Original Research

Racial Identity Attitudes and Vicarious Traumatization from Undue Police Violence on Anticipatory Traumatic Reaction Among Black Americans

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Abstract

Although the viral nature of videos that capture violent and racialized policing of Black Americans in the United States can increase awareness, exposure to race-based violence can result in vicarious traumatization, particularly among Black Americans. The relationship between anticipatory traumatic reactions (ATRs) and racial identity attitudes is not clearly addressed in the extant body of literature. The current study addresses this research

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disparity by first analyzing group mean differences among Black Americans ($N = 138$) who were assigned to audiovisual, written, and imaginal exposure groups. The current study also used a cluster analysis of Black Americans to examine the differences between racial identity attitudes and ATRs following media exposure to undue police violence. Results from the study indicated that no differences in ATRs existed based on types of media exposure. Significant differences across three racial identity clusters existed between ATR in association with attitudes of assimilation, miseducation, self-hatred, anti-dominance, and ethnic-racial salience. Findings from the study suggest that mental health professionals should attend to racial identity attitudes as a relevant factor in how Black American clients experience the psychological impact of media exposure to undue police violence.

The summer of 2020 was characterized by heightened awareness of undue police violence and other forms of racial injustice. The 9-minute video of George Floyd's murder by Derek Chauvin may be considered the tipping point which sparked mass acts of resistance through protests in support of the Black Lives Matter (BLM) movement. Although exposure to police brutality can result in higher rates of racial trauma (Bryant-Davis et al., 2017), studies using samples of mental health professionals report that instances of racial trauma among Black and African American clients may be left unrecognized and untreated (Green & Evans, 2021; Hemmings & Evans, 2018). The lack of preparedness to adequately address the ways in which exposure to racialized violence may impact mental health outcomes can lead to inequity in the delivery of mental health services. Based on the existing paucity of research, this article examines the impact of vicarious exposure to undue police violence and the role of racial identity attitudes in experiences of vicarious traumatization among Black Americans to further inform mental health practices.

Undue police violence refers to the inherently violent, unjustified, and excessive use of force by law enforcement officers, and the physical and psychological impact on survivors and observers (Green & Evans, 2021). Compared to other groups, Black Americans are disproportionately at risk for greater violence and excessive use of force (Davis et al., 2018), suggesting that this element of law enforcement may function as a form of racial

discrimination. Mortality rates among Black Americans were also reported as 2.1 per 10,000 people, compared to 0.6 per 10,000 among White Americans (Edwards et al., 2018). These racial disparities may further contribute to experiences of race-based trauma, the emotional, psychological, and physical reactions to interpersonal, vicarious, and institutional experiences of racialized threats and discrimination (Comas-Días et al., 2019; Evans et al., 2016, 2018, 2021), among Black Americans. Research on direct exposure to undue police violence has demonstrated a positive relationship to symptoms of anxiety, posttraumatic stress disorder (PTSD), depression, and mania (Geller et al., 2014; Meade et al., 2017). Following advancements in digital capture technologies, more individuals have begun sharing recordings of undue police violence on social media, leading to greater exposure to racial injustice, greater rates of vicarious trauma, and the perpetuation of racialized media (Hill, 2018). Emerging research has illuminated the relationship between vicarious exposure to undue police violence and overall well-being. Among Black Americans, experiences of vicarious exposure to undue police violence were linked to poorer mental health days, symptoms of depression and PTSD, and cannabis use (Bor et al., 2018; Galovski et al., 2016; Motley et al., 2022; Tynes et al., 2019).

Although exposure to traumatic events may impact overall well-being and mental health, it is additionally important to consider the adaptive function of how individuals respond to traumatic events (French et al., 2020; Sweeny & Taggart, 2018). For example, consuming and sharing graphic media may play an adaptive role in coping with and healing from race-based traumatic stress among Black Americans. According to Mosley et al. (2021), promoting the critical consciousness of anti-Black racism can lead to coping, healing, and resistance. Based on the complex and nuanced ways in which Black Americans may be exposed to undue police violence, this study examines the extent to which multiple forms of media exposure may impact the mental health and well-being of Black Americans.

Anticipatory Traumatic Reaction and Undue Police Violence

Indirect exposure to traumatic stressors can result in vicarious traumatization, a form of mental health impairment that positions individuals at an increased risk for developing PTSD symptoms, particularly from media that contains graphic imagery (Holman et al., 2020; Makadia et al., 2017). Although instances of vicarious trauma can occur following a broad range of experiences, it is often centered on the experiences of professionals who are exposed

to trauma-saturated narratives as a function of their employment (Hopwood et al., 2019b). With calls to decolonize practices and ways of thinking (Singh et al., 2020), and the growing likelihood of exposure to anti-Black racism through social media (Tynes et al., 2019), it would behoove mental health professionals to critically consider how vicarious trauma may uniquely impact the general population of Black Americans.

Hopwood et al. (2019a) describe anticipatory traumatic reaction (ATR) as the "future-focused distress related to safety concerns stemming from exposure to threat-related media or social discussion" (p. 1428). Specifically, ATR may entail negative feelings and thoughts related to exposure to traumatic events, taking preparatory action to protect oneself (e.g., mental rehearsal or seeking out information), and disruptions to daily functioning (e.g., concentration and sleep difficulties; Hopwood et al., 2019a). Although ATR is a recently developed construct, studies have demonstrated associations between ATR and increased negative emotions, depression, anxiety, stress, burnout, secondary traumatic stress, and PTSD symptoms (Hopwood et al., 2019a, 2019b). ATR has also been positively associated with obtaining news and engagement on social media; however, evidence has not supported a relationship between the duration of exposure to threatening material and ATR (Hopwood et al., 2019a). Since ATR is new in its conceptualization and operationalization, the degree to which Black Americans' experiences align with ATR is worth further consideration.

Qualitative studies indicate that Black Americans may experience ATR following exposure to undue police violence. Using Grounded Theory, Smith Lee and Robinson (2019) reported that Black men developed a perceived vulnerability to undue police violence after experiencing and witnessing acts of violence toward their community. Similarly, Staggers-Hakim (2016) identified altered social and cognitive functioning in adolescents, such as adjusting behavior to ensure their safety, following awareness of undue police violence. Joe et al. (2019) also highlighted the psychological and physical distress and adoption of hypervigilant parenting behavior among Black mothers in response to the sociopolitical context surrounding undue police violence. Given the salience of race in vicarious exposure to undue police violence, the role of racial identity and vicarious traumatization must also be examined.

Racial Identity and Posttraumatic Responses

While several models of racial identity exist, the following section provides a brief overview of racial identity attitudes (Worrell et al., 2019), Helm's (1995) racial identity model for people of color, and the expanded Nigrescence model (Worrell et al., 2001). Racial identity attitudes are a set of attitudes

Table 1. Racial Identity Attitude Definitions.

Racial Identity Attitude	Definition
Assimilation	An affinity toward a pro-American identity over one's racial identity
Miseducation	An endorsement of stereotypes about one's own group
Self-hated	The disliking of one's own racial identity group
Anti-dominant	The disliking of the dominant racial group
Multiculturalist inclusive	A self-acceptance, value, and connectedness to one's own racial identity group while also valuing other cultures and groups
Ethnic-racial salience	The degree to which race is central to one's daily life

Note. Definitions of racial identity attitudes are derived from the Cross Ethnic-Racial Identity Scale—Adult (Worrell et al., 2019).

regarding how an individual views their race, other individuals within their race, and the ethnic and racial identities of those outside of their race (Worrell, 2012; Worrell et al., 2019). These racial identity attitudes include assimilation, miseducation, self-hatred, anti-dominant, ethnocentricity, multiculturalist inclusive, and ethnic-racial salience attitudes (Worrell et al., 2019). *Assimilation* is defined as an affinity toward a pro-American identity over one's racial identity. Relatedly, *miseducation* refers to an endorsement of stereotypes about one's own group. Next, while *self-hatred* entails attitudes that reflect a disliking of one's own racial identity group, *anti-dominant* attitudes are those characterized by a disliking of the dominant racial group. *Ethnocentric* attitudes refer to holding values associated with one's racial group as important. *Multiculturalist inclusive* attitudes are those that reflect self-acceptance, value, and connectedness to one's own racial identity group while also valuing other cultures and groups. Last, *ethnic-racial salience* is the degree to which race is central to one's daily life (Worrell et al., 2019). Descriptions of each racial identity attitude are presented in Table 1 for ease of access throughout this article. Worrell (2012) suggests that these racial identity attitudes concurrently exist in varying degrees rather than as isolated attitudes. Thus, individuals may predominately endorse one set of attitudes while possessing some degree of less dominant attitudes.

Research on mental health outcomes and racial identity suggests that differences may exist across attitudes. For example, one study that used a hierarchical cluster analysis with Helm's (1995) conceptualization of racial identity for people of color has reported differences between those who endorsed attitudes of internalized racial identity and those who endorsed

greater attitudes of externalized racial identity (Carter et al., 2017; Forsyth & Carter, 2012). An externally defined racial identity is one that relies on a dominant group for definition and is similar to attitudes of assimilation, miseducation, and self-hatred (Carter et al., 2017). Alternatively, Carter et al. (2017) describe an internalized racial identity as having an own-racial-group identification that may be synonymous with ethnocentric and multiculturalist inclusive attitudes. Carter et al. (2017) and Forsyth and Carter (2012) additionally reported lower levels of psychological distress among participants who endorsed an internalized racial identity profile, which was attributed to differences in coping strategies used across racial identity profiles.

Studies using the expanded Nigrescence model (Worrell et al., 2001) of racial identity have produced similar results. For example, attitudes of self-hate mediated the relationship between exposure to racist events and anxious arousal, highlighting the increased risk of anxiety and stress associated with an endorsement of this racial identity attitude (Graham et al., 2016). In addition, attitudes of racial self-hatred predicted lower levels of self-esteem and higher rates of depression while multiculturalist inclusive attitudes were associated with lower rates of depression (Jones et al., 2007). These important differences in mental health outcomes may indicate a protective function associated with multiculturalist inclusive racial identity attitudes that stem from an increased knowledge and awareness of systemic racism (Carter et al., 2017; Forsyth & Carter, 2012).

Purpose of the Study

This exploratory study examined how different forms of vicarious exposure and racial identity attitudes impacted Black Americans' experiences of vicarious traumatization from undue police violence. Specifically, this study compared Black American's ATRs following exposure to a video, a news report, and an imagined scenario of police violence toward a Black man. Based on the extant body of research that identified how the type of exposure, degree of engagement, and racial identity are associated with mental health outcomes (Carter et al., 2017; Forsyth & Carter, 2012; Graham et al., 2016; Holman et al., 2020; Hopwood et al., 2019a; Jones, 2007), the following research questions were identified:

(1) Will differences exist in ATR scores based on type of exposure to undue police violence (i.e., imagined, written, and audiovisual)?
(2) What is the relationship between ATR scores and racial identity attitudes?

Based on prior research, we hypothesize that differences will exist across exposure groups and that a relationship between clusters of racial identity attitudes and ATR will exist.

Methods

Participants

A convenience sample was used to recruit Black-identifying individuals over the age of 18 who lived in the United States. Specifically, prospective participants from various social media networks associated with Black identity or undue police violence were invited to participate in this study by posting a recruitment letter in selected groups on Facebook.com. Groups were identified via Facebook through search terms such as "Black," "African American," and other terms associated with Black identity (e.g., "Black conservative," "Black liberal," "BLM,"). Examples of groups used for recruiting participants included those associated with the BLM movement (e.g., "BLM Philly"), groups associated with Black liberal and conservative political orientation (e.g., "Black Conservatives"), and groups unaffiliated with undue police violence (e.g., "Black Mental Health Professional Network"). All prospective participants who consented to participate, identified as Black or African American, and were at least 18 years old were selected to participate in the study.

Based on an a priori power analysis using G*Power (Version 3.1.9.2), the minimum sample needed to conduct a one-way ANOVA with three groups was 66 participants ($\eta_p^2 = .4$, $\alpha = .05$, $1 - \beta = .8$). A total of 220 participants participated in the study. Participant data were screened to filter out responses that did not meet the criteria for the study, displayed patterned responses, or were incomplete. A total of 79 responses were excluded from the data analysis: 23 responses were excluded due to identifying as non-Black, 56 responses were excluded due to incompleteness of the study survey, and 3 were excluded due to patterned responses. As a result, a total of 138 participant responses were analyzed for this study. Participant ages ranged from 18 to 73 ($M = 33.54$; $SD = 10.87$). In all, 91 (65.94%) participants were cisgender women and 47 (34.06%) were cisgender men. Regarding educational achievement, two participants (1.45%) identified not completing a high school degree or an equivalent, 7 (5.07%) held a high school diploma or an equivalent, 43 (31.16%) had some college experience with no degree, 32 (23.19%) held a bachelor's degree, 39 (28.26%) held a master's degree, and 15 (10.87%) held a doctorate degree. Regarding household income, 11 (8%) earned less than $20,000; 15

(10.9%) earned between $20,001 and $34,999; 27 (19.6%) between $35,000 and $49,999; 38 (27.5%) between $50,000 and $74,999; 25 (18.1%) between 75,000 and 99,999; and 22 (15.9%) earned over $100,000.

Instruments

The Anticipatory Traumatic Reaction Scale. The 20-item anticipatory traumatic reaction scale (ATRS; Hopwood et al., 2019a) was used to measure future-focused stress following media exposure. The ATRS consists of three subscales, *Feelings, Preparation*, and *Disruption*. The feelings subscale measures feelings and beliefs related to future threats (e.g., "I feel anxious that something similar to this event might occur in my life"). The preparation subscale measures preparatory thoughts and actions to protect oneself and others (e.g., "I think of plans to help keep my family and myself safe if something like this happens to us"). Lastly, the disruption subscale measures the degree to which one experiences disruptions to their daily life activities due to exposure (e.g., "Thinking about the possibility of an event like this occurring in my life makes it hard to concentrate on daily tasks"). Each item on the ATRS was measured on a 5-point Likert scale (ranging from 1 = *strongly disagree* to 5 = *strongly agree*). Hopwood et al. (2019a) established evidence of convergent and divergent validity between ATR and PTSD symptomatology, suggesting the construct is related to, but distinct from, PTSD. In the construction of the ATRS, Cronbach's α was .91, .85, and .76 for the feelings, preparation, and disruption subscales, respectively. In our study, the feelings, preparation, and disruption subscales demonstrated good internal consistency within our sample with Cronbach's α of .91, .80, and .86, respectively.

Cross Ethnic-Racial Identity Scale—Adult. Racial identity attitudes were measured using the 30-item Cross Ethnic-Racial Identity Scale—Adult (CERIS-A; Worrell et al., 2019). The CERIS-A was derived from the Cross Racial Identity Scale to measure racial identity attitudes associated with the expanded Nigrescence model (Worrell et al., 2001). The CERIS-A measures the following attitudes: *assimilation* (e.g., "I think of myself primarily as an American, and seldom as a member of an ethnic or racial group"), *miseducation* (e.g., "I think many of the stereotypes about my racial/ethnic group are true"), *self-hatred* (e.g., "I sometimes have negative feelings about being a member of my group"), *anti-dominant* (e.g., "I have a strong feeling of hatred and disdain for the majority culture"), *ethnocentricity* (e.g., "We will never be whole until we embrace our ethnic/racial heritage"), *multiculturalist inclusive* ("I believe it is important to

have a multicultural perspective which is inclusive of everyone"), and *ethnic-racial salience* (e.g., "When I read the newspaper or a magazine, I always look for articles and stories that deal with race and ethnic issues"). Higher scores for each scale suggest greater endorsement of the racial identity attitudes. The Cronbach's α for each CERIS-A subscale ranged from .77 to .89. In the present study, the internal consistency was as follows: .89 for assimilation, .82 for miseducation, .90 for self-hatred, .84 for anti-dominant, .61 for ethnocentricity, .79 for multiculturalist inclusive, and .73 for ethnic-racial salience. Due to low internal consistency, the ethnocentricity subscale was dropped from the analyses.

Procedure

The National Institute of Justice's (2009) use of force continuum informed the media selection for the study. Specifically, an occurrence involving Derrick Thompson, a 28-year-old Black man who experienced verbal aggression and physical force by Officer Charles Hewitt during a traffic stop (Jouvenal, 2020), was used for the study. The study was conducted through the Qualtrics survey platform. Following consent to participate in the IRB-approved study, participants completed a demographics questionnaire and were then randomly assigned to one of three media exposure conditions: Watching a 2-minute video of Mr. Thompson's interaction with Officer Hewitt, reading a news report describing the same interaction, or being instructed to imagine undue police violence toward an unarmed Black man. Immediately after exposure, participants completed the ATRS and the CERIS-A. Following participation, participants were given the option to opt into a drawing for an Amazon gift card.

Results

Preliminary Analyses

A series of one-way ANOVA analyses were conducted to determine whether differences existed in ATRS total scores across gender, educational level, income, and direct exposure to police violence in the past 12 months. Differences existed based on gender, $F(1, 136) = 17.75, p < .001$, $\eta_p^2 = .12$. Specifically, cisgender women ($M = 82.23$; $SD = 10.73$) reported higher total ATRS scores compared to cisgender men ($M = 71.98$; $SD = 17.81$). Differences were also detected in educational level, $F(5, 132) = 3.17, p < .01$, $\eta_p^2 = .11$.

Media Exposure Comparison

Participants were randomly assigned into one of three conditions: imagined exposure ($n=44$), news report ($n=47$), and video exposure ($n=47$). No significant differences were found across types of exposure in ATRS total scores, $F(2, 135)=.58$, $p > .05$, $\eta_p^2 = .01$, for the imagined ($M=77.34$; $SD=14.11$), news report ($M=80.51$; $SD=13.31$), and video ($M=78.28$; $SD=15.64$) exposure groups. No significant differences were found based on types of media exposure for the feelings, $F(2, 135)=.58$, $p > .05$, $\eta_p^2 = .01$; preparation, $F(2, 135)=1.04$, $p > .05$, $\eta_p^2 = .02$; and disruption subscales, $F(2, 135)=.07$, $p > .05$, $\eta_p^2 = .00$. These results indicated that participants reported similar levels of anticipatory trauma reactions regardless of media exposure group. Based on these results, media exposure groups were dropped from subsequent analyses.

Racial Identity Clusters and Differences in ATR

A cluster analysis, the statistical method used to create homogenous participant groupings based on similarities in responses to variables of interest (Aldenderfer & Blashfield, 1984; Verma, 2013), was conducted to develop racial identity clusters within the sample. Consistent with Worrell's (2012) framework, this approach was used to identify coexisting racial identity attitudes rather than measuring each racial identity attitude as independent and distinct. Following Verma's (2013) steps for conducting cluster analyses, a two-step process that entailed a hierarchical cluster analysis followed by a *K*-means cluster analysis. First, an agglomerative hierarchical cluster analysis was employed using Ward's clustering method and squared Euclidean distance using standardized CERIS-A subscale scores to identify a potential cluster solution. Proximity coefficients were inspected within the agglomeration schedule and the dendrogram analysis to reveal three distinct clusters. In the second step, a *K*-means cluster analysis was conducted to establish more stable clusters using the three-cluster solution identified from the hierarchical analysis (Verma, 2013). A summary of cluster means across ATRS and CERIS-A scores is presneted in Table 2 and standardized means of CERIS-A scores are displayed in Figure 1.

Cluster 1: High Assimilation, Miseducation, Self-Hatred, and Anti-Dominant. Cluster 1 consisted of a total of 32 participants: 15 individuals (46.88%) were cisgender women and 17 participants (53.13%) were cisgender men. Educational levels within this cluster included participants who had earned less than a high school diploma ($n=2$; 6.25%), those who had earned a high school diploma ($n=3$; 9.38%), individuals who completed some college

Table 2. Cluster Mean Differences in Racial Identity Attitudes and Anticipatory Traumatic Reaction.

	Sample		Cluster 1		Cluster 2		Cluster 3	
Variable	M	SD	M	SD	M	SD	M	SD
Assimilation	11.01	6.97	19.66	3.01	11.81	6.88	6.08	2.57
Miseducation	12.70	5.78	20.38	3.68	11.53	4.70	9.59	3.30
Self-hated	10.91	6.74	19.81	3.11	8.09	4.99	8.30	5.04
Anti-dominant	12.45	6.28	18.72	4.69	7.05	3.17	12.95	5.33
Multiculturalist inclusive	23.83	4.14	22.59	4.05	23.14	4.19	25.16	3.08
Ethnic-racial salience	19.88	5.03	21.13	2.71	15.00	3.73	23.00	2.82
ATRS total	78.74	14.35	75.88	12.75	71.74	17.99	84.97	8.78
ATRS feelings	41.37	7.91	37.38	6.92	38.49	10.16	45.37	3.76
ATRS preparation	27.64	5.18	27.03	4.68	25.30	6.10	29.54	3.95
ATRS disruption	9.73	3.25	11.47	2.44	7.95	3.44	10.06	2.91

Note. $N = 138$, Cluster 1 = high assimilation, miseducation, self-hated, anti-dominant ($n = 32$), Cluster 2 = low anti-dominant, ethnic-racial salience ($n = 43$), Cluster 3 = low assimilation, miseducation, high ethnic-racial salience ($n = 63$), ATRS = anticipatory traumatic reaction scale.
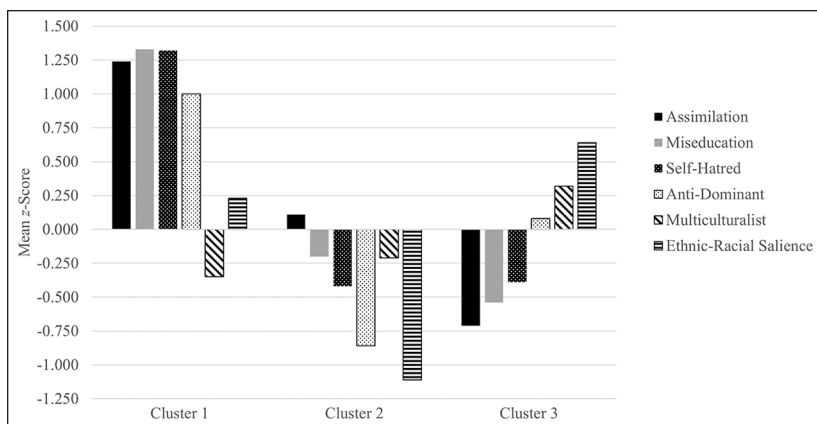
Figure 1. Cluster standardized means of racial identity attitudes.
Note. Standardized racial identity attitudes scores by cluster group. Cluster 1 = high assimilation, miseducation, self-hated, anti-dominant ($n = 32$). Cluster 2 = low anti-dominant, ethnic-racial salience ($n = 43$). Cluster 3 = low assimilation, miseducation, high ethnic-racial salience ($n = 63$).

without a degree (n=21; 65.63%), participants with a bachelor's degree (n=4; 12.50%), and those who had earned a master's degree (n=2; 6.25%). Cluster 1 was primarily characterized by higher scores of assimilation, miseducation, self-hatred, and anti-dominant attitudes, each of which was at least one standard deviation above the sample mean. Multiculturalist inclusive and ethnic-racial salience scores were both similar to the sample mean; multiculturalist inclusive was slightly below the sample mean while ethnic-racial salience was slightly above the sample mean.

Cluster 2: Low Anti-Dominant and Ethnic-Racial Salience. Cluster 2 consisted of 43 participants: 24 individuals (55.81%) were cisgender women and 19 participants (44.19%) were cisgender men. Educational levels within this cluster included participants who earned a high school diploma (n=3; 6.98%), individuals who completed some college without a degree (n=11; 25.58%), those who had a bachelor's degree (n=10; 23.26%), participants with a master's degree (n=12; 27.91%), and individuals with a doctorate degree (n=7; 16.28%). Cluster 2 was primarily characterized by lower ethnic-racial salience and anti-dominant scores, which were 1 and 0.5 standard deviations below the sample mean, respectively. Scores for miseducation, self-hatred, and multiculturalist inclusive attitudes were less than 0.5 standard deviations below the mean, whereas assimilation scores were slightly above the sample mean.

Cluster 3: Low Assimilation, Miseducation, High Ethnic-Racial Salience. Cluster 3 consisted of 63 participants: 52 individuals (82.54%) were cisgender women and 11 participants (17.46%) were cisgender men. Educational levels within this cluster included participants who had a high school diploma (n=1; 1.59%), those who had completed some college without a degree (n=11; 17.46%), participants who had a bachelor's degree (n=18; 28.57%), those with a master's degree (n=25; 39.68%), and individuals who had earned a doctorate degree (n=8; 12.70%). Cluster 3 was primarily characterized by lower assimilation, lower miseducation, and higher ethnic-racial salience scores, which were 0.5 standard deviations above and below the sample mean, respectively. Scores for self-hatred were slightly below the sample mean, anti-dominant scores were at the sample mean, and multiculturalist inclusive scores were slightly above the sample mean.

Means Differences in ATR. A series of one-way ANOVAs were conducted to examine whether significant differences existed between clusters on ATRS total and subscale scores. Omnibus tests revealed differences between groups in ATRS total scores, $F(2, 135)=13.88$, $p<.001$, $\eta_p^2=.17$, and on the feelings, $F(2, 135)=18.89$, $p<.001$, $\eta_p^2=.22$; preparation, $F(2, 135)=9.98$, $p<.001$, $\eta_p^2=.132$; and disruption subscales, $F(2, 135)=13.41$, $p<.001$, $\eta_p^2=.17$.

A follow-up post hoc test using Bonferroni adjustment was used to examine differences between each cluster across ATRS total scores and subscale scores. Regarding ATRS total scores, Cluster 3 (i.e., low assimilation, miseducation, high ethnic-racial salience) had higher scores than Cluster 1 (i.e., high assimilation, miseducation, self-hated, anti-dominant; $p = .005$) and Cluster 2 (i.e., low anti-dominant, ethnic-racial salience clusters; $p < .001$). When comparing ATRS subscales, Cluster 3 reported higher scores on the feelings subscale compared to Cluster 1 ($p < .001$) and Cluster 2 ($p < .001$). Similarly, Cluster 3 scored higher on preparation compared to Cluster 2 ($p < .001$). Lastly, Cluster 2 reported lower scores compared to Cluster 1 ($p < .001$) and Cluster 3 on disruption ($p = .001$).

Discussion

Previous literature has established that exposure to graphic media may be linked to heightened posttraumatic reactions (Holman et al., 2020; Hopwood et al., 2019a; Tynes et al., 2019). In addition, recent research on media exposure depicting racist events has deleterious impacts on the well-being of racially minoritized individuals (Bor et al., 2018; Tynes et al., 2019). The results of our study contribute to existing literature in an interesting way as no significant differences in ATR were demonstrated when comparing imagined exposure, reading a news report, and watching a video of undue police violence toward a Black man. These findings may indicate that when media portrays non-lethal forms of officer force, the medium in which such content is consumed may result in similar degrees of future-focused worry and distress from isolated incidents of exposure. In other words, exposure to non-lethal forms of police violence appears to be linked to similar levels of future distress among Black Americans, regardless of form. Similarly, individuals have the capacity to consume multiple forms of media portraying undue police violence, resulting in concurrent vicarious exposure. Thus, consideration must be given to the potential for distress to accumulate following exposure to such media since literature suggests that frequently accessing graphic content may impact distress (Hopwood et al., 2019a; Tynes et al., 2019).

Prior literature on race-based traumatic stress and racial identity has also reported that attitudes of self-hatred are linked to poor mental health outcomes while attitudes of internally defined racial identity may play a protective role in coping with race-based traumatic stress (Carter et al., 2017; Forsyth & Carter, 2012; Graham et al., 2016; Jones et al., 2007). While findings from the cluster analysis revealed differences in experiences of ATR, results from the current study contradict findings from prior studies. Contrary to prior studies that demonstrated a heightened risk of distress in association with self-hatred and related attitudes (Carter et al., 2017; Forsyth & Carter,

2012; Graham et al., 2016; Jones et al., 2007), our study found evidence that racial identity characterized by attitudes of assimilation, miseducation, and self-hatred may experience less distress compared to those who endorse these attitudes to a lesser degree. In addition, our study adds further nuance to the role of anti-dominant and ethnic-racial salience racial identity attitudes in response to race-related stressors. Our findings suggest that lower anti-dominant attitudes and ethnic-racial salience may inhibit the degree to which individuals are impacted by distressing feelings and experience preparatory responses in a similar manner as seen with attitudes of assimilation, miseducation, and self-hatred; however, lower anti-dominant, lower ethnic-racial salience, or a combination of the two attitudes may allow for less disruptions to daily life than what was observed with other racial identity attitudes.

While these findings regarding the high assimilation, miseducation, self-hatred, anti-dominant, and the low assimilation, miseducation, high ethnic-racial salience clusters may appear to contradict prior findings on the role of racial identity in responses to racism, consideration must be given to the nuance of constructs investigated in this study. For example, Carter et al. (2017), Graham et al. (2016), and Jones et al. (2007) all studied symptoms of depression and PTSD as potential longer-term outcomes after experiencing racism, which differs in some ways from ATR. First, ATR is a measure of future-focused distress following exposure as opposed to distress resulting from events that have already been endured (Hopwood et al., 2019a). Moreover, this study measured ATR as an immediate response to media exposure as opposed to a longer-term manifestation of psychological distress from racism. Thus, findings from this study may shed light on the complex yet nuanced role of racial identity attitudes in the more immediate responses that are activated by media that portrays undue police violence.

Coping skills associated with racial identity may impact how individuals navigate their experience of processing, coping, and resisting distress experienced from exposure to racism (Forsyth & Carter, 2012; Mosely et al., 2021). Prior research suggested that racial identity attitudes, similar to multiculturalist inclusive attitudes, may provide a degree of protection from the impact of race-based traumatic stress (Carter et al., 2017; Forsyth & Carter, 2012). Central to this assertion is that those who endorse racial identities characterized by multiculturalist inclusive attitudes may possess a critical understanding of race and systemic racism that shapes their race-related coping skills and mitigates the severity of race-related distress while navigating experiences of racism (Forsyth & Carter, 2012). Likewise, those who endorse higher attitudes of assimilation, miseducation, and self-hatred may not experience this protection from the impact of racism. In our sample, multiculturalist inclusive attitudes were similar to the sample mean across all three clusters,

suggesting that these attitudes were not the largest determinants of ATR differences. Meanwhile, attitudes of assimilation, miseducation, and self-hatred appeared to drive cluster membership among the high assimilation, miseducation, self-hatred, anti-dominant and low assimilation, miseducation, and high ethnic-racial salience clusters. To further explain the dissonant results between these two clusters and prior research, our findings may indicate those with greater attitudes of assimilation, miseducation, and self-hatred possess less awareness of systemic racism and may therefore be less likely to experience the initial distress from exposure to media that depicts undue police violence. Moreover, those who endorse these attitudes to a lesser degree may have a greater awareness of systemic racism, ultimately positioning them to experience greater anticipatory distress of being impacted by undue police violence. Based on similarities in mean differences when comparing the high assimilation, miseducation, self-hatred, anti-dominant and the low assimilation, miseducation, high ethnic-racial salience clusters, the low anti-dominance, ethnic-racial salience cluster may function similarly to high assimilation, miseducation, self-hatred, anti-dominant and the low assimilation, miseducation racial identity with regard to experiencing less initial distress from exposure to media depicting undue police violence. While further research is needed, results from this study spark curiosity regarding the degree to which endorsing attitudes of anti-dominance and ethnic-racial salience to a lesser extent may be associated with less initial distress and greater long-term distress as observed with attitudes of assimilation, miseducation, and self-hatred when comparing this study with findings from Carter et al. (2017), Graham et al. (2016), and Jones et al. (2007).

Clinical Implications

Our study supplements previous literature by highlighting the psychological burden that vicarious exposure to systemic anti-Black racism in law enforcement practices may place on Black Americans (Bor et al., 2018; Tynes et al., 2019). Counselors can develop resources toward promoting self- and collective care practices around social media activism and media consumption to support Black Americans who may experience distress from vicarious exposure to undue police violence. Specifically, psychoeducation can be used to highlight the importance of balancing awareness of anti-Black racism with sustaining hope for change and liberation (French et al., 2020). In addition, counselors may support Black American clients in establishing boundaries around social media use and the responsible consumption of media coverage that portrays anti-Black racism during times of social unrest. Since vicarious traumatization is related to psychological distress (Hopwood et al., 2019a,

2019b), mental health professionals can support Black clients by broaching race and race-based traumatic stress when exposure to undue police violence occurs. Mental health professionals may find it particularly beneficial to support clients to engage in practices that empower them to resist, rest, and heal from race-based traumatic stress as opposed to solely developing coping skills (French et al., 2019; Mosely et al., 2021). Mosley et al. (2021) offer various activities, such as storytelling, creative arts, coalition building, mentorship, and teaching, that clinicians can utilize in support of Black clients.

Mental health professionals can additionally support Black clients by enhancing specific coping abilities across the spectrum of racial identity attitudes. Although participants who endorsed higher attitudes of assimilation, miseducation, and self-hatred experienced lower ATR scores in the current study, prior studies have reported that high levels of these racial identity attitudes demonstrated a greater risk for psychological distress following exposure to racism (Carter et al., 2017; Graham et al., 2016; Jones et al., 2007). In addition, educators can integrate conversations about the mental health impacts of undue police violence on client mental health into classroom instruction to better prepare student clinicians in identifying the symptoms of race-based traumatic stress that may occur in association with undue police violence (Green & Evans, 2021; Hemmings & Evans, 2018). Lastly, counselors must remember that achieving cultural competence is a lifelong goal. Counselors can continue bolstering their knowledge to support Black clients by pursuing continuing education, seeking supervision, and adopting abolitionist and advocacy practices that address the perpetuation and maintenance of systemic racism.

Future Research

Future research may build upon these findings by investigating how coping with race-based traumatic stress changes over time and across the lifespan. While the present study investigated experiences of ATR across racial identity attitudes, the extent to which specific coping strategies were used to mitigate mental health distress was not examined. Further investigation into the relationship between coping strategies, ATR, and long-term mental health distress is therefore warranted. Future areas of investigation may additionally explore the discrepancies between our findings and those observed by Carter et al. (2017) and Graham et al. (2016). Our study, and many of the studies that our research supplements (Carter et al., 2017; Graham et al., 2016; Jones et al., 2007; Tynes et al., 2019), has focused on distress outcomes following experiences and exposure to racism. Given that coping, healing, and resistance to the impact of racism are more ideal outcomes in clinical practice, it is essential that future research continues to investigate these experiences.

Similar to Forsyth and Carter (2012), future quantitative research may integrate measures for coping and healing alongside measures of distress. Lastly, future research might incorporate qualitative methodologies to better understand the lived experiences and role that racial identity attitudes play in how Black Americans experience media depicting undue police violence and cope with distress affiliated with it.

Limitations

The study occurred within the sociopolitical context of heightened media exposure to police violence following the murders of George Floyd and Breonna Taylor. Given that the current study did not control for media exposure outside of the study, it is possible that differences in ATR between groups were confounded by outside media exposure. Similarly, the length of exposure to stimuli was neither held constant nor measured in this study. Another limitation of the study regarding the exposure groups is that all measurements occurred after exposure. With no measurement of ATR and racial identity attitudes prior to exposure, no baseline is established as a point of comparison for any changes caused by vicarious exposure to police violence. While racial identity attitudes are expected to be stable and enduring as a construct, ATR may be susceptible to being impacted by these methodological limitations associated with the exposure groups. Thus, despite our findings that no significant differences existed in ATR scores across the three exposure groups, ATR scores may have been impacted by a lack of consistency for participant engagement within each exposure group and the vicarious exposure to police violence itself that cannot be quantified due to the lack of pre-exposure measurement in the study. In addition, the use of convenience sampling, which predominantly occurs through Facebook groups, limits the generalizability of the study to the broader Black American population. Notably, educational attainment within our sample does not reflect the general population of Black Americans in the United States. Similarly, convenience sampling did not allow for us to account for motivation to participate in the study or preexisting attitudes. Lastly, our small sample size limits the range of racial identity profiles of Black Americans that we were able to identify. Given that more graphic media may result in increased psychological distress (Holman et al., 2020), it is important to note that this study only investigated isolated exposure to nonlethal physical force. In reality, media exposure to undue police violence likely does not occur as an isolated incident and viewers may not always predict or control the level of graphic violence portrayed. Thus, our findings may not be generalizable across all scenarios and caution must be used when applying findings from the study to racial identity profiles that were not represented. Despite the limitations discussed above, this study offers insight into the

immediate reactions to media that depict undue police violence among Black Americans based on racial identity attitudes. Lastly, when juxtaposed with existing research, this study identifies a need to further investigate the longer-term outcomes of exposure to this media.

Declaration of Conflicting Interests

Funding

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