anger and grief as she attended protests, marches, sit-ins, and rallies. Part of the anger, she explains, was feeling like she needed to prove that her life mattered, prove her dignity and worth. The other part was connecting deeply to people in different causes and the culmination of grief when reacting to another harm, another act of state violence, and another genocide.

I realized that I needed to engage in organizing from a healing centered lens. I wanted to understand how to acknowledge that [pain] but also not sit in it and not feel guilt or shame for my joy or happiness, she said.

Through a restorative justice class at her Quaker school, in which Geddes navigated racism from some of her white colleagues who did not feel restorative justice had value, she had a transformative experience of deep sharing around the harm folks had experienced and how it impacted them. Ultimately, she decided she did not want to be a lawyer and would more likely be kicked out of law school. She learned she could approach healing and restorative justice in a way that was kind and accountable without sacrificing herself. Now Geddes is the Safe Outside the System Program Director at Restorative Justice for Oakland Youth (RJOY) as well as the

co-author *The Little Book of Racial Healing*. I asked her how she defines Restorative Justice.

What Is Restorative Justice?

Restorative justice is a practice of remembering that we are engaging in healing and systems and structures that are causing harm. And that’s just the reality, our history can tell us that. ...for me personally, restorative justice is a practice of remembering Afro-centric and indigenous ways of being in community to the extent possible, and also a practice that can allow us to engage in healing when harm or conflict has happened. (Geddes, RJOY)

Geddes goes on to describe that restorative justice is a worldview and a cultural shift, one that requires introspection and system accountability.

It is not simply enough to feel good when we have the opportunity to tell the truth, but we must push and challenge those structures that impact how we engage in community with each other, the messages we receive about each other, whether conscious or living in our subconscious.

Geddes uplifts the work of activist, scholar, and national leading voice on restorative justice, Dr. Fania Davis. Dr. Davis describes restorative justice as:

... a justice that seeks not to punish, but to heal. A justice that is not about getting even, but about getting well. A justice that seeks to transform broken lives, relationships, and communities rather than damage them further. A justice that seeks reconciliation rather than a deepening of conflict. A justice that seeks to make right the wrong rather than adding to the original wrong. A healing justice rather than punishing justice. A restorative justice rather than retributive justice. (CUNY, [n.d.](#))

Geddes digs deeper to describe that when Dr. Davis speaks about restorative justice, she talks about something that is not simply reactive, but also proactive.

I believe that [restorative justice] is a worldview that encourages us to be proximate with each other and not make each other then disposable in moments of deep challenge, whether that is harm and conflict. ...And so just that practice of remembering in that worldview, that is about transforming and shifting relationships, but also transforming and shifting structures that inform our relationships.

Geddes ends by sharing that the circle process is part of restorative justice. Many restorative justice practitioners facilitate a circle process which is where community members are all seated in a circle, and everyone is invited to share their perspectives on an issue (The appendix provides a detailed summary from Geddes on how she structures circle practices).

Coaching for Healing Justice & Liberation

“We don’t diagnose people. We don’t say somebody’s broken. We don’t say who people are, we don’t define people. We let them define themselves,” said Damon Azali-Rojas.

Damon Azali-Rojas is the co-director and co-founder of Coaching for Healing, Justice and Liberation (CHJL) a non-profit school which he leads with co-founder/co-director Sarah Jawaid. Over the years this team has trained multiple coaching

cohorts and adapted and evolved multiculturalism coaching curriculum to meet the training needs of social justice movement leaders who were majority people of color. One of their coaching cohorts challenged them to create a school for BIPOC movement leaders and thus Coaching for Healing Justice and Liberation was born. Azali-Rojas and Jawaid (2022) even co-authored the book: *Love Letter to the Movement: Using a Coaching Approach for Healing Justice, and Liberation*.

Azali-Rojas is an Afrofuturist appreciator, capoeira enthusiast, and an amazing teacher who sees divinity in all people. Azali-Rojas entered the world of coaching from organizing. He was working with a lot of folks experiencing burnout and having health problems. But when his son developed an illness and it was unclear how long he would survive, Azali-Rojas changed his career to be at home more and switched to a consulting firm that was connected to an Anti-Domestic Violence Project. There he met a lot of coaches and noticed a change.

They just talked to me differently, instead of telling me what to do like my mentors or supervisors would, they asked me, “if time, money and people’s opinions didn’t matter, what would you do?” It was just such a different way of seeing the world. I had more space and more possibility. (Azali-Rojas, CHJL)

Azali-Rojas thought if he could coach organizers that maybe they would stay in the movement and not subside to ill health because they weren’t meeting their needs. After becoming a trained coach at a school that focused on multiculturalism, he started a coaching program in LA with several cohorts, including one inside of a prison.

The group I worked with was on a special yard, they were on Yard A on Los Angeles County Prison in Lancaster, and it was the Honor yard. The people there had to submit to a random drug and alcohol test and not buy into prison politics. Prison politics is usually based on race. So, if you’re Black and somebody’s like, this guy is giving us trouble, we need you to teach them a lesson, you just do it. Because you’re told to do it. It’s also supported by the prison guards; it is a whole big thing. So, to be on the Honor yard you have to say I’m not going to do that. And if you end up being found out in that, you get kicked off the Honor yard, Azali-Rojas explained.

When he and his colleagues showed up for a coaching intro, they came back the next day and did a check-in with the group.

One Black guy said, “I had the best conversation with my son that I’ve ever had in my life. And the reason why is because I was using self-management and the three levels of listening, and I wasn’t telling him what to do. He spoke the whole time about what’s going on in his life, something that he has never done with me.”

Azali-Rojas recalled that as the check in continued more and more people checked in with similar stories.

It was four hours of teaching these basic skills and being [with them] in a way that [demonstrates] “you’re a fucking human being” and whatever you did does not define you and really believing as we would say in liberatory coaching, that the coach partner has all the answers, and we don’t have to fix them. It’s for us to walk alongside them as they evolve.

Azali-Rojas recalls that that particular cohort was 26 people and a third of them were in for life without possibility of parole.

Because of the laws and how they changed and how Jerry Brown had a change of heart who was governor and Gavin Newsom who continued with that, more than half of the people who were in that cohort are out now, and many of them are doing work to try and abolish the prison system and really supporting people who are coming out and trying to keep people from going in, said Azali-Rojas.

One of those people who exited the system and Azali-Rojas coached was Jamala Taylor. Taylor is currently the Reentry Manager for the Insight Garden Program and facilitates folks coming home and connecting to services. The Insight Garden Program follows a peer mentorship model and consequently most of Taylor’s team is formerly incarcerated folks.

I asked Taylor: “As someone who is formerly incarcerated, and currently holds space for other folks, can you share a little bit about your path towards healing. What did healing look like when you were incarcerated?”

Jamala Taylor’s Story in His Words

“Two very powerful words. Both represent different stages of my life. One is hopelessness. The other is hope. Hopelessness. At 18 years old, I stood before a Judge that through his actions told me that transformation and change was impossible. Therefore, he was sentencing me to 99 years to life.

In the California prison system at that time, they didn’t let lifers go. It didn’t matter if you had one year to life. I had 99 years to life under the old scheme that meant the earliest possible time I could have gone before the Board of Parole Hearings would be 2053. So, I’d still be in there. Of course, with that comes hopelessness. At 18 years old it is a very traumatic thing to hear that one day you’re going to die behind these walls, whether it is murder or old age, the result is going to be the same. And so, I began to get more deeply involved in gangs, crime, and organized crime. I spent probably the first 25 years of my life deeply rooted in the criminal culture.

In the year 2000, I was removed from general population and placed in solitary confinement. California had a policy at that time where if you were found to be a member of one of five prison-based gangs, which are divided amongst races, you had to be housed in a security housing unit. So, I was in Pelican Bay solitary from 2000 to 2015. In 2013, we executed a massive hunger strike that actually, at its height, was 33,000 people across the state. That forced the administration to release us to the general population. And when I got back to general population, prison was just completely different. The biggest difference was the second part of my original statement, hope.

They passed new laws, known today as the youth offender laws, which state that if you committed a crime prior to being 26 years old, you could at least go back to board and make your case for rehabilitation. And these laws really understood the science of the human mind, it’s not fully developed [under 26]. So now, and I don’t know if I fully believed that they were actually going to do what they said they were going to do, there’s just that sliver of hope. And that hope kind of pushed me to start

going to classes that previously didn't even exist before I'd been removed from general population.

One of the first classes I went to was the Insight Garden Program (IGP). I had no idea what it was. I just saw the garden. I spent 15 years in a concrete box with no window, no access to sunlight. And now I can garden, I can touch soil, I can touch a plant. That was the beginning of my transformation. And I just began to march toward freedom. It went to me dealing with my relationship to gangs through groups like criminal gangs anonymous. My relationship with addiction through NA, my relationship with anger, anger anonymous, and various other classes.

I took my GED. I passed it. My immediate reflexive thought was, 'how do I sign up for college?' I never had that thought before in my life. It was just a pure expression of pure joy. And those things came together to put me on a path to transformation. And if you just distill all of those things and work backward, it comes back to that one word; hope versus hopelessness. I behaved one way when I was hopeless, and another one I had hope."

Today Taylor works at the very program that sparked his transformation. Operating across the state of California, the Insight Garden Program works inside nine prisons and 11 facilities, and two women's prisons. Incarcerated folks receive a one-year curriculum based on the environment.

We bring gardens to maximum security prisons. Now, if you've never been in a maximum security prison in California, they're all concrete and steel. They don't have trees, trees are obstructions, for the gun tower; they need to be able to see you to shoot.... All of a sudden, you're in a gardening program,—your first planning, garden installation, actually drawing it out and then actually bringing it to life, touching living soil, touching, growing things. Eventually the gardens start to attract things—ladybugs, butterflies. Nobody wants to be in prisons, not even bugs. So, prior to that you might have gone decades without seeing nature's beauties. That's transformative in its own right. (Taylor, Insight Garden)

Findings—Sanctuaries of Support: Designing Environments for Black Safety and Healing

Developing Trust & Safety through Space Holding

One of the many challenges with the United States' carceral systems from behavioral health to the criminal (in)justice system is the colonized and internalized mindset around individualism. The idea that we must be self-reliant, self-sufficient, and do things on our own. As Adam reminds us with a big smile, "Black people are a collective people, we are community, people where we tend and befriend."

We do not heal in isolation and collective care asks that we see wellbeing beyond an individual's responsibility, but as something that many can shape together (Auguste et al., 2024). A big portion of my work as a space holder was to create space where people could express their true feelings and support could be given from the wisdom around the room. In these spaces we dreamed up together, part of

container building was co-creating space agreements and being clear what the space was and what the space was not.

Collective care in Black spaces looks like:

1. Granting permission for people to express a full range of emotions that specifically includes anger (a feeling that is often policed for Black folks)
2. Sharing insight when invited after hearing someone else’s struggle or story
3. Receiving validation after experiencing microaggressions as an antidote to racelighting
4. Fostering a sense of belonging
5. Providing culturally responsive resources
6. Pouring back into those who feel depleted through poetry, music, and art

Participants were so excited to be able to speak freely and connect with one another, to remember they are not alone, and that community is there to listen, provide care, and validate their realities. The biggest gift we gave each other was giving one another permission to be exactly who they are in the container of life that they hold. Folks interviewed shared how they build safe containers whether in one-on-one coaching or circle practices, there were a few consistent themes across the interviews.

Centering the Black Experience in Space Design

For Sisters Mentally Mobilized spaces and many other spaces that the California Black Women’s Health Network holds, space design that is Black-centered and engages the senses and helps ground participants upon arrival is how they flow in their spaces. Aadam highlights the importance of what someone sees, hears, smells, and tastes to transport people to places that may feel familiar and safe. Many of their spaces may use drumming and chimes, may have lavender oil burning and be filled with beautiful visuals and art of Black people.

“We curate spaces that are safe, affirming, and beautiful. And part of what makes them that way is that we tend to everything in the room,” describes Aadam.

Slowing down and Checking in

Aadam facilitates what she describes as a ‘cultural check in’ where participants are given the space to share who they are, who they come from, how they got here, who their people are, what’s going on with them, and what brought them here. She reminds me that Black folks are so exploited that it is important to slow down and check in and be in a space where folks feel connected and familiar with no real requests of them.

“Give what you want and take what you need, nothing more is required of you when you come into a space with us,” she offers.

Belief in the People You Are Holding Space for [Self-Determination]

Azali-Rojas shares that part of creating space is how the space holder enters the space and what they believe is possible for the people they are communing with. Sometimes described as a ‘coaching stance’ which literally means making a physical shape to embody how you hold space and what you believe for the people in the space container you are holding.

It’s the belief that this person across from me doesn’t need me to save them. I do not need to be Jesus Christ Superstar for this person. All I need to do is listen to them, hear what they say, ask them questions to help clarify their needs and how those needs get met. That’s all it is. They get to be the final decision maker, he said.

Taylor believes that allowing people to discover their own truths and creating spaces where people can do that is pivotal.

I coach a lot of formerly incarcerated people, and I believe you get the best result the more safety people feel. Empowering is the essence of coaching; it assumes the people you’re dealing with are powerful. And we want to transmit that to the person: ‘You got power’, ‘You got the answers’. From the moment someone gets out, we want them to see their power, said Taylor

Taylor believes that creating a container of safety is key, especially within the Insight Garden Program where he mentors participants and part of that work happens with relationship building, phone calls, and checking in. He continues by sharing that if someone is a safe person, the real gift of it is how can you transmit safety? How do you make people feel safe?

“We pride ourselves on saying that nobody gets released to a stranger. An emotional safe space is necessary when you get out into a world you don’t understand,” said Taylor.

Azali-Rojas adds that part of being safe means being accountable. He says, ‘I don’t make promises I can’t keep.’ He expands by sharing that especially when working with incarcerated Black men, he’s seen that a lot of them are told things and people don’t follow through, so a big part of creating safety is saying what he really believes and doing what he says he is going to do.

Findings—Restorative Spaces: Supporting the Needs of Incarcerated and Formerly Incarcerated Black Folks

Importance of Lived Experience & Peer Support

While Insight Garden has a lot of offerings, Taylor believes the most important offering is peer mentorship, which has a strong evidence base of positive mental health outcomes. Taylor explains that most of the people who work in reentry are formerly incarcerated and so there is a lived experience that allows them to connect and operate with folks in a more in-depth and authentic way.

“When I got released after 31 years everybody around me, my family, my sister, my nieces, they’re all so happy. I’m being released after 31 years of course I’m happy right? I can’t show them anything else,” he said.

Taylor explains that while there was truly happiness there was also deep fear and that is a similar experience amongst incarcerated folks.

You don’t know how you fit in your own skin, let alone the world. What about your family? You’ve been gone for 31 years, how do you fit into that? Well, we can speak to those things...unless you lived that life, you probably will never see that, that person will probably never show it to you. That’s probably the most important thing we do, peer mentorship, described Taylor.

Taylor recalls seeing someone in a program that he had done time with as a juvenile thirty years ago. He remembers how different he seemed, how articulate and introspective he was, and how he could speak to what he was seeing and feeling.

There are two great powers, the power of narrative and the power of example, and I’ve benefited from both of those. Narrative, being willing to tell our stories and the power of example, how you live, how you walk... he became my template and that’s something I take personally the potential to be somebody else’s template. My willingness alone to speak my truth and have somebody else relate to it. That might be the straw that breaks the camel’s back, he said.

Interrupting Toxic Masculinity & Navigating Shame

There is a real thing that needs a light shined on it, especially inside of men’s prison, which is toxic masculinity, because that is what causes people to do the prison politics. ‘If I don’t do this, they’ll think I’m a punk or a pussy,’ and that causes them to not make choices that are theirs. ‘I need to do this to protect and make myself safe.’ But when people have self-energy, they can be more safe, even in a dangerous situation, Azali-Rojas emphasizes.

For Azali-Rojas, part of shifting this perspective means realizing that toxic masculinity is tied to shame and grief. Part of it may be grief about losing their family members or replicating what their parents did, and even feeling as though they are fighting for their family.

It’s about readiness. Readiness is vulnerability; it’s self-reflection, and everything about a carceral system is you put up all this armor to protect yourself, and all your parts reinforce that. The tools that people want for the quick fix is not going to do it. What it truly is, is one’s relationship with their self first and how do you have that relationship with other people who are around you, he said.

When thinking about how to strategically interrupt toxic masculinity, Taylor explained the need to have spaces where people can truly express themselves and really ask questions, talk about things. He believes that creating groups with people with lived experience with the same struggles and one-on-ones also helps people navigate their shame. He described interrupting toxic masculinity as being similar to interrupting racism and other ‘isms’ and the thing that gets in the way from making concrete progress is that people don’t want to be ostracized or perceived in an

unflattering way, so instead they water down questions to where they don't have meaning.

You ever been in a situation where you wanted to say something, but you didn't want to say the wrong thing? I think a lot of times we feel like that, and we'll keep quiet. But the worst thing you can be is quiet when you're trying to get help, said Taylor.

Instead, he shares that it is time to create spaces where people can really ask the questions and feel safe to do so and not feel like they will be canceled. Taylor reminds us that people are teachable.

We're going to have rough edges, so go the extra mile and explain things like pronouns and gender. Understand that with formerly incarcerated people there is a gap in what they've been missing and what they may have to transition to, he said.

Behavior Change Takes Time

Taylor shared that his transformation didn't happen overnight. When he first started attending classes it was to ensure he didn't get placed in solitary confinement again. Taylor describes it as a behavior change, but not a change in beliefs. The knowledge and insight started metabolizing within him. He began wanting to understand cognitive behavioral therapy and began teaching and building curriculum to develop a better understanding. Other shifts were where he spent time in the prison environment. For example, he spent more time in the education building instead of the yard, because he knew the folks trying to go home were in the education building.

Geddes shares that a big piece of this work is having grace with people and acknowledges that when someone has been in a structure of control they may be very afraid to share things.

Plan and Prepare for Transitions into a new world (CoSA)

When someone is entering back into community from being in a locked facility, from being in the carceral system, really having a community of care to wrap around them, because the reality is when people are incarcerated, it's out of sight, out of mind, and then people are released, and then there's this expectation for people to fall back into place. But systems of discrimination and harm still exist, especially if people have served a long sentence, things have changed, right? So, there is support that is needed, says Geddes.

In addition to the real, tangible needs that someone may have, like obtaining their Social Security card, birth certificate, driver's license, identification, an address, and learning new skills, Geddes highlights the importance of community building via circles she holds called Circle of Support and Accountability (CoSA). CoSA is a restorative justice-informed approach to support the integration of people returning home from incarceration who present as high-risk and high-need.

The purpose of these spaces is for people to come together and help build a community where participants are asked questions like, 'what does it mean to build a community of safety?' The space is built to talk proactively about practical things

like shifting from transitional housing to more permanent housing and also larger conversations about how to build a plan of safety around areas of potential challenges.

“Circle of support and accountability are really powerful because it’s about accountability and how do we not repeat the pattern that got us to where we were,” Geddes shares.

Geddes underscores that while these circles meetings are important, following up is critical to preventing someone from falling through the cracks and getting system-involved again.

Findings—Ancestry Awakened: Reclaiming Traditional Practices and Wisdom

Woven throughout the path toward Black liberation and healing that is so beautifully demonstrated by community-defined evidence practices is the reclamation and honoring of ancestral and spiritual practices. In the spaces that Aadam facilitates she is thoughtful about what someone disconnected may need.

All of these practices we are doing are to awaken that deep spirit that we have. You get chills, your hairs raise up around you, and your ears are perked and they hear something that reflects the sound of your ancestors coming to talk to you and surrounding you and touching you... all of those things we utilize and bring into our spaces, said Aadam.

It is important especially for people of African descent whose history has been stolen to learn about and reclaim practices that are centered in healing and restoration.

“Music and movement is a part of what healing and tribal circles were centered around for our ancestors. A baby is born and then lifted up in a space where there is music and drumming,” added Aadam.

Interviewees reflect that there is healing even in the gesture of sharing a meal together; the power of breaking bread is also part of an ancestral practice about the way food heals and nourishes our bodies and also brings us closer together.

Azali-Rojas, who has supported people on their spiritual journey for 20 years as an Ifa priest, shared that reclaiming practices is honoring the divinity in people and supporting them to access their own intuition through parts work so they can make choices from those more aligned places.

I believe that everybody has divinity in them, they’re just an expression of universal consciousness, the creator, so they have connection to that energy that knows everything that has ever happened, everything that’s happening now, and all possibilities for the future, he said.

Some shared that part of reclaiming ancestral practices is being open to spirit.

When I think about reclaiming ancestral practices, it’s really to follow the spirit that speaks through you... I think about Harriet Tubman and Queen Nanny of the Maroons of Jamaica and their ability to hear the voice of God. There’s a way that we talk about them as like these

mythical beings, but we're talking about human beings who are born into systems of enslavement and harm and were called to be keepers and leaders of freedom. And I think about the responsibility and the power to say that I am going to not just free one, but I'm going to try to free all, said Geddes.

Findings—Support and Solidarity: Advice for Mental Health Providers Supporting Black Individuals

To some extent all interviewees spoke about the importance of anyone supporting Black people toward liberation and healing to “do their work.” Doing your work looks like bringing self-awareness of bias and shifting behaviors, unlearning racial bias, understanding the role of epigenetics in trauma, and learning about culture as a social determinant of health.

I'm not saying you have to be Black, but if you are going to serve Black patients, those of us who need this liberation and need this healing, if you are going to serve us then you have to do your homework. Don't take the client if you aren't willing to do your homework, said Aadam.

Affinity Spaces to Unlearn Racial Bias

Interviewees acknowledged the impact of affinity spaces for more honest work to occur and feel they are a vital part to unlearning.

Do the work with your people; —white folks in the field need to be having conversations with each other. One of the things that happens with bias is that people have it intellectually and begin to live it out in their behavior because they're not talking about it. No matter your racial identity, background, sexual orientation, or gender, do the work with your people; have those conversations with folks in the field, said Geddes.

Document Unlearning

Geddes underscores that this unlearning should be documented so other people read these stories and experiences. She explains that white folks in the field have a lot of visibility building narratives and they're also part of dismantling narratives that are harmful.

Diversify your Education and Learn Outside of Traditional Psychology

Several interviewees shared the importance of expanding mental health professionals' knowledge base outside of the traditional psychology field. They suggested reading Black authors and authors of color for a more expansive view, funding and

honoring research by Black authors, and letting us tell our own stories instead of other people telling our stories that are based in racist anthropological practices. In addition, honoring lived expertise as true expertise and learning from and bringing people to the table with first-hand experiences of incarceration, mental health experiences, and trauma.

Are you going to read a book or are you going to ask somebody who did time? How many people don't ask [people with lived experience] when they're planning to do that, or their round table was not represented by people with true lived experience. That's the problem, said Taylor.

Many shared that Black people are a collective people and if someone doesn't have a knowledge and appreciation of culture they may be able to diagnose someone, but not truly understand who a person is.

“We tend to survive our things, figure it out, or we press though...but when we reach a point where we need to see somebody or we are forced to see somebody, it is going to be heavier,” Aadam said.

Aadam suggested that mental health providers use collective care approaches, because Black folks can gain safety and thrive when they are gathered together in a space known to them (e.g. faith-based institution, community center, school) to engage, learn, and receive support.

Take a Restorative Justice Approach

Many interviewees shared about the importance of seeing people beyond the worst thing they've ever done. In order to approach people within a restorative spirit it is important not to have a predetermined identity about who they are but allow people to show them who they are and then build with them. Taylor recommends “accepting and affirming the lives and experiences of others, even though you may not have lived it.”

Create Safe Containers for Healing to Occur to Process Fear and Shame

Interviewees shared that currently incarcerated and formerly incarcerated folks need emotionally safe spaces for them to process shame and fear in a nonjudgmental environment.

“Be understanding that people who have been in prison were not allowed to be themselves totally and completely because of self-protection and that the machismo is running high,” said Taylor.

There need to be places where people can openly talk about their experiences without feeling ostracized or labeled. Interviewees offer that when you take away the fear there is more freedom, choice, and self-determination.

I think three things are really important with folks who are inside: how to process shame, how to identify, realize and process grief, and how to come to terms and work around the fear around mortality and death. And I think when you don't deal with those three things, they're so powerful...they take away so many choices, said Azali-Rojas

Findings—Our Vision of Black Liberation: A Collective Dream for Justice

To honor our collective voices and spirit in this chapter it felt aligned to end on our vision and meaning of 'Black liberation'. So much of the pathology of Black people is steeped in pain and trauma and so it is crucial for our spirit to take an Afro-futuristic lens to dream and to connect with our souls.

Aadam is direct when she says, "there is no healing without the ceasing of wounding me." She compares having no repair, no reparations, no real apology to having a wound on your arm that is opened repeatedly; it scabs, but it will only heal when you stop wounding it. For her, Black liberation looks like the connection of sister circles and being in a continuous space where we create a hedge of protection. "There's that moment where we feel as if even though chains are there, I can imagine what my freedom is like."

For Azali-Rojas there are two liberations, there's a little liberation where every day someone makes choices to feel empowered. Then there's big liberation, where we are at a place where race doesn't matter anymore because we all treat each other with respect. He believes Black liberation is reparations and the abolition of police and prisons, and getting there looks like teaching people to communicate authentically and creatively. Having those folks be in relation will create what we need for the big liberation. He thinks of being liberatory as having the ability to continually self-reflect, being open to spirit whether it is ancestors, a deity, or the energy you get when marching with people for Black lives or to end the genocide in Palestine. We need something that is bigger than the individual to feel full. Lastly, being liberatory is around understanding how systems impact you and people in your community.

"Part of it is really understanding the systems that are around and identifying and putting the light on them because they lose power when that happens," he said.

For Taylor, Black liberation looks like the power of narrative and example and being willing to tell our stories. "In terms of liberation, it's a mindset, I saw the possibilities in other people. That's why the narrative and example are so important to show people who look like you what's possible," he shared. Taylor is currently on a very restrictive parole until the end of 2025. Meanwhile, he earned his bachelor's and is working toward his master's and is frequently invited to speak publicly.

"What I learned from these people, while in their custody—I'm going to be using to advocate against them. Ain't it powerful?" Taylor exclaimed.?

Geddie takes us back in time and also to the future. "When I think about Black liberation, I think about growing up in Crown Heights, Brooklyn, New York. And

when you bust open the fire hydrant in the summer and scream and run through the streets. For me, that is a symbolism of a kind of Black liberation, because I wasn't worried about not having enough water. I wasn't worried about someone saying that I'm too loud, and I'm too Black. And I'm not checked—there was a freedom in my body. And I felt connected to the very resource of water and the ground, being bare-foot outside...”

Geddes expands and says, “The freedom of the little girl running through the sprinkler isn't just on her block of safety, but it's on every block. It's in every boardroom. It's in every hospital, it's in every classroom. It's in every community because we don't have prisons and jails because they've been dismantled. I'm constantly dreaming about those new worlds like Afro futurists talk about.”

Conclusion

Our communities long for culturally aligned, non-carceral, community-based options that are fully recognized as healing interventions and sufficiently funded. Community-defined evidence practices deliver a framework for Black-led alternatives for healing, liberation, and radical mental health. I explored CDEPs' commitment to reclaiming ancestral healing practices and decolonizing mental health approaches. Wisdom from participants indicated that developing trust and safety through space holding is supported through slowing down, checking in, centering the Black experience in design, and believing in the self-determination of community members. Further, interviewees acknowledged the importance of moving away from the colonized perspective of individualism to indigenous approaches of collective care to remind us that our lives and liberation are interconnected. I explored liberatory coaching, bridging my personal narrative and the experience of participants working with incarcerated individuals.

Examples from participants indicated that self-determination, empowerment, and creating space for the coach partners to arrive at their own answers are at the center of liberatory coaching. These methods are void of biomedical model approaches focused on diagnoses and labels, and rather allow folks to determine who they are and what they need. Interviewees demonstrated that supporting formerly and currently incarcerated Black folks requires (1) utilizing restorative justice frameworks that also hold systems that institutionally marginalize Black folks accountable, and (2) interrupting toxic masculinity and creating spaces to specifically navigate shame and grief. Similarly, I explored Black-led peer support through the Insight Garden Program and a participant shared that this methodology was healing for liberation in the same ways that CDEPs are grounded in lived experience, peer support, and non-judgmental spaces to process life stressors.

Throughout the analysis, I integrated the perspective of Black leaders who contribute their perspectives, interventions, and approaches and build on the narratives and history of Black psychiatric survivors. The methods, the cultural framework, the importance of healing liberation, and the value of culturally attuned practices

can contribute to the psychology field if psychology is prepared to identify its own role in systemic oppression and not co-opt or systematize CDEPs. Psychology can work alongside leaders and recognize its place within the context of CDEPs. The wisdom received in this chapter calls on us to remember and to reclaim. What must be done in the face of ongoing racialized violence, attacks on DEI, and increased need for culturally responsive healing? We must march toward our collective liberation armed with knowledge, shining the light on systematic oppression while creating space for the restoration of our ancestral practices. The pathway to life-affirming community-defined evidence practices that are sustainably funded and celebrated is a pathway to Black liberation. Healing is our birthright.

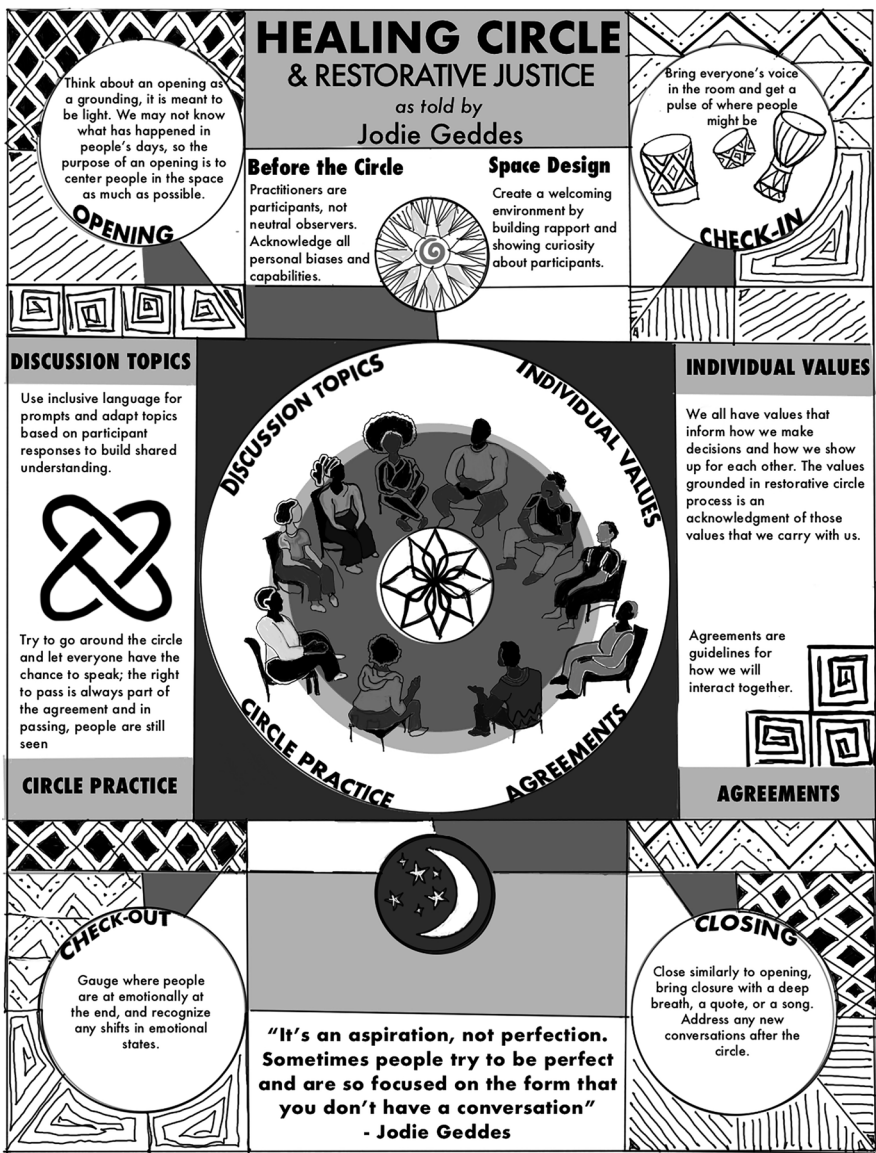
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Jordan Cherry



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