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Daniel Segundo
An Exploration of the Relationship
Between Vicarious Racism, Police
Videos, and their Impact on the
Facebook Consumer

Abstract

This quantitative exploratory study used conflictual police videos on Facebook as a marker for vicarious racial trauma on social media to investigate its correlation with trauma symptoms. The literature has yet to examine the impact of vicarious trauma experienced on social media. This study collected data from participants who completed an anonymous online questionnaire reflecting on previous experiences watching conflictual police videos. The findings suggest: a positive correlation between vicarious racial trauma experienced on Facebook with trauma symptoms; that police shooting videos had a stronger correlation to trauma symptoms compared to police arrest videos; and a moderate relationship between negative past police interactions and trauma symptoms. Although the findings did not reach statistical significance, it suggests an association between vicarious racial trauma experienced on social media and trauma symptoms, which would warrant future research. The limitations to this investigation are discussed, and suggestions for future research are outlined.

**AN EXPLORATION OF THE RELATIONSHIP BETWEEN VICARIOUS RACISM,
POLICE VIDEOS, AND THEIR IMPACT ON THE FACEBOOK CONSUMER**

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2017

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Finally, I would like to pass acknowledgement to those who began the movement for racial justice; for those who continue the movement for racial justice; and for those whose final moments of life have been shared and disputed on social media – your stories matter.

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CHAPTER I

Introduction

In the invasive 24-hour media environment we currently live in, images, videos, and articles detailing the final moments of Black Americans dying and being brutalized surround us. These are the moments of Trayvon Martin, Eric Harris, Tamir Rice, Walter Scott, Freddie Gray, Eric Garner, Renisha McBride, and many others who have been shared throughout social media. Recent current events of police brutalization and killings have sparked national debate and racial discontent in the United States. These current events illustrate the significance of acknowledging the impact of racism and trauma occurring in our society in the hopes that mental health providers can assist in developing adequate therapeutic support for individuals and communities of color.

At the core of these current events is the Black Lives Matter movement founded in 2012 (Garza, Tometi & Cullors, n.d.). This movement began as a social media hashtag, a hash sign followed by a phrase used to identify and assort various messages together to a particular topic. The hashtag, #BlackLivesMatter or #BLM, came as a result of the acquittal of George Zimmerman in the killing of unarmed Trayvon Martin (Altman, 2015). Since then, numerous police-involved shootings and arrests of predominantly unarmed Black men have been recorded

on video and distributed on social media and media outlets. The Black Lives Matter movement became more than just a hashtag; it became an “ideological and political intervention in a world where Black lives are systematically and intentionally targeted for demise” (Garza et al., n.d.).

Throughout the history of the United States, there has been a legacy of racism to subjugate people from diverse cultural groups, including the genocide of Native Americans during Colonial American history, internment of Japanese Americans during World War II, and slavery of African Americans beginning in the Jamestown colony in 1619 until the ratification of the Thirteenth Amendment on December 18, 1865 (Comas-Diaz, 2016; Feagin, 2006). Racism has been and still is evident in our educational systems, employment practices, healthcare services, housing policies, and our criminal justice system (Alexander 2012; Sue, 2010). Current events are continuing reminders that racism exists not just at an institutional level, but on an individual and cultural level as well (Sue, 2010). Understanding the impact of racism on these three levels can provide clarity to understanding racial trauma and what role it plays for people and communities of color.

Racism is commonly discussed on an individual level, such as “racial discrimination,” an avoidant type of racism achieved through problematizing people of color for the purpose of maintaining minimal contact between the dominant and oppressed group of individuals (Carter, 2007), and “racial harassment,” a hostile expression aimed to express physical or verbal assaults at an individual (Carter, 2007). Critics of the Black Lives Matters movement have expressed racial discrimination and harassment for the purpose of demonizing the victims of police-involved videos that have circulated throughout the media. Another expression of racism is the combination of avoidant and hostile racism in which hostile tactics are used to further limit

contact between dominant and oppressed groups within a setting where the oppressed were once prohibited from engaging; this is known as “discriminatory harassment” (Carter, 2007). This form of racism could vary at individual, cultural, and systemic levels of racism. An example of cultural racism would be the media’s portrayal of Black Americans with negative stereotypes and limited representations in the media.

The Black Lives Matter movement, as of 2016, had more than 30 official chapters (Garza et al., n.d.) primarily aimed at fighting systemic racism, an “unjust system for creating and extending the impoverishment of large groups of people, such as African Americans, to the profit of ... principally White Americans,” in the United States (Feagin, 2006, p. 20). Systemic racism in the United States is the result of policy decisions made by European Americans during the early history of North America that has continued to shape the United States throughout its history (Feagin, 2006). The progress of American society continues to be impeded by the unconscious utilization of these policies.

Cultural racism has become more prevalent with the age of social media. Cultural racism is the position of power that one cultural group has and takes to establish control of ideals that marginalize another group of people (Sue, 2010). Culture is defined as the socialization and participation of people within the organization of the group that hold and pass on a meaning of values, norms, behaviors, language, and history from one generation to the next (Carter, 2007). The #AllLivesMatter slogan that appeared as a critique to the Black Lives Matter movement is an example of this cultural racism. The slogan #AllLivesMatter attempts to diminish the importance of Black Americans and take ownership of the phrase “Lives Matter.” In turn the cultural and individual expression of Black Americans and their allies who share in their

ideological ideals of the #BlackLivesMatter movement are demonized by supporters of #AllLivesMatter. This form of cultural racism is no different than Native Americans prohibited from speaking their own language, freedom to worship their own religion, and having their group's history rewritten to benefit White Americans (Sue, 2010).

Political and racial discussions have become increasingly contentious with the development of social media platforms such as Facebook, Twitter, YouTube, and others. Social media platforms have also become increasingly more accessible through various handheld electronic devices. An individual with Facebook has the ability to determine their own social network of friends, personalize their presentation to their social network, and freely communicate through text, videos, pictures, and other forms of communication to other Facebook users. Initially Facebook was targeted to college students when it was founded in 2004 (Al-Deen & Hendricks, 2012). Over time, Facebook, along with other social media platforms, have broadened their audiences and utility.

The 2008 presidential election and presidency of Barack Hussein Obama played a significant indirect role in the increasing use of social media in political discussions. This election and presidency was the first to utilize “digital, online communities” to increase civic engagement in politics (Al-Deen & Hendricks, 2012, p. 179). Social media platforms quickly became essential to expressing and sharing the creation of political ideology, satire, and further commentary. However, African American youth in particular, who before 2008 had the lowest levels of computer usage, now had a positive, relatable political role-model encouraging youth to have an interest in political discourse on social media, unlike before (Al-Deen & Hendricks, 2012). An argument can be made that social media is this generation's subculture for social and

political change just as the Black Panther party and punk rock developed a subculture to enact social change during their respective eras (Al-Deen & Hendricks, 2012).

Just as so many youth, in particular Black youth, shared a collective identity with the president and used social media to express their opinions, many individuals used social media to spread discontent, misinformation, and racist remarks in regards to the president. Movements such as the “Tea Party” and “Birther” controversy used the Internet and social media platforms to spread rumors and misinformation expressing forms of racial discrimination (Al-Deen & Hendricks, 2012, p. 188). The influx of misinformation on social media lends itself to a type of “mob mentality” dictated by the savviness and ability of the crowd to fact-check hateful rhetoric (Al-Deen & Hendricks, 2012, p. 188).

While social media is increasingly used to promulgate the agendas of these various groups, it is unclear how it affects people on an individual basis. As these groups escalate their contentious rhetoric on social media forums available to many, increasing numbers of individuals are exposed to their word, images, and videos. In order to examine the impact these social media postings can have on individuals, this exploratory study examined what traumatic reactions may result from exposure to conflictual police videos through Facebook. The existing literature has thus far not begun to explore this phenomenon. The hope is that this study will pave the way for future research on this subject. This study utilizes a quantitative methods design with an anonymous online questionnaire limited to Facebook users with the intent to measure exposure and reactions to police shootings, arrests, verbal, and physical confrontations with people of color. The following chapters will provide a review of literature related to the topic, a

description of the methodology, a presentation of the findings, and a discussion of the findings, limitations, and implications for future research.

CHAPTER II

Literature Review

While no prior research has directly addressed the impact of racist social media content, several existing bodies of literature may inform our understanding of its phenomenon. These bodies of literature are organized here into four sections. The first section examines the known association between direct experiences of racism with trauma symptoms. The second section examines the media portrayal of racism and impact that it can inflict on individuals. The third section explores the impact of vicarious traumatization or secondary traumatic stress: symptoms of “emotional disruption” experienced by those who have continued contact with survivors of direct traumatization. (Bride, Robinson, Yegidis, & Figley, 2004, p.27). The fourth section reviews psychological symptoms and distress associated with social media usage. These four categories of literature will then be used as a foundation for outlining the purpose, significance, and hypotheses of the current study.

Direct Experience of Racism Associated with Trauma Symptoms

Monica Williams, a psychologist, professor, and director of the University of Louisville's Center for Mental Health Disparities stated in a 2015 interview that "race-based stress reactions can be triggered by events that are experienced vicariously, or externally, through a third party – like social media" (Wortham, 2015, para. 4). Williams studies the link between direct experiences of racism and posttraumatic stress disorder (PTSD). While research studies have primarily focused on the social, economic, and political effects of racism, people of color have been found to have higher levels of PTSD, and Black Americans in particular have experienced more severe levels of mental illness when compared to White Americans (Carter, 2007; Himle, Baser, Taylor, Campbell, & Jackson, 2009). After experiencing a traumatic and stressful event, about 5 to 10% of the general population tends to develop PTSD, while people of color experience a much higher prevalence rate of PTSD, between 20 and 40% (Carter, 2007). Research studies have only recently begun to recognize that race-related stressors are factors in this increased incidence of PTSD (Himle et al., 2009).

A study published in the *American Journal of Public Health* (Geller, Fagan, Tyler & Link, 2014) examined the experiences and effects of police contact on young men who identified as White, Black, Hispanic, or Other/Unknown. The study determined that young men who reported more police stops and intrusive police contact have also experienced increased trauma and anxiety symptoms, while those who self-reported having fair and fewer interactions with police have shown fewer symptoms of PTSD and anxiety. Black respondents had a higher prevalence of PTSD than other racial groups. This suggests that contact with police can be traumatic. However, the study recognized the presence of limitations and made no causal claims due to various confounding variables that were acknowledged, including the mental health of

respondents. It was suggested that more research was required to make any definitive claims and resolve the causality of these relationships.

Robert Carter (2007) advanced the concept of race-based stress and argued PTSD is crucial to understanding the traumatic impact of racism, in spite of the fact that most experiences of racism did not meet the criteria for trauma set by the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.; *DSM-IV-TR*; American Psychiatric Association [APA], 2000) at the time in which he wrote his article. The *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association [APA], 2013) has since then expanded the definition of trauma, allowing for the inclusion of vicarious events of racism experienced by friends and family (Williams et al., 2014). The *DSM-5* changed to a four-factor model including self-blame, blame of others, a persistent negative emotional state, and reckless behavior as diagnostic criteria for PTSD (Williams et al., 2014; APA, 2013). These changes broaden the ability to acknowledge shame and an “internalized devaluation” as a symptom of racial trauma (Hardy, 2013). Williams et al. (2014) argues these changes are important when considering a PTSD diagnosis for Black Americans because it acknowledges the cultural importance of family and intergenerational trauma.

While these changes are considerable, the *DSM-5* is still limited in acknowledging racial stressors as the cause of trauma (Williams et al., 2014). The *DSM-5* (2013) defines trauma only as an actual or threatened death, serious injury, or sexual violence and is limited from defining an experience as traumatic if it occurs on electronic media outlets unless it occurred in the workplace (APA, 2013), neglecting vicarious experiences of trauma experienced elsewhere on electronic media. This is important to recognize because of the recent phenomenon of racially

based incidents occurring throughout the country being shared on social media platforms. The *DSM-5* (APA, 2013) currently does not acknowledge distressing symptoms related to traumatic social media content with a PTSD diagnosis. More importantly, it would also not identify symptoms in some of those who experienced direct exposure to race-based incidents of an interpersonal nature because a PTSD diagnosis is limited to physically harmful and life-threatening situations.

Even though the *DSM-5* may be unable to provide a lens to properly diagnose symptoms related to experiences of racism, connections have been established between racism and psychological distress (Williams et al., 2014). Thompson (2002) attempted to provide empirical support to differentiate racism to everyday stress for African Americans. The results found that African Americans experienced the most stress related to racism compared to European Americans. The study measured stress related to acts of discrimination through categories related to housing and employment (Thompson, 2002). However, the results also indicated that the acts of discrimination were not significantly different for those individuals of color; thus, it was suggested that experiences of racism are dependent on cultural definitions in relation to the racial groups (Thompson, 2002). The study did acknowledge that the sample was not diverse enough to make any generalizations other than for African Americans.

Klonoff and Landrine (1999) also examined experiences of racism and stress related to these experiences for Blacks. The results indicated 96% of Blacks experienced some form of racism and 95% identified this racism to be stressful (Klonoff & Landrine, 1999). Those who experienced racism were also found to have more psychological symptoms. These symptoms were divided into five symptom subscales as follows: Anxiety, Depression, Interpersonal

Sensitivity, Obsessive-Compulsive, and Somatization. Klonoff and Landrine (1999) then validated their conclusion that experiences of racism are “culturally specific” stressful events to Black Americans through a combined analysis of their 1999 sample with an earlier sample obtained in 1996 (p. 249).

The pervasiveness of racism in the United States is well documented, and researchers, as denoted, have attempted to study the relation of racism to psychological symptoms. Furthermore, only few studies have been able to identify and differentiate stressors associated to racism versus stressors unassociated to race. This makes providing empirical support difficult to demonstrate a relation between experiences of racism and traumatic reactions.

Carter and Helms (2002) and Carter, Forsyth, Mazzula, and Williams (2005) introduced an approach to study particular experiences of racism. Their primary goal was to uncover and identify the emotional and psychological reactions that people of color may experience, in relation to a framework differentiating expressions of racism (Carter, 2007). These expressions were identified as racial discrimination, racial harassment, and discriminatory harassment. The researchers intended this approach to provide mental health professionals guidance for treatment, recognition of expressions of racism, and a better understanding of the experiences of people of color (Carter, 2007). The framework also provides future researchers with a conceptual basis for identifying associations and direction between experiences of racism and symptoms that other research studies have struggled to operationalize.

People of color with race-based stress and trauma present with the same types of symptoms that result from other types of trauma, these include fear, depression, anger, vigilance, body aches, memory difficulties and intrusions, shame, guilt, apathy, and numbing, among

others (Alfaro, 2016; Carter, 2007). A 2005 study by Bryant-Davis and Ocampo identified how racial trauma symptoms parallel other forms of trauma such as rape and domestic violence. Individuals who survive exposure to racism and domestic violence identified feeling powerlessness, fear, self-blame, and shame. Survivors of racism and rape identified feeling shame as well as anger, depression, anxiety, and other cognitive and emotional symptoms that affected their ability to continue healthy relationships.

Experiences of racism, rape, and domestic violence have all shown to create a negative self-image or internalized devaluation to the individual receiving the trauma (Hardy, 2013). In the experiences of racism, internalized devaluation is the result of the idealization of White people at the expense of people of color. According to Hardy (2013), this is only one of three hidden wounds that result from traumatic interpersonal violence or racial oppression. The internalized devaluation of an individual is reinforced by the treatment of society on the individual (Hardy, 2013).

Consider Kenneth and Mamie Clarks' doll test that was cited to support the 1954 Supreme Court ruling in *Brown v. Board of Education* (Bergner, 2009). The Clarks asked children aged three to seven to answer a series of questions by choosing between brown and white dolls (Bergner, 2009). These questions related to their internalized valuation of self. It included asking children to identify the good doll, the bad doll, which doll resembles them and which one the child would prefer to play with (Bergner, 2009). The majority of the children who identified as Black in the study identified with the brown doll looking like them but preferred the white doll to play with (Bergner, 2009). The results "concluded that the children had internalized society's racist messages and thus suffered from wounded self-esteem" (Bergner, 2009, p. 299).

The other two hidden wounds that Hardy (2013) mentions include the “assaulted sense of self” and “internalized voicelessness.” The assaulted sense of self describes the cumulative effect of internalized devaluation from previous experiences (Hardy, 2013). Continued exposure to negative labels and messages related to race that are placed upon young people of color will eventually define their sense of self negatively (Hardy, 2013). Lastly, internalized voicelessness becomes the inability of a person to defend or support oneself from the negative racial messages and labels that the individual endures. Internalized voicelessness plays a two-fold role, being the cause and effect of internalized devaluation and the assaulted sense of self (Hardy, 2013).

The connection between racism and trauma currently lacks much of a framework for assessment and treatment; yet, the presented symptoms are no different than symptoms presented from other incidents of trauma. By recognizing and identifying specific experiences of racism and symptoms, causal claims can help further the cause of providing treatment. This begins by asking clients about their own experiences with racism and how their lives have been impacted. Doing so lends an opportunity to begin the healing process of the three hidden wounds and determining the institutional sources exploiting the practice racism. While Carter and Helms (2002) argue that identifying expressions of racism might not matter so much as constructing a framework with the language for people to communicate their experiences with their therapists, providing a framework to associate specific experiences of racism with specific traumatic reactions is important to help mental health professionals diagnose and provide appropriate care. Even though the *DSM-5* currently lacks the ability to identify symptoms it provides some capacity to begin the work with clients.

Racism Portrayed in the Media

The media is an institution that, much like other institutions in the United States, connects directly or indirectly to other institutions that continue to perpetuate systemic racism in society (Feagin, 2006). In *Systemic Racism: A theory of oppression* (2006), Feagin argues how White Americans live in “racial isolation” from other people of color. In turn, Feagin (2006) states, this creates and supports the further differentiation between groups, further reinforced by negative preconceptions of people of color in the media, referencing television and talk radio. These media, he states, uses images and impressions to imply negative stereotypes of Black Americans. For instance, local news stations tend to emphasize stories with Black victimizers and White victims, while limiting positive coverage of local Black individuals in favor of emphasizing those of White individuals (Feagin, 2006).

This form of discriminatory harassment in the media has implications on how individuals perceive the world (Carter, 2007; Feagin, 2006). Today, there are many more positive images of people of color in the media than ever before were allowed to permeate the dominant group in a setting once limiting inclusion of people of color. These positive images continue to dissolve the negative stereotypes reinforced in the past. However, the media has often and continues to depict Whites in positive and noble imagery, even in films narrating the history of slavery of African Americans (Feagin, 2006). One might argue that this supports the internalized devaluation that a person of color might experience while watching or hearing the media, which leads to the idealization of White people (Hardy, 2013). The Clarks’ doll test experiment further supports this claim. The systemic racism that the media puts forth perpetuates negative imagery and stereotypes as well as limits the positive portrayals of people of color. This, in turn, transmits different interpretations based on the individual and their own understanding of the their world.

As humans gather an immense amount of knowledge from their observations in the media, sociocultural impressions are also created and passed down through interpersonal relationships (Feagin, 2006). As a result, the media continues to pass down negative stereotypes to each passing generation, even though the current media is no longer transmitting as many negative stereotypes (Feagin, 2006). These stereotypes also continue to appear in new forms; for example, the spreading of misinformation on social media clearly indicates how rapidly beliefs with hateful rhetoric, rumors, and stereotypes may spread without fact checking or consciousness to educate the public. The hateful rhetoric may support the ongoing individualized devaluation of people of color due to previous and ongoing racist content in the media.

Vicarious Exposure to Trauma in the Media

The media has not only had a role in intergenerational transmission of sociocultural understandings, it has had psychological distressing impacts on people who have extended exposure to trauma stimuli. Shortly following the Boston Marathon bombings in 2013, an online survey examined how exposure to media versus direct exposure to the Boston Marathon bombings impacted individuals from Boston, New York and throughout the rest of the United States by measuring acute stress responses to community trauma (Holman, Garfin & Silver, 2014). Responses were recorded within a month after the Boston Marathon bombings. The findings discovered that six hours or more of media television coverage related to the Boston Marathon bombings was associated with higher acute stress compared to direct exposure to the bombings (Holman et al., 2014). Acute stress following the Boston Marathon bombing in particular was also associated with direct exposure to previous events of community trauma

(Holman et al., 2014). The community traumas examined were September 11th attacks, Sandy Hook School shootings, and Superstorm Sandy. Holman et al. (2014) interpreted these findings to suggest that exposure to frequent repetitive traumatic events may “reinforce rumination and intrusive thoughts, activate fear circuitry, and perhaps contribute to development of flashbacks” (p. 96).

Other studies have also examined the association of collective trauma in relation to social media in societies outside of the United States. For example, the *Sewol* ferry was carrying 476 people on 16 April, 2014, when it capsized and sank off the coast of South Korea. This incident was broadcast live as some crewmembers were saved but the majority of passengers were still on board, including 325 high school students who were on a school trip. More than 300 people were injured, missing, or dead as a result of the disaster. A study was performed following the *Sewol* ferry disaster on the impact of language usage on Twitter messages (Woo, Cho, Shim, Lee & Song, 2015). The results highlight that the ferry disaster had a “short-term negative emotional reaction” on the South Korean society, which included those who were not directly tied to the disaster but were exposed to continuous media as well as social media coverage (Woo et al., 2015, p.10980). The posts on Twitter following the disaster reflected an increase in anger and sadness by the public (Woo et al., 2015). The frequencies for sadness and anger in related posts decreased with time but were still higher than the baseline established prior to the disaster; anger being the most mentioned compared to anxiety and sadness (Woo et al., 2015). An increase in anger-related posts was also associated to events following the disaster including an investigation that determined “government incompetence” was a causal factor (Woo et al., 2015, p.10980).

Comparatively, on 22 July, 2011, Anders Behring Breivik perpetrated a car bombing in an executive government quarter of Oslo and shortly thereafter impersonated a police officer at a summer camp on the island of Utøya where Breivik opened fire. Both attacks resulted in 77 deaths (Eriksson, 2016). A study evaluated the discourse that took place on Twitter in the 6 days following the attacks (Eriksson, 2016). The study demonstrated that major topical themes fluctuated, but Twitter became a platform for societal unity to process the explanation for the attacks and critique other media outlets for xenophobia (Eriksson, 2016). The findings from these traumatic events validate the significance media outlets and social media have on societal wellbeing through maintaining unity or radiating collective despair.

Social Media Association to Psychological Distress

Thus far, the literature has shown the association between racism and trauma, and the portrayal of racism in the media and social media. Literature related to this topic has also shown how social media can be used as a predictor of psychological distress. In the early age of social media, there was uncertainty about how these novel electronic forms of communication were impacting people and their relationships. Evidence on how people interact and integrate themselves into social media platforms may serve as a predictor to psychological distress (De Choudhury, Gamon, Counts & Horvitz, 2013; Jelenchick, Eickhoff, Moreno, 2013; Lin et al., 2016; Rosen, Whaling, Rab, Carrier & Cheever, 2013). Could traumatic reactions related to race-based stress influence the interaction individuals have with social media platforms and could these reactions be predictors of psychological distress?

Researchers De Choudhury et al. (2013) compiled a list of 476 Twitter users to identify indicators of depression on social media. Participants were screened and diagnosed with clinical

depression based on the CES-D² (Center for Epidemiologic Studies Depression Scale). Participants' Twitter postings were analyzed for a year to record behavioral attributes of emotion, social engagement, language and linguistic styles, ego network, and mentions of antidepressant medications. The results concluded a decrease in social activity, raised negative affect, highly clustered ego networks, heightened relational and medicinal concerns were all reliable predictors of depression via social media.

In another study, Lin et al. (2016) surveyed 1,787 adults ranging from 19 to 32 years of age to assess depression using the Patient-Reported Outcomes Measurement Information System (PROMIS). PROMIS uses a 4-item scale of depressive symptoms to measure the frequency of symptoms in the past 7 days on a 5-point Likert scale. Frequency of visits per day and week for social media websites were determined by self-reporting. Results show a consistent linear association between social media use and depression among this population but were not able to determine the directionality of the association (Lin et al., 2016).

Other studies observed how individual interactions and technological attitudes on a social media site, such as Facebook, can be telling in determining an association to clinical symptoms. In "Is Facebook Creating 'iDisorders'? The Link Between Clinical Symptoms of Psychiatric Disorders and Technology Use, Attitudes and Anxiety" (Rosen et al., 2013), the researchers measured clinical symptoms of psychological disorders, the daily use of technology and media, technological attitudes, and technological anxiety. The findings demonstrate how technological and social media usage on Facebook can indicate psychological disorders. For instance, more general Facebook usage, Facebook friends, and Facebook use for impression management were

more predictive of narcissism and histrionic disorders. According to the literature, this supports other studies that suggest social media is a platform for narcissists (Rosen et al., 2013). Other findings show that an individual who has more Facebook friends showed fewer predictors of schizoid disorder and major depressive disorder; however, spending more time online in general was indicative of major depression and schizoid disorder.

The results from De Choudhury et al. (2013), Lin et al. (2016), and Rosen et al. (2013) collectively illustrate that how an individual interacts on social media can be a significant predictor of psychological disorders. Gaining an understanding of the impact of observing race-based trauma on social media would be important and highly relevant considering the increasing entanglement of political and racial discourse occurring in the United States through social media platforms. There are no existing studies that have established an association between social media usage and trauma or racism. This study aims to address that gap in the literature.

Purpose of the Current Study

Racism continues to be a prevalent complex structure in our society that influences individuals in various forms and levels of society. While media outlets have progressed, the idealization of White history and imagery distorts the depiction of Black culture in American society. In the age of social media and increased collective thought processes, misinformation and distortions can easily skew the collective thought processes of societies. The studies described above demonstrate an association between the experiences of racism with symptoms of trauma. Although the research is limited, it demonstrates a need for further exploration to provide adequate recognition and assessment of symptoms. The literature focusing on the effects

of racism has also primarily examined the social, economic, and political effects of racism without investigating the psychological impact unrelated to everyday stressors.

The intent of this study is to investigate three objectives. The first objective aims to evaluate if there is a correlation between negative direct police interactions and increased traumatic reactions resulting from watching conflictual police video on social media. A strong correlation is expected between negative direct police interactions and higher levels of secondary traumatic stress, based on the literature described above. The second objective is to evaluate if demographic characteristics of the participants correlate with symptoms of trauma and the frequency of exposure to vicarious racial conflict. Understanding how symptoms of trauma are presented among different demographic populations and frequency of exposure would be beneficial for mental health treatment.

This study particularly aims to examine the social media component of the media, an institution that continually reinforces and generates systemic racism as well as impacts individuals through exposure to traumatic stimuli. Thus, the third objective is to identify if there is a correlation between exposure to vicarious racial conflict with police on Facebook and symptoms of trauma. Since direct exposure to racism can serve as traumatic stimuli, and

exposure to media coverage of traumatic stimuli can yield trauma reactions, it is hypothesized that vicarious exposure to racism on social media will be associated with trauma reactions.

CHAPTER III

Methodology

This exploratory study examined whether participants have experienced traumatic reactions as a result of being exposed to vicarious racial trauma on the social media platform Facebook.

Facebook was selected because, compared to other social media platforms, Facebook has the largest percentage of Internet users and larger percentages of individuals varying in gender, race, age, education, yearly income, and urban ecology subsets (Duggan, 2015).

Differences in traumatic reactions were examined for people of color and White participants.

Utilizing a quantitative questionnaire, the study examined hypotheses as described below.

Hypotheses:

1. Given that previous negative engagement with police elicits trauma and anxiety symptoms, a positive correlation was expected between individuals who have had negative direct police interactions and increased traumatic reactions resulting from watching conflictual police video.

2. Given that Black Americans experience higher levels of stress related to racism, Black Americans were expected to report significantly more traumatic reactions resulting from watching conflictual police videos than White Americans.
3. Given that frequent exposure to racism directly and through media coverage can yield traumatic reactions, a positive correlation was expected between frequency of exposure to conflictual police videos and trauma reactions.

Sampling

Participants were recruited using a combination of nonprobability convenience methods, such as convenience sampling and snowball sampling. A brief description of the study (see Appendix A) was sent out to this researcher's acquaintances on Facebook newsfeed, Facebook groups, and Reddit forums. Participants were encouraged to complete the survey or invited to share the survey description with others who may be interested in the topic. The Facebook groups selected for recruitment included: Support Police Officers; Response Police Officers; Say No To Racism; and Hard Conversations: Racism. An account was established on Reddit solely for this study. The Reddit forum topics chosen to distribute the survey included: race, mental health, social work, and police videos. This method of recruitment was aimed at reaching a large, diverse, and motivated population by targeting members of groups focused on the topics of interest of this study.

Inclusion criteria. Participants were required to be 18 years of age or older to minimize risk to a vulnerable population. Participants were required to currently be living in the United States and to be a current Facebook user; however, the latter criterion was not defined for participants. Participants were required to have never been clinically diagnosed with depression, anxiety, or PTSD to minimize risk during and after the completion of the survey. Lastly,

participants were asked if they had ever experienced physical, emotional, or sexual abuse in their life. Only those without any history would be included in the questionnaire. Participants were required to complete a set of five questions (see Appendix B) to determine their eligibility based on these inclusion criteria.

Ethics and Safeguards

Participants were asked to recall violent police involved conflicts witnessed on video as well as their own reactions to these videos. In response to this, some individuals could have a greater vulnerability for experiencing discomfort and negative emotional reactions such as increased stress, anger, anxiety, and depression, among other possible risks. Procedures were taken to minimize these risks, namely participants were asked to meet Inclusion Criteria (see Appendix B) to rule out vulnerable groups. Those who did not qualify were directed to a disqualification page (see Appendix C). The individuals who did qualify for the study were provided an Informed Consent form (see Appendix D) and Referral Resources (see Appendix E). These resources would help participants connect with others for assistance, advocacy, and more information. Participants who completed the survey were again provided with these same resources at the end of the survey to help participants cope with symptoms of racial trauma that may have been elicited during the study. In the Informed Consent form all participants were made aware that there would be no identifying information collected and that this questionnaire is completely voluntary and anonymous. The Smith College School for Social Work Human subjects Review Committee (see Appendix F) approved all ethics and safeguards for this study.

Data Collection

Participants completed an anonymous, self-administered, online questionnaire on Qualtrics.com. Those who successfully consented and qualified through the safeguards established for this study were directed to the online questionnaire (see Appendix G).

Demographics. The first section of the online questionnaire collected participant demographic information (7 items). These included the participant's age group, gender, racial and ethnic groups, level of education, state of residence, determining if community of residence is urban, suburban, or rural, and their frequency of accessing Facebook.

Conflictual police videos. Conflictual police interactions were operationalized as any of the following 4 items: a police shooting a person of color, police arresting a person of color, a physical confrontation between police and a person of color that did not lead to an arrest or a shooting, and a verbal confrontation by police with a person of color that did not lead to an arrest or a shooting. The reason for distinguishing physical and verbal confrontations to arrests and shootings was to distinguish between levels of severity and trauma experienced by viewers. Exposure to videos of these types of interactions was measured by asking participants to recall how many times they watched each type of conflictual police video to the best of their ability while taking into consideration the number of times that videos were re-watched.

Secondary Traumatic Stress Scale. To measure vicarious racial trauma in this study, the *Secondary Traumatic Stress Scale* (STSS; Bride et al., 2004) was converted from a 17-item scale to a 10-item scale. It maintained the use of a 5-point Likert Scale to measure the frequency of secondary traumatic stress related symptoms. The cutoff score for the 17-item scale to identify moderate prevalence of PTSD is 38 (Bride, 2007). This scale was created with the intention of measuring secondary traumatic stress for those who work with traumatized individuals (Bride et

al., 2004). The STSS was converted for use in this online questionnaire due to limited literature measuring vicarious trauma via media exposure, or vicarious racial trauma, and the connections made between traumatic reactions and differing traumatic events.

The STSS is composed of three subscales, intrusion, avoidance, and arousal, based on the diagnostic symptoms in the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., DSM-IV; American Psychiatric Association [APA], 1994) for PTSD using Criteria B, C, and D respectively (Bride et al., 2004). Questions were eliminated from each subscale to keep the questionnaire as brief as possible, and to exclude questions that were not pertinent to participants for this study, such as “My heart started pounding when I thought about my work with clients” (Bride et al., 2004, p.33). The exclusion of these questions may impact the reliability and validity of the scale.

The psychometric properties of the STSS were also altered in the development of the scale, which included narrowing a 65-item question pool to the current 17-item version by measuring the coefficient alphas. The STSS had alphas of .83, .89, and .85 for the Intrusion, Avoidance, and Arousal subscales respectively with a coefficient alpha of .94 for the entirety of the scale (Bride et al., 2004). It was suggested that further investigation into the reliability and validity of the STSS would be required with an independent sample (Bride et al., 2004). The results measuring the convergent and discriminant validity were significant but of low magnitude correlation of the STSS and its subscales (Bride et al., 2004). The researchers speculated that this low but significant correlation may have been due to a “low proportion of symptom development in relation to exposure” (Bride et al., 2004, p. 31).

Data Analysis

All data collected were encrypted and secured on Qualtrics.com before retrieval and delivery to the statistical analyst at Smith College School for Social Work. The survey did not collect or ask for any identifying information. The data were analyzed using SPSS software. Descriptive statistics were completed on the demographic questions. Pearson correlations were utilized to examine the associations between secondary traumatic stress reaction from the modified STSS and frequency of viewing conflictual police videos, as well as between previous police interaction and frequency of viewing conflictual police videos. Cronbach's Alpha was performed to determine the reliability of the three subscales of the modified STSS. A Spearman correlation was employed to test for associations between the participants' age, education, and time spent on Facebook, and individual analysis with the secondary traumatic stress reaction from the modified STSS. The results of these analyses are presented in the following chapters.

CHAPTER IV

Findings

This was an exploratory study using a quantitative methods design with the purpose of identifying the impact of vicarious racial trauma through social media. The study attempted to explore what traumatic reactions are being elicited due to exposure to conflictual police videos on Facebook and speculate how mental health professionals might be proactive to address this phenomenon.

Demographic Information

Of 72 participants who answered the Inclusion Criteria, only 18 were eligible to participate. From the 18 participants, 1 participant did not provide consent to participate in the study while 17 participants provided consent and completed the online questionnaire. Of the 17 study participants, 11 (64.7%) identified as female and 6 (35.3%) identified as male. The racial and ethnic identities of the participants are as follows: 13 (76.5%) White, 3 (17.6%) Hispanic or Latino, and 1 (5.9%) biracial (White and Asian). The majority of respondents resided in Colorado (29.4%), followed by Florida (23.5%), California (17.6%), Massachusetts (11.8%), Washington (11.8%), and Utah (5.9%). Most participants stated they averaged 1 to 2 hours

(52.9%) on Facebook daily. The largest age group for participants was 18 to 24 years old (41.2%). There were no participants in age groups older than 55 (see Table 1).

Table 1

Demographic Characteristics of the Participants

Characteristics	Participants (n=17)	
	<i>f</i>	%
Gender		
Female	11	(64.7%)
Male	3	(35.3%)
Age Group		
18 to 24	7	(41.2%)
25 to 34	6	(35.3%)
35 to 44	3	(17.6%)
45 to 54	1	(5.9%)
55 to 64	0	
65 or older	0	
Race/Ethnicity White		
Hispanic or Latino	13	(76.5%)
Biracial (White and Asian)	3	(17.6%)
	1	(5.9%)
State of Residence		
Colorado	5	(29.4%)
Florida	4	(23.5%)
California	3	(17.6%)
Massachusetts	2	(11.8%)
Washington	2	(11.8%)
Utah	1	(5.9%)
Hours on Facebook		
Less than an hour	5	(29.4%)
1 to 2 hours	9	(52.9%)
3 to 4 hours	2	(11.8%)

5 to 6 hours	0	
More than 6 hours	1	(5.9%)

STSS Psychometrics and Results

The total scores for each participant was calculated and a Spearman Correlation was completed to determine any significant correlation between the STSS total score and highest level of education, age, time spent on Facebook, previous face-to-face interactions with police, number of police conflictual videos watched, and each individual type of police conflictual video. The significant findings will be discussed below.

A Cronbach's Alpha was completed for the Intrusion, Avoidance, and Arousal subscales respectively with alphas of -0.286, 0.439, -3.197E-14. By removing the question, "I thought about my experiences on Facebook when I didn't intend to" from the Intrusion subscale, the alpha would increase to 0.399, still low but no longer negative. For the avoidance scale, removing "I felt emotionally numb" brings the alpha to 0.787 from 0.439. For the Arousal subscale, nothing was capable of improving the alpha. Given these results, it was recommended by the statistician at the Smith College School for Social Work to use the total score for the STSS. The total score of the STSS received an alpha of 0.571 for all 10 questions. The reason for the negative alphas is a negative average covariance among the items. A small sample size may have also played a role for the low and negative alphas.

Traumatic reactions. The reported STSS total scores had a mean of 10.76, median of 12, mode of 15, and range of 0 to 19. While the original STSS had a maximum possible score of 85, the current study omitted 7 questions from the original scale; as a result, the maximum possible score in the current study was 50. Bride (2007) proposed a cutoff score of 38 for moderate PTSD on the original scale (44.7% of the maximum possible score), corresponding to

22 on the current scale. Thus, responses from participants did not suggest moderate or high levels of PTSD.

The trauma symptoms that appeared to be least prevalent for participants included disturbing dreams, trouble sleeping, and avoiding people, places, or things that reminded participants of the trauma observed on Facebook. There were 10 participants who reported “Never” or “Rarely” experiencing these symptoms. The most prevalent reported trauma symptom in the intrusion subset of questions was discouragement about the future with 2 participants feeling discouragement “Very Often,” 3 participants feeling discouragement “Often,” and 3 participants feeling discouragement “Occasionally.” The most prevalent reported trauma symptom in the avoidance subset of questions was expecting bad things to happen to themselves, friends, or family with 3 participants feeling it “Often” and 2 participants feeling it “Occasionally.” The most prevalent reported trauma symptom in the arousal subset of questions was thinking about the Facebook content when the participant did not intend to do so, with 1 participant thinking about it “Often” and 3 thinking about it “Occasionally.” However, due to the limited sample size, few assumptions can be taken away from these findings.

Results for Research Hypotheses

Hypothesis 1: Given that previous negative engagement with police elicits more trauma and anxiety symptoms, a positive correlation was expected between individuals who have had negative direct police interactions and increased traumatic reactions resulting from watching conflictual police video.

There were two participants who reported having no previous face-to-face interaction with police and one individual with previous interactions with police that did not respond to the question. Of the remaining 14 participants’ interactions, 1 (5.9%) reported extremely positive, 5

(29.4%) reported moderately positive, 5 (29.4%) reported neither positive nor negative, and 3 (17.6%) reported moderately negative. No participant reported having extremely negative interactions with police. A Pearson correlation was calculated to determine if any association with past police interactions correlate with influential traumatic symptoms as measured by the STSS. The findings show a moderate relationship between past negative interactions and STSS score ($r=0.418$), but due to the small sample size, this finding was not statistically significant ($p=0.137$). Thus, Hypothesis 1 was not proven.

Hypothesis 2: Given that Black Americans experience higher levels of stress related to racism, Black Americans were expected to report significantly more traumatic reactions resulting from watching conflictual police videos than White Americans.

There were no participants who identified as Black or African American for this study to study this hypothesis. Thus, hypothesis 2 could not be tested. It was also not possible to test the differences of traumatic reactions between White and Non-White participants due to the small sample size. Assessing the responses of the 3 Hispanic and Latino individuals, 2 participants reported having minimal to no symptoms when completing the STSS and 1 participant had not seen any conflictual police videos.

Hypothesis 3: Given that frequent exposure to racism directly and through media coverage can yield traumatic reactions, a positive correlation was expected between frequency of exposure to conflictual police videos and trauma reactions.

A Pearson correlation between the STSS total score and combined viewing of any type of police conflictual videos determined no significant correlation. However, exploring associations to specific types of videos (see Table 2), the correlation between the frequency of watching a police officer shooting a person of color and STSS total score approached significance. The Pearson

Correlation ($r=0.476$) shows a moderate positive relationship that may have reached significance with a larger sample. However, since none of the correlations reached statistical significance in the current study, this hypothesis was not proven.

Table 2

Correlation Between STSS Score and Frequency of Videos Watched

Video	Correlation with STSS score	
Police shooting a person of color with possible arrest	Pearson Correlation	0.476
	Sig. (2-tailed)	0.062
	N	16
Police arresting a person of color without shooting	Pearson Correlation	0.206
	Sig. (2-tailed)	0.443
	N	16
Verbal confrontation between police and person of color without arrest and shooting	Pearson Correlation	0.285
	Sig. (2-tailed)	0.284
	N	16
Physical confrontation between police and person of color without arrest and shooting	Pearson Correlation	0.197
	Sig. (2-tailed)	0.465
	N	16

Additional Findings

Further exploring the results of the online questionnaire, Table 3 below demonstrates an association between direct police interaction and traumatic reactions. A Pearson correlation between the STSS score and previous face-to-face interactions with police demonstrated a negative

correlation: increased direct interaction with police was associated with a lower STSS score ($r=-0.521, p=0.038$).

Table 3

Correlation Between STSS Score and Previous Number of Police Interactions

STSS Score	Correlation with Previous Number of Police Interactions	
	Pearson Correlation	-0.521
Sig. (2-tailed)	0.038	
N	16	

The findings also indicate an association between the STSS score, participant age, and average daily time spent on Facebook. A significant, moderate negative correlation was found between STSS score and the participant's age ($r=-0.536, p=0.032$), with older participants reporting fewer symptoms of secondary trauma. This may be explained in part by the negative correlation between participants' age and time spent on Facebook ($r=-0.356, p=0.161$): older participants reported spending less time on average per day, potentially reducing the frequency of exposure to conflictual police videos. A longitudinal study would be better able to explore this relationship.

In the questionnaire, participants were asked: if watching conflictual police videos "triggered negative emotions, which negative emotions were triggered?" (See Appendix G, Question 21). Participants were able to select an unlimited number of the following choices: Anger, Numb, Sadness, Helpless, Horrified, and Other with the option to fill in other emotions. There were two participants who provided a written response. The first response stated, "Amusement. 99% of the time, the 'poc' [person of color] was treated lawfully for their obvious criminal behavior." This participant responded in the previous question that watching conflictual

police videos triggered neutral emotions; however, the written response does not support this response. A second participant responded with “Disappointment,” along with Anger and Sadness. In the previous question this participant responded that watching conflictual police videos triggered negative emotions. Of the 17 participants, 12 participants stated that watching conflictual police videos triggered negative emotions, 4 participants stated they experienced neutral emotions, and 1 participant did not watch any videos.

An important finding in the current study was the moderate positive correlation between symptoms of trauma and the frequency of videos watched that involved police shooting a person of color with possible arrest. Police shootings were the highest watched type of video by participants overall with 130 views, with police arrests (119), verbal confrontation (110), and physical confrontation (60) videos following in descending order of frequency. Police shootings also had the strongest positive correlation with trauma symptoms compared to any other type of video. Verbal confrontation videos showed a stronger correlation to trauma symptoms than physical confrontation videos and were viewed nearly twice as many times as physical confrontation videos.

The findings were limited by a few shortcomings that were unexpected; despite these limitations, the results are useful in their contribution for ongoing assessment, as discussed in the following chapter. The literature and findings demonstrate that the impact racism plays on social media is a modern phenomenon with several functioning components that requires ongoing exploration by researchers and mental health professionals.

CHAPTER V

Discussion

As was noted in previous chapters, this exploratory study has sought to determine whether traumatic reactions result from vicarious exposure to conflictual police interactions, and if so, which ones. This final chapter attempts to answer this question by comparing these findings to existing literature as summarized in Chapter II, as well as explore the study's limitations, recommendations for future research, and potential implications to social work and society.

Key Findings

While the literature has not examined what impact vicarious experiences of racism, such as those on social media, might have on an individual's mental health, studies have demonstrated an association between direct experiences of racism and trauma symptoms (Geller et al., 2014). An *American Journal of Public Health* (Geller et al., 2014) study determined that young men, of various races and ethnicities, who reported more police stops and intrusive police contact, also reported increased trauma and anxiety symptoms. Similarly, the current study did find a moderate relationship between negative past police interactions and trauma symptoms, but it did not reach

statistical significance. One possible explanation for the lack of statistical significance is the contrast between the sample populations of the Geller et al. study (2014) and this study.

The Geller et al. (2014) study consisted of young men who identified as White, Black, Hispanic, or Other/Unknown, while this study consisted of primarily female and White identified participants. A possible reason why the majority of the current study's sample was primarily female and White identified may have been due to the data collection method. The small sample size was another limitation. Despite these limitations, the current study's finding of a moderate positive correlation between negative past police interactions and trauma symptoms is in line with the literature on this topic.

The current study, using exposure to conflictual police videos as a marker for vicarious experiences of racism on social media, examined associations between vicarious experiences of racism on social media and trauma symptoms. Police shooting videos had a stronger correlation to trauma symptoms compared to police arrest videos. It is speculated that this was due to the more disturbing nature of police shooting videos. However, this rationale does not appear to be the case in the association between verbal and physical confrontation videos. In this study, exposure to verbal confrontation videos showed a stronger positive correlation to trauma symptoms, which could be due to participants having had nearly double the amount of exposure to verbal compared to physical confrontation videos. This is only speculative and should be further examined with a larger sample size and representative sample in future studies. The time spent on Facebook as well as participants' exposure to specific videos should be taken into account in future studies.

The findings and literature indicate an ongoing necessity to acknowledge the impact of vicarious racial traumatization. Although the majority of the results from this current study did not reflect a level of significance, the trends suggest that exposure to certain forms conflictual police

videos could produce symptoms of PTSD. The *DSM-5* (2013) currently does not acknowledge this possibility. As mentioned earlier, the *DSM-5* (2013) restricts the definition of a traumatic experience on electronic media only to the workplace and excludes vicarious experiences of trauma experienced elsewhere. As such, symptoms produced as a result of exposure to conflictual police videos cannot be captured by the current diagnostic criteria and as a result do not receive the same level of recognition. Reliance on professionals' practice experience and other training is necessary in lieu of formal diagnosis. Thus, it is important that professionals be trained to recognize experiences of racism as "a valid and significant mental health concern regardless of whether the experiences can be 'objectively' confirmed or are subjectively experienced or reported by the target" (Carter, 2007, p. 93).

Limitations

There were several limitations to the study design. First, the study's sample was recruited through a convenience method of willing participants on Facebook interested in the topic and not a nationally representative sample of social media users. Those most willing to participate may have had specific reasons for their interest in the study, which would raise concerns regarding the reliability and validity of their responses. Second, the study used a self-report measure and relied on participants to recall their Facebook habits that could be traced back to more than a year ago. Although participants were not asked to provide specific details about the videos and their experiences, asking any population to recall experiences and self-report on those experiences brings reliability into question. Third, even though this study took steps to define "police involved conflicts" and a "person of color," responses to questions may not be valid and were subject to each individual participant's interpretation of the video, people, and/or definitions provided. Lastly, in spite of attempts to limit confounding variables through the inclusion criteria (see

Appendix B), participants may have had undiagnosed symptoms of depression, anxiety, and/or PTSD, or been unable to identify previous abuse history or psychological symptoms, potentially introducing confounding variables.

Inclusion Criteria. A strength and weakness of this study was the Inclusion Criteria. While the Inclusion Criteria were necessary to exclude any confounding variables and maintain low risk to participants, they excluded a large portion of participants who were interested in the online questionnaire. Of the 72 participants who clicked on the survey and responded to the inclusion questions, 54 were disqualified from participating. Of those 54 participants, 51 were excluded due to having been clinically diagnosed with depression, anxiety, PTSD or having experienced physical, emotional, or sexual abuse in the past.

There are many speculations that could be made as to why such a large percentage of potential participants were excluded for these reasons. For example, those with a trauma history may have been more likely to watch conflictual police videos or may have been most interested in the topic. The intersectionality of race, trauma, and mental illness may have also played a significant role. Given the absence of Black participants in the final sample, it is possible that a greater percentage of Black respondents were excluded by the inclusion criteria. If this were the case, it would skew the final results, since this population was hypothesized to be at greatest risk for vicarious trauma in response to conflictual police videos based on their increased likelihood of having first-hand exposure to conflictual interactions with police (Geller et al., 2014). It is also known that symptoms of trauma may be more present for Black Americans compared to White Americans. As mentioned in Chapter II, people of color have higher prevalence rate of PTSD: upwards to 40%, compared to 5% to 10% in the general population (Carter, 2007, p.40). While the inclusion criteria were developed to minimize the risk to participants, future research should

consider whether the risk of distress to participants might be outweighed by the benefit of including a more diverse population in the sample.

The findings of this study are also limited in their generalizability to Facebook users interested in topics related to police officers, race, and politics. Due to the current contentious political and racial discourse, it would be difficult to generalize results and differentiate the findings from the political narrative. There exists a political and racial divide in the United States where issues pertaining to civil rights and the protection of people of color are predominant in the political discourse of progressives and liberal America. In contrast, conservative narratives supporting racism perpetuate violence, including acts of violence by police, against people of color, primarily Black Americans. This was evident in the findings when a participant expressed “amusement” in response to conflictual police videos, and conveyed the belief that people of color engage in “criminal behavior” yet, are “treated lawfully” (Al-Deen & Hendricks, 2012). Since these political and racial discourses are superimposed on one another, it may be impossible to differentiate if the findings are measuring political or racial discourse, or both.

Recommendation for Future Research

It is apparent from this study that ongoing and further research is necessary to determine the true impact of vicarious racism on social media. Although the small sample size limited significance, results suggest the potential of strong associations between viewing racist content and trauma symptoms. With a larger and more representative sample size, future researchers may potentially yield more significant results that are also generalizable to individuals and potentially communities of color.

There are still many unknown questions: how does watching conflictual police videos impact Black Americans? How does watching these videos impact the relationship individuals have with police and their communities? Have we reached a point of desensitization to acts of violence and racist content as a society? Can we further unpack the different perceptions that may evolve from one singular act of racism?

One suggestion to future researchers on this topic would be to implement a qualitative research design to interview participants about their personal experiences on social media and experiences with conflictual police videos. This provides the interviewer and interviewee an opportunity to further expand and elaborate on their personal experiences on social media beyond the limitations of a quantitative study. Interviewing a subject about conflictual police videos also allows the interviewer to provide support and lower any potential risks involved for all participants. Based on the current study, it would not be recommended to exclude participants with previous abuse history or previous diagnosis of anxiety, depression, or PTSD, and a qualitative design would allow for a more nuanced assessment of mental health and previous abuse in order to balance risk and benefits.

It was hoped that this study would not just identify key associations between traumatic reactions to exposure to vicarious trauma on Facebook, but begin a conversation addressing the phenomenon of watching violent and at times deadly videos of Black Americans on social media. While violent injustices have occurred throughout American history, including police shooting and arresting Black Americans, this is the first time such injustices have been recorded and shared through an electronic medium that allows individuals to develop a “mob mentality” by voicing their opinions to construct a particular narrative (Al-Deen & Hendricks, 2012, p. 188). It is hoped that mental health professionals begin discussing and proactively addressing this phenomenon to

mitigate any potential long-term effects on individuals' mental health. This can only be done by talking to those affected by these videos. This is why future researchers

should consider a qualitative approach. As Derald Wing Sue once posed to critics, “If you want to understand oppression, do you ask the oppressor or the oppressed?” (Tummala-Narra, 2016, p. 151).

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Recruitment Post

Have you watched Facebook videos of conflict between police and people of color? If you're 18 years or older, living in the United States, and don't have any history of physical, emotional, or sexual abuse you might be eligible to participate.

For my Master's level thesis, I am studying the impact of these videos on Facebook consumers. If you're interested in participating or learning more, just click on the link below. Please also share this post to spread the word!

(Survey Link)

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

Appendix B

Inclusion Criteria

1 Are you 18 years of age or older?

- Yes
- No

2 Do you currently live in the United States?

- Yes
- No

3 Are you currently a Facebook User?

- Yes
- No

4 Have you ever been clinically diagnosed with depression, anxiety, or post-traumatic stress disorder (PTSD)?

- Yes
- No

5 Have you ever experienced physical, emotional, or sexual abuse in your life?

- Yes
- No

Appendix C

Disqualification Page

Unfortunately, you do not meet eligible criteria to participate in this survey.

Thank you for your interest and time.

Appendix D

Informed Consent Agreement

2016-2017



Consent to Participate in a Research Study Smith College School for Social Work • Northampton, MA

.....
Title of Study: An Exploration of the Relationship between Vicarious Racism, Police Videos, and their Impact on the Facebook Consumer.

Investigator(s): Segundo, Daniel dsegundo@smith.edu
.....

Introduction

- You are being asked to be in a voluntary research study to explore how viewing police involved conflicts on Facebook might impact individuals.
- You were selected as a possible participant because you are currently living in the United States, are 18 years or older, and you are a Facebook user. You have also not been clinically diagnosed with depression, anxiety, or post-traumatic stress disorder (PTSD), and have not experienced physical, emotional, or sexual abuse.
- I ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study

- The purpose of the study is to understand how viewing second-hand experiences of racism on Facebook between police and people of color might impact individuals.
- This study is being conducted as a research requirement for my master’s in social work degree.
- Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures

- If you agree to be in this study, you will be asked to do the following things: fill out an anonymous online survey including questions about your demographics, direct and indirect exposure to police-involved conflicts, and possible symptoms of distress
- The survey will take approximately 5 to 10 minutes to complete.
- You are welcomed to stop the survey and return to it at any time within a week of starting it. Otherwise your results will be discarded.

Risks/Discomforts of Being in this Study

- The questions on this particular topic are sensitive and may cause feelings of discomfort and reactivate negative emotional responses. The likelihood of the risk is dependent on the individual. However, you will be provided with online links to self-care, referrals for therapy, and further knowledge on the topics of the survey. These links would help with any distress that may have occurred as result of the survey.

Benefits to Participants

- The benefits of participation in this study include developing knowledge and awareness to experiences of racism, trauma, and the effects on you.

Benefits to Society

- The benefits to society from this study include gaining a better understanding of racism, trauma, and reactions to these factors to electronic media. As well as providing future researchers an opportunity to ask new and more thought provoking questions based on the results.

Confidentiality

- This study is anonymous. I will not be collecting or retaining any information about your identity.

Payments/gift

- There will be no financial payment for your participation in this study.

Right to Refuse or Withdraw

- The decision to participate in this study is entirely up to you. You may refuse to answer any question or withdraw from the study *at any time* during the survey without affecting your relationship with the researcher of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. Simply exit at any point by ‘exiting’ out of the web browser. Answers to questions prior to exiting will remain in the survey up to that point, but I will have no way to know who you are, and the survey will be discarded as I will not use incomplete surveys in my study.
- Once the survey is completed, there will be no way for you to withdraw your answers or participation since it would be impossible for me to identify which answers are yours.

Right to Ask Questions and Report Concerns

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about

the study, at any time feel free to contact me, Daniel Segundo at dsegundo@smith.edu or by telephone at xxx-xxx-xxxx. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent

- Your electronic signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You can download, take a screen shot, or print a copy of the Informed Consent Form along with referral resources for your records. Below you will find referral resources

provided in case you experience emotional issues related to your participation in this study. Referral resources will also be provided at the completion of the survey.

Appendix E

Referral Resources

The NAMI HelpLine -- 1-800-950-NAMI (6264) or info@nami.org is a free service that provides information, referrals and support to people living with a mental health condition, family members and caregivers, mental health providers and the public. - See more at: <https://www.nami.org/Find-Support/NAMI-HelpLine#sthash.qRhLF1Fp.dpuf>

Helpline Center -- Available all day, every day. The Helpline Center's mission is "making lives better by giving support, offering hope and creating connections all day, every day." Connect to the 211 Database, Suicide & Crisis Support, Volunteer Connections, Military & Family Support and our Child Care Resources. - See more at: <http://helplinecenter.org/> You may also dial 2-1-1 to access all resources and information.

Mental Health America -- Available to help you find mental health treatment services, including affordable treatment for those without insurance, in your community. - See more at: <http://www.mentalhealthamerica.net/finding-therapy>

Mount Holyoke Counseling Services on Racial and Cultural Trauma -- What is racial trauma? What are some of the signs? Take a look at some of the resources helping with self-care and addressing issues with racial trauma. See more at: <https://www.mtholyoke.edu/counseling/racial-and-cultural-trauma-self-and-community-care-resources>

Emotionally Restorative Self Care: People of Color - Black People - African Americans -- Youtube video, see more at: https://www.youtube.com/watch?v=GuLT_YQLGF8

How White People Can Be Allies -- Article, see more at: http://www.theroot.com/articles/culture/2014/08/ferguson_how_white_people_can_be_allies/

Racism's Psychological Toll -- Article, see more at: <http://www.nytimes.com/2015/06/24/magazine/racisms-psychological-toll.html>

101 ways to take care of yourself when the world feels overwhelming -- This blog offers 101 great ideas to relax and engage in self-care care. - See more at: <http://www.upworthy.com/101-self-care-suggestions-for-when-it-all-feels-like-too-much?c=ufb2>

Appendix F

Approval Letter



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-
7994

February 9, 2017

Daniel Segundo

Dear Dan,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

Co-Chair, Human Subjects Review Committee

CC: Natalie Hill, Research Advisor

Appendix G

Online Questionnaire

Inclusion Criteria (See Appendix B)

Informed Consent Agreement (See Appendix D)

Referral Resources (See Appendix E)

Q7

By clicking "Yes" :I have read and I understand the provided information and have had the opportunity to ask questions about the study and my participation. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without any cost. Once choosing, you will be directed to the beginning of the survey.

By clicking "No" : I choose not to participate in this survey. I will be directed to the exit of the survey without having to give a reason and with no cost to me.

Yes

No

Q8 What is your age group?

18 to 24

25 to 34

35 to 44

45 to 54

55 to 64

65 or older

Prefer not to answer

Q9 To which gender identity do you most identify with?

Female

Male

Transgender Female

Transgender Male

Gender variant or Non-conforming

Not Listed: _____

Prefer not to answer

Q10 To which racial or ethnic group(s) do you most identify with?

" American Indian or Alaska Native

" Asian

" Black or African American

" Hispanic or Latino

" White

" Other: _____

" Prefer not to answer

Q11 What is the highest level of school you have completed or the highest degree you have received?

- Some high school
- High school graduate (GED)
- Some college
- Associate degree (2 year degree)
- Bachelor's degree (4 year degree)
- Some postgraduate work
- Post graduate degree
- Prefer not to answer

Q12 In which state do you currently reside?

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota

- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

Q13 In what type of community do you currently reside?

- Urban
- Suburban
- Rural

Q14 On an average day, how often do you spend on Facebook?

- Less than an hour
- 1 to 2 hours
- 3 to 4 hours
- 5 to 6 hours
- More than 6 hours

Q15 A video involving police involved conflicts will be defined as face-to-face interaction between a police officer and a person of color that results in police shooting, arresting, or engaging in a verbal or physical confrontation with a person of color. A person of color is an individual who, to the viewer's best discretion based on the information presented in the video, would not identify as White.

Q16 To the best of your ability, recall how many times you watched each of the following videos on Facebook. Please take into consideration the number of times you've re-watched a particular video.

- _____ Police shooting a person of color with possible arrest
 _____ Police arresting a person of color without shooting
 _____ Verbal confrontation between police and a person of color without arrest and shooting
 _____ Physical confrontation between police and a person of color without arrest and shooting

Q17 Viewing videos of police involved conflicts against people of color on Facebook changed my normal Facebook habits.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- I have not watched any videos

Q18 I tried avoiding videos of police involved conflicts against people of color on Facebook. Strongly agree

- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Q19 I felt "pressured" to watch these videos.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Q20 Watching these videos triggered:

- Negative emotions
- Neutral emotions
- Positive emotions
- I have not watched any videos

Q21 If watching these videos triggered negative emotions, which negative emotions were triggered?

" Anger

- " Numb
- " Sadness "
- Helpless
- " Horrified
- " Other _____

Q22 How many face-to-face interactions have you had with police in your lifetime?

Q23 These face-to-face interactions with police have resulted in:

- " The arrest of myself or someone else
- " The stop and frisk of myself or someone else
- " The detention of myself or someone else
- " A traffic stop, citation, or warning to myself or someone else
- " The questioning of myself or someone else
- " The assistance or service to myself or someone else
- " The use of physical assault against myself or someone else
- " The use of verbal assault against myself or someone else " A greeting or friendly gesture to myself or someone else " Nothing. I did not have any face-to-face interaction with police.

Q24 On average, how would you describe these interactions with police?

- Extremely positive
- Moderately positive
- Neither positive nor negative
- Moderately negative
- Extremely negative
- I have not had any face-to-face contact with police

Q25 When you see a local police officer, how do you feel?

- Extremely safe
- Moderately safe
- Neither safe or fearful
- Moderately fearful
- Extremely fearful

Q26 Read each statement then indicate how true each statement was to you following your observation of police involved conflicts with people of color on Facebook.

	Never	Rarely	Occasionally	Often	Very Often
I felt emotionally numb	!	!	!	!	!
I felt I was reliving the trauma observed on Facebook	!	!	!	!	!
I had trouble sleeping	!	!	!	!	!
I felt discouraged about the future I thought about my experiences on Facebook when I didn't intend to	!	!	!	!	!
I had trouble concentrating	!	!	!	!	!
I avoided people, places, and things that reminded me of the trauma observed on Facebook	!	!	!	!	!
I had disturbing dreams of the trauma	!	!	!	!	!

observed on Facebook					
I expected bad things to happen to me,	!	!	!	!	!

friends, or family					
I wanted to avoid Facebook	!	!	!	!	!