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Santa Barbara

Media Exposure of Police Violence:

Assessing Psychological Risk and Resilience in Black Americans

A dissertation submitted in partial satisfaction of the

requirements for the degree Doctor of Philosophy

in Counseling, Clinical, and School Psychology

by

Ginette Marie Sims

Committee in charge:

Professor Maryam Kia-Keating, Chair

Professor Melissa Morgan

Professor Miya Barnett

September 2022

The dissertation of Ginette Marie Sims is approved.

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Melissa Morgan

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Miya Barnett

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Maryam Kia-Keating, Committee Chair

August 2022

Media Exposure of Police Violence:

Assessing Psychological Risk and Resilience in Black Americans

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Ginette Marie Sims

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Thank you to my friends and colleagues who have supported me throughout this process.

This dissertation is dedicated to my family: to the people who are no longer here, and those who have sacrificed so much to see me work toward becoming Dr. Sims, and everyone who has cheered me on in good days and in bad.

VITA OF GINETTE MARIE SIMS
September 2022

EDUCATION

University of California, Santa Barbara (UCSB)
Santa Barbara, CA
Doctoral Candidate in Counseling, Clinical, and School Psychology (CCSP)
September 2016-September 2022

University of California, Santa Barbara (UCSB)
Santa Barbara, CA
Master of Arts in Counseling Psychology
May 2018

Williams College
Williamstown, MA
Bachelor of Arts in Anthropology
August 2009- June 2013

RESEARCH

Media Exposure of Police Violence: Assessing Psychological Risk and Resilience in Black Americans
September 2020-September 2022
Title: Principal Investigator
Designed exploratory, sequential, mixed method project examining the psychological impact viewing media of police violence toward Black Americans has on Black Americans for dissertation; developed protocol, consent, and recruitment flyers; in process of submitting project for IRB approval; will utilize hermeneutical phenomenological methods to analyze the psychological and physical impact of watching police violence against Blacks for Blacks; qualitative findings will inform survey measures designed to test generalizability of qualitative findings to larger sample of Black adults
Dissertation committee: Dr. Maryam Kia-Keating, Ph.D., Dr. Miya Barnett, Ph.D., and Dr. Melissa Morgan, Ph.D.

Examining Asian Americans Experiences of COVID-19, Santa Barbara, California
June 2020-Present
Title: Principal Investigator
Developed qualitative research project examining experiences of stereotyping and discrimination toward Asian Americans due to COVID-19 pandemic; developed study protocol, consent, and recruitment flyers; conducted 60-minute interview sessions

exploring discrimination and coping strategies; transcribed interviews; coded interviews using hermeneutical phenomenological analysis
Faculty Advisor: Dr. Maryam Kia-Keating, Ph.D.

Disaster Response among Medical Providers Study, Santa Barbara, California
June 2018-Present
Title: Graduate Research Associate
Maintain, clean, and analyze survey data related to medical provider distress and secondary trauma following the Thomas Fire and Montecito Debris Flow; transcribe focus group data; organize focus group sessions; code focus group responses
Principle Investigator: Dr. Maryam Kia-Keating, Ph.D.

Media Exposure to Police Violence Project, Santa Barbara, California
November 2018-Present
Title: Principal Investigator
Developed project entitled: Feasibility of Utilizing Linguistic Analysis to Assess for Emotional Distress Post Media Exposure to Police Violence: A Pilot Study
Utilized online data repository Crimson Hexagon to train and implement an algorithm assessing for emotion-based Twitter responses following exposure to the video of Philando Castile's death; conducted linguistic analysis by examining linguistic patterns of language previously cited to predict increased risk for acute stress and post traumatic distress within Tweets using the LIWC; developed method of utilizing LIWC for assessment of distress in Tweets following exposure to police violence
Faculty Advisor: Dr. Maryam Kia-Keating, Ph.D.

Santa Barbara Resiliency Project, Santa Barbara, California
August 2017-August 2019
Title: Gradate Research Associate
Developed surveys to assess the impact of ACEs and other measures on the relationship between parent and child during well-child visits at Santa Barbara community clinics for ongoing pilot project addressing possible interventions for children and parents with high ACE scores; interviewed staff and parents regarding acceptability of prevention and adverse childhood experience (ACEs) screening; coded interview responses using rapid qualitative analysis
Principle Investigator: Dr. Maryam Kia-Keating, Ph.D.

Project HEROES, Santa Barbara, California
January 2017-August 2019
Titles: Graduate Research Associate; Ethical Training Supervisor
NICHD-funded study. Trained Latinx undergraduate research assistants in risk assessment and survey administration for ongoing CBPR project assisting Latino families in Santa Barbara; designed project outreach and recruitment events; provided supervision and consultation for undergraduate research assistants administering a PCIT and mindfulness based prevention program in the field; conducted quantitative and qualitative

analyses of study data; mentored undergraduate RAs in preparing for applying to graduate school in psychology
Principle Investigator: Dr. Maryam Kia-Keating, Ph.D.

Massachusetts General Hospital, Boston, Massachusetts
April 2016-July 2016
Title: Research Assistant
Conducted 3 and 6 months follow up diagnostic interviews using the MINI International Neuropsychiatric Interview, ASILITE, Resource Utilization Guide, and Davidson to black, HIV+ women participating in Project STEP-AD, an intervention meant to address trauma symptoms, racial and HIV discrimination, and gender related stressors to improve medication adherence in black, HIV+ women living in the Boston area.
Principle Investigator: Dr. Sannisha Dale, Ph.D., Ed.M.

McLean Hospital, Belmont, Massachusetts
May 2014-July 2016
Title: Research Assistant
Conducted research tasks and data collection, maintained research databases, and coordinated diagnostic interviews for McLean's Acute Residential Treatment Program's current research project on the effect of residential therapeutic care on addiction
Principle Investigator: Dr. Julia E. Cohen-Gilbert, Ph.D.

Program in Education, Afterschool, and Resiliency (PEAR), Belmont, Massachusetts
December 2014-May 2016
Title: Research Assistant
Performed quantitative data entry processing, maintained large research databases (30,000+ cases); edited and developed survey documents; created and disseminated data reports for clients
Engaged in the conduction and analysis of evidence-based translational research in the areas of socio-emotional learning and Science, Technology, Engineering, and Math (STEM)
Principle Investigator: Dr. Gil Noam, Ed.D.

CLINICAL EXPERIENCE

Columbia Irving Medical Center/New York Presbyterian Hospital, New York, New York
July 2020-June 2021
Provided outpatient and inpatient psychological services to adults within the New York Presbyterian hospital system using psychodynamic and behavioral interventions; conducted, scored, and translated neuropsychological assessments within Columbia Psychiatric Institute; conducted clinical evaluations, provided trauma informed interventions, conducted crisis intervention, and designed and implemented safety plans in the High Risk Treatment Team (RED) and on 9 Garden North inpatient unit; ran depression processing and medical issues psychotherapy groups; advocated for increased

diversity in recruitment and retention and collaborated on improving culturally sensitive training in psychology training programs as a member of the Committee on Health Disparities

Hosford Counseling and Psychological Services Clinic, Santa Barbara, California
September 2020-September 2021
Acted as student supervisor to second year graduate students within the department of Counseling, Clinical, and School Psychology; conducted phone screens and needs assessment with prospective clients; provided clinical supervision and feedback to student clinicians; assessed and evaluated clinical trainees; engaged in crisis management and de-escalation with clients in distress; provided consultation to emerging clinicians; assessed clinical documentation and conducted documentation audits to ensure student documentation are HIPAA compliant; conducted and organized community outreach programming; conducted administrative tasks to ensure the continued efficiency of the daily workings of the clinic; provided therapeutic services to Black identified clients coping with systemic racism and violence in the Healing Justice clinic specializing in supporting marginalized persons of color

Koegel Autism Center
January 2019-June 2021
Conducted neuropsychological, personality, cognitive, and diagnostic assessments to adolescents and adults; conducted behavioral interventions, provided social skills training, conduct risk assessments, developed crisis response plans, and provided therapeutic support to adults on the Autism spectrum receiving support from the Department of Rehabilitation to complete occupational and educational goals

Santa Barbara Response Network
July 2020
Completed psychological first aid training; developed evidence informed approaches to responding to disasters in the form of natural disasters, pandemics, mass shootings, suicide contagion, and acts of terrorism through garnering skills in fostering adaptive coping and identifying restorative resources in the community

Counseling and Psychological Services Clinic (CAPS-UCSB), Santa Barbara, California
September 2019-June 2020
Provided brief psychodynamic and behavioral intervention services to emerging adults attending UCSB; conducted crisis management for at-risk clients; participated in specialized training sessions for survivors of interpersonal-violence and physical and sexual trauma

Hosford Counseling and Psychological Services Clinic, Santa Barbara, California
January 2020-March 2020
Provided clinical supervision and clinical training to first-year basic practicum students in the doctoral program within the department of Counseling, Clinical, and School

Psychology at UCSB; assessed and evaluated first-year clinical trainees; provided on-call and emergency clinical services for acute clients; provided clinical documentation support to beginning trainees; taught conceptualization and intervention skills in humanistic and psychodynamic approaches; provided ethics training in-vivo to trainees; assisted in the development in development of emerging psychologists' professional and clinical identities

Child Abuse Listening Mediation (CALM), Santa Barbara, California
September 2018- September 2019
Provided psychotherapy, parenting skills coaching, and trauma-informed interventions to diverse, low SES children and families exposed to trauma in the greater Santa Barbara area; ran therapeutic groups for teens exposed to domestic violence and parents with acute difficulties in emotion regulations; provided psychoeducation on the cycle of violence and safety planning; participated in DBT consultation and supervision group; taught DBT skills such as Distress Tolerance, Mindfulness, and Interpersonal Effectiveness to clients with difficulties in emotion regulation

Hosford Counseling and Psychological Services Clinic, Santa Barbara, California
January 2017-September 2018
Provided supervised evidence-based clinical interventions and psychotherapy to individuals, couples, or groups in the greater Santa Barbara area; designed and implemented evidence-based treatment plans to treat various types of psychopathology including social anxiety, phobias, OCD, and PTSD

McLean Hospital, Belmont, Massachusetts
July 2013- July 2016
Co-led therapeutic groups including cognitive reappraisal, mindfulness, substance use education, and art therapy; provided therapeutic intervention via CBT and DBT skills coaching to dually diagnosed adolescents ages 13-19; conducted risk assessments; provided crisis-based interventions for suicidal and highly distressed clients
Created and served as coordinator of the residential shift's Self and Identity Group, an activity-based group that promoted the discussion of diversity and identity in the context of building empathy and self-awareness

PUBLICATIONS

Sims, G. M., Kia-Keating, M., Sanchez, A., Beylin, N., Evans, M., & Tran, M. (2022). Anti-Asian American discrimination and COVID-19: Living with fear. *International Perspectives in Psychology: Research, Practice, Consultation, 11*(3), 206–213. https://doi.org/10.1027/2157-3891/a000048

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COVID-19 (Unpublished manuscript). Counseling, Clinical and School Psychology, University of California, Santa Barbara.

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Jimenez, A., Malavé de León, E., Sims, G., Hiraldo-Lebrón, C., Small, P., Boulos, M. 2015. *Leveraging Technology for Health Equity*. In Stigma and Prejudice: Touchstones in Understanding Diversity in Healthcare (eds R. Parekh and E. Childs). Springer LLC.

TEACHING

University of California, Santa Barba, California
June 2020-July 2020
Teaching Assistant for CNCSP 110: Educational and Vocational Guidance

Created and conducted lectures on theories of career psychology to sections of 40 students and full class (80 students); led didactic sessions via Zoom; developed online activities to assist students in developing their professional identities

University of California, Santa Barbara, California
August 2019-September 2019
Instructor of Record for CNCSP 102: Research Methods in Applied Psychology
Designed course syllabus for lectured on quantitative and qualitative research methodology to 40 students; assisted students in assessing the ethics and rigor of empirical research through designing essay assignments and verbal presentations; developed group projects to teach student research design and implementation

University of California, Santa Barbara, California
June 2019-August 2019
 Instructor of Record for CNCSP 110: Educational and Vocational Guidance
Designed course syllabus, lectured on principles of career psychology, occupational assessment and evaluation; led experiential activities designed to assist student in recognizing occupational strengths and areas of growth; provided individual mentorship and career support to students applying for jobs in psychological services and graduate school

University of California, Santa Barbara, California
April 2019-June 2019
Teaching Assistant for CNCP 102: Research Methods in Applied Psychology
Taught APA formatting, ethical research practice, research design and implementation via lecture and didactic sections; provide one-on-one writing support to assist in the development of scientific writing skills in undergraduate students

University of California, Santa Barbara, California
January 2019-April 2019
Teaching Assistant for CNCSP 110: Educational and Vocational Guidance
Lead sections and designed and implemented small group activities with undergraduate students; lectured on understanding the job market and career preparedness, provided career mentorship and guidance to undergraduate students

University of California, Santa Barbara, California
June 2018-July 2018
Teaching Assistant for CNCSP 111: Identity and Pluralism
Lectured, facilitated discussion, and designed small group activities to assist undergraduate students in recognizing their own implicit biases, increasing empathetic responsiveness, and considering multicultural perspectives in the context utilizing multicultural pedagogical approaches to train students interested in pursuing careers in psychology how to work with diverse populations

University of California, Santa Barbara, California
January 2018-June 2018
Teaching Assistant for ENG 10: Introduction to Literary Study
Teaching Assistant for ENG 50: Introduction to US Minority Literature
Lectured, facilitated discussion, and designed small group activities to aid undergraduate students in developing skills in literary analysis and interpretation; developed lecture and discussion sections to enhance student understanding of systemic injustices in the context of reading and interpreting minority literature; taught students literary analysis methods

University of California, Santa Barbara, California
June 2018-July 2018
Teaching Assistant for CNCSP 115: College Student Peer Helping and Leadership
Acted as Teaching Assistant for mandatory resident assistant training course on helping skills; led and designed role-play activities to facilitate the practice of helping skills; utilized in-class activities and discussion to enhance students' empathetic responsiveness and communication skills; taught conflict mediation strategies

University of California, Santa Barbara, California
April 2017-June 2017
Reader for CNCSP 102: Research Methods in Applied Psychology
Provided office hours to undergraduate students interested in improving their research methodology; acted as a mentor to students interested in pursuing graduate school in psychology; graded projects and essays to assess empirical literacy

University of California, Santa Barbara, California
January 2017-March 2017
Reader for INT 33J: Discovery Seminar in Justice
Acted as grader and writing coach for 30 undergraduate students taking an interdisciplinary seminar course on justice taught from the perspectives of sociology, the arts, and literary works

ABSTRACT

Media Exposure of Police Violence:

Assessing Psychological Risk and Resilience in Black Americans

by

Ginette Marie Sims

Police violence has been identified as a major public health concern by the American Public Health Association (2018) due to the deleterious physical and psychological impact police violence has on marginalized communities. Similarly, exposure to violence in media is associated with increased risk for psychopathology (Holman et. al., 2014; Silver et. al., 2013). With an estimated 1.4 billion plus individuals exposed to media of the death of George Floyd by police alone, understanding how media exposure and exposure to police violence intersect is essential in understanding whether viewers of this media face pronounced risk. Black populations in particular may be at increased risk given their shared identity with the victims of viral videos of police violence and their pre-existing increased vulnerability to poor physical, behavioral, and psychological outcomes following exposure to police violence (Staggers-Hakim, 2016; Jones, 2014; Oh et. al., 2017; Geller et. al, 2014; Sewell, 2017; Alang et. al.,2017).

The current study sought to understand the phenomenological experience of viewing police violence toward Black Americans as a Black America, as well as the associated risks and protective factors that characterize the experience. Using an exploratory, sequential,

mixed method design, the study was broken into two phases. In Phase 1, 12 Black Americans were interviewed using a hermeneutical phenomenological approach to develop a composite description of the phenomenon studied; namely, watching members of your own racial group being victimized by police. In Phase 2, emergent themes in Phase 1 were reconstructed as psychological outcome and protective factor variables measured in a survey administered to 89 Black American adults. Results found that media exposure, age, and engagement in active coping behaviors were associated with endorsement of depression and anxiety symptoms, perceived stress, and hopelessness, wherein media exposure emerged as a risk factor and active coping emerged as a protective factor. Implications for clinical intervention and prevention efforts are discussed.

Introduction to the Problem

Background and Significance

Black Americans make up 13.4% of the US population (US Census Bureau, 2018).

Yet, statistical data on the proportion of Black Americans killed by police is nearly double

the percentage of the Black population in total (Beer, 2018). Blacks are the most likely racial

and ethnic group to be killed by police, representing 31 persons per million who are fatally

shot by law enforcement, whereas Whites are the least likely to be killed by authorities at

only 13 persons per million (Statistica, 2020). Significant racial disparities also exist in fatal

shootings of unarmed persons. In 2015 the percentage of Blacks killed by police while

unarmed was 14.7% compared to 6.04% of Whites. While the percentage of all Blacks killed

by police while unarmed dropped by 50% in 2016 and remained steady in 2017, it was still

43% greater than the rate for Whites and 13% greater than the rate for Latinx populations

(Beer, 2018).

While fatal shootings by police continue to increase each year (Statistica, 2020), the

number of Blacks killed has changed over time. Though Blacks continue to represent the

majority of those killed by police whether armed or unarmed, the number of Blacks killed in

2016 and 2017 decreased to make up approximately 9% of those killed by police compared

to 15% in 2015 (Beer, 2018). One factor that has been attributed to this change is the rise of

the Black Lives Matter Movement, a social justice movement organized by three Black

women that actively campaigns and protests against racial profiling, white supremacy, and

violence toward Black bodies (Black Lives Matter, 2020).

Founded in social media, Black Lives Matter has attracted a significant following

since its inception in 2013. The viral hashtag #blacklives matter or #blm has largely been

used in conjunction with the deaths or serious injury of Blacks by citizens or agents of the state. The acquittal of George Zimmerman, a 28-year-old man who shot and killed 17-year – old Black teen Trayvon Martin while he was unarmed and walking through a gated community (CNN, 2022), prompted over 4 million uses of the hashtag on Twitter in the aftermath of the event (Anderson et. al., 2020). Similarly, the death of Eric Garner (New York Times, 2015), a 43-year-old Black father who was placed in a chokehold until he asphyxiated to death by police, and is often remembered for his painful pleas of "I can't breathe" to the officer choking him, elicited over 3 million uses of #blm on Twitter alone in the months following his death (Anderson et. al., 2020). The death of Philando Castile (New York Times, 2017), a 32-year-old Black man who was shot five times at close range in his car by a police officer during a traffic stop in front of his girlfriend Diamond Reynolds and Reynold's 4-year-old daughter, and the subsequent acquittal of the officer who shot Castile prompted over 13 million uses of #blm on Twitter when compiled together (Anderson et. al., 2020).

In 2020, the death of George Floyd (New York Times, 2020), a 46-year-old Black man who was pinned to the ground by three police officers, including one officer who kneeled on Floyd's neck for over eight minutes, garnered international attention. The Black Lives Matter hashtag was used in connection with Floyd over 8 million times in the week of his death (Anderson et. al, 2020). Floyd's death has prompted protests in over 140 cities in the United States (Aljazeera, 2020) and these protests generated more news coverage than any other protest in 50 years, with over 60% of news screen time focusing on the protests in 2020 (Washington Post, 2020). It is estimated that between 15 and 26 million people engaged

in protests related to Black Lives Matter and the death of Floyd in over 4,700 actions in 2020 (New York Times, 2020).

Floyd's death not only prompted protests but also significantly impacted public support of the Black Lives Matter movement and belief in racial discrimination in general. A poll conducted by Monmouth University (2020) found that 76% of adults in the United States now believe that racism and discrimination is a "big problem" whereas in 2015 only 51% believed this to be the case. Forty nine percent of White Americans also endorsed believing that police were more likely to use excessive force against Blacks following George Floyd's death; a nearly doubled percentage from only 25% in 2016. Moreover, 55% of Whites believed that Black anger as a result of police violence and Floyd's death was justified (Monmouth University, 2020).

This change in beliefs suggests that for the first time in the United States, the majority of Americans believed that racialized police violence was a pertinent issue in our society. George Floyd, Philando Castile, and Eric Garner are only a few cases of Black men who experienced fatal violence at the hands of police. They may not even be the most heinous of cases as Amadou Diallo (New York Times, 1999), an unarmed 22-year-old West African immigrant man deemed suspicious for loitering in his own car, was estimated to have been shot over 30 times by four police officers in 1999. What then, makes the cases of Floyd, Castile, and Garner different? Scholars have suggested that it is the presence of video footage of these murders that has changed public opinion.

Recordings act as irrefutable evidence of Blacks being killed by police when there is no one formal database providing stats on all acts of police violence in the government (BBC, 2020). Dr. Alissa Richardson of the University of Southern California (USC) has

argued that taking videos of police violence is an act of "Black witnessing," in which Blacks

attempt to create a record of racial injustices to leave a legacy of their experiences with

discrimination despite disenfranchisement and underrepresentation (BBC, 2020). Acts of

Black witnessing, in offering an unfiltered retelling of the burden of racism, offer evidence of

inequalities and a defense against perceived impropriety, as videos provide clear truths about

the actions of victim and perpetrator. Richardson (2020) argues that these videos are similar

to lynching photographs in that they can educate the masses to the horrific violence that is

often forced upon Black bodies with little repercussion. George Floyd's death, captured in a

9-minute-long video, clearly displays a Black man suffering at the hands of police and

repeatedly asking for mercy only for his voice to fall on deaf ears. The graphic nature of this

video captured the attention of millions and prompted them into taking action, but emerging

research suggests that these videos, though powerful and effective in prompting action, may

be a double-edged sword.

Blacks are now being inundated by videos containing images of other Blacks being

murdered by agents of the state, vigilantes, and white supremacists. Further, online safe

spaces such as Facebook groups for people of color and private Zoom meetings have now

become places where Blacks seeking community may be attacked with dehumanizing

memes, death threats, and racist innuendos (Fast Company, 2020). Racial violence can

repeatedly cycle on social media pages, text groups, apps, and videos, leaving many Blacks

feeling that there is no place on the internet where they can gain reprieve against their own

dehumanization (Fast Company, 2020). This constant exposure has been anecdotally linked

to increased risk of race-based traumatic stress, depression, and anxiety in Blacks by Black

clinical psychologists providing therapy in the field. Moreover, for every video that may be

used to catalogue injustice and promote social change, another video may be uploaded to revel in Black pain, or in the case of Armaud Arbery, an unarmed 25-year-old Black man shot and killed by vigilantes, to promote fear in Black communities (Fast Company, 2020).

Richardson (2020) argues that these videos must be treated as sacred. She suggests that videos of Blacks being killed by police should not be distributed widely, but that these videos be tactfully disseminated in academic spaces and databases where they can provide education and evidence for need of change without traumatizing those in need of help. She suggests developing an archival system to document the abuses of the Black community in the same way media depicting lynchings have been archived to maintain evidence of abuses throughout history. She argues that removing these images from the public view also reduces desensitization toward the images from non-Blacks and protects Blacks from witnessing their own dehumanization (Richardson, 2020) and potentially increasing their risk for negative outcomes.

Public health and mental health consequences of police violence

Black populations have an increased risk for the development of posttraumatic stress as compared to non-Hispanic Whites (Alegria et. Al, 2013). This may be because Blacks tend to report higher rates of exposure to potentially traumatic events in adulthood (i.e., combat, life-threatening illness, etc.; Alegria et. al., 2013) than non-Hispanic Whites. Similarly, 61% of Black children are estimated to have experienced one adverse childhood experience (e.g., divorce, abuse, incarcerated parent, etc; ACE) and in most regions of the United States Black children have the highest ACE scores (Sacks & Murphy, 2018). The presence of ACES is associated with a variety of deleterious mental health, behavioral health, and physical health outcomes such as increased risk for developing depression, attempting suicide, developing an

alcohol use disorder, having cancer, and suffering from ischemic heart disease (Felitti et. al., 1998).

Exposure to police violence may be a potentially traumatic event in and of itself. On November 13th, 2018, the American Public Health Association (APHA) issued Policy Number 201811 titled: Addressing Law Enforcement Violence as a Public Health Issue. The APHA posited that excessive use of police violence, particularly toward marginalized and vulnerable populations was psychologically and physically damaging (APHA, 2018). Police violence can directly lead to serious or fatal injury that increases the morbidity rates and acute stress responses in marginalized populations (Alang et. al., 2017). Increased stress stemming from exposure to police violence may also correlate with increased risk for poor health outcomes, as one study conducted in a low socioeconomic, diverse neighborhood found that individuals exposed to high rates of excessive police force were more likely to become obese and develop diabetes (Sewell, 2017). This risk was further exacerbated if participants perceived discrimination as the cause of the use of excessive force (Sewell, 2017; Alang et. al., 2017).

A quasi-experimental study conducted with over 100,000 Black Americans found that Blacks exposed to racially biased police killings of Black men had greater amounts of poor mental health days than Whites who were exposed (Bor et. al., 2018). In some cases, even exposure to police stops alone can lead to poor psychological outcomes. For example, police stops perceived to have racial bias have been associated with anxiety, depression, acute stress, and the development of PTSD in Black populations (Oh et. al., 2017; Geller et. al, 2014). For youth, the negative correlates of exposure to biased policing or police violence can also have long-term developmental repercussions such as early exposure to alcohol and

drugs, initiation into gang culture, and the development of hopelessness and helplessness (Jones, 2014). Mere awareness of police killings has been correlated with worse overall mental health and social skills for Black male youth (Staggers-Hakim, 2016). These behavioral and psychological outcomes can mean greater mortality rates and reduced access to socioeconomic growth and educational attainment for Black youth (Kupchick & Ward, 2014).

Theoretical Foundations

Two theoretical perspectives can be used to understand the link between police violence and increased risk for deleterious outcomes in Blacks. The first of these perspectives is Bronfenbrenner's Ecological System's Theory (1994). In ecological system's theory, development is perceived as being directly related to the environmental context. In this model there are five layers of proximal environmental factors that impact development: the microsystem, mesosystem, exosystem, macrosystem, and chronosystem.

The microsystem is the layer closest to the individual in Bronfenbrenner's model as the microsystem is made up of the environmental influencers that the individual has direct contact with on a daily basis. These influencers may include immediate family, school environment, and peers. The mesosystem is the second layer closest to the individual and contains factors that influence the individual's relationship to the microsystem, such as the relationship the family may have to the school environment. The exosystem contains influencers that are unlikely to be directly engaged with by the individual. Examples of contextual factors in the exosystem include a guardian's workplace environment, mass media, and surrounding neighborhoods. The macrosystem is the second outer most layer from the individual in the model and contains constructs that impact all levels of the system

but may not be tangible, such as the law, cultural factors, the sociopolitical environment, and historical factors. At the outer most layer of the model lies the chronosystem which reflects the effects of time on all environmental factors, as well as the effects of time on the individual themselves (Bronfenbrenner, 1994).

In the case of a Black individual in the United States, this means that their school and familial life, neighborhood, socioeconomic status, and health are impacted by their immediate circumstances and by the cultural, political, and social factors that influence that their parents and environment. Therefore, in a system in which there is discrimination and marginalization at every level of the environmental system, this discrimination filters into the cultural milieu of the individual's world, the media the individual consumes, and the messages the individual receives in the school and home environment. A fear of discrimination and a fear of police violence may infiltrate not only the psyche of the individual but the psyche of their parents, friends, kin, and educators. The presence of that fear can lead to poor developmental outcomes related to lowered psychological and physical health functioning (Jones, 2014; Kupchick & Ward, 2014; Staggers-Hakim, 2016). Over time, this fear may compound to continued difficulties in adulthood that require greater examination particularly in cases where the experience of discrimination continues throughout the lifespan.

Correlations found between exposure to police violence and negative health related outcomes appear to be more prevalent in Black populations (Sewell, 2017; Alang et. al., 2017). This may be due to the fact that Blacks are more likely to experience police violence than Whites or other racial groups (Statistica, 2020; Beer, 2018). As Whites and other racial groups are less likely to view members of their own racial groups being victimized, they may

feel less empathetic toward victims of fatal or non-fatal police violence as a result of intergroup empathy bias (Fourie et. al, 2017). Social psychological theory has noted that experiencing emotional (e.g., attempting to feel what another person is feeling) and cognitive (e.g., attempting to put oneself in another shoe's) empathy can be difficult (Watt, 2007). When various groups meet and attempt intergroup empathetic processing, accessing the neurological functioning necessary to feel or perceive another person's pain may be more difficult due to intergroup empathy bias. For example, greater empathetic arousal has been found in implicit racial priming tasks for own-group members in neural imaging studies (Contreras-Huerta et. Al., 2013). Empathetic resonance (e.g., sensorimotor or neural activation that mirrors a pain response) has also been found to be weaker when the individual who is in pain is not a member of one's own racial group (Cikara et. al., 2012; Xu et. al., 2009).

Furthermore, research has suggested that when White study participants view police shootings of Blacks, Whites are a) less likely than Blacks to find the shooting unjustified (Correll et. al., 2002; Correll et. al., 2007) and b) less likely to have a pronounced empathetic response toward the victim (Johnson & Lecci, 2020; Mekawi et. al., 2016). Whites' empathetic responsiveness has been found to be significantly moderated by the salience of their own racial identity. When Whites have a high sense of pride in their own racial identity, even when they are high in empathetic responsiveness on an empathy measure, their empathy toward Blacks who have been shot by police is significantly lower than Blacks (Johnson & Lecci, 2020). Moreover, when Whites perceive Black shooting victims as racially stereotypical, they are also less likely to view White police shootings of unarmed Blacks as problematic or believe that racism played a role in the shooting (Johnson & Lecci, 2020).

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Possessing degrading or dehumanizing perceptions or being afraid of Blacks have also been found to moderate Whites' empathy toward Black shooting victims, as White participants in an implicit association, virtual shooting task with greater endorsement of fear of Black people and tendencies toward dehumanization had a significantly more liberal tendency to shoot Black targets. (Mekawi et. al., 2016).

Empathetic response to physical pain also appears to be moderated by racial group membership (Mather et. al., 2010; Mather et. al., 2012). Studies examining sensorimotor empathetic brain responses have found that participants observing pain in outgroup members display less mirrored pain responses than when witnessing pain from ingroup members, such that there is less brain reactivity when out-group members expressing pain or experiencing a painful event are seen in video clips in lab settings (Avenanti & Aglioti, 2010; Forgiarini et. al., 2011). Studies analyzing functioning of the amygdala, the part of the brain responsible for processing and perceiving emotions, have found that amygdala functioning increases in intensity when participants view images of an in-group member in pain but not when an outgroup member is in physical pain (Fourie et. al., 2017). Similarly, in studies where participants viewed outgroup members in physical pain, study participants tended to believe that those viewed were in less pain and in need of less medical attention than ingroup members (Drwecki et. al., 2011).

By assessing the impact of intergroup empathy bias on perceived pain stemming from police violence, it is feasible that ingroup members will be most affected by police violence and are thus more likely to experience affective, cognitive, and physical difficulties following exposure. As such, it stands to reason that Blacks will be more impacted by viewing police violence toward other Blacks than non-Black individuals. In turn, the impact of viewing this

media may have autonomic and neurological repercussions that may lead to vicarious affective and cognitive wounds in viewers.

Context of the Current Study

At the onset of this study, the United States was managing two simultaneous pandemics: COVID-19 and systemic racism. Over 550 protests took place in the name of George Floyd and the Black Lives Matter movement during 2020 (New York Times, 2020), with conversations regarding police violence, racial violence, and the need for police reform at an all-time high (Monmouth University, 2020). Around the same time that civil unrest regarding Floyd began to grow, significant attention had been drawn to the death of Breonna Taylor (New York Times, 2020), a 26-year-old Black woman who was shot and killed in her own home by three plain-clothed police offers conducting a no-knock warrant search, and Elijah McClain (New York Times, 2020), a 23-year-old Black man who was placed in a chokehold by police and given a high dose of ketamine by paramedics causing cardiac arrest. The national outrage prompted by the deaths of these three individuals appeared to mount in the wake of the shooting of Jacob Blake, a 29-year-old Black father of six who was shot seven times in the back by a police officer responding to an assault that Blake was not a part of. Blake's shooting and subsequent paralysis led to a series of protests in Kenosha, Wisconsin, Blake's home, which tragically culminated in the death of 36-year-old and 26-year- old Black Lives Matter protesters Benjamin Rosenbaum and Anthony Huber at the hands of 17-year-old right-wing counter protester Kyle Rittenhouse (New York Times, 2020).

Video analytics program Pex has estimated that videos related to Black death and the Black Lives Matter movement were viewed 1.4 billion times from just May 25th to June 5th,

2020 (Blake, 2020). Pex has also found that 80% of the 100 most watched videos on Twitter 12 days after Floyd's death were related to his death and the Black Lives Matter movement. This leaves a possibly unprecedented amount of people exposed to the live homicide of a Black man, despite research suggesting that exposure to graphic media can elicit a trauma response (Pollard, 2011; Jones et. al., 2016; Holman, Garfin & Silver, 2014; Bodas et. al., 2015).

The Current Study

The current study seeks to understand the psychological and physical impact viewing videos of police violence toward Black Americans has on Black Americans. With previous research supporting the association between police violence and the development of negative psychological and physical health outcomes and additional research in media exposure to violent events yielding similar findings, it is essential that research be conducted to better understand the public health implications of police violence on Black Americans. In particular, there may be a significant psychological, emotional, and physiological consequence to watching videos depicting the death of Black Americans by police. Understanding this potential risk is needed to identify whether there is a level of psychological distress and unmet need that Black Americans may be actively experiencing, with implications for better understanding and addressing health disparities.

The study utilizes an exploratory, sequential, mixed method design and a taxonomy development model to clarify the important variables that should be considered in understanding this phenomenon and to examine the prevalence of the found phenomenological categories among a larger, more representative sample (Creswell & Poth, 2018). In Phase 1 of this design, qualitative interviews were conducted using a

hermeneutical, phenomenological approach to develop a composite description of the phenomenon studied; namely, watching members of your own racial group being victimized by police and how watching this form of media affects the psyche. In Phase 2 of the study design, the emergent themes found in the qualitative portion of the study were used to determine the most salient variables to assess for risk and protective factors associated with media exposure to police, thereby testing the generalizability of the acquired qualitative responses in Phase 1 (Creswell & Plano Clark, 2018). This methodology is ideal for the proposed study due to this design being a) well supported in the research of marginalized and understudied groups (Ponterotto et. al., 2013; Bartholomew & Brown, 2012), b) supported in the trauma literature (Creswell & Zhang, 2009), and c) the preferred methodology for taking an understudied subject and identifying concepts that can assessed for their generalizability in larger samples (Creswell & Zhang, 2009; Creswell & Plano Clark, 2018).

In accordance with the theoretical bases for the study (Ecological Systems Theory; Bronfenbrenner, 1994; Intergroup Empathy Bias; Fourie et. al., 2017), Phase 2 of the proposed study assumes the following hypothesis: The experience of watching the violence, victimization, and homicide of Black Americans by police will be associated with high stress levels and other mental health symptomology. Therefore, the following research questions associated with risk and protective factors are present in reflection of this hypothesis, as the researcher assumes that an inherent part of the phenomenon that is watching this form of media will likely be associated with psychological concepts correlated with increased risk for pathology and other socioemotional health concerns.

Research Questions and Hypotheses

The purpose of the proposed study is to:

1. To develop a phenomenological understanding of the factors that constitute the experience of watching police violence toward Black Americans among Black Americans

2. To develop an understanding of the impact that viewing media of police violence toward Black Americans has on Black Americans

3. To identify factors influencing risk and resilience post-media exposure.

The proposed study seeks to answer the following research questions:

- R1: How do Black Americans describe the phenomenon of having watched media of police violence toward Black Americans?

- R2. What risk factors are associated with watching media of police violence toward Black Americans?

- R3: What factors ameliorate risk for negative outcomes and promote resilience in Black Americans exposed to media containing videos of police violence toward Black Americans?

Chapter Two:

Literature Review

Witnessing Violence

Previous research has suggested that Black populations are at higher risk for developing PTSD than Whites (Allegria et. al., 2013). One potential explanation for this difference in risk is the difference in exposure to violence that Blacks and Whites experience. Although the majority of the United States population is White, 53% of urban counties in the nation are majority non-White (Parker et. al., 2018). Urban areas tend to have greater levels of crime than suburban or rural areas. Although crime rates in urban areas have actually dropped by 74% since 1995, in 2015 victimizations of people from urban areas accounted for 40% of all rapes and sexual assaults, 48% of robberies, and 40% of aggravated assaults compared to 5% of rapes and sexual assaults, 5% of robberies, and 14% of aggravated assaults in rural areas (National Center for Victims of Crime, 2018). As Blacks tend to be more highly represented in urban environments (Parker, 2018), Blacks are more likely to be exposed to violence than Whites.

Witnessing violence is associated with a variety of negative mental health outcomes throughout development. The 1993 National Institute of Mental Health (NIMH) Community Violence Project found that 30% of psychological distress (defined as a mixture of anxiety and depressive symptoms) experienced in a sample of 165 children between the ages of 6 and 10 could be explained by exposure to witnessing violence in their community (Martinez & Richters, 1993). The link between witnessing violence and poor mental and physical health has continued to find support in the literature. Ethnic minority male youth living in urban

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environments, for example, have been found to be more likely to witness traumatic events (Buka et. al., 2001) and witnessing traumatic events has been linked with PTSD (Buka et. al.; Zona & Milan, 2011; Fowler et. al., 2009), dissociation (Buka et. al., Fowler et. al., 2009), aggressive behavior, and depressive symptoms in youth (Buka et. al., 2001). A comprehensive literature review of 26 studies examining the relationship between violence exposure and mental health symptomology conducted by McDonald and Richman (2008) found that in 25 of the studies examined, community violence exposure was linked to mental health symptomology such as depression, anxiety, and PTSD.

Adolescents exposed to violence firsthand also appear to struggle with externalizing behaviors. Although there is variability in the expression of externalizing and internalizing behavior among violence-exposed adolescents (boys tend to externalize more, while girls externalize less), externalizing behavior appears to be as prominent as internalizing behavior in youth (Fowler et. al, 2009). For example, studies of female youth living in urban areas with high levels of violence exposure found that witnessing violence was associated with externalizing behaviors such as behaving aggressively or engaging in school delinquency (Zona & Milan, 2011) at equal levels to male participants, although girls additionally exhibited more internalizing symptoms than boys. Similar findings were seen in a study conducted in 2014 by Javdani and colleagues, who found that girls witnessing violence toward familiar persons were at increased risk of engaging in externalizing behaviors. Moreover, there is some evidence suggesting that for adolescents with pre-existing conduct disordered behaviors, witnessing violence worsens these symptoms and leads to poorer prognosis in males and females (Kersten et. al., 2017).

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Witnessing violence during childhood or adolescence can lead to lifelong increased risk for detrimental mental health and physical health outcomes. One thousand six hundred and ninety-eight adults living in Southeast London were assessed for violence exposure and a variety of mental health and behavioral health outcomes between 20008 and 2010 (Kadra et. al., 2014). Findings suggested lifetime accumulated exposure to witnessing violence was associated with greater risk for personality disorders, hazardous alcohol use, and common mental health disorders such as depression and anxiety. Increased risk for PTSD as a result of cumulated lifetime exposure to witnessing trauma has also been supported in male and female adults, with females at greater risk (Shields et. al., 2010). Exposure to community violence in adolescence can also lead to physical health problems in adult women, such as increased physiological stress and alcohol and other substance abuse related disorders. This relationship to physical health can also be seen in men, but literature suggests that men are more likely to experience physical dysfunction if the violence witnessed is with close persons such as parents (Franzese et. al., 2014).

The linkage between witnessing violence and developing pathology or physical health impairments is not limited to cumulative lifetime exposure, however. Adults exposed to only one instance of witnessing violence can develop symptoms as well. Kadra and colleagues (2014) found that within 12 months of witnessing a traumatic event, adults had an increased probability of developing PTSD symptoms. Hypervigilance or an increased physiological and cognitive awareness; a symptom of multiple anxiety and trauma related disorders (DSM-5, 2013,) in particular has emerged as a potential mental health symptom in young adult Black men exposed to violence (Smith & Robinson, 2019). Woman exposed to community

violence in adulthood, on the other hand, have been found to have a two times greater risk for developing depression or anxiety (Clark et. al., 2008).

Media Exposure to Violence

The psychological impact of media exposure to traumatic events may be equally as devastating as direct exposure. Holman and colleagues (2014) found that acute stress symptoms increased as media exposure increased at equal rates for those who had directly experienced the Boston Marathon Bombings and for those who had only seen the events on television. Additionally, those who had watched over six hours of media coverage of the bombings met DSM-IV criteria for high acute stress, whereas direct exposure did not meet threshold for symptomatic distress (Holman et. al., 2014).

Exposure to media of 9/11 in the two-week aftermath of the event was found to predict acute stress, with individuals who had watched more than 4 hours of 9/11 related images predicted to have a 50% increased risk for developing high acute stress. When assessed 2-3 years later, media exposure to 9/11 was also associated with higher risk of PTSD and those who had watched 4 hours or more of 9/11 related media were predicted to have higher rates of PTSD (Silver et. al., 2013). Silver and colleagues (2013) also found that physical health was impacted by media exposure—with those having reported watching 1-3 hours of 9/11 media having a 20% increase in reported physical ailments and those having watched 4 or more hours having a 21% increase in reported physical ailments even when controlling for covariates such as somatization.

Exposure to media regarding the "DC sniper" or a series of sniper rifle shootings that left 10 dead and 3 injured in Washington, DC was associated with lower perceived safety, increased post-traumatic stress symptoms, and depressive symptoms in adults (Fullerton et.

al., 2018). Greater number of hours spent watching media of the sniper shootings was associated with greater post-traumatic stress symptoms. Perceived safety moderated the relationship between media exposure and PTSS and depression, wherein those with high perceived safety experienced fewer post-traumatic stress symptoms and no depressive symptoms (Fullerton et. al., 2008).

An Israeli study conducted in 2015 found that individuals in the highest third of hours spent viewing media clips of terrorist attacks in Israel were reportedly at a 1.6 times higher risk for developing PTSD than those in the lower third (Bodas et. al., 2015). The greater the number of hours spent watching media of traumatic events, or the greater the number of traumatic events exposed to through media, the greater the risk of negative psychological outcomes. One hypothesis for this phenomenon is that more exposure may negatively impact an individual's certainty in their own coping skills, as risk of harm appears unchanging when repeatedly exposed to a threat (Jones et.al, 2016). In other words, continued examination of media containing graphic tragedy may cause individuals to lose faith in their own ability to avoid similar circumstances, as the continued presence of this media suggests that these tragedies may be unavoidable.

Findings from the media exposure literature suggest a dose-response relationship exists between viewing graphic media of tragic events and developing risk for short and long-term psychological outcomes (Silver; 2013; Neria et. al., 2011). One study examining exposure to media of 9/11, superstorm Sandy, and the Sandy Hook Elementary school shootings on the acute stress impact of the Boston Marathon bombings discovered a cumulative effect of traumatic media exposure (Garfin et. al., 2015). Viewing media of the bombings was associated with higher levels of acute stress across both Boston and New York

population samples. Boston Marathon bombings related acute stress responses increased with greater indirect, media-based exposure to prior community trauma, such that viewing media of 9/11, the Sandy Hook mass shooting, or superstorm Sandy compounded the effects of viewing traumatic media (Garfin et. al., 2015).

Racial Based Traumatic Stress and Perceived Discrimination

Perceived discrimination has been linked to deleterious mental and physical health outcomes in adolescents and adults (Pascoe & Smart Richmann, 2009; Schmidtt et. al., 2014). For adolescents, particularly Black youth, encounters with perceived discrimination can increase risk for depressive symptoms and conduct disordered behaviors (e.g., delinquency, aggression, encounters with the law, etc.), particularly when familial nurturance and school support are low (Brody et. al., 2006). A meta-analysis of 121 studies containing 461 reported health outcomes (Priest et. al., 2012) demonstrated that 46% of examined outcomes were negatively associated with racial discrimination. Of these negatively associated outcomes, discrimination was linked with anxiety, depression, self-esteem, and externalizing behaviors 51-62% of the time. Negative health-related behaviors (i.e., alcohol use, drug use and smoking) were examined in 74 outcomes and 51% of those 74 outcomes found a significant positive association with reported racial discrimination. Regarding other factors of physical health, approximately 79% of poor birth outcomes (i.e., miscarriages, stillborn, sudden infant death syndrome) were positively associated with racial discrimination (Priest et. Al., 2012).

In adult populations, perceived discrimination has been related to poor overall mental health accounted for by reported bad mental health days and mental health care service seeking, particular in Black populations (Gee et. Al., 2006). Experiencing race based

perceived discrimination is also associated with greater risk for depression and anxiety in adults (Pieterse et. Al., 2012; Schmitt et. Al., 2014). Further, meta-analyses of perceived discrimination have demonstrated associations between discrimination and increased stress, low self-esteem, and increased risky behaviors such as unsafe sex and overconsumption of alcohol (Pascoe & Smart Richmann, 2009; Schmidtt et. al., 2014).

Links between perceived discrimination and physical health problems also abound. Meta-analyses conducted with a variety of minority groups have linked high blood pressure, heart disease, and increased risk for cancer in those exposed to perceived discrimination (Pascoe & Smart Richmann, 2009). Increased risk for poor physical health may also be linked to increased health averse behaviors correlated with perceived discrimination, such as smoking cigarettes, alcohol use, and illicit drug (Pascoe & Smart Richmann, 2009; Schmidtt et. al., 2014). Perceived discrimination has also been correlated with low cortisol levels (Korous et al., 2017). Cortisol, the main hormone responsible for managing stress in the brain, controls the flight or fight response activated in anxiety producing or dangerous situations. Cortisol also increases the level of glucose in the bloodstream, allowing for restorative tissue repair. Low levels of cortisol therefore may produce significant wear and tear upon the body as internal processes are negatively impacted and increased stress is placed on the body as it is more difficult to disengage fight or flight mode.

Recent studies have claimed that race-based traumatic stress stemming from perceived discrimination may be another form of PTSD in and of itself. In regard to PTSD and post-traumatic stress symptoms alone, a review of 44 studies examining the correlation between perceived discrimination and mental health discovered that 70% of the associations found were related to perceived discrimination and trauma symptoms (Kirkinis et. Al., 2018).

The trauma symptomology of perceived discrimination is also very similar in nature to PTSD (Carter et al., 2020). Dissociative symptoms are common in victims of discrimination (Polanco-Roman et. Al., 2016). A study (Carter et. Al., 2020) utilizing canonical correlation analysis to assess for similarities or differences among the Trauma Symptom Checklist-40 (TSC-40; Briere & Runtz, 1989) and the Race-based Traumatic Stress Symptom Scale (RBTSSS; Carter et. Al., 2013) found significant multivariate-shared relationships between the seven RBTSS scales (Depression, Anger, Hypervigilance, Low Self-Esteem, Physical Symptoms, Intrusion, and Avoidance) and the six subscales of the TSC-40 (i.e., Dissociation, Anxiety, Depression, Trauma History, Sleep Disturbance, and Sexual Problems). Findings revealed race-based traumatic stress symptoms were significantly related to PTSD conceptualizations of trauma (as measured by the TSC-40). These results indicate that negative, race-based encounters seem to produce PTSD-like symptoms—particularly dissociation, anxiety, depression, sleep disturbance, and sexual problems in those who experience race-based discrimination and that ultimately, racist encounters can be a type of trauma (Carter et. Al., 2020).

Coping with Trauma

Although there is a strong association between exposure to traumatic events, whether witnessed directly or witnessed through media, and negative psychological and physical health outcomes, there are moderating variables that impact these relationships. Emotion regulation is one of these such variables. Emotion regulation is tied to four different coping methodologies. Individuals who have emotion regulation skills can 1) inhibit impulsive and inappropriate behavior related to strong emotions, 2) make coordinated action to achieve

goals regardless of mood state, 3) self-soothe physiological arousal elicited by strong emotions, and 4) refocus attention in the presence of strong emotions (Linehan, 2015, pp. 6).

The ability to regulate one's emotions in the face of physiological and affective arousal is linked to a variety of outcomes. For example, Dr. Marsha Linehan, creator of dialectical behavioral therapy (DBT) has suggested that a wide array of emotional disorders stem from difficulties with emotion regulation (Linehan, 2015). Emotion dysregulation, or the inability to manage emotional behaviors, expressions, or cues, is associated with greater impulsive behaviors. Impulsivity, in turn, is associated with greater risk for self-injurious behavior, suicidal behavior, poor interpersonal relationships, and an incomplete sense of self. These symptoms may all feature in a severely depressed individual, an anxious individual, a conduct disordered individual, or an individual with characterological difficulties (Linehan, 2015). Furthermore, well-developed emotion regulation skills are well associated with lower probability of the development of depression, anxious attachment behaviors, and decreased risk of mortality (Gross & Munoz, 1995). Additionally, emerging research on adverse childhood experiences impact on adulthood suggest that emotion regulation may mediate the relationship between ACEs and adult symptoms of PTSD, depression, and physical health, as the ability to regulate one's emotions may be the explanatory variable that associates ACEs with a variety of deleterious mental health outcomes (Cloitre et. Al., 2019).

Inherent within emotion regulation is the ability to engage in effective coping skills in the face of adversity. The stress and coping model of Lazarus and Folkman (1984) defines coping as cognitive and behavioral efforts to manage taxing external and internal demands. In Lazarus and Folkman's (1984) stress and coping model there are two strategies for coping: problem-focused coping and emotion-focused coping. Problem-focused coping attempts to

reduce the impact of the stressor by addressing the stressor directly. Emotion-focused coping focuses on reducing the emotional salience of the stressor by altering one's emotional experience (Folkman, 1984).

Coping strategies impact the relationship between exposure to a traumatic event and negative mental health and physical outcomes. Resourced coping or problem-solving coping styles have been found to moderate the relationship between exposure to traumatic media depicting acts of terrorism in Israel, post-traumatic stress symptoms, and psychological distress, such that higher resourced coping styles lowered risk for negative psychological outcomes, whereas avoidance coping (i.e. trying not to think about the issue, refusing to acknowledge the issue, etc.) had a positive relationship to symptomology (Ben-Zur et. al., 2012). Similarly, avoidance coping styles mediated the relationship between media exposure and trauma symptoms for those who viewed media of the 2015 Paris terror attacks, increasing probability of avoidance and re-experiencing symptoms of PTSD in viewers (Monfort & Afzali, 2017).

Coping with Discrimination

Coping strategies also significantly impact the relationship between perceived discrimination and mental health symptomology. Emotion-focused coping via emotional regulation techniques has moderated the relationship between discrimination and anxiety in adults, wherein the more dysfunctional emotion regulation processes were (i.e. attempting to ignore emotional experiences due to discomfort) the greater the anxiety in participants (Graham et. al., 2015). Emotion regulation skills have also been found to mediate the relationship between perceived discrimination and health in Black adults, with greater

emotion regulation skills being associated with fewer endorsed PTSD symptoms and greater overall health ratings (Carter et. al., 2020).

Problem-focused coping strategies have also been found to mediate the relationship between discrimination and negative outcomes. For example, problem-focused coping strategies have been found to mediate the development of depressive symptoms in Black women exposed to discrimination (West et. Al., 2010). Moreover, active, problem-focused coping strategies have been found to mediate traumatic symptoms. Polanco-Roman and colleagues (2016) found that urban minority young adults who practiced active coping skills (i.e., problem solving) were less likely to develop dissociative symptoms following exposure to discrimination. The capacity for both problem-focused and emotion-focused coping skills to moderate or mediate the relationship between both trauma exposure and discrimination to variety of mental health and physical health related outcomes suggests that coping style may play a significant role in reducing the risk of poor prognosis after exposure to racialized trauma such as viewing media of Black men being killed by police.

Ethnic racial identity and resilience

In reviewing the literature on the relationship between trauma exposure and racism on mental and physical health, it is important to note that achieving resilience in the face of these stressors is possible. Though resilience has been defined in many ways, Masten (2014a; 2014b) defines resilience as the capacity of a dynamic system to successfully adapt to threats against that system. Resilience in this definition can then be seen as the ability to integrate experiences into an individual's memory, physiology, and emotional and cognitive processing in a manner that is adaptive rather than maladaptive. Resilience can not only protect against deleterious outcomes but promote positive outcomes. Resilience has been

found to increase the probability of positive mental health outcomes following trauma exposure in adults (Connor, 2006). Resilience also protects against post-trauma exposure emotional and physical break downs and reduces feelings of helplessness after significant personal setback resulting from a traumatic event (Connor, 2006).

In terms of resilience's impact on discrimination, resilience may appear as adapting to and surviving through hardship. Adaptation to perceived trauma stemming from racial-stress in minority populations has appeared in the race-based traumatic stress literature as maintaining or developing a strong ethnic-racial identity (ERI). According to Phinney (1988) and Umaña-Taylor et. al. (2004), ERI is a multidimensional construct made up of 3 processes. These processes are making efforts to understand the meaning of one's ethnicity and race (i.e seeking knowledge about one's ethnic-racial group), developing a sense of understanding of and belonging to one's ethnic–racial group or groups (i.e., committing or resolving to be a part of one's ethnic racial group), and developing positive feelings toward one's ethnic–racial group. In minority populations exposed to traumatic events, having a strong ERI can moderate the relationship between violence exposure and negative outcomes, reducing risk of post-traumatic stress and anxiety disorders in adults (Tummala et. al., 2014).

ERI has also been found to moderate the relationship between perceived discrimination and the development of internalizing and externalizing behaviors, as young children who had experienced discrimination with more mature ERI were less likely to develop these behaviors (Marcelo et. al., 2019). ERI has moderated the association between race-based traumatic stress and the development of psychological distress in adults by decreasing risk for distress in participants with a well-developed sense of ERI (Carter et. al., 2017). Conversely, low levels of ERI have been associated with greater parasympathetic

reactivity (i.e., heightened stress reactions) in Blacks exposed to discrimination (Volpe et. al., 2019).

Despite these positive associations between ERI, trauma exposure, perceived discrimination, and mental and physical health symptomology, ERI can be a "double edged sword." Yip (2018) notes that the process of developing a sense of identity is a process that must be informed by one's sociocultural context and within that context one will experience ethnic-racial discrimination. This reciprocal process of experiencing discrimination and developing one's ERI at the same time can lead to multiple pathways. Discrimination increases identification with one's ethnic-racial identity group (Branscombe et. al., 1999), as perceived rejection from the dominant group can make marginalized populations dissociate from the majority and further explore their minority status (Brittian et. al., 2015; Pahl & Way, 2006). This can be an adaptive process by which individuals take pride in their identity and develop resilience against discrimination or a maladaptive process by which an in individual can become overwhelmed by their otherness and become even more self-rejecting and vulnerable to negative outcomes related to discrimination (Cherian & Monin, 2015). With both pathways being possible, the role that ERI takes on following exposure to discrimination, whether it be deemed traumatic or not, requires additional study.

Chapter 3:

Method

Researcher Positionality

In qualitative research studies, researchers are expected to engage in a process called reflexivity. In this process, researchers openly provide both the participants of the research and the audience of the findings a description of who the researcher is and the assumptions that guide the research (Creswell & Poth, 2018). Within the current study, the researcher utilizes an axiological philosophical assumption based in the interpretive framework of critical race theory. In qualitative research utilizing an axiological assumption, the researcher acknowledges their own biases and values within the context of the study (Creswell & Poth, 2018). Rather than attempting to bracket out the researcher's identities or preconceived notions, the researcher instead openly discusses how their values color the interpretation of the studied material. In the current study, the researcher informed her participants of her identity, status as a Black Lives Matter protester and supporter, and the assumptions listed above. In doing this, the researcher created a system of co-created meaning wherein both the researcher and participants engaged in a dialogue of interpretation throughout interview and analysis.

Critical race theory prefaces the importance of studying the relationship between race and the allotment of power in society. It is grounded in the assumption that racism is an inherent part of the American social structure and must be critically examined in order to

combat the disenfranchisement of minoritized populations. As such, all critical race informed research aims to present the narratives of people of color to increase the visibility of the impact of racism on the marginalized, aims to end race-based violence and the subjugation of minority groups, and develops products and narratives that illuminate the importance of intersectionality in impacting the lived experience of those studied (Creswell & Poth, 2018; Parker & Lynn, 2002). In the current project, critical race theory is the foundational framework by which the researcher understands the link between discrimination and the onset of physiological and psychological health outcomes. Racism can have negative repercussions on the health and wellbeing of participants, therefore for Black Americans who are watching other Black Americans be racially profiled and killed, there can be an assumed negative impact of that subjugation. It is with this assumption in mind that the researcher designed the questions utilized in the semi-structured interviewing instrument and interpreted the narrative data acquired.

The researcher identifies as a Black, cisgender female who has had previous exposure to the media studied. As a millennial, the researcher has lived in a historical context in which she has lived without persistent video exposure to media violence and has now noted the greater accessibility of uncensored media of racialized police violence. The researcher, in having her own emotional and psychological reactions to watching the deaths of Black Americans such as Eric Garner, Elijah McClain, Philando Castile, and George Floyd, assumes that other Black Americans are being psychologically and emotionally impacted by watching these videos given the newfound accessibility of such graphic, uncensored visual content related to police violence toward the Black community. The researcher also assumes based upon her familiarity with research on media exposure, discrimination, and racial

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trauma research that viewing these videos may elicit acute stress reactions that may negatively impact the physiological, psychological, and emotional wellbeing of the viewers.

Design

The current study utilizes a mixed methodology. There are a number of reasons why mixed methods are used, including promoting social justice and working with marginalized populations. Ponterotto and colleagues (2013) have proposed that the combination of qualitative and quantitative methodologies have the potential to improve the dialogue between the researcher and participant and empower participants by establishing a dialectical stance which promotes equity. By operating in a dialectic and having the participants inform the salience or accuracy of the researcher's hypotheses, mixed method designs allow for the reduction of oppressive, top-down procedures that reduce the agency of the populations studied (Ponterotto et. al., 2013). This aligns with the goals of social justice research which advocates for the promotion of equality and confronting injustice by representing the experiences of the marginalized and bringing them into the public space (Ponterotto et. al., 2013), which in turn adheres to the positioning of a critical race theory as a foundational framework of the current study. In providing narrative and surveyed perspectives of a phenomenon, scholars have suggested that mixed method research can provide a more holistic perspective on the circumstances of the underrepresented. This methodology has the potential to promote the empowerment of the participants in granting them greater agency in how they are described and studied (Bartholomew & Brown, 2012; Ponterotto et. al., 2013); making mixed studies an ideal methodology for studying issues impacting marginalized populations.

Qualitative research has already emerged as a powerful tool in analyzing the experiences of individuals who have experienced trauma. Qualitative analysis has found that the language used in trauma narratives is strongly associated with predicting the intensity of PTSD symptoms (Crespo & Fernandez-Lansac, 2016; Papini et. al., 2015), prognosis (Wardecker et. al., 2017), and even physical health outcomes (Alvarez-Conrad et. al., 2001). Quantitative analysis in trauma research continues to inform the assessment of PTSD and other trauma related disorders after exposure to events such as natural disasters, war, and abuse (Blanchard et. al., 1996; Foa, 1995; Igreja et. al., 2006). Scholars in the trauma field have suggested that combining qualitative and quantitative perspectives offers researchers and clinicians the opportunity to better understand the experiences of trauma survivors outside of a controlled setting or content limited survey (Creswell & Zhang, 2009).

Prior to combining qualitative and quantitative methods to design a mixed method study, mixed methodologists must first understand what differentiates mixed methods from simply providing narrative and numerical data simultaneously. Mixed methods research has several unique characteristics. First, mixed methods research must involve the collection of qualitative and quantitative data. This means that the research must contain data yielded from both open-ended and closed-ended questions. Secondly, the research must be rigorous (Creswell & Plano Clark, 2018; Creswell & Zhang, 2009) which is assessed by determining whether the researcher has put similar amounts of ethical and procedural concern into the design, sampling, data collection, analysis, and interpretation of both the qualitative and quantitative aspects of a study. If either aspect is limited to only a few items or is a secondary consideration, it is likely that the rigor of the study does not meet the necessary threshold to be considered mixed method (Creswell & Zhang, 2009).

The third characteristic of qualitative research is combining qualitative and quantitative data. Data can be merged using three strategies: side-by-side comparison, a joint matrix, or data transformation. Side-by-side comparison consists of presenting quantitative data and then using qualitative themes to support or contradict quantitative findings. A joint matrix consists of a table that essentially combines quantitative and qualitative data sets. Data transformation takes qualitative findings and converts them in items that can be used in a quantitative survey (Creswell & Plano Clark, 2018). The final characteristic of mixed methods is implementing the two methodological databases in a manner that conveys to the reader which method is most emphasized within the study (Creswell & Zhang, 2009).

The current study utilizes an exploratory, sequential, mixed method design with a data transformation merger. In this design, qualitative data is first collected to better understand a less researched topic among an underrepresented group. Following data collection, the researcher codes and analyzes the content of the qualitative narratives to assess whether the findings can be generalized to a sample of the population studied, making the proposed study a QUAL → QUAN mixed method design (Creswell & Zhang, 2009; Creswell & Plano Clark, 2018). In this study both the qualitative and quantitative portions of the study are equally emphasized and noted by the capitalization of the concepts of the methodological descriptors. The arrows note the sequential nature of the study in that qualitative data will be collected first, then transformed into quantitative measures, and then the quantitative data of the study will be analyzed to assess whether the qualitative themes are represented in a larger sample.

The psychological and physical experience of this media exposure to police violence towards Blacks will be approached using a hermeneutical phenomenological approach. A

phenomenological approach is being used to capture the commonalities of this unique shared experience to create a composite description of a phenomenon that is an emerging consideration in the field (Creswell & Poth, 2018). Hermeneutical phenomenology seeks to interpret the experiences of life through an open examination of a phenomenon (Creswell & Poth, 2018). Phenomena in this conceptualization are examined though the use of interpreting the experience and the subsequent understanding and articulation of that experience. In this methodology, the researcher articulates their own vested interest and interpretations of the phenomenon in tandem with their research participants allowing for a system of co-created meaning (Creswell & Poth, 2018).

Within this study, the researcher conducted interviews with a sample of Black participants who have viewed other Blacks be killed by police via various media outlets. The use of a hermeneutical phenomenological approach holds that description is an interpretive process that is conducted by examining the subjective experience of individuals and groups (Kafle, 2011). In keeping with the hermeneutical phenomenological approach, the researcher focused on examining the experiences of phenomena as described by the participants.

Following analysis of the participant narratives, the researcher determined common themes that reflected the psychological and physiological experience of the participants through an analysis of significant statements made by the participants. Additionally, the researcher developed a co-created system of meaning by returning to the research participants and attempting to work with the participants to develop these themes in a dialectical process. The researcher then used the narrative of the participants to determine which variable measures to assess in Phase 2 of the study. In the final steps of the analysis,

the researcher determined what measures deemed salient by the interview participants could be generalized to a larger sample.

Participants

Phase 1

In phase 1 of the current study, 12 Black American-identifying participants were interviewed for 1.5-2 hours regarding their exposure to media containing video footage of Black Americans being killed by police. This sample size was deemed appropriate for using hermeneutical phenomenological framework by both Polkinghorne (1989) and Creswell & Poth (2018). Both groups of researchers suggest between 3-25 participants are appropriate for hermeneutical phenomenological research as this number ensures enough variation in experience to garner an in-depth in understanding of the phenomenon studied (Creswell & Poth, 2018). To participate in the study, participants had to be over 18, identify as Black, and have watched one or more of the following video case examples of police violence toward Black Americans: Eric Garner, Philando Castile, Elijah McClain, and/or George Floyd. These cases were chosen due to their viral status and coverage within the media and were more likely to have been seen based upon statistical data regarding total amount of times the videos had been viewed.

Of the 12 participants, half identified as male, and half identified as female. No non-binary, trans, or genderqueer participants engaged in Phase 1 of the study. The mean age of participants was 26.83 (*SD = 3.01, range = 21-31)*. Approximately 75% of the participants identified as heterosexual, 20% gay and 5% identified as bisexual. All participants had completed some undergraduate education with the majority of participants having reached a master's level in education (41.63%).

Given that one of the criteria for participation was identifying as Black racially, all participants were Black but varied in ethnicity. Four participants self-described as Black or Black Americans, 4 participants identified as African Americans, 2 identified as Mixed or Biracial, 1 identified as Haitian-American, and 1 identified as Latinx or AfroLatinx. Generational status also vastly differed among the participants with 1 participant identifying as 1st generation (e.g. born outside the United States), 3 identifying as 2nd generation (e.g. parents born outside of the United States), 1 identifying as 3rd generation (e.g. grandparents born outside of the United States), 3 identifying as 4th generation (e.g. only one grandparent was born outside of the United States, and 4 identifying as 5th generation (e.g. grandparents and parents were born in the United States.

Lastly, the number of videos participants were exposed to differed. At the onset of the study, Phase 1 participants were required to have seen at least 1 video of either Philando Castile, Eric Garner, Elijah McClain, or George Floyd being assaulted by the police. Notably, no participant had only been exposed to one of these cases. Approximately 42% (N=5) had seen all 4 videos, 33% (N=4) had seen 3 videos, and 25% (N=3) had seen 2 videos. Demographic and exposure information can be summarized in Table 1.

Table 1

Phase 1 Participant Profiles

Participant	Age	Location	Gender	Ethnicity	Generational Status
Muna	23	GA	Female	African American	1st
Keke	23	MD	Female	African American	2nd
Mike	25	CA	Male	African American	3rd
Maxine	31	DC	Female	Black American	5th
Ken	31	CA	Male	Black	4th
Will	22	CA	Male	Mixed	4th
Nancy	26	CA	Female	Haitian-American	2nd
Robin	28	KA	Female	Latina	2nd
Carl	25	CA	Male	Black	5th
Ann	30	GA	Female	Black or African American	5th
Elijah	29	CA	Male	Black and	4th

				Jewish	
Lucas	29	CA	Male	African American/Black	5th

Generation: 1st = not born in the United States; 2nd = born in the United States, parents born in another country; 3rd generation = born in the United States, but both grandparents were born in another country; 4th generation = respondent and parents were born in the United States, one of one grandparent was born in another country; 5th generation = respondent, parents, and grandparents were born in the United States

Phase 2

Once qualitative data was acquired, transcribed, and analyzed, a survey measuring psychological risk and protective factors was released online via Qualtrics. Criteria for participation in Phase 2 required respondents to once again identify as Black, be 18 years of age or older, and have viewed at least one video of police violence choosing between Eric Garner, Philando Castille, George Floyd, or Elijah McClain.

A total of 89 responses were analyzed. Participants in Phase 1 were not included in Phase 2. In signing the consent form for Phase 1, participants acknowledged that they would not partake in Phase 2 to assess whether the established psychological outcome variables were prevalent in a different sample of Black Americans viewing the studied media. The mean age of participants was 40.44 *(SD = 14.58, range = 54)*. Approximately 66.3% of survey respondents identified as female. Males made up 31.5% of the sample and 1.1% of the sample identified as non-binary or preferred not to identify. The majority of the sample (73%) identified as heterosexual. Nearly 30% of respondents had completed their undergraduate education. Approximately 73% of survey respondents identified as 5th

generation, meaning that they and their maternal and paternal grandparents were born in the United States.

In regard to level of video exposure, two items were used. One item was used to assess the total number of videos participants had seen and another was used to assess how many total hours of footage they had witnessed. Nearly 70% of respondents indicated that they had seen 10 or more videos of police violence toward Black Americans. Approximately 40% of respondents indicated that they had viewed between 1 and 3 hours' worth of this form of media in their lifetime, whereas nearly 25% had watched over 10 hours' worth of videos. In regard to exposure to the four selected videos identified within the current study, approximately 30% of respondents had seen footage of Philando Castile, George Floyd, Elijah McClain, and Eric Garner's deaths. Approximately 25% of the sample had only seen footage of one of the case examples, 17% had seen two, and 23% had seen three of the four.

Procedures

The study was approved by the IRB following extensive review. The study was deemed feasible and acceptable once the researcher was able to ensure minimal risk of breach of confidentiality given the use of the Zoom platform to conduct interviewers by noting the immediate removal of the interview data from the Zoom cloud platform onto a password protected server. Participants were also informed that despite the researcher's best efforts to remove all material from the cloud platform, some residual risk of confidentiality was possible given that Zoom retains rights to media recorded on the platform. Participants were given the opportunity to change their visible identifiers (e.g. changing their legal name to a nickname or letter, etc.) and turn off their cameras to ensure better privacy.

Additionally, given the potentially traumatic nature of the content studied, all participants were informed of the risks and benefits of participation prior to consenting through a description of the potential mental and emotional stressors possibly elicited from the interview questions. All participants were also given a link to access mental health resources and the contact information of the researcher and her advisor to reduce risk of compromised mental health status and to provide supports if needed. Participants were also informed of the voluntary nature of the study and that they could end the interview or pause the interview as needed should they experience any emotional duress without consequence or risk to their incentive.

Participants for Phase 1 of the study were recruited from Black identifying groups on social media and through snowball sampling following interview completion. The researcher created a flyer and dispersed it across email listservs, social media websites, and Black affiliation groups. The flyer invited Black identified persons ages 18 and over to participate in 1.5-2 hour long individual Zoom interviews regarding their experience watching the videoed deaths of Eric Garner, Philando Castile, George Floyd or Elijah McClain by contacting the researcher via email. Participants received a $50 gift card from Amazon for participating in the study.

Once the researcher had received confirmation of interest, participants were asked to complete a demographic form via Google forms to develop a record of their identifying information. Additionally, participants were linked to a schedule a Zoom interview appointment using an online booking system. Participants were then asked to review and sign the consent form prior to the interview.

Interviews were recorded and transcribed using Zoom's cloud software. Participants were given the choice to assign or choose pseudonyms to protect their identity at interview completion. A total list of pseudonyms and demographic information for participants can be found in Table 1. Participants were also emailed their e-gift card directly from Amazon at the end of the interview. A link to available mental health resources from the National Alliance on Mental Illness (NAMI, 2020) was also provided to ensure that participants knew where to access mental health resources as needed.

In Phase 2 of the study, upon completion of transcription and data analysis, the researcher compiled a list of emergent themes that described the phenomenon that was being exposed to media of police violence toward Black Americans as a Black American. Themes were derived from the commonalities found within the significant statements that made up the essence of the phenomenon and are described below. Emergent themes were then recategorized into variables assessing psychological outcomes and protective factors. The survey was administered through Qualtrics with survey participants recruited via social media and various affiliated email listservs (ex: Alumni networks, current student groups, etc.). Participants who completed the survey were able to enter a drawing for one of four $25 Amazon gift cards. Prior to completing the survey participants were asked to sign and date a consent form via Qualtrics outlining risks, benefits, limitations to confidentiality, and study procedures. Participants were also given a link to the mental health resource list provided in Phase 1. As the design of the study seeks to analyze the generalizability of the phenomenological concepts endorsed by the participants in Phase 1, participants in Phase 1 were not allowed to participate in Phase 2.

Given the ever-changing context of police violence and racial trauma in the United States, the researcher utilized memos throughout both phases of the study. Although memoing is typically associated with grounded theory approaches (Birks et. al., 2008), memoing is a useful tool in enhancing the research process and extracting meaning from the data. In the current project, the researcher used analytical memos to explore how contextual factors in the environment might have impacted clients' descriptions of the phenomenon, the relationship between variables in Phase 2 of the study, and to further explore the study hypotheses as research is conducted (Birks et. al., 2008). Memoing also allowed the researcher to note significant social and political events throughout the study and allow the researcher to address potential contextual confounds or limitations within the study.

Measures

Demographics questionnaire. A demographic questionnaire was utilized to collect identifying information and background data on the participants in Phase 1 and Phase 2 of the project. The questionnaire contained items regarding the participant's age, gender identity, sexual orientation, ethnic background, area of residence, education level, generational status, and their parents' racial and ethnic background.

Semi-Structured Interview Protocol. A semi-structured interview protocol containing approximately seven broad categories was administered to participants interviewed during Phase 1 of the study. The seven categories covered participants' memories associated with watching one or more of the videos, the physiological, psychological, emotional, and social experience of watching this form of media, past experiences with discrimination or police violence that may impact the participant's views on the videos, the aftermath of exposure and the coping skills utilized, the social consequences

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of exposure, discussion of the impact of consenting to viewership versus forced exposure, and processing discussing the topic with the interviewer.

Exposure Questionnaire. The researcher designed several items to assess media exposure in Phase 2 of the study. In this questionnaire, participant responses were split into two sections. The first section evaluated respondent's total extent of exposure (e.g., how many videos of police violence toward Black people have you seen;? how many total hours of videos of police violence toward Black people have you watched?; what was the longest amount of time that you have gone without seeing videos containing police violence toward Black people?; how many arguments have you gotten into about police violence toward Black people over social media?; how many arguments have you gotten into about police violence toward Black people in person?; how many hours would you estimate you spend thinking about police violence toward Black people?; how many hours have you spent posting about these videos on social media?).

The second section focused on evaluating exposure to the particular video the respondent would reference for the rest of the survey. Participants were asked to choose between focusing on the case of Philando Castile, George Floyd, Eric Garner, or Elijah McClain. Once participants indicated which video they were responding to they were asked questions about whether they consented to watching the video themselves (e.g. did you choose to watch this video?) or if they inadvertently exposed (e.g. did you watch this video because a friend or acquaintance posted it and the video auto played?). Participants were then asked about length of exposure (e.g. how long did you watch the video in one sitting?; how many times would you estimate you watched the video of your own choice?; how many times would you estimate you watched the video not of your own choice?) Finally,

participants were given the chance to offer one qualitative descriptor to describe their experience of watching this type of media (e.g., if you had to describe the experience of watching this video in one word, what word would you use?).

Impact of Events Scale-Revised (IES-R). The IES-R is a 22-item scale that measures psychological distress associated with 14 of the 17 PTSD symptoms referenced in the DSM-IV. The scale is utilized following exposure to a specific stressful life event that the researcher or participant may specify (Weiss & Marmar, 1997). In the current study, participants were asked to identify the video that they felt was most impactful for them and to use that video to answer items on the IES-R. Items are rated using a 5-point Likert scale ranging from 0, "not at all" to 5, "extremely." The scale can be broken down into 3 subcategories that reflect the major symptom categories associated with PTSD: avoidance (e.g., "I tried not to talk about it"), intrusion (e.g., "Pictures about it popped into my mind"), and hyperarousal (e.g., "I felt watchful and on guard"). Scores can range between 0 and 88.

While the IES-R is not considered a true diagnostic assessment for PTSD, research has indicated that score cutoffs have been used to provide a preliminary diagnosis for PTSD such that scores of 24 or more have suggested that PTSD may be a clinical concern (Asukai et. al., 2002), a score of 33 or above is considered an appropriate cutoff for preliminary PTSD diagnosis (Creamer et. al., 2002), and a score of 36 or more may reflect significant, long-term suppression of the immune system associated with trauma exposure (Kawamura et. al., 2001) Subscale items and total items have been found to have high levels of internal consistency. Intrusion subscales have yielded Cronbach's alpha values of .87 – .94, avoidance .84 – .87, hyperarousal yielded Cronbach's alpha scores of .79 – .91, and the complete scale yielded an alpha value of .95 (Beck et. al., 2008; Creamer et al., 2003; Weiss

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& Marmar, 1997). In the current study, the IES-R was used to assess for PTSD symptoms in Phase 2 survey respondents and yielded an alpha value of .93.

National Stress Events Survey Acute Stress Disorder Short Scale (NSESSS).

The NSESSS is an emerging 7-item scale that assesses for stress symptom severity following exposure to a stressful event. The items of the measure are rated using a using a 5-point Likert scale ranging from 0, "not at all" to 5, "extremely. Scores can range between 0 and 28, with higher scores indicating greater severity of acute stress disorder. All criteria listed within the survey items correspond to DSM-V criteria for acute stress disorder, including flashbacks, distress, avoidance, detachment, irritability, and hypervigilance (Kilpatrick et. al., 2013). Given the emergent nature of this clinical scale, researchers and clinicians are encouraged to test the validity and reliability of the tool by the American Psychological Association (2013). The NESSSS is used as a measure of acute stress in the present study as acute stress has been associated as a negative psychological correlate of media exposure in the literature (Garfin et. al., 2015; Holman et. al., 2014; N. M. Jones et. al., 2016). In the current study, the NSESSS had an alpha value of .87.

Kessler Psychological Distress Scale (K10). The K10 is a ten-item measure assessing psychological distress in adults (Kessler et. al., 2002). The scale is rated using a 5-point Likert type scale ranging from 1 "none of the time" to 5 "all of the time." Items within the measure assess for general depression and anxiety symptoms as well as hopelessness and some somatic symptoms. Scores can be interpreted as a general summary of a client's mental health. Scores under 20 likely indicate no apparent mental illness. Scores of 20-24 are likely to have a mild mental health disorder. Scores of 25-29 are likely to have moderate mental health disorder and scores 30 and over are likely to have a severe mental health disorder

(Andrews & Slade, 2001). The scale has shown strong internal validity with an alpha value of .93 (Kessler et. al., 2002). The scale is used to measure psychological distress as general distress has been associated with police violence towards Black Americans (Bor et. al, 2018). In the current study, the K10 yielded an alpha value of .94.

Beck Hopelessness Scale (BH). In analyzing the qualitative data acquired during Phase 1 of the study, a major thematic element characterizing the experience of watching media of police violence toward Black Americans was a prevailing sense of hopelessness. In Phase 2 of the current study, the Beck Hopelessness Scale (Beck et. al., 1974). was used to assess for the presence of hopelessness in survey respondents. The Beck Hopelessness Scale is a 20-item self-report questionnaire that utilizes a dichotomous or forced choice scale wherein respondents are asked to determine whether an item is true or false.

Responses on the Beck Hopelessness Scale can range between 0-20. Higher scores indicate higher levels of hopelessness. Scores ranging from 0-3 are within the normal range; scores of 4-8 indicate mild hopelessness; 9-14 indicate moderate hopelessness, and scores of 15 and above indicate severe hopelessness (Beck & Steer, 1998). Factor analysis of the Beck Hopelessness Scale (Dyce, 1996) has indicated 3 predominant factors measured within the scale: Expectations of Success, Expectations of Failure, and Future Uncertainty with future uncertainty found to be correlated with suicidality (Beck et. al., 1974). The Beck Hopelessness Scale is a widely used scaled with strong internal validity ranging from .93 in predominantly White samples (Beck et. al., 1974) to .89 in Black populations (Odafe et. al., 2017). The Beck Hopelessness Scale was found to retain strong internal validating with a Cronbach's alpha value of .91 in the current study.

Depression, Anxiety and Stress Scale - 21 Items (DASS-21). The DASS-21 (Lovibond & Lovibond, 1995) was used in the current study as a measure of depression, anxiety, and stress symptoms following the endorsement of depressive symptoms and anxious stress in Phase 1. The DASS-21 is a 21-item, self-report scale made up of three subscales assessing the emotional presence of depression, anxiety, and physiological stress. Items are scored using a 4-point-Likert scale ranging from 0 "Did not apply to me at all" to 3 "Applied to me very much or most of the time."

Scores can range between 0 and 63 on the DASS-21. However, the measure is typically assessed using it's 3 subscale measures. The sum of each subscale is multiplied by 2 for a total subscale score. The depression subscale scores are labeled normal if they fall between 0-9, mild if they fall between 10-13, moderate if they fall between 14-20, severe if they fall between 21-27, and extremely severe if scores are above 28. Anxiety subscale scores are labeled as normal if they fall between 0-7, mild if they fall between 8-9, moderate if they fall between 10-14, severe if they fall between 15-19, and extremely severe if scores are 20 or over. The stress subscale is labeled as normal if scores fall between 0-14, mild if scores are between 15-18, moderate if scores are between 19-25, severe if scores are between 26 and 33, and extremely severe if scores are 34 or above.

The DASS-21 is not a diagnostic clinical tool but is a dimensional scale that assesses the degree of symptom severity among respondents. The internal consistency of the DASS-21 has been found to be consistent across the three subscales (depression = .83, anxiety =.78, stress = .87) and across racial groups, with internal consistency in African American populations yielding alpha coefficients of .84 in the depression subscale, .81 in the anxiety subscale, and .88 in the stress subscale (Norton, 2007). In the current study, the alpha value

of the depression subscale was .92. The anxiety subscale yielded an alpha value of .82. The stress subscale yielded a value of .88. The total scale yielded an alpha value of .95.

The Perceived Stress Scale. The Perceived Stress Scale (Cohen et. al., 1983) was utilized in the current study as a measure of perceived stress following persistent endorsement of stress in the qualitative findings of Phase 1. The Perceived Stress Scale is a 10-item self-report questionnaire measured on a 5-point-Likert scale ranging from 0 "Never" to 4 "Very often." The scale can be scored from 0-40. Scores between 0-13 are considered low stress. Scores between 14-26 are considered endorsement of moderate stress. Scores between 27 and 40 would be considered high stress. The scale measures an individual's perception of their life stress and ability to manage said stress. The 10-item Perceived Stress Scale has been noted as having greater validity than either the 14 or 4 item Perceived Stress Scales with an alpha coefficient of .78 (Cohen & Williamson, 1988) and has been used with a wide array of populations (Taylor, 2015). In this study, the alpha coefficient of the Perceived Stress Scale was .89.

Black Community Activism Orientation Scale (BCAOS). The BCAOS is 26-item self-report questionnaire adapted from Corning and Myers' (2002) Activism Orientation scale (Hope et. al., 2019). Scored on a 5-point-Likert scale ranging from 1 "Extremely unlikely" to 5 "Extremely likely," the BCAOS measures an individual's orientation toward engaging in acts of activism related to promoting or protecting the interests and rights of Black populations.

The scale consists of three subscales: low-risk activism orientation, high-risk activism orientation and formal political activism orientation. Low-risk activism orientation refers to engaging in passive or conventional acts of activism. Examples of low-risk activism

orientation items include: "teach or mentor in the Black community" and "wear a t-shirt or button with a political message about the Black community." High-risk activism orientation refers to engaging in active, physically risky methods of activism. Examples of high-risk activism orientation in the measure include: "engage in a physical confrontation at a political rally specific to the Black community" and "block access to a building or public area with your body for a cause related to the Black community." Formal political activism orientation refers to engaging in acts related to political engagement. Items related to formal political activism orientation within the measure include: "donate money to a political candidate who supports Black issues" and "campaign by phone for a political candidate who supports Black issues."

Development and testing of the BCAOS in Black adolescents and emerging adults up to age 29 indicated high internal consistency for all three subscales. Low-risk activism orientation yielded an alpha coefficient of .94. High-risk activism orientation yielded an alpha coefficient of .93. Formal political activism orientation yielded an alpha value of .91 (Hope et. al., 2019). In the current study, the BCAOS is used as measure of engagement in activism related to the Black community and Black issues. It is included as a variable of interest as participants in Phase 1 indicated that engagement in Black activism was associated with coping following media exposure to police violence. Given that the BCAOS is also a relatively new instrument, this study also acts as an additional opportunity to assess the psychometrics of the instrument with a larger age range and assess the item in regard to it's total internal consistency as a measure of total engagement in activities related to Black activism and social justice. The BCAOS yielded an alpha value of .95 when evaluating for a total activism orientation score in the current study.

Multidimensional Inventory of Black Identity (MMBI). The MMBI is a 56-item self-report questionnaire created by Sellers (1997). The questionnaire is scored using a 7-point-Likert scale ranging from 1 "Strongly disagree" to 7 "Strongly agree." The MMBI is a measurement of racial identity that is broken into 7 subscales: centrality, private regard, public regard, assimilation, nationalist, oppressed minority, and humanist. For the purpose of this study, only the centrality, private regard, and public regard subscales were used; this decision was based on Phase 1 findings which indicated that participants only referenced these aspects in speaking about their own racial identity in relation to being exposed to media of police violence toward Black Americans.

The centrality subscale measures the extent by which a respondent identifies their race as a core concept of their personhood. The private regard subscale measures an individual's affective connection to their own race in terms of their positive or negative feelings about being a member of the Black race. The public regard subscale refers to the extent which a participant believes that Black individuals are perceived in a positive or negative perspective in the public eye. All three of these concepts emerged within the larger theme of racial identity in Phase 1 of the study, as respondents spoke of the centrality of race within their own experience of being exposed to the studied media, their ethnic and racial pride, and their negative perceptions of public regard for Black Americans. Previous studies have illustrated the construct and predictive validity of the MMBI in African American adults with Cronbach's alphas ranging from .61 to .81 (e.g., Banks & Kohn-Wood, 2007; Sellers et. al., 1997). Due to low alpha values ranging from .12 to .64, the MMBI was not evaluated in the remainder of the analysis.

Self-Assessment: Self Care Tool. Adapted from the *Transforming the Pain: A Workbook on Vicarious Traumatization* (Saakvitne et. al., 1996), the Self-Assessment: Self Care tool is a 74-item, self-report questionnaire which assesses how often a respondent engages in self-care behaviors using a 5-point-Likert scale ranging from 1 "It never even occurred to me" to 5 "Frequently." Self-care behaviors are broken into 5 categories: physical self-care, psychological self-care, emotional self-care, spiritual self-care, and workplace/professional self-care. In the current study workplace/professional self-care was not included in the assessment as Phase 1 participant narratives did not indicate that methods of self-care endorsed included utilizing occupational resources. Physical self-care has a total of 16 items. Psychological self-care has 13 items. Emotional self-care has 10 items. Spiritual self-care has 17 items. Scores can range between 56-280.

The assessment has been widely used as a method of assessing how commonly an individual engages in various coping behaviors (National Resource Center on Domestic Violence; 2022) and is used in the present study to measure what types of active coping behaviors participants engaged in and how often they partook in self-care related activities. Though the assessment has largely been used as a clinical tool to bring attention to lack of engagement in tasks designed to reduce burnout, compassion fatigue, and vicarious traumatization in providers (Saakvitne, 2008), it is understood that greater endorsement of items on the measure has been associated with protective behaviors that are thought to reduce risk of negative outcomes associated with vicarious traumatization. Thus, greater scores on this measure would indicate greater engagement in positive behaviors associated with developing greater resiliency in the face of vicarious traumatization (Saakvitne, 2008). The

self-care assessment measure used in the current study yielded an alpha value of .94, suggesting strong internal consistency in measuring engagement in coping behaviors.

Analyses

Phase 1 data analysis followed Colaizzi's (1978) hermeneutical phenomenological method. This robust analytic method utilizes seven steps. In step 1, the researcher familiarizes themselves with the interviews by reading them multiple times following transcription. In step 2, significant phrases related to the lived experience of the participants are identified. In step 3, meaning is captured through analysis of the significant phrases that embody the phenomenon. In step 4, themes are developed that reflect the commonalities of the phenomenon captured in significant phrases. In step 5, the researcher completes an exhaustive description of the phenomenon using all captured themes. In step 6, the researcher condenses this description into a short phrase. In step 7, the researcher may return to the participants to ensure that the description acquired is accurate to their experience of the phenomenon. Step 7 ensures that an interactive process of co-created meaning is supported in the qualitative analysis of Phase 1, as both researcher and participant openly communicate their own interpretations, descriptions, and beliefs about the data in dialogue until consensus is reached and satisfaction is met on the behalf of the participants. It is assumed within this that the researcher verbalizes their own interpretations, descriptions, and beliefs in verbal format by interpreting the responses of those interviewed in time and receiving oral feedback and written feedback by writing a description and receiving written edits from participants after interviews are completed. Step 7 also ensures that the quality of the qualitative analyses is maintained.

In keeping with the hermeneutical phenomenological approach, the analyses conducted addressed the major qualitative data concerns suggested by van Manen (1997). These quality items are orientation, strength, richness, and depth. Orientation refers to the involvement that the researcher has with their participants and narratives—in other words, ensuring that the process of collecting these narratives and stories is iterative in nature and takes the form of an engaged dialogue as opposed to simple transcription. Strength refers to the convincing capacity that the written description has in representing the intentions and meanings of the research participants. Richness refers to the maintenance of the aesthetic quality of speech utilized by the participants. Depth refers to the ability of the text to express the meaning and intentions of the participants (van Manen, 1997; Kafle, 2011). By actively conferring with the participants, the researcher more readily achieved orientation, strength, richness, and depth in the current study.

In the current study, the researcher completed items 1-6 prior to emailing all participants with a summary of the emergent themes, their corresponding variables, and a short description of each thematic/variable item. Participants were invited to review the results and email the researcher regarding any concerns, disagreements, or perceived missing data. Participants were given two months to confer with the researcher. In the current study, no participant opted to provide feedback or engage in a dialogue with a researcher regarding summarizing and defining the findings. Therefore, the draft provided to participants was used for analysis for Phase 2 given that revisions were not suggested by Phase 1 participants.

An online power calculator was used to determine the appropriate sample size for Phase 2 data (Statistics Kingdom, 2022). In order to garner a statistical power level of .08 at minimum with an effect size of .25 with a maximum of 5 predictors, calculations suggested a

minimum of 45 participants. The study thus met the minimum requirements for achieving

power and has a no greater than 20% error rate.

Phase 2 data was analyzed using statistical software SPSS 29. Descriptive statistics

were used to determine means and standard deviations of demographic data and the

dependent variables. The independent variables under review were the total number of hours

spent watching videos of police violence toward Black Americans, age, gender, active

coping, and activism orientation. The adapted Self-Care Assessment tool (Saakvitne et. al.,

1996) was used to measure engagement in physical self-care, psychological self-care,

emotional self-care, and spiritual self-care as types of active coping strategies. The Black

Community Activism Orientation Scale was used to measure activism orientation and

engagement in activism related to social justice issues related to the Black community.

The dependent variables were the risk measures identified in Phase 1. The IES (Weiss

& Marmar, 1997) was used to measure trauma symptomology. The Beck Hopelessness Scale

(Beck et. al., 1974) was used to measure hopelessness and helplessness. The Perceived Stress

Scale (Cohen et. al., 1983) was used to measure perceived stress and the NSESSS (Kilpatrick

et. al., 2013) was used to measure acute, clinical grade stress. The DASS-21 (Lovibond &

Lovibond, 1995) was used to measure depression, anxiety, and physiological stress. The K10

(Kessler et. al., 2002) was used to measure psychological distress.

A correlation analysis was utilized to examine relationships between study variables.

Stepwise, multiple linear regression analyses were used to evaluate the association between

the predictors and outcome variables. Specifically, multiple regression analysis was used to

evaluate the variance explained by the predictors of media exposure, age, gender, active

coping, and activism orientation with age and gender included to control for differences in

demographic factors.

Chapter Four:

Results

Phase 1

In following Colaizzi's (1978) model of analysis, the interviews acquired during

Phase 1 of the study were transcribed and read multiple times. Following reading, the

researcher began to identify significant narrative phrases that characterized the phenomenon

that was watching media of police violence toward Black Americans as a Black American. In

capturing these significant phrases, steps 3 and 4 were completed by establishing commonalities found throughout the significant phrases and determining themes. Step 5 was accomplished by capturing all of the commonalities the researcher noted into a larger narrative format. Once the large, narrative descriptor was formulated, the researcher then completed steps 6 and 7 by condensing the narrative into short 1 sentence descriptors of the main phenomenological elements and sharing these descriptors with Phase 1 participants for feedback. Participants were invited to question, amend, or add to all of the qualitative descriptors. After receiving no feedback, the researcher then determined that the descriptors established adequately conveyed the experiences reported by the participants and established two primary thematic categories that made up the studied phenomenon: negative psychological and psychosocial impact and coping and fostering resilience.

Negative Psychological and Psychosocial Impact

Participant narratives emphasized a visceral, negative reaction to witnessing media of police violence and homicides, characterized by emotional, psychological, and at times physical discomfort. Many participants found the overall experience of watching media of police violence toward Black Americans daunting and painful to watch. For those participants who voluntarily pursued the footage to see it for themselves, they also made efforts to "bolster" and "prepare" themselves emotionally prior to watching. However, regardless of whether participants endorsed having chosen to watch this media of their own accord (e.g., pursuing the video by searching for it and playing it of their own volition) or having been inadvertently exposed to it (e.g., scrolling through social media and having the video auto play without context), they reported negative psychological and psychosocial impact. This broad thematic category was broken into subthemes to 1) further define and

specify aspects of the experience and 2) to establish variables that could orient and define the phenomenon into measurable predictors to assess in Phase 2 of the study. The subthemes acquired are as follows: depression, traumatization, hopelessness/helplessness, and anxiety. An additional subtheme of procreation and family was also identified within this thematic category and is examined thoroughly below, but was not included in Phase 2, as the current study needed to stay focused to reduce participant demand, and the issues brought up in this category were complex and necessitate future research to carefully examine the nuances.

Depression: "Heaviness that you have to carry around"

The depression subtheme was defined as feelings of profound sadness, a sense of listlessness, numbness, and difficulty carrying on with everyday tasks and responsibilities. Participants described a "heaviness that you have to carry around" as a result of watching these videos that often results from "sadness" and "crying" for both short and long periods of time. Participants alluded to this "heaviness" and "sadness" then transforming over time into a type of "numbness" that they had to hold without their consent. In turn that numbness was reported to make everyday aspects of life such as going to work, spending time with friends and family, and even simply concentrating difficult to manage. In Keke's words, watching these videos facilitated a type of "exhaustion" and "grieving" that she had to "shake herself out of" in order to reorient herself to the tasks of the day and live in the present moment. These feelings of numbness, sadness, and exhaustion were noted to persist far beyond watching the video, with some participants also speaking about a grieving process wherein they had stages of "anger," "sadness," and "numbness" that they had to cope with in addition to the responsibilities of school, family, or work life.

This subtheme was titled and measured in Phase 2 as depression, as the type of lingering feelings of profound sadness, tearfulness, numbness, and emotional exhaustion suggests a persistent change in mood, energy, concentration, and diminished engagement reflective of the DSM-V symptom criteria for depressive disorders (2016). In Phase 2 of the study, the DASS-21 (Lovibond & Lovibond, 1995) was used to assess for depressive symptoms including endorsement of feeling blue, low energy, finding difficulty initiating tasks, and lack of positive experiences to reflect the narrative responses captured in this subtheme.

Traumatization: "Emotional violence"

The traumatization subtheme was determined by endorsement of using "trauma" and "traumatizing" as descriptive language, as well as descriptions of acute disturbance and disgust as a result of watching the described media. When asked what the overall experience of watching the videos of the victimization of Philando Castile and others was like, many respondents simply answered: "traumatizing." When asked for more details regarding their experience, participants described watching the videos as "psychologically damaging," "painful," "sick," "disgusting," "violent," and emotionally taxing. Elijah described watching the video of Philando Castile in particular as a trauma that "sticks with me for weeks, months," where he can "frame for frame piece together" the images that made up Philando Castile's death although the event occurred over 5 years prior. Carl described watching these videos as a type of haunting, horror thriller, "it's like a bunch of silence and then all of a sudden there's a chainsaw" such that the images viewed inherently damaged his sense of peace.

Similarly, Will also described the videos as if they were movies, but instead compared them to "snuff films", or films in which an actual homicide or suicide occur, wherein the entertainment itself is focused on building shock and disgust within the viewer, creating acute discomfort. Both narratives, as well as several others, spoke of the "emotional violence" enacted upon them as being inherently "traumatic" and pervasive as it negatively impacted their ability to "escape" from the images and return to their regular lives. These descriptors of persistent discomfort, prolonged psychological distress, and involuntary physiological reactions of disgust are similar to some of the diagnostic criteria for PTSD within the DSM-V (2016) and have been labeled as traumatization as a result. In Phase 2 of the study, the IES-R (Weiss & Marmar, 1997) was used to measure the presence of traumatic stress symptoms after Phase 1 participants endorsed the previously listed symptoms as an inherent part of the phenomenon studied.

Hopelessness/Helplessness: "There's no moving forward"

Hopelessness and helplessness was defined as a type of emotional and cognitive exhaustion wherein participants reflected on the lack of perceived reasoning for the harm done to the victims in the videos, the consistency of seeing such cases, and the seeming constancy of police brutality against Black bodies. Hopelessness was articulated as a pervasive sense of "jadedness," and "cynicism" and "exhaustion" experienced by the respondents regarding their own lack of belief that the happenings which were depicted in the videos will ever come to an end. Elijah described his hopelessness as coming to the realization that his "disposability was more tangible" after seeing how quickly men like Eric Garner and George Floyd were assaulted and killed. Maxine described the experience of watching this media as being akin to having to bear witness to a natural disaster:

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"It feels like a disaster, like a natural disaster. Like, because, there is no reasoning, there is no training that you can prepare all you can, and yet still like a tsunami is here, but by time you see it's already too late, you know? And so, like, do you stand and watch it, do you run, do you do you try to comfort others knowing that that's it? Like, what do you do in that situation in the face of such a backing of power and knowing that it'll happen again and again?"

The enormity of the violence enacted, its constancy, and its seeming inability to be stopped prompted participants to describe feelings of helplessness with respondents reflecting that watching this media made them feel as if potential violence or death at the hands of police was unavoidable. Maxine continued: "…it's frustrating at the purest form because there's no moving forward, there's no making us great again, you know, there's no, like, there's no time that we can go to that it wasn't like this and it doesn't seem like there's a future where it won't be like this."

Other participants concurred in verbalizing their own fears that there are no safe spaces for Blacks seeking safety from police violence. Ken noted that in the wake of the popularity and viralization of some of these videos and the rise of the Black Lives Matter movement that "Everyone started coming out talking about how Black people were treated around the world, so it's like where is your safe space?" Still, additional respondents spoke about feeling little to no sense of agency regarding their own ability to protect themselves against police violence in the wake of watching these videos. Robin, an engineer who self-described as someone who is oriented toward trying to fix challenging problems said:

"You're faced with things like this in the world where it's like you have no control over it, you can't fix it. And sort of witness that there's still like so much hatred and

like abuse of power and like senseless violence in the world and have to sit with it not

really being able to act on it, or do anything that directly like eases that pain or

suffering….that makes me feel stuck."

Feelings of hopelessness and helplessness were deemed operationalizable in Phase 2 and are

measured by the Beck Hopelessness Scale (Beck et. al., 1974).

Anxiety: "Dread"

Anxiety was defined as descriptions of acute physiological discomfort and cognitive

and emotional distress experienced while watching these videos. Participants spoke about

their bodies "tensing" in preparation for violence, feelings of "dread" that flooded their

systems, and experiencing their "heart racing" as key components of experiencing the studied

phenomenon. Additionally, respondents described a mental preoccupation with the images

they had seen, wherein the images looped repeatedly through their minds without their

consent. Keke described her experience as: "I still feel anxious because like…the videos

gone, it's not in front of me anymore, but it's still in my, like, head. Yeah, so I see it over and

over again in my head…it's like I can't escape it." It should be noted that a significant

amount of descriptors of anxiety were similar to endorsements of having a traumatic

response. However, this can be expected as descriptions of post-traumatic symptoms do

typically include an anxious preoccupation with the events and physiological over arousal

(DSM-V, 2016).

Notably, participants reported that the anxiety they experienced watching the video

carried into their actual encounters with police. Zuzu described her own experiences

encountering police as follows:

"…more scared of any kind of interaction with the police. Like, I don't care if it's actually a police officer, whether it's a sheriff or some kind of trooper…Um, if I see [the police] like I always, like I freeze. Like there's a time where I can't feel my heartbeat. I can't like–whenever I get to that kind of anxiety, I always try to ground myself with like, can you feel the edges of your fingertips, can you push your toes into the floor, you know? Like what can you ground yourself? Just exhausting…once I perceive the threat is gone just usually by the time I'm in the house or I'm like ducked in a corner away from wherever they were patrolling. And it makes me just like, it gets like a pain in my chest and a squeeze and I can't breathe this hard. I go into like, I feel like I'm hiding by breathing, like, quietly and I definitely just like, I lose control of my frontal cortex. I go straight to lizard brain and straight to just how I protect myself and my young."

The fear Zuzu described speaks to the significant anxiety felt as a result of watching these videos and how this anxiety in turn can create a fight, flight, or freeze response in participants when they return to their daily lives. Given the reported real world impact these videos have, anxiety symptoms were also assessed for in Phase 2 of the current study and were examined using measures of distress and depression and anxiety symptoms (K10, Kessler et. al., 2002; DASS-21, Lovibond & Lovibond, 1995; The Perceived Stress Scale, Cohen et. al., 1983).

Procreation and Family: "Second guess bringing in a second generation"

The Procreation and Family subtheme arose from participants' descriptions of their intense worries about having and raising Black children following viewing the studied media. Though not an initial factor in the study's precipitating research questions, nearly all

participants verbalized feeling overwhelmed by a profound fear and anxiety regarding having/raising Black children due to their exposure to police violence against Black people. Multiple participants were parents at the time of interview, and several discussed their own concerns that, given the constancy and consistency of cases of police violence toward Black Americans, they would not be able to keep their own children safe. Keke described her own concerns regarding being able to her children safe in the future, saying: "Okay, you're gonna raise a child and give them your all and you can do everything right and still they can still be viewed as a threat, and they can still–their killing could be justified and your child could be vilified despite doing nothing wrong."

Zuzu went even further in describing her fears in reporting that she will often watch the videos repeatedly in an attempt to desensitize herself to the possibility that she may lose her son prematurely or have to help her son through his own losses:

"…you know, just watching him be happy watching him grow and then, knowing that someone else's hard work was just ended by a rash decision. Um, it hurts to think of because knowing how much love I have for my son, I know that someone out there loves [their son in the video] just as much. I want to kind of feel that pain I can't just kind of gloss over these emotions and think that it's not going to touch him. You know, if it's not him personally it's gonna be a friend, it's gonna be maybe a stranger like the way that a secondhand exposure through social media. He's going to go through these things. So, if I don't go through them if I don't know that pain, I can't help him through it later on."

Participants without children openly expressed fears about having them. Muna reflected: "it's making me second guess bringing another generation," while Keke described her own fears

about having a Black son in the future given the overrepresentation of Black males in media containing police violence, saying: "I think it's fair to say that I'm afraid to have a Black son."

For those who reported that they still were interested in having children in the future or already had children, many participants still described the videos as having a marked effect on their own realization that their children will have to grow up carrying additional fears and anxieties that White children do not. Elijah spoke on imagining telling his multiracial child about how they would have to be "cautious of police" when they grew older and the unfairness of placing that pressure on his children, saying: "I just think about having a mixed White Black Asian child and having to tell them, you know, be cautious around police officers, be on your best behavior, you never know what kind of mood they're in. "Why should I be cautious?" Because they might shoot and kill you." All participants alluded to the "heaviness" of having to have these conversations about "safety" with their children, suggesting that a core component of this phenomenon for the participants was how representative the video content felt of a potential future for the viewers and their pre-existing or imagined families.

Coping and Fostering Resilience

Participants also spoke about discovering ways to cope with some of the negative psychological and emotional outcomes related to witnessing media of police violence by fostering their own resiliency. Resiliency in the current study refers to participants' own described ability to "develop strength" and manage their emotions, rather than a psychological concept of "grit" or "endurance and therefore was not considered as a measure for Phase 2." Rather, resiliency was described as mechanism by which participants engaged

in coping behaviors and thoughtfully considered the impact of the studied media. In keeping

with a nuanced perspective of an issue that impacts minoritized groups, participants readily

spoke about how the experience of watching media of police violence toward Black

Americans created a space for participants to think about their own strengths, identity, and

community. Specifically, participant responses yielded the following subthemes: racial/ethnic

pride, community, activism, active coping, and interpersonal safety. Racial/ethnic pride,

community, activism, and active coping were subthemes that were deemed operationalizable

and were assigned quantitative measures in Phase 2 of the study. Interpersonal safety was

deemed a robust and complex subtheme that was examined in greater detail using a

qualitative lens but was deemed best suited to future research and was not included in Phase

2.

Racial/ethnic Pride: "We can move mountains"

This subtheme was defined as endorsement of developing a greater sense of pride,

engagement, and acceptance of one's Black identity as a function of engaging with the

studied media. Participants spoke to engaging more with their Black identities as a function

of watching the videos and recognizing the impact of their Blackness in how they perceive

themselves and how others perceive them. Muna discussed how the videos have prompted

her to see her own power and the worth of fighting for Black issues as a way of promoting

her own agency and worthiness. Muna explained:

> "It's made me realize we have more power. Like, as much as I thought we were
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> already powerful, it's made me realize that we have, way, way more power and that's
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> what they're afraid of, that one day we will fully realize it….we're magical beings, we
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> can change everything, we can move mountains. And it's also made me realize how

resilient of a people we are and it's made me even prouder to be Black…so whatever like I feel like their intention may have been to, like, "We're going to scare you and make you realize you're not worth anything in this world," I think it did the opposite. I think it made us fight harder for ourselves, it made us value ourselves more, it made us just become more vocal."

Rather than disempowering participants, many spoke about a greater urge to "explore" their identities, "celebrate" their Blackness, and create their own safe spaces to more purposefully think about their Black identities and in some cases be more "vocal" about their racial identity to offset the perceived negative association between being Black and being a victim of police brutality. To measure the prevalence of centralizing racial identity or having pride in racial identity, the MMBI (Sellers, 1997) was used in Phase 2 of the current study.

Community: "Shared experience"

An additional subtheme that emerged was community. Community was characterized by reports that having access to Black community and/or communities of people of color was vital to recovering from watching media of police violence toward Black Americans. Many participants spoke of how important it was to have a space wherein they could commune with other Black people and feel seen and understood in order to "heal" from the pain associated with watching the studied videos. Among described coping methods, community was the most commonly used method. Participants described the need to feel close to others who understood their experience as this allowed them to "process" and "cultivate strength and resilience."

Specifically, multiple participants discussed community-oriented spaces as sites wherein they didn't have to "debate" or "argue" or have to "prove" the victimization of the

individuals whose final moments were captured in the studied media. Nancy was reticent to call her attachment to community a type of "trauma bonding," but noted that the "shared experience" created opportunities to "check in" and "be checked in on" that made coping with the videos easier to do. Similarly, Carl described that having a "healing space" wherein other Black people were available to "listen" and "understand" allowed him to process his feelings effectively enough to return to daily life and reduce some of the anger and anxiety he felt after watching the videos. The BCAOS (Corning and Myers, 2002) was used to assess for community engagement and community orientation in Phase 2 of the current study.

Activism: "Doing something"

Similar to the community subtheme, the activism subtheme referred to descriptions of engaging in organizing or advocacy around Black issues with Black communities as a method of coping with exposure to videos of police violence toward Black Americans. Participants spoke to the power of "doing something" for the survivors, victims, and themselves and used activism to reduce feelings of helplessness, reify agency, and join in the mourning process. A significant feature of engaging in activism within this subtheme is that the definition of activism itself was broadened as a result of watching this media. Rather than engaging in only organizing and protest, participants spoke to their realization that "education," "facilitating conversation," "going to town council meetings" and "sitting on the board" of organizations could also be used to promote the interests of Black Americans impacted by social injustice and police violence. The BCAOS (Corning & Myers, 2002) was also used to assess for engagement in activism in Phase 2.

Active Coping: "Cultivate strength and resilience"

Active coping was also identified as a subtheme. Active coping was qualified as endorsement of engaging in behaviors and practices specifically oriented toward improving mood, positive experiences, promoting health, or achieving wellness following exposure to the traumatic material they witnessed by viewing the studied media. All participants endorsed engaging in some self-care behavior or personal practice either during or in the aftermath of watching the studied videos. The nature of active coping practices varied among participants, however, the most commonly cited forms of coping were community, as listed above, meditation, therapy, religion, and self-distraction. Evidence for community as a method of coping is provided above. Meditation was endorsed as a useful self-care strategy by Ken, who described the process as a "soothing" method to help him "return to the present" and engage in mindfulness when his mind was over-preoccupied with lingering images and sounds from the videos watched. Will and multiple other participants spoke to the importance of therapy as a way to "process" not only his feelings about the videos, but his own Blackness and concerns regarding violence, a behavior that he particular noted was helpful to him in being exposed to this media during COVID, when Black community was much less readily available.

Religion or religious practice was also reported as a common coping behavior. Ann reported that her "spirituality and faith in God helps [her] cultivate strength and resilience." In her own interview, Muna also described looking to her faith for healing, saying: "my faith just has protected me from so much, and I think without my faith, I don't know where I'd be. And I think just having a conception that God is like the best arbiter of justice, that's just always given me peace," indicating that engaging with God provides a sense of relief and

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comfort that protects her from the perceived injustice she is confronted with when watching videos depicting police violence.

In contrast, some participants mentioned utilizing self-distraction as a beneficial method of engaging in coping, preferring creating forms of "escapism" to comfort themselves. Elijah, Will, and Lucas described "watching anime," "playing video games," and "cooking" and other coping strategies as being an inherent part of their self-care routines. All three men described the need to engage in active escapism to distract from their difficult emotional experiences watching the videos. Given that the nature of active coping activities and behaviors differed among all the participants, despite, again, all participants speaking to the utility of community, a general assessment of engagement in self-care behaviors ranging from religious, psychological, emotional, and psychological activities was used to measure the total active coping items endorsed in respondents in Phase 2 through the use of the Self-Assessment: Self Care Tool, adapted from the *Transforming the Pain: A Workbook on Vicarious Traumatization* (Saakvitne et. al., 1996).

Interpersonal Safety: "Did you ever care about me?"

Interpersonal safety was defined as an increased need for boundaries and limiting social circles to avoid invalidation, discrimination, and conflict around police violence. Participants spoke about losing friends, changing family dynamics, and closing their friend group indefinitely to self-protect against those who might not understand the impact police violence has on the Black community. Keke reported:

"I think also in terms of, like, dating outside of my race, or even just having friends outside of my race, it is difficult because when you think people care about you and understand you and get you and then you see them attempt to justify the death of

someone who looks like you or could be you, it just, it hurts more, it hurts different. Like when I've been online, or even just had conversations with people who I assume are friends and they say certain things and I'm like, "Did you ever care about me," like, "Did you ever listen to anything that I've ever said because if you can justify this, you can legitimately justify me being killed as well," and they just don't seem to understand that. So, definitely just leads to more hesitancy because when a friend exposes, I find it to be bigotry, when a friend exposes that type of bigotry, it hurts different than when a stranger does it."

Similarly, Ken noted that if he were to pursue dating in the present as opposed to having a long-term partner who does not identify as Black for several years, watching these videos would likely have prompted him to close his dating circle:

"…like if I wasn't with my partner now, like I don't know how I would feel about dating because my partner isn't Black and I don't know how I would feel doing pursuing even pursuing that you know with someone else that isn't Black. And I feel like there is like you know both this like sort of internal and external like pressure to kind of like center you know Black people in my space."

"Centering" Black individuals within one's intimate and platonic circle was commonly cited in what the researcher perceived as another aspect of community. The presence of other Black people in one's social circle was tied with a concept of knowing that there was a sympathetic, rather than empathetic ear, which Nancy noted was a particularly important feature to her relationships after having to close communication with her pseudo mother-in-law following a difficult conversation around police violence post media exposure to the death of George Floyd:

"…(Viewing the videos) has helped me weed out some people in my life that I don't

need, for lack of a better way to say it. Definitely helped me weed out people, but it's

also brought me a lot closer to people at the same time. One specific more recent

problem is during the time surrounding George Floyd, my partner's mother just

basically revealed herself to us. I think I think that's actually really the best way to

describe all these social interactions. It's like someone's revealed themselves to me. I

like already spent all this time giving everybody here the benefit of the doubt like,

"Sir, I know, like none of us are racist I totally believe you," and then being like, "All

right, yeah, you're pretty racist," you know?"

Thus, interpersonal safety was also utilized to self-protect against racism interpersonally,

when the racism exhibited within the videos themselves may have been unavoidable. The

concept of interpersonal safety was complex and the rationale for participants altering their

social circles, reconsidering their dating lives, and ending some of their relationships to self-

protect against interpersonal discrimination and potential retraumatization varied

significantly between individuals. Due to this complexity, it was determined that

interpersonal safety would not be included in the Phase 2 analysis due to participant demand

and the need to focus the latter portion of the study on pre-existing quantitative measures.

The theme of interpersonal safety deserves further research that has the capacity to focus in

on the intricacies of this described response to the studied media. Presently, the current study

did not have the capacity to delve deeper into this theme and note these intricacies while

keeping the quantitative survey accessible and time-limited. However, it is noted that

interpersonal safety remains an important part of the experience of watching these videos as

it does appear to help participants regain a sense of agency and, again, protection in the aftermath of viewing police violence toward Black Americans.

Hypotheses for Phase 2

In collecting data from Phase 1 and developing a phenomenological understanding of the experience of viewing media of police violence toward Black Americans as a Black identifying person, hypotheses for Phase 2 were strengthened. As the studied phenomenon was described as an inherently negative experience that prompted changes in mood, affect, social functioning, and some social behaviors, and was also associated with the utilization of coping methods to reduce the intensity of these negative associated outcomes, the researcher hypothesized that greater hours spent watching the studied media would be associated with increased endorsement of depressive symptoms, anger, anxiety, traumatic symptoms, stress, distress, and hopelessness. Moreover, the researcher predicted that greater hours spent watching the studied media would also be associated with greater engagement in activism related behaviors, coping behaviors, and community engagement as participants with greater exposure would respond to said exposure similarly to respondents in Phase 1 and try to offset their emotional and psychological responsiveness to the media by engaging in activities and behaviors that may improve their mood, affective state, and social functioning. Additionally, it was hypothesized that those who engaged in more activism related behaviors, coping behaviors, and community engagement would present with less symptoms of psychopathological distress if engaging in these responses to the negative stimuli was protective as Phase 1 participants reported.

Phase 2

Following determination of the dependent variables from analyzing the qualitative subthemes in Phase 1, correlation and stepwise multiple regression analyses were conducted to examine the relationship between the total number of hours survey participants spent watching video footage of police violence toward Black Americans and the dependent variables. Prior to conducting these analyses, survey data was assessed and cleaned by removing missing data, duplicate cases, and unfinished responses to ensure data integrity. If a participant response was missing 50% or more of survey responses, their responses were removed from the analysis. If participants were missing less than 50% of data, missing variable items were assigned a score of 0 to include their data in the analysis without altering the total sum or averages of responses.

Upon cleaning the survey data, it was determined that from 136 responses, 89 (65%) surveys provided usable data and were included in the final analysis. It is presumed that bots, participant attrition, and technological issues were the primary sources of incomplete or duplicate data. The presence of bots was assessed by assessing the veracity of provided information such as the presence of an email address associated with an error message (e.g. the email does not exist) and/or nonsensical responses to open questions. Prior to beginning the correlation analysis, the researcher tested the necessary assumptions of multivariate normality. While the dependent variables were normally distributed, the assigned predictors lacked linearity and homoscedasticity. Due to this, the researcher utilized Spearman's rank correlation coefficient, an alternative correlation coefficient that has been utilized in previous psychological research in cases wherein psychometric data has been non-parametric (abnormal, non-linear, and with high cases of outliers), with good results (de Winter et al., 2016).

Table 2

Descriptive Information for Variables Among Study Participants

Variable	*Mean*	*Standard Deviation*	Range	*Possible Range*
Age	40.44	14.58	18-72	18+
IES	29.80	17.82	0-69	0-88
K10	21.92	9.13	10-46	10-50
NSESSS	8.47	5.99	0-24	0-28
BH	5.26	5.02	0-19	0-20
DASS	14.74	7.50	1-37	0-63
PSS	17.51	7.50	1-37	0-40
Activism Orientation	82.73	21.18	37-122	38-190
Coping	215.48	27.47	131-264	56-280

Note: N = 89; IES = Impact of Event Scale-Revised, K10 = Kessler Psychological Distress Scale, NSESS = National Stress Events Survey Acute Stress Disorder Short Scale, BH = Beck Hopelessness Scale, DASS = Depression, Anxiety and Stress Scale - 21 Items, PSS = Perceived Stress Scale, Activism Orientation = Black Community Activism Orientation Scale, Coping = Self-Assessment: Self Care Tool

Table 2 summarizes the descriptive statistics of the study variables. Scores on the IES indicated PTSD is a clinical concern (M = 29.8-, SD = 17.82, range = 0-69). Scores on the K10 suggest mild distress (M = 21.92, SD = 91.13, range = 10-46. Scores on the NSESSS suggest mild acute stress (M = 8.47, SD = 5.99, range =0- 24). Participant scores on the BH suggest mild hopelessness (M = 5.26, SD = 5.02, range = 0-19). Scores on the DASS-21 suggest moderate endorsement of depression, anxiety, and stress symptoms (M = 14.74, SD = 7.50, range = 1-37). Scores on the PSS suggest moderate perceived stress (M = 17.51, SD = 7.50, range = 1-37). Coping and resiliency variable scores in Activism Orientation (M = 82.73, SD = 21.18, range = 37-122) suggest moderate engagement in activism related

behaviors and above average engagement in coping behaviors (M = 215.48, SD = 27.47, range = 131-264).

Gender was also included as a predictor. However, the variable was recoded to be a dichotomous variable as only 1 participant identified as non-binary and 1 participant preferred not to answer. Female participants were assigned a 0 and male participants were assigned a 1 and the two participants who did not identify as male or female were labelled as missing data in order to utilize the gender variable within the correlation and regression analysis by removing these outliers. Approximately 66% of the sample identified as female and 31.5% identified as male. Total amount of hours was also assessed and designated as a dichotomous variable as responses provided gave estimates of hours watched. The total hours watched variable was assigned a 0 for participants who had seen 3 hours or less of video content and a 1 for participants who had seen 4 hours or more of video. Approximately 48.3% of survey respondents had seen 3 hours or less of the studied media and 51.7% had seen 4 or more hours of the student media content.

Table 2

Correlation Coefficients of Predictor and Outcome Variables

Variable	1	2	3	4	5	6	7	8	9	10	11
1. Age	1.00										
2. Gender	-.137										
3. Total Hours	.216*	.039									
4. IES	-.016	.003	.023								
5. K10	-.331**	-.036	.081**	.533							
6. NSESSS	-.218*	-.076	.066**	.562**	.792**						
7. BH	-.355**	.215*	.098**	.337**	.521**	.373**					
8. PSS	-.363**	.035	.114**	.450**	.798**	.646**	.574**				
9. DASS	-.384**	.053	.088**	.418**	.858**	.781**	.497**	.793**			
10. Coping	.463**	-.236*	.074	-.007	-.306**	-.123	-.602**	-.322**	-.309**		
11. Activism Orientation	-.115	-.151	.195	.164	.129	.148	.043	.020	.106	.145	

Table 3 summarizes the results of the correlation analysis between variables. Of the listed predictors, age was positively associated with the total hours of videos watched ($r = .216$, $N = 88$, $p = .043$) and engagement in coping behaviors ($r = .463$, $N = 82$, $p = <.001$). This suggests that older respondents watched more videos and engaged in more coping behaviors than younger participants. Age was negatively associated with the K10 ($r = -.331$, $N = 87$, $p = .002$), the NSESS ($r = -.218$, $N = 88$, $p = .041$), the BH ($r = -.355$, $N = 88$, $p = >.001$), the PSS ($r = -.363$, $N = 88$, $p = <.001$), and the DASS-21 ($r = -.384$, $N = 88$, $p = >.001$), suggesting that older participant experienced less symptoms associated with psychological distress, acute and perceived stress, hopelessness, depression and anxiety.

Gender was positively associated with the BH ($r = .215$, $N = 89$, $p = 0.43$), wherein identifying as male was associated with greater levels of hopelessness. Gender was negatively associated with coping behaviors ($r = -.236$, $N = 83$, $p = .032$), suggesting that female respondents engaged in more self-care behaviors than males. Coping behaviors were negatively associated with the K10 ($r = -.306$, $N = 82$, $p = .005$), BH ($r = -.602$, $N = 83$, $p =

>.001), PSS (r = -.322, N =83, p = .003), and DASS-21 (r = -.309, N = 83, p = .004), wherein greater engagement with coping behaviors was associated with lower endorsement of psychological distress, hopelessness, perceived stress, depression, and anxiety. Engagement in activism was not found to be associated with any of the dependent variables.

While there were strong associations between dependent variables, the only items removed from the regression models were subscales in order to provide clarity. This is because endorsement of psychological symptoms, particularly those assessing stress, depression, and anxiety, tend to have overlapping features in clinical presentations. Depressive symptoms can be associated with anxiety disorders, anxiety symptoms can be associated with depressive disorders and post-traumatic symptoms, and increased stress is related to depression, anxiety, and post-traumatic symptoms (DSM-V, 2016).

Regression models were completed in a stepwise manner, wherein demographic predictors (e.g., age and gender) were included in block 1, exposure predictors (e.g., total hours of videos watched) were placed in block 2, and coping and protective behaviors were placed in block 3 (e.g., activism orientation and coping behaviors). The regression model for the IES was statistically insignificant and no associations between the predictors and scores on the IES were found. Similarly, the regression model for the NSESSS was also statistically insignificant. Significant relationships were found between the predictors, the K10, the BH, DASS-21, and PSS.

Table 4

Stepwise Multiple Regression Model Predicting Kessler Psychological Distress Scale (K10).

Variable	B	Beta	T	P	95% Confidence Intervals	
K10	49.153	--	5.836	<.001	32.372	65.934
Age	-.219	-.344	-2.95	.004	-.366	-.071
Sex	-3.47	-.175	-1.56	.123	-7.90	.960
Total Hours	2.90	.155	1.42	.159	-1.16	6.96n
Self -Care	-.086	-.247	-2.15	.035	-.166	-.006

Table 4 summarizes the results of the multiple linear regression model assessing the relationship between the K10 and our predictor variables: age, gender, total number of hours of videos watched, and coping behaviors. The regression model was found to be significant $R^2 = .204$, $F(4, 74) = 4.74$, $p = .002$. Age significantly predicted K10 scores ($\beta = -2.95$, $p = 004$). Gender and total hours of videos watched did not significantly predict K10 scores ($p < .05$). Engaging in coping behaviors, however, significantly predicted K10 scores ($\beta = -.247$, $p = .035$). As age and engagement in coping behaviors increased, K10 scores decreased. The model was estimated to explain 16.1% of the variance in K10 scores.

Table 5

Stepwise Multiple Regression Model Predicting Beck Hopelessness Scale (BH)

Variable	*b*	*Beta*	*t*	*P*	95% Confidence Intervals	
BH	27.73	--	6.70	<.001	19.492	35.974
Age	-.077	-.221	-2.14	.036	-.149	-.005
Sex	-.185	-.017	-.170	.866	-2.36	1.99
Total Hours	2.72	.263	2.72	.008	.730	4.71
Self -Care	-.095	-.491	-4.86	<.001	-.134	-.056

Table 5 summarizes the results of the stepwise regression model predicting scores on the Beck Hopelessness Scale. Age, sex, total hours of videos watched, and coping behaviors were used as predictors, with demographics included in block 1, exposure variable included in block 2, and coping behaviors included in block 3. Activism orientation was removed from the model due to lack of significance.   This regression model was found to be statistically significant with R^2 = .372, F(4, 75) = 11.09, p = <.001. Age predicted participant scores on the BH (β = -.221, p = .036). As age increased, total score on the BH decreased. Total number of hours spent watching media of police violence toward Black Americans also predicted participants' feelings of hopelessness (β = .263, p = .008), where an increase in the number of videos watched was associated with an increase in BH scores c. Engaging in coping skills was negatively associated with hopelessness scores. (β = -.491, p < .001), wherein an increase in engaging in coping behaviors was associated with lower hopelessness scores. The model accounted for 33.8% of the variance in BH scores.

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Table 6

Stepwise Multiple Regression Model Predicting Depression Anxiety Stress Scales (DASS-21)

Variable	*B*	*Beta*	*T*	*P*	95% Confidence Intervals	
DASS-21	59.608	--	4.90	<.001	35.37	83.84
Age	-.361	-.380	-3.41	.001	-.572	-.150
Sex	-3.92	-.131	-1.22	.225	-10.31	2.47
Total Hours	7.08	.252	2.41	.018	1.23	12.92
Self -Care	-.147	-.280	-2.56	.013	-.262	-.033

Table 6 summarizes the results of the regression model assessing the relationship between age, gender, total hours of videos watched, and self-care with scores on the DASS-21. Activism orientation was again stripped from the model due to insignificance. The model was found to be statistically significant with R^2 = .265, $F_{(4, 75)}$ = 6.76, p = <.001. Age was negatively associated with DASS-21 scores (β =- .380, p =.001), wherein older participants were associated with having lower DASS-21 scores. Total hours of videos watched was positively associated with DASS-21 scores (β =.252, p =.018), suggesting that DASS-21 scores increased as total hours of videos increased. Coping behaviors was negatively associated with DASS-21 scores (β =- .147, p = .013), wherein high endorsement of coping behaviors was associated with lower scores on the DASS-21. The model explained 22.6% of the variance in DASS-21 scores.

Table 7

Stepwise Multiple Regression Model Predicting Perceived Stress Scale (PSS)

Variable	*B*	*Beta*	*T*	*P*	95% Confidence Intervals	
PSS	41.07	--	6.25	<.001	27.97	54.16
Age	-.201	-.392	-3.51	<.001	-.315	-.087
Sex	-2.55	-.157	-1.47	.145	-6.00	.901
Total Hours	4.03	.266	2.54	.013	.871	7.19
Self -Care	-.076	-.266	-2.43	.017	-.138	-.014

Table 7 summarizes the results of the regression model assessing the relationship between age, gender, total hours of videos watched, and self-care with scores on the PSS. Activism orientation was not included in the model due to insignificance. The model was found to be statistically significant with R^2 = .264, $F(4, 75)$ = 6.73, p = <.001. Age was negatively associated with PSS scores (β =- .392, p <.001), wherein older participants were associated with having lower PSS scores. Total hours of videos watched was positively associated with PSS scores (β =.266 . p =.013), suggesting that PSS scores increased as total hours of videos increased. Coping behaviors was negatively associated with PSS scores (β =-.266, p = .017), wherein high endorsement of coping behaviors was associated with lower endorsement of perceived stress. The model explained 22.5% of the variance in PSS scores.

Chapter 5:

Discussion and Conclusion

The purpose of the current study was threefold: to develop a phenomenological understanding of the factors that constitute the experience of watching police violence toward Blacks among Blacks, to develop an understanding of the impact that viewing media of police violence toward Black Americans has on Black Americans, and to identify potential risk and resilience factors associated with viewing media of police violence toward Black Americans among Black Americans. In conducting Phase 1 of the study, a phenomenological description of watching media of police violence toward Black Americans was acquired by analyzing the narrative descriptions of 12 Black Americans exposed to the studied media. This phenomenon was described as being made up of two components: a pronounced, negative reaction and a response to moderate that reaction.

Participants in Phase 1 described watching the media of interest as "traumatic," "devastating," "disgusting," and "painful." Multiple participants spoke of a pronounced physiological and emotional reaction that was characterized by tears, anger, changes in temperature regulation, heart palpitations and more. The cognitive component of the phenomenon was said to elicit thoughts of hopelessness, injustice, and fear. A pronounced empathetic response wherein participants spoke of "putting themselves into the shoes" of the injured or killed and finding themselves trapped within a cycle of trying to figure out "what

they could have done or said" to avoid death or violence, only to determine that there was no apparent way to prevent the circumstances that occurred in the video from happening to themselves was also described. This hyper empathetic response was labeled as a type of helplessness and hopelessness that prompted examination of hopelessness as a variable in Phase 2 of the analysis. Additionally, discussion of pronounced sadness, anxiety, and physiological reactivity, prompted the usage of measurements for evaluating depressive and anxiety symptoms, stress levels, and acute distress responses in the wake of viewing this form of media.

The essence of the phenomenon that is watching media of police violence toward Black Americans as a Black American is therefore, negative. For the participants, the hallmark of watching this media was described as a type of "trauma," a pain that was forced upon them without their consent. It was difficult to turn away from this media due to the strong, negative emotional reactions that it elicited, and those reactions were simultaneously difficult to escape from. The lingering nature of this pronounced negative emotional reaction was reportedly so distracting that participants had to engage in a behavior or activity to self soothe or process their emotions enough to reduce the intensity of the reaction.

In speaking about responding to this negative phenomenon, participants also spoke to their own resiliency and strength in mitigating the negative impact the media had on their emotional and psychological wellbeing. Participants spoke to the importance of establishing a sense of community that celebrated their Black identity and furthering relationships with both individuals and organizations that promoted the wellbeing of Black populations. This nuanced approach to coping combines both emotion and problem-focused coping skills, as

participants' social engagement was said to allow them to discuss and confront their feelings to address their negative mood state and improve their affect, and becoming involved organizationally, through various clubs and partnerships specifically focused on Black populations, allowed participants to feel like they "were making a difference" and attempting to change the circumstance that had prompted their negative emotional state. This suggests that the respondents in Phase 1 were utilizing these coping strategies to mitigate depressive symptoms and traumatic reactions, not unlike what prior research has found Black communities do to cope after witnessing or being directly exposed to violence (Graham et al., 2015; Carter et. al., 2020).

Beyond utilizing socialization and organizing, the participants in Phase 1 also spoke of their own individual, active coping strategies. While these coping strategies likely had sociocultural influencers based upon the historical and cultural context of the ethnic practices of participants and their family systems, coping strategies were described in terms of their helpfulness to the individual rather than a cultural or ethnic collective. These strategies included religious practices, meditation, physical activity, escapism, distraction, and therapy. Described as "self-care," these personal and, at times, intimate processes to cope with the difficulty of viewing the described media were also emotion-focused coping strategies that sought to change the affective experience of the participants in the aftermath of their own media exposure. The need for "grace" or time to reflect upon one's emotions, process them, and engage in a self-soothing activity was found in all respondents and many of the respondents spoke to a need to engage in this type of self-care prior to returning to their occupational, educational, and even familial responsibilities.

The need to take space and recover following media exposure is not dissimilar to descriptions of a trauma response or mental health distress found in the prior research on media exposure to man-made disasters. For example, many participants spoke about the need to disengage from individuals who may bring up the traumatic events in the video and make them "relive" the experience. Specifically, participants spoke about a need to be socially exclusive and in some cases reduce the amount of non-people of color (POC) they interacted with on a daily basis to limit the potential of "retraumatization" from those who, not having a minoritized identity, may fail to realize the emotional difficulty that comes from recollecting details of the videos. This could be considered a type of stimulus avoidance that participants engaged in to self-protect from the negative psychological and emotional burden brought on by watching the videos, which is a common symptom found in individuals who are experiencing a type of post-traumatic response (DSM V, 2016).

Simultaneously, another facet of coping and fostering resiliency in the wake of media exposure was an increase in or development of racial/ethnic pride. Rather than feeling defeated about their Black identity and the lack of perceived safety possessing this identity may have in encounters with police, respondents in Phase 1 spoke about their own pride in their Black identity. Participants discussed using the videos as a catalyst for learning more about themselves and their Blackness and finding new ways to celebrate their identities in their lives. In this, it can be argued that while the videos were perceived as traumatic and harmful, they also elicited a type of post-traumatic growth as well, as participants developed a greater relationship with their identities and developed a greater sense of purpose. Previous research investigating the impact racial trauma has on Black young adults has found similar

results, in that experiencing racial trauma has been found to be associated with positive self-development and potential to flourish (Grier-Reed et. al., 2022).

One mechanism for understanding the relationship between experiencing or witnessing a racial trauma and fostering post-traumatic growth is understanding the role of anger. In Phase 1, many of the participants spoke of their anger within the context of their further developed pride in their identity. Participant anger facilitated a sense of outrage that their identity was being disrespected and that Black individuals were being treated as "less than human." In rebelling against this dehumanization, some participants expressed beliefs that they could take their anger and "stick it" to the justice system by feeling even greater joy, satisfaction, and pride in their Black identity. Anger has been found to be strongly associated with post-traumatic growth following experiencing a racial trauma in the form of community violence. Researchers found that individuals who expressed greater anger following exposure to violent protests related to the officer-involved shooting of Michael Brown were more likely to go down pathways of post-traumatic growth than post-traumatic stress (Strasshofer et. al., 2018). Anger may galvanize an individual to engage in further action to better themselves and the world around them. For Phase 1 participants, part of this process appeared to be developing a greater sense of internal self-esteem and self-acceptance by celebrating Blackness when media conveyed that Blackness is affiliated with death and pain.

The presence of concepts such as traumatization and post-traumatic growth as being inherent features of defining the phenomenon that is watching videos of police violence toward Black Americans as a Black American furthered the necessity of examining the

relationship between key variables that emerged from Phase 1 within a larger Black sample in order to further understand mental health needs among those exposed to this form of media. The concepts in Phase 1 were thus quantified into measurable variables reflecting both the negative psychological and emotional components of the phenomenon and the coping and resiliency factors that participants utilized to manage those components. The variables acquired from analysis of Phase 1 data were used to assess for the presence of mental health symptomology and coping and resiliency factors among Phase 2 participants.

In keeping with the previous literature on media exposure to violence, Phase 2 assessed whether length of exposure was associated with psychological outcomes (Jones et, al., 2016; Neria et. al., 2011; Silver; 2013). Therefore, within Phase 2 of the current study, length of media exposure was quantified by assessing the relationship between the total number of hours spent watching the studied media and the identified outcome variables. Additionally, the study looked at age and gender as variables that may influence pathology, as well as the coping and resiliency factors specified in Phase 1 of the study. Given that Phase 1 participants articulated the utility of engaging in activism and active coping behaviors to reduce the mental, emotional, and social consequences of media exposure, these two variables were also included in the regression model to assess whether a negative association could be found between the coping and resiliency factors and psychological outcomes.

Models assessing post-traumatic symptoms and acute stress disorder were found to be statistically insignificant, despite the average scores on these measures falling in the severe and moderate range, respectively. With participant scores on the IES suggesting that

respondents are experiencing multiple PTSD adjacent symptoms, it should be noted that there is some question as to whether this scale accurately summarizes participant endorsement of symptoms. Participants may score higher in order to convey their horror and disgust at the content of the video when recalling it's impact. Further, as participants were asked to recall their experience, rather than provide in-vivo assessments of their current functioning, it is possible that the effect of time may have prompted greater endorsement than what was truly experienced. Determining an appropriate measure to ascertain trauma responsiveness without retraumatization is therefore an important question for consideration in future studies, as there was seemingly no association between the assumed predictor and participants' IES scores.

Acute stress scores may be explained by noting that the National Stress Events Survey Acute Stress Disorder Short Scale (NSESSS) is intended to act as a clinical diagnostic tool for acute stress disorder. Participants may not meet criteria for acute stress disorder, but as shown in the current study, may perceive their stress levels and experience their stress levels as being higher than others. Lack of significance therefore may be attributed to the difference between participant scores meeting a clinical threshold versus personal discomfort. This may be why the Perceived Stress Scale (PSS) was found to be associated with some of the predictor variables but scores from the NSESSS were not.

Age was negatively associated with outcomes related to psychological distress, hopelessness, depression and anxiety, and perceived stress. This suggests that older participants endorsed lower psychological symptoms than younger participants. This may be due to the fact that age was also positively correlated with engagement in self-care behaviors,

meaning the older participants were, the more likely they were to endorse engaging in coping behaviors. Effective coping strategy use has been associated with greater overall health (Carter et. al., 2020). Moreover, within the context of the current study, younger adults have been disproportionately impacted by the circumstances of the COVID-19 pandemic. Over 55% of young adults ages 18-24 have been reporting anxiety and depressive symptoms since the beginning of the COVID-19 pandemic (Panchal et. al., 2021). Young adults have also been found to be more likely to report substance use and suicidal ideation than older adults throughout the pandemic and this disproportionate mental health risk in young adults is exacerbated when young adults identify as Black or Latinx (Panchal et. al. 2021). It is possible that the differences in endorsement of psychological symptoms seen in the current study is a potential reflection of the mental health distress experienced by young people in the context of an ongoing global crisis.

Gender as a predictor was not found to have any association with the examined psychological outcomes. This finding may be surprising given that the Center for Disease Control's National Health Interview Survey has found that Black women tend to report psychological distress at nearly two times the rate of Black men (2018). However, it is important to note that the distribution of gender in the current study was strongly skewed to represent the experiences of female participants. It is possible that nuanced differences between genders could not be captured as a result of differences in sample size.

As a predictor, engagement in activism was also not found to have a significant association with psychological outcomes. This may be because utilizing engagement in activism as a coping strategy to deal with perceived discrimination can have mixed effects.

For example, engagement in activism related to racial and social justice has been identified as a protective factor in Latinx young adults following racial/ethnic discrimination, but exacerbated risk of negative outcomes and the amount of microaggressions and discrimination experienced in Black young adults (Hope et. al., 2018). Whereas engagement in activism in Black youth has been associated with improved developmental outcomes such as improved educational engagement, social cohesion, wellbeing, and greater self-efficacy (Berg et. al., 2009).

It is also possible that the measure of activism engagement was not appropriate to the analysis, as prior uses of the tool have utilized engagement in terms of subscales in high-risk activism orientation, low-risk activism orientation, and political activism orientation (Hope et. al., 2019), rather than a total engagement score. A total engagement score was used in the current analysis as participants in Phase 1 did not note differences in types of activism engagement as being central to their use of activism to cope with media exposure and multiple participants spoke to using high-risk, low-risk, and political methods of activism engagement at once. Utilizing another measure of activism orientation may be useful in future iterations of research examining protective and resiliency factors associated with media exposure and risk of negative psychological outcomes.

Moreover, engagement in activism as a variable for consideration at all may not have accurately captured what Phase 1 participants conveyed. Participant engagement in activism post-media exposure could also be viewed as a type of prosocial behavior, or a type of behavior that is meant to benefit others. Engaging in prosocial behaviors has been linked to reduced intrusions of traumatic memories and improved overall wellbeing in experimental

studies wherein participants were actively asked to journal and consider their traumatic experiences (Varma et. al., 2022; Frazier et. al., 2013). Therefore, a measure of prosocial behavior may have yielded different results if this variable was truly a reflection of Phase 1 participants wanting to engage in meaning making via positive social practices rather than reflecting upon political engagement.

Video exposure, in accordance with the researcher's hypothesis, was positively associated with multiple psychological outcomes. The total amount of hours spent watching the studied media was associated with greater endorsement of depression and anxiety symptoms, perceived stress, and hopelessness. These findings support those found in the media exposure literature which have noted that media exposure to man-made traumas such as the DC sniper shootings, Boston Marathon Bombings, 9/11 and other tragedies have been tied to increased risk for pronounced stress responses (Silver, 2013; Holman et. al., 2014) and increased depressive symptoms (Fullerton et. al., 2018). Similarly, the association between total amount of hours of studied media watched and hopelessness supports the hypothesis suggested by Jones and colleagues (2016), that posited that an increase in media exposure to graphic, uncensored acts of violence could lead to decreased belief in one's ability to avoid harm and retain agency over one's wellbeing. Simultaneously, greater levels of hopelessness and helplessness have been strongly associated with increased risk for suicidality (Beck et. al., 1993). Given that Black populations, particularly Black youth and Black young adults, have greater rates of suicidal and violent behavior when compared to White peers, this may be particularly concerning, as perceived discrimination has also been identified as a significant factor in predicting suicidality among Black individuals (Talley et. al., 2022).

If feelings of helplessness and hopelessness are positively associated with the amount of time spent watching media of police violence toward Black populations, there may be increased risk of suicidality for Blacks exposed to this media. However, the analyses within the current study also relay a positive association between viewing this media and engaging in protective and adaptive coping behavior. As previously stated, effective coping strategies can significantly mitigate the risk of mental health pathology in Black populations (Carter et. al., 2020; West et. al., 2010). The subsequent increase in coping behaviors in tandem with increases in hopelessness further suggest the resiliency and strength of the Black community. Rather than simply becoming increasingly depressed or potentially suicidal, respondents were actively attempting to combat their sense of hopelessness by caring for themselves and healing their psyche.

This adaptive process is given further support by the negative associations between active self-care and coping behaviors and decreased endorsement of psychological distress and depression and anxiety symptoms. This suggests that coping through active methods such as partaking in religion, meditative practices, therapy, exercise, and task and attention shifting (e.g. turning toward a pleasurable activity) may be significant interrupters of the potential risk associated with media exposure of police violence toward Black Americans. Participants in Phase 2 were found to respond adaptively to the adversity associated with the exposed media, furthering their own engagement with their liberation and engaging in both community and individualized practices of healing. Findings suggest that it may be imperative to further access to active coping methods to continue to protect against increases

in hopelessness, depressive and anxious symptoms, and perceived stress following continued exposure.

Furthermore, it is essential to understand the clinical implications of engaging in coping. While problem-focused and emotion-focused coping skills are noted to have strong protective functions, avoidance and distraction may not be beneficial in the long-term. Avoidance has been associated with greater post-traumatic stress symptoms in individual exposed to media violence (Monfort & Afzali, 2017) and given that avoidance is a clinical symptom associated with PTSD, greater avoidance may be tied with greater symptom endorsement over time. Identifying which coping mechanisms are most efficacious in moderating the relationship between exposure to media of police violence toward Black Americans is essential in combatting increased risk for negative outcomes.

Emergent research on the impact of viewing police violence in media has suggested a biological and psychological impact of viewing these videos in regard to their connection to the development of greater sympathetic reactivity (Sosoo et. al., 2022) and a public health impact in greater days taken off from work due to mental health difficulties (Eichstaedt et. al., 2021; Hawkins, 2022). If the preliminary associations found within Phase 2 prove legitimate, then engaging in active coping behaviors may be a significant protective factor against these outcomes. Increasing the avenues in which Black populations have access to engage in these active coping strategies may then be essential to reducing risk for negative outcomes and promoting already pre-existing individual and community strengths.

Furthering access to protective factors is vital, as even within the context of the current study, additional cases of viral media of police violence emerged. In June of 2022,

Jaylan Walker, a 25-year-old Black man was shot over 60 times in the back by 8 police officers after fleeing from a traffic stop unarmed (ABC News, 2022). Footage from the officers' body cams has been released and over 100,000 individuals immediately saw this footage from one single source (NBC, 2022). The total number of individuals exposed to the graphic violence that was Walker's death may remain unknown, but the impact of viewing this media is strongly suggested to be negative and may increase individual's sense of hopelessness and helplessness, as well as their total risk for psychopathology. In recognizing this potential risk, it is imperative to support, acknowledge, and provide services to Black populations exposed to this media at the individual and organizational level.

The dissemination of these videos has seemingly assisted in reducing the amount of cases wherein Black people are shot and/or killed by police (Beer, 2018). While a risk exists in continuing to view this uncensored, graphic media online, it is important to remember the resilience and strength of the Black community. Psychologists can work to advocate for additional resources, funding, and opportunities to create spaces for communion and healing for Black individuals and this advocacy may be of paramount importance in reducing the risk and pain associated with viewing media of police violence toward Black Americans. The current study acts as an opportunity to better understand the Black experience, the risk and protective factors associated with media exposure to police violence directed toward Black individuals and Black communities and offers the direct perspective of Black identified individuals in relaying how to mitigate their pain and support their community. In drawing the conclusion of the importance of acting coping strategies as protective factors, this study serves as a starting point to aiding the Black community during a time wherein Black

victimization and dehumanization remains a visible, tangible danger to Black lives. Further examination of what specific type of active coping strategies may promote the best outcomes is also suggested to ensure that advocacy, intervention, and healing can be directly informed by the methods most effective in promoting Black resilience.

Limitations

The current study recognizes its limitations. Firstly, a larger sample size was preferred to better assess the generalizability of responses for the quantitative portion. The researcher posits that the difficulty of recruiting participants was likely twofold. The first factor to be examined is timing. This research was conducted after 2020, shortly after the death of George Floyd. The cases examined run as early as 2014. It may be that participants were reticent to recall details of cases that were not at the forefront of their minds and/or may have forgotten some aspects of their experience due to how much time has passed and/or the difficulty of recalling such memories. The second factor to be examined is the cultural and social context of the time period wherein data was collected, 2020-2022. This data was collected in midst of the global COVID-19 pandemic and the socioeconomic and physical health impact of the pandemic may have caused increased burden. In addition to the pandemic, the emergence of monkey pox as a national health emergency, a war between Russia and Ukraine, and the potential emergence of a financial recession also may have impacted participation as stressors have increased for participants over time. It is possible these stressors took priority and prompted a lack of interest or time to engage in the survey.

An additional limitation was also related to the COVID-19 pandemic—all data was collected online. In the original conception of this research, data in Phase 1 and Phase 2

could have been collected in person by offering the opportunity to participate in an interview and complete the survey at Historically Black colleges, universities, and neighborhood community centers. The lack of a personal connection and interest in the study may have impacted the breadth and depth of the study findings. However, it may also be true that participants may have been more honest without the physical presence of the researcher influencing their responses. Allowing a personal connection to be fostered between the researcher and participants is still advised, however, particularly when working with historically underrepresented and marginalized populations such as the Black community.

In Phase 2, measures of identity and community also proved unreliable and were unable to be assessed in the regression model. This unfortunately meant that a key potential protective factor mentioned in Phase 1 was not able to be included in the final analysis and thus, the generalizability of the relationship between media exposure to police violence and the development or furthering of racial identity and racial pride could not be assessed. It is possible that the low alpha values of the MMBI were associated with using only the public regard, private regard, and centrality subscales as opposed to the entire measure, but given that the subscale scores all yielded low values when assessed individually, it appears another measure of identity development and identity engagement would be useful in future analyses wherein the desired number of participants are acquired.

Additionally, the use of dichotomous variables for both gender and total amount of hours watched can be seen as a limitation. A non-binary individual and one individual who did not wish to identify were not included in the sample due to lack of heterogeneity among participant genders. Future studies that specifically recruited from gender minority groups

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could allow for more robust presentation and inhibit use of a forced binary interpretation, as the experiences of non-binary, trans, genderqueer, and gender non-conforming individuals should also be explored. The total amount of hours variable would have benefited from acting as a numeric response rather than a range, as this would have allowed for more clarity regarding what number of hours was most associated with the studied outcomes. However, having participants recall a number experienced throughout a lifetime without a limit may prompt lack of responses or increase the presence of outliers. Greater variability in responses, however, would allow for more exact data interpretation in future iterations of the current study.

Future Directions

There remains a dearth of research invested in examining the impact of watching media of police violence toward Blacks, both in terms of how the targeted population experiences that impact and in terms of how others experience that impact. With research emerging suggesting that the death of George Floyd alone was associated with nearly a third of the US population reporting sharp increases in sadness and anger, as well as depressive and anxious symptoms (Eichstaedt et. al., 2021), the long-term impact of viewing this media must be assessed. As cases of police violence increase, the number of available hours to view the videos will also increase. Understanding how this will impact younger generations throughout the course of their development may assist in creating interventions or identifying further protective factors to ameliorate risk.

Although the current study did not directly inquire about children and development, many of the participants in Phase 1 spoke about how they were not only anxious, angry, and

sad for themselves, but also for the next generation. Multiple parents who participated in Phase 1 spoke of a profound fear and anxiety for Black youth, particularly Black boys. Developing a greater understanding of how Black children are impacted by viewing this media, especially given the fact that Generation Z and future generations will never have lived in a world without ready access to the internet and social media, may prove to be a vital aspect of reducing the already pre-existing risk for trauma and other pathology that is present in Black youth and Black adults.

As research emerges that suggests that cortisol levels of Black youth may rise significantly after exposure to police violence in Black male youth (Browning et. al., 2021), developing a greater understanding of how these exacerbated physiological responses impact physical health is also suggested. If one were to consider persistent exposure to media of police violence as an adverse childhood experience, just as exposure to community and domestic violence is considered an adverse childhood experience, then it is possible that the field may seem the same linkage between this form of exposure and the deleterious physical health effects of ACEs (Felitti et. al., 2018). With Black populations already at higher risk for negative physical health outcomes such as high blood pressure, heart conditions, and some forms of cancer; possibly as a result of persistent exposure to perceived discrimination (Pascoe & Smart Richmann, 2009), the potential public health costs of failing to determine and address the impact of exposure to media of police violence may be staggering.

Further, given the intensity with which participants expressed fear and anxiety for youth and the fact that participants discussed fear of procreation, studying how these videos impact familial dynamics, child rearing, and parent-child interactions may also be important

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considerations. It is advised that future iterations of research on the impact of media exposure to police violence toward Blacks among Black populations consider the overall effects this media has on the family system as a whole. It will be important to assess more succinctly generational or developmental differences in risk, resiliency, and symptom expression as households engage in watching the same forms of media in order to later develop the most effective and efficacious prevention and intervention programs should the link between media exposure and negative mental health symptomology become more evident in the future. Understanding the impact this media has not only in the short term but long term on the individual, micro and macro levels may be paramount as videos continue to be disseminated and viralized online and these various sectors interact with one another.

Conclusion

The current study sought to answer the following research questions: how do Black Americans define the phenomenon of having watched media of police violence toward Black Americans? What are the risk factors that are associated with watching media of police violence toward Black Americans? What factors ameliorate risk for negative outcomes and promote resilience in Black Americans exposed to media containing videos of police violence toward Black Americans? In Phase 1, respondents informed the researcher that the phenomenon of watching media of police violence toward Black Americans was an inherently negative experience that required viewers to participate in coping and self-soothing behaviors.

Participants in Phase 1 reported that the risks associated with watching this form of media were psychological, social, and emotional in nature. Watching these videos brought on

feelings of trauma, anxiety, sadness, hopelessness, and helplessness. Watching this media was also associated with feelings of disgust and anger and in some cases prompted participants to shrink their social world in order to protect themselves from re-traumatization and having to talk about the experience of watching Black men be dehumanized and victimized repeatedly. For some, the risks also were associated with questions about wanting to have children and fearing for themselves, their families, and their friends.

In Phase 2, an association between watching this media and an increased feeling of hopelessness, depressive and anxious symptoms, and perceived stress was found. The greater the number of hours spent viewing police violence toward Black Americans, the greater the feelings of hopelessness, the greater the number of anxious and depressive symptoms, and the greater the perceived stress endorsed by Black viewers. Despite this psychic pain, what both Phase 1 and Phase 2 of this study found was that Black viewers remain resilient. They used their own skills, own communities, and own self-reflection to create safe spaces to process their emotions, become involved in activism and organizing for issues related to Black social justice, and took time to care for themselves and recuperate in the aftermath of viewing heinous acts of violence. Participants in Phase 1 spoke to community, their own racial identities, activism, and self-care as ways that they protected themselves from the negative impacts of viewing the videos. In Phase 2 engaging in active, self-care coping behaviors was negatively associated with psychopathology.

This increase in protective behaviors yet again speaks to the fortitude, strength, and resiliency of the Black community. Moreover, it provides a lens by which we can begin to understand how to assist Black populations who are exposed to media depicting the traumatization, victimization, and dehumanization of Black bodies by police. This study acts

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as one of the first forays into understanding the components or risk and resiliency that are associated with watching media of police violence. In conducting this study, there is now evidence of the cost of watching this form of media and there is also evidence of a potential way to support the Black community as cases such as Eric Garner, Philando Castile, George Floyd, Elijah McClain, and Jaylan Walker continue to gain viral media attention.

Black communities possess the skills and capabilities to manage the psychological, social, and emotional distress watching these videos may impart. Researchers and clinicians alike can work with these communities and utilize these pre-existing mechanisms of community building and engaging in active self-care behaviors to minimize risks of negative outcomes and allow the internal strengths of these communities to flourish. As we as a society continue to address police violence both systemically and within our own individual experiences, this study seeks to act as a reminder that there may be a cost to viewing the media that seeks to reduce acts of police violence toward Black bodies. Promoting the protective factors and coping strategies found within this study is just one way to offset this cost and provide the acknowledge, support, and allyship that the Black community deserves.

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