

ABSTRACT

Title of Thesis: “TRIGGERED”: HOW THE EXPOSURE TO OR EXPERIENCES WITH POLICE ARE AFFECTING BLACK WOMEN’S PSYCHOLOGICAL FUNCTIONING

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Interactions between the Black community and the police have gained national attention recently. There is emerging literature on how being a victim and/or being exposed to these deaths and other incidents of police brutality is affecting the Black community. This study used qualitative interviews to explore the relationship between the exposure to and interactions with police and Black women’s psychological functioning and to further the understanding of coping strategies being used by Black women ($n=5$) to deal with this stressor. Results indicated that Black women feel fear, hyper-vigilance, and the randomness of negative interactions with the police. They reported using prayer, activism, and avoidance as ways to cope and discussed needing therapists to normalize therapy, as well as acknowledge and understand their experiences. Findings have the potential to address a significant gap in literature and can inform the development of trauma-informed programs for Black women.

“TRIGGERED”: HOW THE EXPOSURE TO OR EXPERIENCES WITH POLICE ARE
AFFECTING BLACK WOMEN’S PSYCHOLOGICAL FUNCTIONING

by

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Dedication

I dedicate this thesis to the countless number of victims and their loved ones who, throughout centuries in this country, have been impacted by interactions with the police gone wrong. It is my hope that this thesis sheds light on the impact these injustices are having on the Black community and inspires change among researchers, practitioners, and policy makers.

#StephonClark
#SeanBell
#SandraBland
#MichaelBrown
#OscarGrant
#TamirRice
#RekiaBoyd
#KaylaMoore
#AltonSterling
#PhilandoCastille
#EricGarner
#ShereeseFrancis
#SamDubose
#TerenceCrutcher
#AkaiGurley
#TanishaAnderson
#WalterScott
#FreddieGray
#LaquanMcDonald
#TarikaWilson
#MeaganHockaday
#AiyanaStanley-Jones
#_____

and the many more that exist, but never received national attention.

Your legacies live on forever.

#BlackLivesMatter

Acknowledgments

I must acknowledge God first, because without Him there is no way I would have been able to get this far. Through all of the times I felt this work was too difficult or impossible to finish, it was God that carried me through.

I can do all things through Christ who strengthens me (Philippians 4:13)

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An African proverb says "It takes a village" ... Thank you for being mine.

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Statement of the Problem

Black women are exposed to many social stressors within the American society. No other group has been as victimized by hegemonic norms and placed so low within the hierarchical power structure of American society as Black women (Thomas, 2004). Black women are typically subjected to oppression based on their race, gender, and socioeconomic status (SES). In fact, it has been said that Black women are the recipients of unique forms of oppression due to their simultaneous “Blackness” and “femaleness,” defined as gendered racism (Thomas, Witherspoon, & Speight, 2008).

Racism has been described as an ideology or organized system of superiority that leads to discriminatory and prejudicial behavior (Pieterse, Todd, Neville, & Carter, 2012). There are at least three primary types of racism, including: internal, interpersonal, and institutional. Internalized racism occurs when the members of the oppressed race accept and believe society’s negative messages about their own race’s abilities and worth (Jones, 2000). Interpersonal racism is personally mediated between two groups of people based on race through prejudice and discrimination (Jones, 2000). Institutional racism sets up structural barriers and is conceptualized as differences in access to the goods, opportunities, and services in society based on race (Jones, 2000).

Racism has been found to have an impact on physical health disparities, such as high blood pressure and cardiovascular disease among Blacks (Mays, Cochran, & Barnes, 2007). In addition, research has found that experiencing multiple forms of discrimination is associated with poorer mental health (Perry, Harp, & Oser, 2013). Perceived racial discrimination has been linked to higher symptoms of anxiety and depression among Black Americans (Soto, Dawson-Andoh, and BeLue, 2011). According to a National Health Interview Survey, 53% of Black

women aged 18 or over reported serious psychological distress. More specifically, 76% felt that everything was an effort all or most of the time, 53% reported feeling sad all or most of the time and 59% felt nervous all or most of the time, which are symptoms of anxiety and depression (Centers for Disease Control and Prevention, 2015).

Anxiety disorders have been found to have a more chronic impact on Black Americans as they experience anxiety for longer periods of time, have higher levels of perceived distress, and receive less suitable treatment for the disorder (Carter & Walker, 2014). In fact, studies have shown that knowledge and awareness of racism can influence the course of and how anxiety disorders are experienced by Black Americans (Hunter & Schmidt, 2010). Research has found that race-based discrimination is a statistically significant predictor of Generalized Anxiety Disorder (GAD) for Black Americans (Soto et al., 2011) and that Black Americans report more negative state anxiety and significantly greater levels of depression (Williams, Chapman, Wong, & Turkheimer, 2012).

Depression may be more chronic, crippling, and severe among Blacks than any other populations (McKnight-Eily, Presley-Cantrell, Elam-Evans, Chapman, & Perry, 2009). High rate of depression for Black women can be attributed not only to their experiences with oppression (Carr, Szymanski, Taha, West, & Kaslow, 2014), racial discrimination (Jones, Cross & DeFour, 2007), and perceived discrimination (Banks & Kohn-Wood, 2002) but also to their being female, unmarried, and exposed to low socioeconomic status. Lack of health insurance (McKnight-Eily et al., 2009), and lack of resources (Carr et al., 2014) are also contributing factors. Another risk factor for mental health problems is institutional racism.

Police brutality is an example of how institutional racism operates in our criminal justice system (Garcia & Sharif, 2015). The criminal justice system has increasingly been recognized as

a threat to mental health (Gellar, Fagan, Tyler & Link, 2014). The social institutions that people can turn to for protection against criminal violence are a predominant source of violence as well (Martinot, 2014). Police brutality is defined as using excessive physical force, verbal assault, or psychological intimidation and Black Americans are most likely to be the victims (Chaney & Robertson, 2013). A study by Gellar et al. (2014) found that those who reported having more intrusive contact with the police experienced increased trauma and anxiety symptoms. Not only do the victims of police brutality get impacted negatively, but those who witness these events, directly or indirectly, can be impacted as well (Turner & Richardson, 2016). With the expansion of social media, many of these events are documented and shared on social networking sites, thus allowing citizens to see the deaths of Black men and women and/ or the aftermath (Smiley & Fakunle, 2016). Witnessing violence, being victimized, having those who look similar to you victimized, or just living in a violent environment can cause a number of traumatic stress reactions, even clinical disorders (Jenkins, 2002). Graphic videos plus actually experiencing racism directly can manifest in severe psychological problems that are similar to post traumatic stress syndrome (PTSS) and research suggests that constant exposure to the shootings of Black people can have long term mental health effects on people of color (Downs, 2016).

The limited literature in this area is focused on the direct effects of police brutality on its victims (Gellar et al., 2014) and on how awareness of national police brutality killings is associated with poor mental health among young Black men (Staggers-Hakim, 2016). It is important to note that while these two articles represent an emerging literature on the impact of police violence, much of the focus remains on Black men. Black women are non-existent in the literature even though they are more prone to psychological distress due to their place in U.S. society (Lewis, Mendenhall, Harwood, & Hunt, 2013). Black women are the mothers, wives,

daughters, and sisters of these victims, and most importantly, though often forgotten are victims of police brutality as well. Black women's experiences of racial profiling, sexual violence and/or the use of excessive and deadly force at the hands of police are still uncharted territory (Ritchie, 2017). Research has shown that Black women are more prone to psychological distress due to their place in the U.S. society (Lewis et al., 2013), and that racism and neighborhood crime factor into their well-being (Jenkins, 2002). However, they are less likely to seek treatment (Breslau, Kendler, Su, Gaxiola-Aguilar & Kessler, 2005). Sociocultural, systemic, economic, and individual factors act as barriers to seeking treatment (Swanson & Ward, 1995). Police violence encompasses racism and neighborhood crime, and has also been shown to have an impact on the victims, whether directly or indirectly. Therefore, it is safe to infer that the nationally publicized police killings of Black lives are affecting the psychological functioning of Black women as well, but it may be unknown due to their resistance to seeking help.

Despite Black women having the narrative of being doubly oppressed, they are also seen as strong, resilient and adaptive. Black women have reported using a multitude of coping strategies that typically fall under the categories of resistance, collective (using support systems), and self-protective forms (Lewis et al., 2013). Research has shown that Black women cope by relying on their community, their family, and their religion, and by believing in hard work and achievement (Thomas et al., 2008). Black women have also coped by keeping to themselves, practicing safety measures, engaging in self-soothing behaviors (praying, listening to gospel music, using spiritual concepts to make sense of the violence and blocking thoughts about traumatic events), and being politically active (Jenkins, 2002). Studies suggest that Black women may use avoidance as a coping strategy as well (Lewis et al., 2013). As Black women are socialized to be strong, using avoidance to cope may help them keep up their appearance of

being resilient (Thomas et al., 2008). Avoidance could be one of the reasons why Black women have been left out of the literature discussing their experiences for so long.

This study aimed to address this gap by exploring narratives of Black women to understand how exposure to and/or interactions with police affected them and their psychological well-being. This study also gained insight into coping mechanisms that this sample of women used to deal with this epidemic. By understanding how Black women are affected by these current events, clinicians will be better equipped to help those that seek treatment to cope with their experiences, and gain knowledge on how to reach out to those who do not. Furthermore, this study hopes to inform existing national debates by allowing others to see the influence police interactions are having on Black women.

Literature Review

Racism in America

Racism has been defined as an ideology of racial superiority, which leads to discriminatory and prejudicial behavior (Pieterse et al., 2012). It is common for minorities in the United States (U.S.) to experience racism and research shows that their lives have been restricted by racism throughout history (Gee & Ford, 2011). There are at least three different ways that racism can be experienced: interpersonal, internal, and institutional. Interpersonal racism is what most people think of when they hear the word racism (Jones, 2000). It is defined as prejudice and discrimination. Prejudice involves believing differently about the capabilities and intentions of members of a race, and discrimination is defined as behaving differently towards members of a race (Jones, 2000). These actions of interpersonal racism can be overt or covert and intentional or unintentional.

Internalized racism occurs when individuals of the oppressed race begin to accept and believe the negative messages in society about their worth and abilities (Jones, 2000). It can manifest by individuals not believing in themselves, or others belonging to their racial group. The last level of racism that is seen in our society is institutional racism. Institutional racism transpires when there is a difference in access to the goods, services and opportunities of a society based on race (Jones, 2000). Institutional racism has been and continues to be ingrained in the fabric of the U.S. as it is seen in customs, laws and traditions (Carter, 2007). Although institutionalized racism began through historic events, it is able to continue due to the current structures in place that enable the historical injustices (Jones, 2000). In summary, racism is an organized system of beliefs that causes oppression of one racial group compared to another

(Williams & Williams-Morris, 2000) and has more of a powerful and lasting impact than people may realize (Brown, 2003).

Impact of Racism on Physical Health

Physiological and psychological responses to perceptions of racism may be related to multiple health outcomes. In response to this idea, Clark, Anderson, Clark and Williams (1999) developed a biopsychosocial model and conceptualized racism as a stressor for Blacks. Their model argues that perceiving an environmental stimulus as racist can lead to exaggerated physiological and psychological stress responses that can influence health outcomes. The biopsychosocial model highlights the importance of examining the effects of intergroup and intragroup racism among Blacks for three essential reasons (Clark, et al., 1999). The first states that intergroup differences in health outcomes may be explained by negative biopsychosocial consequences from perceiving racism as stressful. In addition, the within-group variability in health outcomes among Blacks may be explained by differences in exposure to and coping responses after perceiving racism. Lastly, if being exposed to racism is one of the factors related to negative health outcomes in Blacks, special intervention and prevention techniques could be formulated and implemented in order to lessen the impact. Research has shown the negative impact of perceived racism on health outcomes for Blacks. For example, more frequent diagnoses of hypertension and higher blood pressure levels have been associated with repeated subjection to race-based discrimination (Mays et al., 2007). In addition, perceived race-based discrimination has also been found to be positively correlated with smoking among African Americans, and those who smoke find the experience of discrimination to be more stressful (Mays et al., 2007). Though the biopsychosocial model mainly focuses on perceptions of racism,

it is believed that racism also has the capability to affect health even when it is not perceived as a stressor (Clark et al., 1999).

For instance, institutional racism contributes to health disparities through leading to “tiered” systems that have inequitable health care quality. Examples include policies that contribute to cultural barriers to care and geographic inequalities that limit the availability and accessibility to high quality healthcare (Smedley, 2012). Internalized racism has been found to be positively associated with psychological distress and alcohol use (Smedley, 2012). Research has shown how all three forms of racism can impact physical health among Blacks. In one article, Wyatt, Williams, Calvin, Henderson, Walker & Winters (2003) provided an overview of how the three different levels of racism can affect the health disparities among Blacks in cardiovascular disease. Interpersonal racism can be seen as a stressor that induces psychophysiological reactions that negatively affect cardiovascular health. Internalized racism was found to be detrimental to cardiovascular health. Furthermore, institutional racism has the potential to create limited opportunities for access to resources, socioeconomic mobility and poor living conditions; all of which can negatively affect cardiovascular health. Their article concluded that negative health and behavioral health effects of internalized racism, which are continuously reinforced by experiences of institutional racism, can help explain why even advantaged Blacks are still found to have poorer physical health among a variety of measures compared to Whites with lower socioeconomic status (Wyatt et al., 2003).

Impact of Racism on Mental Health

Racism has been conceptualized as a chronic stressor for Blacks (Kwate, Valdimarsdottir, Guevarra & Bovbjerg, 2003). Chronic stressors are defined as consistent experiences that can lead to challenging conditions for individuals and their communities (Franklin-Jackson & Carter,

2007). Literature on the effects of chronic stressors indicates that these stressors have a negative effect on the mental and physical health of Blacks (Kwate et al., 2003). It has been said that racism has the ability to damage one's psyche and personality in a way that is very similar to the emotional damage that is caused by exposure to violence, captivity, or torture (Carter, 2007).

Pieterse et al. (2012) conducted a meta-analysis to analyze the associations between racism and mental health amongst Blacks using 66 studies. All of the studies included an analysis of mental health indicators that were correlated to perceived racism, focused on Black adults residing in the U.S., and were published in peer-reviewed journals or dissertations between the years of 1996 and 2011. All of these studies combined resulted with a large sample size ($n=18,140$). The results indicated that there is a positive relationship ($r=.20$) between experiencing racist events and psychological distress, meaning that the more Black people have been exposed to racist events, the more likely they are to report mental distress.

Race related stress has also been shown to have a strong relationship with the mental health of Blacks; in fact racism is related to poor psychological health including depression (Banks and Kohn-Wood, 2002). Depression is a well-known mental illness that can have a significant impact on one's social, emotional, and physical functioning (McKnight-Eily et al., 2009). It is also known to be the fourth leading cause of disability, worldwide (Williams, Gonzalez, Neighbors, Nesse, Abelson, Sweetman & Jackson, 2007). In the U.S., it affects more than 13 million adults annually, and it is estimated that 16.2% of adults will experience major depressive disorders in their lifetime (McKnight-Eily et al., 2009). However, depression may be more chronic, severe and disabling in Blacks than in other populations (McKnight-Eily et al., 2009).

According to the Centers for Disease Control and Prevention (CDC), anxiety disorders are the most common type of mental illness seen in the general population, particularly among women. Research using Black adults from a community based sample ($n=151$) found that anxiety disorders have been found to have a more chronic impact among Blacks; Blacks experience anxiety for longer periods of time, have higher levels of perceived distress, and also receive less suitable treatment (Carter and Walker, 2014). In fact, Hunter and Schmidt (2010) suggested that knowledge and awareness of racism can influence the course of and how anxiety disorders are manifested in Blacks.

Soto et al. (2011) examined the relationship between the frequency of race-based and non-race based experiences with discrimination and Generalized Anxiety Disorder (GAD) among a sample of 3,570 Blacks, 1,438 Afro Caribbeans, and 891 non Hispanic Whites from the National Survey of American Life. The results showed that experiencing race-based discrimination was a statistically significant predictor of GAD, but only for Blacks. A year later, a study done by Williams, Chapman, Wong, & Turkheimer (2012) investigated the role of ethnic identity in anxiety and depression using a student and community-based sample ($n=572$). The Beck Anxiety Inventory (BAI), Center for Epidemiologic Studies of Depression Scale (CES-D), State Trait Anxiety Inventory - state portion (STAI-S) and Multigroup Ethnic Identity Measure (MEIM) were used as assessments in this study. Results showed that although Blacks reported higher levels of ethnic identity than Whites, they also reported significantly greater depression and more negative state anxiety than Whites as well. Franklin-Jackson and Carter (2007) examined the relationship between race-related stress, racial-identity and mental health among Blacks ($n=255$). Using hierarchical regression analyses, their study found that lower racial identity and race-related stress was associated with poor mental health. More specifically, results

showed that to understand one's race related stress and the impact it has on their mental health, it is necessary to take into consideration how respondents make sense of their racial identity. To further understand how racism affects the mental health of Blacks, it is necessary to look at all levels of racism.

Interpersonal Racism and Mental Health

Interpersonal racism is the most common and researched form of racism as it takes into account the prejudice and discrimination that occurs against Blacks by other people. Blacks experience discrimination in multiple contexts of the U.S. society and these occurrences can bring on significant distress (Williams and Williams-Morris, 2000). Interpersonal racism can be experienced through lack of respect, suspicion, dehumanization, and devaluation (Jones, 2000). In an effort to explore the relationship between racial discrimination and personal outcomes among Blacks, Broman, Mavaddat, & Hsu (2000) conducted an empirical study ($n=312$). For the purpose of this study, discrimination was described as the "individual acts of discriminatory behavior by one dominant group person that is directed at a member of a subordinate group" (Broman et al., 2000, pg. 166). Results of the study indicated that participants that experienced more discrimination reported lower levels of mastery and higher levels of psychological distress. Brown, Williams, Jackson, Neighbors, Torres, Sellers, & Brown (2000) examined the relationship between racial discrimination and mental health using data from the National Survey of Black Americans (NSBA) ($n=779$). Findings indicate that the perception of racial discrimination was associated with high levels of psychological distress. Other studies have also found that racial discrimination is related to lower levels of psychological functioning (perceived stress, depressive symptoms, and psychological well-being) (Sellers, Copeland-Linder, Martin, & Lewis, 2006).

Racial microaggressions are a more current, but less obvious form of racism that may have harsher psychological consequences than overt forms of discrimination (Torres, Driscoll, & Burrow, 2010). To test this, Torres et al. (2010) used a mixed-methods study. In the qualitative part of the study results indicated that participants ($n=97$) identified three types of microaggressions that they experienced: Assumption of Criminality, Underestimation of Personal Ability, and Cultural/Racial Isolation. Assumption of criminality described when the individual of color was either treated as a lesser person or assumed to be doing something illegal. Underestimation of personal ability consisted of negative stereotypes and thoughts about one's ability to succeed academically. Cultural/Racial isolation referred to an individual being singled out on the basis of their race due to lack of same race peers. The quantitative analyses ($n=107$) found the micro-aggression category of underestimation of personal ability was related to higher perceived stress at a one-year follow up, which yielded greater depressive symptoms. Lastly, those who participated in active coping behaviors reported lower perceived stress.

Internalized Racism and Mental Health

One of the significant psychological effects of racism is that it can attack the ego and self-image of Blacks (Williams and Williams-Morris, 2000). It can create mental health problems by creating cognitive states that can contribute to emotional distress (Brown, 2003). As stated above, internalized racism is defined as the oppressed group being accepting of the negative beliefs and stereotypes about themselves (Jones, 2000). By doing this, expectations, anxieties, and reactions that can affect social and psychological functioning may occur (Williams and Williams-Morris, 2000). Internalized racism can be seen when Black people are embracing Whiteness, and being self-devaluating, helpless, and hopeless (Jones, 2000). Internalized racism has been related to lower self-esteem and less ego identity (Williams and Williams-Morris, 2000).

A prominent psychological effect of internalized racism is experienced as anti-self issues. By internalizing the negative stereotypes, individuals are also internalizing negative ideas about being Black. Thus feeling disdain towards their Blackness, wanting to escape it, and seeking White approval instead (Brown, 2003). Hughes, Kiecolt, Keith, & Demo (2015) used data from the National Survey of American Life ($n=3,570$) and found that those who identified more with their race and had positive beliefs about it, had greater self-esteem, greater mastery, and fewer symptoms of depression.

The impact of internalized racism on psychological distress can be further exacerbated by the suppression of anger. Though it may be a survival tactic for Blacks, when it becomes too normal it can lead to passivity, forged friendliness, acceptance, withdrawal or self-destruction (Brown, 2003). Another mental health issue, even though it may serve as a beneficial survival technique for Blacks, is to repress unpleasant or painful ideas so that they do not rise up to their conscious level. However, it is still a mental health problem and it results from balancing public and private thoughts that conflict with one another (Brown, 2003). Lastly, victims may internalize some of the experiences of institutional racism that they face (Everett, Hall, & Hamilton-Mason, 2010), supporting the idea that different forms of racism may reinforce one another (Gee and Ford, 2011).

Institutional Racism and Mental Health

Racism is broader than individual attitudes or interpersonal interactions; it extends to structural factors such as societal norms and institutional policies (Garcia and Sharif, 2015). However, mental health has typically been conceptualized as a function of internal or individual factors; and by doing so the structurally embedded systems of inequality are able to reinforce themselves (Brown, 2003). Institutional racism is continuously reinforced because the structural

inequalities still exist, but in less obvious ways (Gee and Ford, 2011). Also, the intentional actions of individuals are not needed for institutional racism to persist, (Phillips, 2011).

Therefore, the essential characteristics of institutional racism include enduring over periods of time and adjusting to new sociopolitical contexts as they occur (Gee & Ford, 2011).

Historically in the U.S., the idea of Blacks being inferior has steered policies that impede the access of Blacks to education, employment, and residential opportunities (Williams & Williams-Morris, 2000). Institutional racism has generated economically impoverished and highly segregated neighborhoods that can negatively affect mental health. These segregated neighborhoods are plagued with high levels of and fear of crime, violence, population turnover, over-crowding that can damage psychological functioning of adults and children (Williams and Williams-Morris, 2000). Further, socioeconomic mobility is restricted by institutional racism. Racial differences in socioeconomic status and being exposed to poor living conditions can also impact mental health in a negative way (Williams & Williams-Morris, 2000). In summary, structures in the U.S. such as the educational, legal, residential, and political systems are all examples of how institutional racism has and continues to be manifested.

Police systems as a function of institutional racism

Police brutality is an example of how institutional racism operates in our criminal justice system (Garcia & Sharif, 2015). Police brutality is defined as using excessive physical force, verbal assault, or psychological intimidation (Chaney & Robertson, 2013). The way that racism has been ingrained into our legal, social, and political systems facilitates the disproportionate rates at which police officers stop Blacks, with greater use of force, and no repercussions (Garcia & Sharif, 2015). Thus, the social institutions that people are supposed to turn to for protection against violence are a primary source of that violence (Martinot, 2014).

There is a small body of empirical literature on the perceptions and experiences of Blacks with police brutality and its impact on them. Using data from a nationally representative sample ($n = 1,792$) of White, Black, and Hispanic people, Weitzer and Tuch (2004) examined the perceptions of police brutality in the U. S. and factors that influence them. They examined how participants perceived four categories of police misconduct: verbal abuse, excessive force, unwarranted stops, and corruption. Findings show that race was a significant factor in perceptions of police misconduct. Blacks and Hispanics in the study are more likely than Whites to report having negative interactions with police, being exposed to police misconduct in the media, and living in neighborhoods with higher crime, resulting in more police presence.

To explore how gender shapes interactions with the police, Brunson and Miller (2006) conducted in-depth interviews with adolescents, ranging from 12-19, in St. Louis, Missouri. Through comparative analysis, it was revealed that young Black men and boys ($n=40$) felt they were constantly treated as suspects and experienced police violence. Young Black women and girls ($n=35$) on the other hand reported being stopped for curfew violations and conveyed concerns about police engaging in sexual misconduct.

Later, Brunson (2007) examined young Black men's ($n=40$) direct and indirect experiences with police harassment and violence and how those experiences impacted their perceptions of police through in-depth interviews. Results showed that 83% of the participants reported experiencing harassment themselves and even more reported knowing someone that had been harassed or mistreated. In another study, Gellar et al. (2014) surveyed young men ($n=1,261$) in New York City about their experiences of police encounters and their mental health. Participants were asked how many times New York Police Department (NYPD) officers had approached them, how the encounters went, their overall anxiety, and if they attributed any

experiences of trauma to the encounters. Using regressions, the analyzed data showed that participants who reported more police contact also reported more anxiety and trauma symptoms. The amount of times participants were stopped, as well as how intrusive the stops were and how they perceived police fairness, had a positive correlation with their anxiety and trauma symptoms. The results of this study suggest that it is necessary to reconsider and examine how police officers interact with citizens, more specifically using less invasive methods in order to lessen the psychological harms to anyone who is stopped.

Police brutality is not only a human rights matter, but a public health matter as well (Cooper et al., 2004). Names such as Michael Brown, Freddie Gray, Tamir Rice, Eric Garner, Walter Scott, Renisha McBride, Sandra Bland, Philando Castile, Oscar Grant and Alton Sterling have become well-known examples of police brutality resulting in the end of a Black man or a Black woman's life. Not only do the victims of police brutality get impacted negatively, but those who witness these events, directly or indirectly, can be impacted as well (Turner and Richardson, 2016). Staggers-Hakim (2016) performed a pilot study to explore the impact of national police brutality cases and extrajudicial killings on the social development, mental health, and overall wellness of young Black males between the ages of 14-18 ($n=16$). To do so, three focus group sessions were conducted to not only capture the voices of young Black males that is missing from literature, but to also create a supportive environment that provides a space for conversation and empowerment.

The results from the study found six common themes. (1) Young Black men are killed. Participants were able to recall certain names and locations of some of the victims. They shared that media outlets including social media were their primary source of information; (2) Black males are seen as a threat. They reported that stereotypes and social perceptions were fueling the

national police killings because police assumed Black men were threatening, inhuman, or wrong; (3) Fear of Police and being racially profiled, was commonly reported by the participants. They expressed being fearful for their lives and for the lives of other Black men. However, some focus group participants also reported feeling distant from the incidents of police brutality; (4) Black boys have to be careful. This theme showed the impact of Police brutality on young Black men's actions and behaviors. For example, participants reported watching who they hang out with, how they dress, their behaviors when they drive, and what time they walk home at night. Getting home alive was a shared goal of the participants. They reported having conversations with parents and relatives that emphasized the importance of getting home alive and different strategies to stay safe when dealing with the police such as, being smart, respectful, polite, and avoiding police as much as possible if necessary; (5) Police killings are distant and removed was a theme dependent on the location of the participants and how much they identified with the victims that were killed. Some participants focused more on local violence as threats to them instead of the national police killings; (6) Police killings could happen here was another theme. The study found a relationship between the level of connectedness to the national cases, the victims, direct exposure to aggressive policing, and how likely participants felt this could occur in their hometown. Overall these results point to the importance of families, systems, and the nation as a whole needing to realize and acknowledge the trauma that these police killings are having on young Black men. Though these studies add to the literature, Black women's experiences and how they cope has been ignored.

Intersectionality

To understand Black women's place in society, one must first understand how the experiences of being Black and being a woman intersect. One identity alone is not sufficient

enough to understand the unequal or disadvantaged positions one may face without taking into account their other identities (Bowleg, 2012). Black women's identities can create a dilemma for them; sometimes forcing them to choose between their race and their gender, which often have differing political agendas (Crenshaw, 1991). The theoretical framework of intersectionality aims to acknowledge the existence of multiple intersecting identities. It believes that various social categories, such as race, class, gender, and sexual orientation, intersect in individual experiences at a micro-level, while also reflecting multiple interlocking systems of privilege and oppression at a macro level (Bowleg, 2012). Intersectionality does not just focus on multiple levels of oppression, it also takes into account how low and high social statuses combine to create not only disparities, but advantages as well (Bowleg, 2012).

Intersectionality emerged as a response to the exclusion of Black women from feminism (which only focused on White women) and antiracism (which only focused on Black men). Kimberlé Crenshaw (1991) coined the phrase, believing that the experiences of Black women could not be explained through the traditional lens of race or gender discrimination, but that racism and sexism combine and affect Black women's lives in a unique way that cannot be explained by looking at them individually. In other words, Black women can experience discrimination similar to that of Black men (race based discrimination) and White women (gender based discrimination), yet these combined effects allow them to experience discrimination in a different way as well (Crenshaw, 1989). Though intersectionality began to emerge in the literature around the 1990s, it was introduced over 150 years ago in Sojourner Truth's legendary "Ain't I A Woman?" speech in Akron, Ohio, at the 1851 Women's Convention. In her speech, Truth challenged the sexism used to justify the oppression of women

by using her life experiences to shed light on the contradictions between the myths of womanhood, and the reality of Black women's experiences (Crenshaw, 1989).

Though intersectionality began as a way to give voice to Black women, it takes into account other social constructs besides race and gender. For instance, two Black women with differing socioeconomic statuses could have very different lived experiences. Intersectionality views institutionalized racism, classism, sexism, and nationalism, as analytical constructs that help to understand not only family organization in general, but also Black family organization in particular (Collins, 1998). Not only is intersectionality essential to understanding Black women, but to society as a whole. It takes into consideration how factors outside of an individual's control can have significant effects on their health, thus it can inform the creation of specific and cost-effective health promotion messages, interventions, and policies (Bowleg, 2012).

The Intersection of Socioeconomic Status (SES)

It is difficult to discuss physical and mental health disparities among Blacks without taking into account socioeconomic status (SES). SES continues to be a fundamental cause of racial differences in health (Williams & Collins, 2001). Racial health inequality is related to SES, however, the nature of the relationship is debatable as there is inconsistency in the literature about the effect of SES on eliminating the racial gap in health disparities (Farmer & Ferraro, 2005). Thus two hypotheses have formed. One is the minority poverty hypothesis, which states that there are particular disadvantage experiences among Blacks living in poverty. The other hypothesis, diminishing returns, believes that Blacks who have attained higher SES still do not experience the same returns as Whites, and that the differences between Black and White people are seen the most at higher levels of SES (Farmer & Ferraro, 2005).

Black Women and Physical Health

As stated above, racism has a negative impact on health outcomes among Blacks. In addition, racism is having a negative impact on Black women specifically. For instance, research has indicated that Black women who reported being victims of racial discrimination were 31% more likely to develop breast cancer than those who did not report experiencing racial discrimination (Taylor, Williams, Makambi, Mouton, Harrell, Cozier, Palmer, Rosenberg, & Campbell, 2007). In addition, research has also shown that Black women who were exposed to perceived racial bias and internalized their responses had a higher risk of hypertension and Black women who encountered blatant and subtle forms of racism reported significant changes in facial muscle activity, digital blood flow, and heart rate (Collins, David, Handler, Wall & Andes, 2004). Kwate et al. (2003) explored whether experiencing racist events were related to psychological distress, negative health behaviors and health problems among Black women. Through a correlational analysis of 71 Black women, their results found that experiencing racism within the past year was positively correlated with the number of cigarettes and drinks consumed. In addition, lifetime racism was positively correlated to lifetime history of physical disease. Collins et al., (2004) explored whether Black women's lifetime exposure to interpersonal racial discrimination correlated with pregnancy outcomes. They performed a case controlled study using 104 women who delivered low birth weight infants, and 208 women who delivered non-low birth weight infants in Chicago, IL. Results from the study indicated that the compiled lifelong experiences of racial discrimination for Black women create a risk factor for preterm delivery regardless of biomedical, behavioral, and sociodemographic characteristics.

Black Women and Mental Health

Black women experience a combination of racial and gender discrimination in the U.S. (Lewis et al., 2013). There is substantial literature on the relationship between racial and gender discrimination and psychological and physical health of women (Shorter-Gooden, 2004). Black women are distinctive in that their experiences as they cannot solely be looked at through the lens of either racism or gender, but a combination of both (Everett et al., 2010). Thus, the creation of the term “gendered racism,” which attempts to convey the complexity of the oppression faced by Black women (Lewis et al., 2013). Racial and gender discrimination may increase individual stressors which amplify the risk for mental health problems indirectly (Perry et al., 2013). According to a National Health Interview Survey, 53% of Black women aged 18 or over reported serious psychological distress. More specifically, 76% felt that everything was an effort all or most of the time, 53% reported feeling sad all or most of the time and 59% felt nervous all or most of the time, which are symptoms of anxiety and depression (Centers for Disease Control and Prevention, 2015).

Despite depression rates being typically higher for women than men in general, the difference between these rates in Black women (13.85%) and Black men (7%) are especially surprising (Carr et al., 2014). Black women are more at risk for depression due to their gender, perceived discrimination, poverty, and other factors (Banks and Kohn-Wood, 2002). Other factors include relationship status, lack of health insurance, and low socioeconomic status that can increase the chances of homelessness, exposure to violence, and incarceration, (McKnight-Eily et al., 2009). Carr et al. (2014) explored the multiple oppression experiences of racism, gendered racism, and sexual objectification as predictors of depressive symptoms among low-income Black women ($n=114$). Findings show that all three levels of oppression were related to

more depressive symptoms. However, only exposure to racist events was a substantial and significant positive predictor of depressive symptoms. This finding highlighted the potentially damaging influence of racism on low-income Black women.

In addition to depressive symptoms, Black women are dealing with overall symptoms of psychological distress. Stevens-Watkins, Perry, Pullen, Jewell & Oser (2014) examined the relationship between racism, sexism, and stressful life events and psychological distress among Black women ($n=204$). Racism and sexism were found to have the largest effect on psychological distress. In addition, results showed a strong correlation was between racism and sexism ($r = .61$), indicating that more experiences with sexism is related to higher levels of racism. Racism also yielded a significant and positive correlation with social network loss, illness and injury, employment/financial issues, and lifetime victimization. Perry et al. (2013) explored the link between racial and gender discrimination and individual stressors among low-income Black women ($n=204$). Findings suggest that discrimination is predictive of individual stressful events, socioeconomic vulnerabilities, and increased risk for other negative life events such as victimization. The study also found that the social and individual stressors indicated the status of mental health and well-being. For example, Black women who experienced more racial and gender discrimination reported lower levels of well-being (life satisfaction and purpose) and higher levels of severe anxiety and health concerns.

Besides the relationship between racist events and mental health, research has also been conducted on possible moderators of this relationship. Jones et al. (2007) investigated whether racial identity attitudes moderated the relationship between racist stress events, racist stress appraisal, and mental health. Participants consisted of 118 African American women and 144 Caribbean women ($n=262$). No significant differences were found between the two groups of

women, and therefore they are collectively referred to as Black women in this study. Results found a significant correlation between racist stress events and depression ($r = .35$), a small but significant correlation between racist stress appraisals and self-esteem ($r = -.15$) and a significant relationship between racist stress appraisals and depression ($r = .34$). These findings suggest that racist stress events and racist stress appraisals affect mental health. Jones et al. (2007) also reported that multicultural identity attitudes moderated the relationship between racist stress appraisals and depression, as well as racist stress events and depression.

Barriers to Seeking Treatment for Black Women

As stated before, Black women are at a higher risk for developing mental illnesses due to certain risk factors such as poor health, low income, multiple role strain, and the double minority status of race and gender (Ward, Clark, & Heidrich, 2009). Despite Black women having a high prevalence of mental health issues, they are less likely to seek treatment (Breslau et al., 2005). The barriers that deter Black women from seeking treatment typically fall into two categories: system-level (created by systems designed to provide mental health service) and individual-level (how individuals view and understand their experiences with the system) (Cristancho, Garces, Peters, & Mueller, 2008). Another framework provides four categories of barriers to seeking treatment, including sociocultural, systemic, economic, and individual (Swanson & Ward, 1995). Sociocultural barriers take into account cultural beliefs, as well as racial/ethnic discrimination. One example would be cultural mistrust, defined as being paranoid of Whites as a result of past and present experiences with racism and oppression (Ward et al., 2009). Systemic barriers include those that operate within the mental health care system, such as culturally inappropriate diagnostic procedures and treatment programs (Swanson & Ward, 1995). Economic barriers include those as a result of socioeconomic class, such as lack of health care, transportation issues,

and availability of services (Cristancho et al., 2008). Lastly, individual barriers include perceptions of vulnerability and denial (Swanson & Ward, 1995).

To understand why only a small number of Black women seek help from mental health services despite the prevalence of mental illness among them, Copeland and Snyder (2011) conducted a qualitative analysis of 64 ethnographic interviews of low income Black women, ages 18-55, whose children receive behavioral health services. The aim was to understand why these Black women may seek out help for their children, but not for themselves even though half of them ($n=32$) met the baseline criteria for anxiety and/or depression. The results of the study revealed five major factors that influence help seeking behavior. Fear of losing their children to the system was the first theme, with the system being referred to as something to avoid at all costs. Economic stressors were another factor, as participants identified as low-income Black women. Role strain was another theme found, with mothers stating they have multiple and often conflicting roles that contribute to the stress they experience in their lives. Perceptions of the system was another reason these women did not seek mental health services. The participants felt clinicians wouldn't be helpful due to them not being able to understand the experiences they face. Some even thought if they did seek treatment, they would be hospitalized or immediately put on medication. Another theme that emerged was that a significant number of women reported histories of physical and sexual abuse during their lifetime and had been socialized to be strong in the midst of adversity.

Before Copeland & Snyder's (2011) study, Ward, et al. (2009) conducted a qualitative study in an effort to understand Black women's beliefs about mental illness, coping behaviors, and barriers to seeking treatment associated with aging. Participants included 15 Black women from three different age groups (young, 25-45 years, $n=5$; middle-aged, 46-65 years, $n=5$; and

older, 66-85 years, $n=5$). All of the women participated in a 60-75 minute semi-structured, face to face interview. Results from the study identified systemic and individual barriers to seeking treatment. The main systemic barrier was access to services, which encompassed issues within the agency, and socioeconomic issues. Individual barriers included lack of knowledge about where to seek treatment, lack of awareness, embarrassment about having a mental illness, negative cultural perceptions, and discriminative actions towards people with mental illness. There were no age differences found pertaining to barriers.

A year later, O'Conner, Copeland, Grote, Rosen, Albert, McMurray, Reynolds, Brown, & Koeske (2010) conducted a study specifically focused on older, depressed African Americans and their perceptions of the barriers to treatment. Thirty seven interviews were conducted with older African Americans who had at least mild symptoms of depression and then content analyzed. Results found that experiences of stigma, lack of trust in mental health treatment, lack of access to mental health treatment, and lack of recognition were all seen as barriers to treatment. Ageism was another barrier to treatment, defined as some participants believing they were too old to be helped and that treatment should go towards younger people who could benefit more. Instead, they relied on cultural coping strategies, such as denial and relying on God, and self-reliance strategies, which included handling the depression on their own and pushing through.

Resilience and Coping among Black Women

Handling the interwoven effects of racism and sexism is at the core of Black women's daily experiences (Everett et al., 2010). Despite Black women having the narrative of being doubly oppressed and susceptible to poor mental health, they are also seen as strong, resilient, and adaptive due to how they are able to cope with adversity and support their families (Gibbs

and Fuery, 1994). Coping strategies are cognitions and behaviors that aim to control an issue and the negative emotions that arise from experiencing it (Shorter-Gooden, 2004). Thomas et al. (2008) explored whether coping acts as a mediator between gendered racism and psychological distress amongst Black women ($n=344$). In this study, gendered racism was defined as “how sexism and racism narrowly intertwine and combine under certain conditions into one, hybrid phenomenon” (p. 307). Results suggest that Black women have unique coping processes, including relying on the community and their family, religion, believing in hard work, achievement and responsibility. Further, only the cognitive-emotional debriefing coping was found to be a mediating variable of the relationship between gendered racism and psychological distress. Cognitive-emotional debriefing coping occurs when one makes an effort to forget an event, minimize the negative impact it had on them, or participate in activities to distract them (Thomas et al., 2008).

Shorter-Gooden (2004) conducted a qualitative study to identify the coping strategies that Black women use to manage the stresses of racism and sexism. Using a community sample from the African American Women’s Voices Project ($n=196$) the results showed that Black women use a multitude of coping strategies ranging from internal strategies, external strategies, and specific strategies for gendered racism situations. The internal strategies are belief symptoms that assist a person in how they feel about themselves and their relationship to a larger context (Shorter-Gooden, 2004). The strategies that fall under this umbrella include relying on prayer, spiritual ideas, or their relationship with God (resting on faith); being aware of their heritage and how their ancestors have overcome obstacles (standing on shoulders); and loving and feeling positive about themselves to defend against internalizing the negative stereotypes of Black women. The external coping resource that the study participants used was relying on their social

networks for support. Black women shared speaking to their family and friends to deal with the challenges that confronted them (Shorter-Gooden, 2004). Specific coping strategies were used by the women to cope with immediate events of bias (Shorter-Gooden, 2004). Examples of specific coping strategies include role flexing, avoiding, and fighting back. Role flexing involved women changing themselves to fit in with the dominant group and decreasing the effects of negative stereotypes and bias. Black women used avoidance to cope with racial oppression, but not gender oppression. By doing so, these women stayed away from people, situations or topics that could possibly manifest biases and prejudices (Shorter-Gooden, 2014). The last strategy involved standing up and fighting back, in which women refused to role-flex or avoid situations and instead directly challenged the source of bias that they faced.

With gendered racism being a daily experience for Black women (Everett et al., 2010) one can conclude that it acts as a daily stressor. Everett et al. (2010) conducted structured focus group interviews with Black women aged 18-55 ($n=41$) to investigate how Black women cope with the impact of daily stressors in their lives. The results showed that many women felt applying a multitude of coping responses, such as avoidance and self-care, was the most effective to reduce the stress that they were experiencing. Avoidance was seen as being adaptive. Also, deciding not to live up to everyone else's expectations and focusing on themselves helped them attain emotional and physical well-being (Everett et al., 2010). Overall, the women in the study reported walking away, shifting their behavior, or praying to control their responses to feeling stressed.

Gendered racism may affect Black women daily in more covert ways as well. The subtle and everyday verbal, behavioral, and environmental illustrations of oppression due to the way racism and gender overlap are defined as gendered racial microaggressions (Lewis et al., 2013).

In an effort to explore how Black women cope with these gendered microaggressions, Lewis et al. (2013) conducted semi-structured focus group interviews with undergraduate, graduate, and professional students ($n=17$). Results found that participants used five coping strategies: two resistance coping techniques, two self-protective coping techniques, and one collective coping technique. Resistance coping techniques were defined as combining cognitive and behavioral ways to handle an event. One example of this was using one's voice as power. Participants referred to this as speaking up and addressing the offender directly to regain control of the situation. The other example of resistance coping was resisting Eurocentric standards of beauty that oppress Black women and influence gendered racism. In contrast with resistance coping, self-protective coping refers to inactive techniques that Black women use to minimize the effects of gendered racism (Lewis et al., 2013). Becoming a Black Superwoman was one way participants coped by taking on a multitude of demands and roles to show strength and resilience. This strategy serves Black women by allowing them to counter the negative stereotypes that are projected onto them by society and show they have the ability to persevere through adversity.

The other self-protective coping technique found in the study was becoming desensitized and escaping. In this strategy, Black women are able to notice and recognize that gendered racial microaggressions occur, but decide not to use active coping skills to deal with them. Outside of themselves, Black women were found to use a collective coping strategy where they were able to count on their social support network (friends, family, and spouses) and participate in group activities. These women also stressed the necessity of having other Black women in their circle to receive normalization of their experiences and validation. In addition to these coping strategies, the study found a common theme of picking and choosing one's battles. Participants reported

that after they experienced a stressful gendered racial microaggression they made a decision of how to deal with the event in the best way based on the circumstance.

In the aforementioned study, becoming a Black Superwoman was a way the participants coped. In an effort to formulate a preliminary conceptual framework for Superwoman Schema (SWS), Woods-Giscombe (2010) analyzed eight focus group discussions of diverse Black women ($n=48$). These women described the characteristics of SWS as being obligated to help others, showing strength and suppressing emotions, resisting being dependent on others or being vulnerable, and being determined to succeed regardless of restricted resources. They viewed spiritual values, past history of disappointment, lessons from ancestors, and the historical legacy of racial or gender bias as the factors that contribute to sustaining SWS. In one way the women saw SWS as beneficial, serving the purpose of preserving self, survival, the Black community and the Black family. However, SWS also contributed to strain in interpersonal relationships, embodying stress, and stress-related health behaviors, such as lack of sleep, self-care, or healthy eating. In another study, Donovan & West (2015), quantitatively examined the relationships between endorsing the Strong Black Woman (SBW) stereotype, stress, and anxious and depressive symptoms among Black female college students ($n=92$). Findings indicated that both moderate and high levels of SBW endorsement increased the likelihood of stress and depressive symptoms.

Jenkins (2002) explored how Black women have also coped with community violence. Results show that the women coped by keeping to themselves, practicing safety measures, engaging in political activism, and self-soothing behaviors. Self-soothing behaviors consist of actions such as praying, listening to gospel music, using spiritual concepts to make sense of the violence and blocking thoughts about traumatic events (Jenkins, 2002). The different studies in

this section highlight that Black women use a blend of coping strategies based on the context of the situations they face (Lewis et al., 2013).

Theoretical Frameworks

Critical Race Theory

Critical race theory (CRT) provided the framework for this study. It arose as a theory in the mid-1970s, building on critical legal studies and radical feminism, after the realization that new theories and techniques were needed to confront the more subtle forms of racism that were increasing (Delgado and Stefancic, 2001). CRT concentrates on race and how racism is deeply entrenched within the structure of American society by focusing on three goals: 1) Allowing people of color to tell stories of discrimination from their perspective; 2) Recognizing that race is a social construct while fighting to end racial oppression; and 3) Addressing other areas of difference such as gender, class and other inequalities that individuals may face (Parker and Lynn, 2002). Some of the basic assumptions of CRT include: 1) Racism is a common and everyday experience of most people of color in the U.S.; 2) Race is a societal construct which can be invented, manipulated, or retired when convenient; and 3) Since racism advances the interests of both White elites and White working class, there is no large incentive to abolish it (Delgado and Stefancic, 2001).

By focusing on the racialized, gendered, and classist experiences of people of color, CRT presents a liberating and transforming method for exploring racial/ethnic, gender and class discrimination (Solorzano, Ceja, & Yosso, 2000). It also allows people of color to communicate experiences and matters that the dominant race is unlikely to know (Delgado and Stefancic, 2001). As CRT names racist injuries and identifies their origins, participants are able to discover that they are not alone in their marginalized experiences, and through hearing their own stories,

and stories of others, they are able to become empowered (Solorzano, Ceja, & Yosso, 2000). Using CRT in research signifies that the researcher keeps race and racism in the foreground of the research process and offers transformative solutions to the oppressions experienced within our society and institutions (Creswell, 2007).

Public Health Critical Race Praxis (PHCRP)

Research has shown that racism is a social construct that is a fundamental cause of health, therefore making racism a public health issue as well (Garcia & Sharif, 2015). The recent deaths of Black men and women at the hands of police officers bring to light an unaddressed challenge for public health (Gilbert & Ray, 2015). In an effort to use critical race theory for the public health field, Public Health Critical Race Praxis (PHCRP) was developed (Ford & Airhihenbuwa, 2010). It builds upon critical race theory and public health theories to exemplify the most efficient way to understand and address social and health issues in order to attain social justice for marginalized groups (Gilbert & Ray, 2015). As praxis, it combines theory, science, experiential knowledge and action to overcome inequities. The aim of PHCRP is to offer a semi-structured process to conduct research that is attentive to methodological rigor, as well as racial equity. There are four major foci of PHCRP.

According to Ford & Airhihenbuwa (2010), the first focus of PHCRP is contemporary race relations, where the researcher conceptualizes racism based on the way it functions during the time period of interest for the study. The second focus is knowledge production, aimed at understanding how racialization may influence a study or how the study may reinforce existing beliefs about racial groups. Focus three is conceptualization and measurement. During this focus, the study's racial constructs, hypothesized correlations between constructs, and the social contexts where the constructs and their relationships exist, are defined. The last focus is action,

using the knowledge gained from the study in an effort to dismantle one or more causes of the injustices. In addition to the four foci, there are ten basic principles: (1) race consciousness, (2) primacy of racialization, (3) race as a social construct, (4) ordinariness of racism, (5) structural determinism, (6) social construction of knowledge, (7) critical approaches, (8) intersectionality, (9) disciplinary self-critique, and (10) voice.

PHCRP has been used in similar studies to this one to understand how a phenomenon is affecting a marginalized community. Gilbert & Ray (2015) applied PHCRP to create a framework that can advance research and interventions to address and understand the police behaviors that lead to justifiable homicides (excused and classified as death by legal intervention) for Black males. In their article, they discuss the three contributions PHCRP makes to understanding policing behavior and the increase in justifiable homicides. Under the racialization principle, PHCRP questions existing research that criminalizes Black males over their lifespan, justifies excessive policing in Black communities, reinforces stereotypes about Black communities being dangerous and filled with crime, and supports policies that disadvantage these communities further. In addition, PHCRP presents researchers with a lens that allows them to consider how criminalizing Black males lessens healthy racial and gender identity formations, while also posing a threat to healthy lifestyles for Black men. Lastly, PHCRP challenges those who research, police, or are involved in the criminal justice system to gain an understanding of five key components that lead to justifiable homicides: (1) racial biases, (2) racial and gender consciousness, (3) techniques for more equitable policing practices, (4) the enforcement of legal remedies for those who abuse power, and (5) the prevention of acts of discrimination by holding those who informally police Black males accountable.

Purpose of the Study

Research shows that racism has a profound effect on Blacks. Racism can be experienced internally, interpersonally, or institutionally. Police brutality is a function of the criminal justice system, and this system remains to be an example of institutionalized racism in the U.S. The recent deaths of Black men and women by police officers exemplify the systematic and racialized ways that taking Black lives has become a normal practice in U.S. society (Embrick, 2015). Research has shown that experiences with police brutality have negative effects on Black men (Gellar et al., 2014). However, Black women are non-existent in the literature even though they are more prone to psychological distress due to their place in U.S. society (Lewis et al., 2013). This study addresses this gap by understanding the impact of exposure to police interactions on Black women's psychological well-being. I used a qualitative approach to interview 5 community-based Black women about their lived experiences and exposure to the police and its relationship to their mental well-being. I also explored strategies that they use to cope with this stressor and what they feel mental health practitioners in Black communities can do to help them heal.

Methodology

The main focus of this study was to explore the relationship between the exposure to police brutality and Black women's psychological distress and to further our understanding of coping strategies being used by Black women to deal with this stressor. A qualitative approach was used to investigate this topic. Given the lack of literature in this area, in-depth interviews with community-based Black women about their experiences of and exposure to the police were conducted.

Qualitative research is often used when an issue needs to be explored or a detailed understanding of an issue needs to occur (Creswell, 2007). The qualitative approach takes into account the importance of language and the creation of relationships (Daly, 2007). Most importantly, this study is using a qualitative methodology in an effort to help empower Black women to share their stories and have their experiences heard, which is an aim of qualitative research (Creswell, 2007). Since this topic has never been explored, there are no quantitative measures to use for analysis. This is another reason why a qualitative study was most appropriate to explore this topic of interest. There are many different types of qualitative research studies. Due to this topic being in an exploratory phase, a phenomenological research method was used. In addition, I used a modified grounded theory method for analysis that compared and contrasted participant narratives within and across cases.

Phenomenological Approach

Phenomenological studies aim to describe the lived experiences of a group of people by elaborating on what the participants have in common about a phenomenon (Creswell, 2007). The tradition of phenomenology has strong philosophical elements. They include: restoring the original purpose of philosophy (search for wisdom), suspending all pre-conceived notions about

what is reality, believing one's reality of an object is associated with their consciousness of it, and perceiving the reality of an object solely within the meaning of the experience of the individual (Creswell, 2007).

Edmund Husserl is regarded as the founder of phenomenology in the 20th century. Husserl believed that anything other than direct experience must be disregarded, thus reducing the external world to only containing personal consciousness (Groenewald, 2004). The purpose of phenomenology is to create a universal essence or understanding of a phenomenon instead of individual experiences and has been found to be valuable for groups such as therapists, teachers, and policy makers (Creswell, 2007). For this study, the phenomenon under investigation is exposure to police brutality. As the researcher using phenomenology, I aimed to understand each individual woman's experiences with being exposed to the police and create a narrative of the experiences that all of my participants as Black women have in common.

Sample

The sample consisted of five, college educated, fully employed Black women, who ranged in age from 27-60. As this is a phenomenological study, criterion sampling was used to gain a sample of Black women. Criterion sampling works well if all of the individuals studied have experienced the phenomenon (Creswell, 2007). To expand transferability, the only criterion that had to be met for this study was that the participants identified as Black women. Making this the only criterion allowed participants to come from a range of different ethnic backgrounds (African-American, Caribbean-American, and Latin-American) and ages. I recruited Black women from my personal networks, churches, and through a mental health clinic for individuals, couples, and families. Flyers were posted with my contact information on them, allowing women to decide if they want to participate in the study voluntarily. If so, they contacted me and set up

an interview time that was convenient for them. Upon meeting them, participants received an informed consent form, a short demographic questionnaire, and then the interview began.

Data Collection

Data collection in phenomenological studies consists of in-depth interviews and multiple interviews with participants (Creswell, 2007). As this is an exploratory study, I only conducted five semi-structured interviews, lasting 20-30 minutes each. Using a semi-structured approach allowed me to gain in-depth exploration of how Black women were being affected by their interactions with or exposure to police. According to Creswell (2007), the two most important questions in phenomenological studies include: what have you experienced in terms of the phenomenon? What contexts or situations have typically influenced or affected your experiences of the phenomenon? Demographic information and the interview questions that were asked can be found in the Appendix. The interviews were recorded on a digital voice recorder, and upon completing the data collection, I transcribed all of the interviews word for word.

Data Analysis

With this study being an exploratory one and informed by a critical race theory framework, qualitative research analysis was the most fitting. As stated before, both critical race theory and qualitative methods allow typically silenced participants' voices to be heard. This study sought to understand Black women's experiences about exposure to police and how they are coping. It is assumed that most Black women have been exposed to police interactions occurring in the U.S. even if it does not have a significant impact on them or have had interactions themselves.

A modified grounded theory method was also used for analysis, allowing me to compare and contrast participant narratives within and across cases. Through comparing and identifying

similar elements and processes across cases, themes, patterns and categories are constructed that mirror uniformities in the data (Daly, 2007). Analysis in grounded theory occurs in four stages. Open coding is the first step, which is a way of opening up the data in order to explore what it means and formulating concepts (Daly, 2007). I open coded each interview and created concepts based on their responses. From there, the researcher creates categories based on the concepts that were formulated. I brought the concepts together and created categories. The next stage is axial coding, where the researcher makes connections in the data and builds an explanation of how all of the parts work together (Daly, 2007). Axial coding can also be done between categories as well to explore how they connect and relate to each other. To gain an understanding of how the categories work together, I examined the relationships within and between each category I created. The last step is selective coding, where the researcher creates a storyline through connecting the salient categories (Creswell, 2007). During this process I took into deep consideration how I wanted to tell the story through highlighting and organizing essential elements to the women's narratives and providing descriptions of experiences, relationships, and processes.

Data Quality

Assessing the quality of quantitative and qualitative studies requires implicit judgment that is directed by methodological principles (Moon, Brewer, Januchowski-Hartley, Adams & Blackman, 2016). In quantitative research, reliability and validity (internal and external) are taken into account to warrant the trustworthiness of the data. Inversely, dependability, credibility, transferability, and confirmability are the criteria used to ensure the trustworthiness of qualitative findings (Anney, 2014). Dependability is defined as the consistency and reliability of the research findings, as well as how much research procedures are documented (Moon et al., 2016).

It can be established using an audit trail, a code-recode strategy, or stepwise replication (Anney, 2014). Credibility refers to establishing how well the research actually captures the actual meanings of the research participants (Moon et al., 2016). A reflexivity journal, triangulation, member checking, and peer examination are all strategies used to ensure credibility (Anney, 2014). Transferability is the extent of how the results can be transferred or applied to other contexts and can be established through the use of thick descriptions and purposive sampling (Moon et al., 2016). In essence, it is equivalent to generalizability in quantitative research. Lastly, confirmability shows the results are based on the experiences of the participants and not the researcher's (Moon et al., 2016). Confirmability can be achieved through keeping a reflexivity journal, audit trials, and triangulation.

To ensure validity and reliability in this study, a multitude of strategies were used. In addition to stating my reflexivity above, I kept a reflexive journal which allowed me to document all of the events that I experienced during data collection, and personal reflections that I had in relation to the study. Reflexivity has the power to reduce bias and increase dependability by allowing the research process to be transparent (Moon et al., 2016). Though reflexivity does not completely remove bias, it can help illuminate how the researcher's beliefs can manifest in the findings, and increase confirmability as well (Moon et al., 2016).

Another strategy that was used in this study is peer debriefing. As a qualitative researcher it is expected that I seek support from other professionals that are able to give scholarly guidance (Anney, 2014). Having my thesis advisor, and two other faculty on my thesis advising committee ensured that peer debriefing occurred in this study. Peer debriefing is defined as sharing questions about the research process and findings with peers of academia that can offer another perspective on analysis and interpretation of findings and establishes credibility (Moon et al.,

2016). In addition, my thesis advisor, Dr. Mona Mittal, and I coded two interviews and compared and discussed our codes to establish intercoder reliability. Employing a thick description also occurred in this study by providing extensive and detailed information about the methodology of the paper (Anney, 2014). Doing this allows other researchers to replicate the study (dependability) and allows others to compare this context to other contexts as well (transferability).

Reflexivity

As a Black woman living in the U.S., I am constantly bombarded with news stories and videos of excessive police force taking the lives of people that look like me and those I love. I remember the murders of Michael Brown and Eric Garner, occurring within less than a month of each other, sparking my passion to fight against police brutality. By the end of that year, I had participated in three peaceful protests. My reactions were typically out of anger and a feeling of unfairness at that time.

It was not until the deaths of Alton Sterling, Philando Castile and Terence Crutcher that I began to question the deeper implications these events were having on my psyche and the Black community as a whole. Watching the press release with Alton Sterling's family and seeing his son break down brought me to tears. Learning that Philando Castile was licensed to carry a weapon and followed instructions yet was still murdered, with his fiancée and her four year old daughter in the back seat made me realize that could have easily been my uncle and his family in the car. Terence Crutcher's murder made me think that could have easily been my father on his way to pick up my siblings from school. It was after the murders of these three men, all within three months of each other and all caught on video, that I began taking these events personally by recognizing the similarities between these men and the men in my life. I found myself constantly

living in fear of something happening to my father, little brother, boyfriend, or future son. This fear prompted me to research what impact these killings were having on the Black community.

When I first began, I found only two studies that explored how police interactions or national police brutality killings were impacting Blacks (Geller, 2014; Staggers-Hakim, 2016). However, in both of these studies all of the participants were men. I was reminded that Black women and their narratives have been and continue to be largely ignored. I noticed that all of the hashtags that I knew were the names of male victims and remembered it was not until the mysterious death of Sandra Bland in police custody, that the murders of Black women by the hands of police started to be seen by the public. Not only did I worry about something happening to the men in my life, I began worrying about my own safety and the women that I love in my life as well. I figured if I was feeling this way, surely other Black women may be experiencing this anxiety as well. I wanted to shed light on the voices of other Black women whose experiences have been left out of the literature.

However, my role as the researcher is to bracket my own experiences and capture the experiences of my participants. Therefore, it was necessary for me to remember that just because these current events are eliciting strong emotions for me, does not mean that holds true for all Black women. As the researcher, I viewed the participants as the experts in their experiences. I expected that not every Black woman in this study would share my views. Still it was just as necessary to capture their narratives as well. Surprisingly, I think the participants mostly assumed I understood their experiences or that I was on the same page as them since I was a Black woman. I also found myself conveying that their assumptions were right through my responses being more from an understanding stance instead of a curious one in the beginning of my data collection. However, as I got more comfortable in my role as the researcher, I found

myself taking a more curious stance and asking participants to go into more detail about their opinions and beliefs.

Being a couple and family therapist has taught me to view individuals, couples, and families in a systematic framework. It has also given me the opportunity to provide therapeutic services to a multitude of diverse clients and hear how their culture and oppressions affect their mental well-being. My profession motivated me to understand the impact these current events were having on Black women, their relationships, and how they were coping. Yet as a researcher, it was imperative that I separated my clinical lens from my research lens and not allow myself to search for meanings in my participant's answers that would fit my personal agenda. However, I found it difficult to gauge how much to separate my therapist self from my researcher self in the beginning. The therapist side of me wanted to delve deep into other questions, and question more meanings of the women's experiences. However, the novice researcher side of me did not want to stray from the interview questions and respect the amount that my participants' decided to share. By the time I completed my data collection, I feel that I found a better balance.

Results

The purpose of this section is to illustrate how participants experience their interactions with the police and how it is affecting their psychological functioning. Hearing how these women cope with these experiences and what they need from therapists in the Black community are depicted in this section as well. The main domains that emerged from the data include what these women are feeling, what they're doing to handle these emotions, and what it is that they need. Within each of those domains, categories, dominant themes and sub-themes can be found. A multitude of direct quotes from the participants' interviews are integrated in this section in an effort to mirror how the participants expressed and perceived their experiences. Each description stated by two or more people was seen as a theme. Including most of the data stated by participants was used due to the exploratory nature of this study. In addition, as this is a small sample size, presenting the data in this way gives readers ample opportunity to see a rich description of the data. Italicized sentences with quotation marks display statements made by participants during their interviews.

Who They Are

There were five women who participated in the study. All of them attained a college education or higher and had an annual family income of more than \$45,000. Dianne is a 49-year-old school principal, married with two adult daughters. She lives in a Black middle class neighborhood. Amber is a college-educated 27-year-old, living in a rural and economically advantaged county. However, she works in an urban city. Her friend from college and current roommate, Brianna, was also a participant in the study. She is 27 years old, grew up in a racially and economically diverse county, and now works in the same area as Amber. Rebecca is 53 years old and works at a private university in a metropolitan city. She is divorced, and has three

young adult children; two sons and a daughter in the middle. Anne is 60 years old, married, with a 25-year-old daughter and a son in college. She grew up in a southern rural town during segregation, but now resides in a metropolitan area.

What They Feel

The main purpose of this study was to get an understanding of how Black women are being impacted by their lived experiences with and exposure (personal and/or vicarious) to the police. The five women in my study identified and discussed a variety of feelings in their interviews around their experiences with and exposure to police. Despite their high education attainment and socioeconomic status, three major themes of emotions emerged; fear, hyper-vigilance and randomness of negative police interactions.

“I was frightened out of my mind”

Fear was one of the most present emotions among the women. The emotion arose often when discussing personal experiences they either had themselves, or witnessed family members have. For Amber, her first personal experience with the police was when she was in college.

“My first experience, I had a DUI when I was in college so I remember being pulled over by the police ... I was definitely fearful. Super fearful. I remember crying and just not handling it right.”

Brianna also recalled having a fearful experience with the police as a young adult. *“I had to have been like 22 or 23 and he [police officer] felt comfortable enough to cuss at us and act as if he was on our level, almost as if he wasn’t in uniform, as if he was a peer... I was so scared you know, I was scared and didn’t think anything of it.”* Besides personal interactions with the police, the women described witnessing their loved ones in situations with the police that instilled fear in them as well. Even before her own experience with the police in college, Amber stated her

fear of the police was instilled at a young age from witnessing her father's interactions with the police.

"When my dad got pulled over, I was very fearful for him...He can be very combative in nature so I was afraid that he might not respond in a certain way and maybe he could be taken away. I've been in circumstances where he's been in a bit of a back and forth with the police and the police has had to get stern with him which has caused fear in myself for the police instilled at a young age."

Contrary to Amber's experience, which imparted fear in her at a young age, Anne told of a recent event. Her son was in Los Angeles visiting a friend and found himself locked outside of the house. So he decided to sit on the porch, wait for his friend to return, and call her in the meantime. Unbeknownst to him, a neighbor would call the police and fifteen armed police officers would arrive.

"He said to me there was a helicopter above. At this point he was just curious. But within seconds I didn't hear him. I-I heard him pleading and then I didn't hear anything for the longest time, and just kept trying and the connection dropped. Just kept trying to get him back on the phone and when I did some fifteen minutes later, he had been hand-cuffed, thrown on the hood of the cruiser, questioned, and put in the back seat of the cruiser."

When I asked how that experience affected her as a parent she seemed to be reliving the moment, pausing frequently and gathering her thoughts.

"I was frightened out of my mind. I could..I knew something was happening. I could only guess it was the – the police at the moment that I was on the phone with him during that time. But it was horrible, it was absolutely horrible. It was umm just an extreme reaction. Umm and from being told that someone called the police because he was sitting on the

porch, that, that in itself was too much to bear, and the whole experience was just too much to bear.”

Fear for loved ones. Regardless of if the women had personal experiences, or witnessed interactions with the police, there was a theme of being afraid for the members in their family as well. This speaks to the distinct, vicarious nature of the experiences these women face. Black women are seen as the backbone of their family, and their community, thus making them responsible for the care of kin and the larger Black community as a whole (Nichols, Gringle, & Pulliam, 2015). Therefore, even if Black women are not targets of negative police interactions, they are constantly exposed through their family members. I think it is also essential to notice the life stages of the family members these women expressed concern for. All of the participants' family members were either adults close to their age, or if they were children, they were young adults either in college or in their careers. This also confirms the notion that Black women are constantly exposed to this fear, because regardless of what life stages their loved ones are in, these feelings are still constant. Dianne expressed concern for her husband and two daughters and Amber stated her concern for her younger brother. However, she stated that knowing her brother was in the military calms her fears. *“I think that fear is like rest assured because he’s a man in uniform. They’ll notice that and maybe respect it more. I think it makes a difference sometimes.”* As one participant viewed being in uniform as a protector, another saw being in uniform as a possible risk. Rebecca was candid about the complexities of her fears for her oldest son, who is a police officer.

“Before I didn’t necessarily see that police can be in vulnerable situations and positions also and now with my son being a police officer, I’m like oh my goodness... I was praying for him in one way and was like no I need to really change the way I pray for him and

really pray for his safety and pray that on one hand, he doesn't get a mindset of he's above the law and that he doesn't have to respect those individuals, and also that no one would target him because he is wearing the uniform and they think that he is an enemy of our community."

After sharing the story of what occurred in Los Angeles with her son, Anne also shared her concern for her daughter as well due to previous encounters she's had.

"There was an instance where she was sitting outside of a 7/11 and the police officer told her she had to move because she was loitering, but there was a bench outside. Umm and I guess she didn't respond in the way that he felt was appropriate and he hand-cuffed her... He didn't arrest her or anything but that has happened and yeah I'm afraid that in other instances those similar things could happen."

What stood out to me the most is that the women's fear for their loved ones often was contingent upon the temperament of their family member. Rebecca stated knowing that her daughter tended to be the most outspoken of her children, which made her have discussions with her about how she would respond to a police officer if she was ever confronted in a situation. Amber expressed similar sentiments regarding a family member's personality affecting her fears when she spoke of her father.

"When my dad got pulled over I was fearful for him because he's not the kind of man who backs down from anything. And he can be very combative in nature so I was afraid that he might not respond a certain way."

However, when it came to her brother who is in the military, Amber's concerns were a little different.

“But for my brother, he’s in the military so I think he has a different kind of past...He went to the Naval Academy so he’s been around people in uniform, white men who are in uniform. And he is kind of is trained up in how to respond....so he’s very respectful and mild mannered in nature so I’m never as concerned about him because he’s had a different kind of upbringing.”

It seemed as if milder temperaments made the women less concerned. As Dianne expressed how her experiences have impacted her relationships, she stated *“sometimes I worry about my husband, but not so much anymore because he’s older...and I don’t think he’s as hot headed as he was in college.”*

The Black community’s relationship with the Police. Across all of the women, the fear seemed to stem from the known relationship between the Black community and the police. Rebecca touched on knowing that *“there have always been contentious relationships between the police and the African American community”* but since she resided in middle class or suburban communities, she did not experience it often. It wasn’t until the past five-ten years of seeing the interactions between police officers and citizens in the media that she began to think differently.

“It seems like the police have changed but then again sometimes I think these things were always going on, but now we’re more aware of them because of people having personal cameras and things like that to record the situations.”

Amber had a similar view of police interactions with the Black community, stating *“I don’t think that they’ve changed. If anything just based upon what’s going on in the news we’ve become even more self-aware.”*

“Just always watching my back”

Being more aware and on edge was found to be a common theme among the women. There was a general awareness that participants mentioned needing to have as a Black person in America. Amber stated *“I think as a Black person we always have to be more self-aware in any situation as the minority.”* Not only is there a general awareness as a Black person, but it is constant. Dianne mentioned this sense of awareness being a part of the Black community’s lives every day. *“It’s not something they can take off or put on. Every time you step out the house, you have to be aware.”*

Specific situations and places. In addition to having a constant awareness, there seems to be a heightened awareness in specific situations, especially depending on location. Dianne stated:

“The media would have you say that it [police interactions] has increased negatively in the urban community, but we live in a Black community and there’s not an increase in police interactions. But in the urban city areas, poorer areas, there may be.”

Some participants saw their socioeconomic status as a buffer against these negative experiences with the police, while others experienced more heightened awareness because of their environment. Amber recalled a situation in her affluent neighborhood, and her instantaneous reaction.

“I remember the police came and I don’t know why they were there but I was immediately looking out the window, observing what they’re doing and when I’m going to the HOA (Home Owner’s Association) meeting, I’m curious as to why they were there and what the issue was because I need to know. I like to be more aware and I think all the happenings in the news has caused me to be even more aware of police.”

Later on in the interview, she went on to say, *“I know my dad was talking about the police system there [the county in which she lives] so now that I live there, I’m even more self-aware of how I’m driving.”* Driving emerged as another common situation that amplified the hyper-vigilance. Brianna stated:

“He might not even have his lights on but if a police car gets behind me and I see him, I’m back and forth, looking in the rear view, looking at myself, looking in the rearview. Just always watching my back if you will.”

Amber shared similar sentiments as well.

“Whenever I see the police, even if their lights aren’t on, I’m checking to make sure I’m going the right speed limit. I’m making sure obviously that I’m not under the influence or anything like that and I’m just more self-aware.”

Self-awareness. It is clear that self-awareness was another term mentioned often among the women. From their stories, it seems necessary to maintain a high level of self-awareness in order to avoid issues with the police.

“I’m just even more self-aware how I am driving. Even if I have my music up a certain level, just little things I try not to do just because I don’t really care to have that drama or issue with them at all.” – Amber

“I’m always even double checking myself like what’s going on? Do I have my seatbelt on? What am I doing? You know, just want to make sure that I’m in line in the event that anything was to go awry. Because as we all know it can go awry very fast. So I just always make sure to double check myself.” – Brianna

“But it could happen any where, any time.”

The quotation above not only highlighted the belief of the importance of self-awareness, but also the belief that things can go wrong very easily when dealing with the police as a Black person, even if you’re not in the wrong.

Could happen to me. During the interviews some of the women mentioned the possibility that these negative interactions with the police could happen to them. Rebecca voiced how her impressions of the police have changed, stating *“I’ve just become a lot more aware of things that could go wrong when interacting with the police even for ordinary law abiding citizens like myself.”* Amber stated *“I don’t want to be a Sandra Bland. Like I don’t want that to happen to me but it could, so it makes me even more nervous.”* Further on into her interview she shared her same sentiments again;

“I just don’t want to be caught in a situation where something could go left. I just think these days anything can go left at any given time. You just have to be careful where you place yourself and how you respond.”

Could happen anywhere. In addition to the possibility that it could happen to anyone, including them, Anne alluded to the possibility that it could happen anywhere as well. *“I don’t think that it’s necessarily a phenomenon that’s just unique to the South. I think it’s a phenomenon that permeates police systems, criminal justice systems, all over the country.”* In her interview, Dianne echoed similar ideas stating, *“It’s not present in your mind all the time, but it could happen any where, any time.”* As stated above, this awareness is specific for the Black community when dealing with the police. Anne articulated why this awareness is specific for Black people.

“I think that the police are just an integration of the Ku Klux Klan. I think that there was some point in time when the culture of the Klan got inserted into the police. And I think because of that, you know that Black women and Black men are targets.”

The effect of gender. Dianne mirrored the idea that Black men and Black women are in jeopardy of having negative interactions with the police. *“I don’t think it matters that you’re a woman...Cause if you think of the women who have been shot, it didn’t matter.”* However, other participants saw their gender as a buffer against negative experiences with the police. Many of the women shared the experience of being a Black woman means that you are seen as less than. Anne echoed this belief with her words: *“Because we’re women and because we’re Black, we’re oftentimes seen as less than.”* In her interview, Brianna voiced *“first of all being a woman in itself, I feel like people automatically think less than and then being a Black woman, that’s a whole other ballgame.”* As the women identified with being seen as less than, it translated to them seeing themselves as less of a threat to society than Black men. Thus, Black men are more at risk, and have it worse. When asked how she thought the dual identities of being Black and a woman shaped the experiences that she or other Black women were having with the police, Amber replied, *“I think it shapes it in that I don’t think we have it as bad as Black men.”* These attitudes were also reflected by Rebecca as she stated:

“I’m not sure if I’m naïve but because I’ve not had any negative direct encounters, I almost think that being Black and a woman might make me less of a threat or less of a potential situation when encountering police in general...I would think I have less risk than a Black man or Black boys.”

Expanding upon her ideas of Black men and women being targets for the police, Anne declared, *“I think Black men are more targeted than Black women. I think Black men are seen as a bigger threat to the culture of this country and the whole culture of white supremacy.”*

The effect of age. Some of the older participants identified their age as being a buffer to experiencing negative interactions with the police. As stated earlier in this section, when Rebecca was discussing how her impressions of police have changed she said, *“I’ve just become a lot more aware of things that could go wrong when interacting with the police even for ordinary law abiding citizens like myself.”* She continued on to say *“well not like myself ‘cause I’m 50 something, but you know as like younger people, good kids or good young adults, things can go drastically wrong when interacting with the police.”* Even when Dianne was describing her worries for her husband, older age being a safeguard appeared again. *“And sometimes I worry about my husband, but not so much anymore because he’s older so I don’t think things would happen.”* Towards the end of her interview, the concept of age appeared when Dianne was discussing the difference between her and her daughters’ reactions to seeing the police. *“I don’t think generally if I see a police car do I get fearful. Even if one is behind me, I don’t think that is my initial thought... although but my daughters think – that is theirs.”* When I inquired about what she thinks makes her daughters’ reactions different from hers she felt the environment their in shows so many people their age or younger having these negative interactions with the police. *“It’s in the media so much more. It’s in their entertainment, it’s in their music, and it’s on their television shows.”*

What They Do

The second aim of this paper was to grasp how Black women are dealing with their realities in terms of their exposure, personal or vicarious, to the police. In this section, the

reoccurring theme of “the talk” that Black parents have with their children will be explored. In addition, one of my questions specifically asked how the women have been coping with the experiences of the police. Their responses to that question will be discussed in this section as well.

“The Talk”

From the women’s narratives, there was an overarching sense of the awareness of negative interactions with the police being more present. With this awareness, it seems it has become common practice to have “the talk” with Black children. Based on the participants’ recollections, the talk involves specific conversations that Black parents must have with their children about how to interact with the police, in order to keep them safe. Participants saw this as a normal part of life.

“I remember my dad getting pulled over a number of times and whenever he did, he would pull us [her and her brother] to the side and have a conversation about it [being pulled over and how to interact with the police when it happens]. And just talk about how he handled it, how we have to handle it as African American people.” – Amber

When asked how Dianne copes with the experiences and exposure to the police, she stated:

*“You know our community just talks about it at the kitchen table. * Laughter *. You know and talks to our kids about what they need to do to be safe. How they need to interact with them [the police] if they’re ever approached. What they need to do. What they need to not do.” – Dianne*

Rebecca stated, *“Like most parents, African American parents, you have the talk with your children.”* Amber communicated the same idea, stating *“People are saying the new norm is that we have to have this conversation with our children about police.”*

Importance of milestones. While listening to these women, a sub-theme that I noticed was the importance of what stage of life the women were in when they received the talks, or when they gave the talks to their children. Rebecca recalled receiving the talk from her aunt and the impact it had on her.

“I remember my aunt saying to us ‘never talk to the police. They’re all crooked. So if you have a problem, don’t go to the police.’ And I was like that was a pretty big.. It made a big impression on me as a child.”

When she became a mother, Rebecca had conversations with her children about the police. She recalled, *“Now as my children got into high school, then I would talk to them about being careful when they are interacting with the police and being careful about how they’re perceived.”* When Dianne was discussing what made her daughters’ thoughts when they see a police car different from hers, she alluded to her influence on them as a parent. *“And we put it in them. You need to be careful, you need to do this, you need to do that. Even with you know just getting your license.”*

Importance of appearance and behavior. Two of the main concepts that participants received talks about or spoke to their children about were appearance and behavior.

“So my son had long braids and you know he wore his pants a little slack, and you know, he looked like a typical African American teenager so we would always talk to him about his appearance. Like okay you know you have a choice to wear what you want to wear, wear your hair that way. But people are gonna look at you in a certain type of way, especially law enforcement.” – Rebecca

Appearance emerged as a way Blacks are perceived by police, and something they need to be cognizant of. Amber stated, *“If you wanna be having your pants hanging down and you gonna*

be distributing yourself in a way and certain manner, that comes with certain things just based upon what they've [the police] shown us."

Within these talks, the way Blacks must behave when interacting with the police was discussed too. They would receive or give specific instructions. Rebecca stated since her daughter tends to be the most outspoken of her three children, she would *"talk to her about her being outspoken and how she would respond to a police officer should she be confronted in a situation."* She also gave specific instructions to her son as well. *"So you need to make sure that you represent yourself well if you have any face to face interactions with police officers. Meaning speak clearly, give good eye contact. Things like that."* On the receiving side, Amber recalled how her father would *"stress the importance of keeping your hands on the steering wheel, or being respectful but not in a slave mentality sort of way."*

Importance of gender. From Rebecca's narrative, I noticed the impact of gender when giving "the talk" to children. As I just stated above, since her daughter was the most outspoken of her children, she would talk to her about her outspokenness and how she would respond to a police officer if she were ever confronted. However, with her son, she stated she would always talk to him about his appearance, and making sure he understood that he has the choice to wear what he wants, but law enforcement would look at him in a certain way because of it. To me, this echoes the sentiments of Black men being seen as more of a threat. Therefore, the talks Black boys receive are more about their appearance or how they are perceived off of face value. Whereas, for Black women the focus is on how they use their voice.

On the other hand, gender did not seem to have as great of an influence on whom the women received the talk from. Amber stated receiving talks about the police from her father, whenever he was pulled over. She also made a point to say that her father wouldn't solely focus

on giving the talk to her younger brother, but making sure she understood the importance of interacting with the police as a Black woman. In another interview, Rebecca recalled her aunt giving her a talk about the police when she would go visit her in the summer. Her story reveals that “the talk” does not just come from parents, but from relatives in general. Later on in her interview, Rebecca went on to discuss that she gave the talk to her children as well, suggesting an intergenerational component to the talk. Not only do Black women receive the talk from their loved ones when they are growing up, but they pass it on to their children as well. In addition, when Dianne and Rebecca discussed giving the talks to their children, the pronoun “we” was often used. For instance, Dianne said, “and we put it in them. You need to be careful, you need to do this, you need to do that.” Rebecca also used the pronoun, stating “so we would always talk to him about his appearance.” The use of “we” suggests that these talks were not just given by the women, but by the parental unit, further suggesting the intergenerational component.

Walking on a tight rope. What I found to be interesting was the complex nature of the messages given behind the talks that participants were having or receiving. As shown above, it was clear that these conversations were being had because of belonging to the Black race. During Amber’s interview, she alluded to this fine line many times, with comments such as, “*Not fearful, but you should be very aware that you are Black, and you can’t respond in a certain way,*” and “*I think it’s a fine line between submitting to the police and just simply being a respectful human being.*” There was a sense of being yourself, but also not portraying yourself like Black stereotypes, so that nothing will happen to you.

“You need to know that you’re Black, and you need to know that that makes a difference. That doesn’t mean you need to water down yourself or who you are as a Black person...All you can do is based on what you see in the news and if A plus B equals C,

then you should probably try and adjust a little bit. Somewhere in between, not to say you have to change who you are, but sit up, be professional, don't be disrespectful, because at that point you're asking for it. You don't want to be another statistic."

Coping

From the feelings of fear and hyper-vigilance that the women identified, and the constant awareness that they feel, one can imagine this experience is exhausting. I thought it was imperative to include a question about their coping methods in an effort to understand how these women are dealing with these experiences. Out of the five women, two identified using prayer, one brought up having the talk, one discussed avoidance, and one identified activism as her way to cope. A common response among a few of the participants was also cherishing their children more.

Prayer. As predicted, prayer came up as a way for these women to cope with these occurrences. Rebecca described how the death of Michael Brown impacted her and what she did to cope.

"So that really hit personally to me and even thinking about it now makes me a little emotional because at that time, my youngest son was in high school. And I just started seeing these young teenagers, and I started thinking oh my goodness, what if that happened to my son? How would I feel? And I really empathized with the parents so it caused me a lot of grief. So to cope with it, I did pray about the situation between our communities and the police officers." – Rebecca

Brianna communicated handling these experiences in a similar way as Rebecca did.

"Honestly I feel like all I can do is pray because I feel like me, single handedly, it's out of my hands...I feel like prayer really is all that can, all that we can do. Cause I'm a firm

believer that God can work it out...Most of the time it's out of my hands and when it's out of my hands all I can do is pray. So that's really, really all I can do." – Brianna

Avoidance and Activism. Amber's narrative illustrated using avoidance as a way for her to cope with these experiences, so that she does not put herself in a dangerous situation.

"It's heartbreaking and I try to avoid it all together. Like avoid the police as much as possible, cause like I said, I think we live in a day and time where anything could go left so if I can do anything in my self to avoid a situation like that happening to me then I will."

Later on in her interview, the same message was communicated again.

"Not like a sit-in , but just some sort of thing like a protest or anything involving the police, I will probably shy away from things like that just because I don't want to be in a situation where I'm going against authority."

Contrary to Amber, when Anne was asked how she was coping the first concept she identified was activism as a way to release her feelings.

*"How've I been coping or dealing? Hmm that's a hard one *laughter*. I haven't done anything particularly in the category of activism. I'm gonna participate in the march on the 24th, yet that doesn't speak to police violence, just guns. But it's a way for me to get out some kind of frustration."* - Anne

Connecting with their children. All of the mothers in this study identified the importance of cherishing their children more, as a way to cope. Whether that meant checking in on them more, spending more quality time with them, or having "the talk". When asked how she copes, Dianne laughed a little and stated *"you know our community just talks about it at the kitchen table and talks to our kids about what they need to do to be safe."* Anne admitted to her behavior changing

after her son had the incident with the Los Angeles Police Department (LAPD). *“I check on him probably more than I ever did. Just from the paranoia, even though he’s no longer in East LA.”*

Continuing with how the death of Michael Brown impacted her, Rebecca stated,

“Then I started to appreciate my son a little more in terms of my relationship with him. He’s the youngest child in the house, and it sort of made me think okay, he’s not going to be here with me always. And not in terms of that he would be taken away from me tragically, but even just that he was going to go off to college, and he’s growing up. So it just kinda made me realize the precious nature of our relationship a little bit more. So I think I coped with it by trying to engage in more dialogue with him and even my older son, try to be more engaged with him as well...So just appreciating all of my children a little bit more. And even talking to my daughter about her being outspoken, and how she would respond to a police officer.”

What They Need

As a couple and family therapist, it was important for me to understand how these women felt mental health professionals in the Black community could help. The women offered a multitude of ideas for what could be done to help the Black community heal. Their responses fell under three main categories: normalizing, recognizing, and understanding.

Normalizing

When I asked what the women felt therapists could do to help the Black community, two of them brought to light the need to get the Black community to seek therapy in the first place.

*“I feel like for Black communities, you have to seek therapy. People don’t necessarily wanna do that so it’s like *laughter* you need to figure out how you gonna get your messages out in a way that people don’t have to go finding it...So making it more normalcy I would say.” – Amber*

“That is tough, assuming that a family has sought counseling. Maybe offering some sort of a campaign is good. Bringing awareness to other communities.” – Brianna

Recognizing

The importance of therapists recognizing that these experiences exist and bringing them into the therapy room was expressed by two women. While interviewing Anne, she stated that one way therapists can help is *“just to be highly aware and cognizant.”* Dianne also shared similar sentiments, commenting that therapists need to:

“Know that they [interactions or experiences with the police] are real and that they’re there. It’s just like with trauma, so it needs to be dealt with and brought out in the open and talked about so people can deal with it.”

She continued on to say,

“You [therapists] need to recognize that it’s always under the surface. So that may not be what brought you [Black clients] there. That may not be the main cause. But it’s a part of their lives. Every day, all day long.”

Understanding

Beyond just acknowledging it in the lives of their clients, the women stressed the importance of understanding as well. Understanding was seen as being aware of the complex nature of the police and communities of color, and how families of victims have been affected as well.

“To understand that it’s specific. That in the United States, there’s a culture of White privilege, there’s a culture of White supremacy. It permeates. It’s like smog. We just breathe it, and how we react to it is up to us individually. I think that police, institutions, systems, have just inhaled it a hundred times so the way that this system approaches, deals with Black people is part of that.” – Anne

“I think empathy and really understanding the complex nature that the role of the police has in Black communities or even communities of color and understanding how that has not always been positive for a lot of people...So as a counselor, I think it would be good to recognize the complex nature. That the police are there to help protect our communities but everybody doesn’t necessarily see police officers in that way.” – Rebecca

Different from anyone else’s response, Brianna thought one way that therapists could help would be to come together and look into preventive care steps, as well as how families of victims have been impacted.

“I’m very into the grand scheme of things and preventive care. Like what can we do to help this or once that has happened, what can we do to fix it? Because you’re in school, maybe some research on different situations that are happening to different families and sort of looking into it and figuring out what can we do to help the family.”

She went on to say that even looking at old interviews of the families of Michael Brown and Trayvon Martin and seeing what happened and how to fix or prevent it would be helpful. At the end of the interview she expressed her idea of therapists coming together as a collective.

“So I think when every, when all of your therapist friends come together, everyone’s gonna have a different solution, you know. So I think that’ll be a good idea.”

Discussion

While there has been an increased interest in how interactions with the police are impacting the Black community, much of the focus remains on Black men. The goal of this study was to use semi-structured interviews to explore the impact of exposure to and/or interactions with the police from the perspective of a group that is often overlooked in the literature, Black women. Personal, family, and community interactions with police and how these experiences affect their relationships and behaviors were explored. In addition, the interviews focused on the intersection between participants' race and gender and their impact on interactions with police.. Lastly, how the women coped with these experiences and what they felt therapists could do to help were discussed as well. In this section, I aim to integrate the findings of my study with past research, and present the findings through the lens of the theoretical frameworks used to design and guide the study. The frameworks include critical race theory, public health critical race praxis, and intersectionality. Lastly, implications of the findings, limitations of the study, and recommendation for further studies will conclude this chapter.

Research Contributions

Since little research has been done on how interactions with and exposure to police affect Black women's well-being, this study addresses a critical gap in literature. Phenomenological studies are used to illustrate the lived experiences of a group of people through amplifying what the participants have in common about a phenomenon (Creswell, 2007). This study incorporated a modified grounded theory analysis to explore the narratives of a group often ignored in research. The intersection of race and gender leaves Black women at a doubly disadvantaged place in the U.S. and specifically with police interactions, yet little exploration has been conducted about their experiences. Conducting qualitative interviews helps in reducing the

social distance between researchers and minority communities by using storytelling that has the ability to personalize people's experiences (Ford & Airhihenbuwa, 2010). This study not only gives a voice to a group that is often left out, but also allows readers to get a glimpse of the experiences the study participants face on a daily basis.

It is common in qualitative research for findings to create a descriptive narrative of an experience through the lens of the participants. From my findings, it was clear that these women were feeling a constant sense of awareness and fear, not only for themselves, but for their loved ones as well. They did seem to feel that being older or being a woman could sometimes act as a buffer to these experiences and reduce their fear. However, fear still remained a prominent emotion for these women. These feelings of fear led to the belief that these negative interactions could happen at any time or any place, thus leading to their hyper-vigilance. In response, the women gave "the talk" to their children, or remembered receiving "the talk" as children themselves. They also use a variety of coping strategies, such as prayer, activism, or avoidance. In order to heal from these experiences, the women expressed their needs for therapists working within the community to normalize seeking therapy, acknowledge these experiences specific to Black women and bring them into the therapy room, while also being empathetic and validating.

Fear, hyper-vigilance, and the randomness of negative interactions with the police were the main feelings expressed by the study participants. All three of these themes were also found as themes in Staggers-Hakim (2016) qualitative study on how the national police killings are impacting the health and social development of Black boys. Other themes that emerged in both studies were Black men being seen as a threat, and being more aware of their actions. These feelings seem to be salient to the Black experience if they are found in Black women ranging from 27-60 years old, as well as Black men ranging from 14 to 18 years old.

The concept of giving or receiving “the talk” about how Black children must interact with police was another finding of this study, which corresponds to the concept of racial socialization. Racial socialization is how parents transmit their values, attitudes and information about their racial group and intergroup relationships to their children (Hughes & Chen, 1997). A specific type of racial socialization is preparation for bias, where parents prepare their children for future encounters with prejudice and racial discrimination and how to cope with it (Hughes & Chen, 1997). Preparation for bias has been found to be more prevalent among Black parents when compared with parents from other ethnic and racial backgrounds (Hughes, Smith, Stevenson, Rodriguez, Johnson & Spicer, 2006).

Even though Black mothers and fathers racially socialize their children, mothers report more frequent racial socialization than fathers (McHale, Crouter, Kim, Burton, Davis, Dotterer, & Swanson, 2006). Similar to the mothers in this study who had attained a college education or higher, lived in middle and upper class neighborhoods and were fully employed, research has found that preparation for bias is more common among parents with higher incomes, more years of schooling, and living in integrated neighborhoods (Hughes et al., 2006). McHale et al. (2006) used 162 two-parent Black families to study mothers’ and fathers’ cultural socialization and bias preparation with older and younger siblings, and found a positive and significant relationship between preparation for bias and maternal warmth, as well as preparation for bias and their children’s age. The importance of milestones found in this study revealed that the women gave the talk to their children as they got older. Similarly, Hughes & Chen (1997) found that preparation for bias was statistically significant with children’s age groups. More specifically, parents reported more preparation for bias on children ages 9 to 14, than children ages 4 to 8. Even within these groups, parents of children 6 to 8 reported more preparation for bias than

parents of children 4 to 5, and parents of children ages 12-14 reported more preparation for bias than parents of children 9-11. The findings of my study also showed that not only did participants receive the talk as a child, but those with children also passed it on to their children as well. Research suggests that preparation for bias among Black families might be a child-rearing strategy, transmitted intergenerationally, that stems from collective knowledge of historical experiences with oppression (Hughes et al., 2006).

Though studies indicate that Black children do not just receive preparation for bias messages from their mothers, the mothers in this study emphasize the unique role that Black women play in the family. One study shows that Black mothers perceive listening, teaching, influencing, and monitoring their children as major responsibilities of motherhood (Nichols et al., 2015). This may explain why most of the mothers in the study discussed giving their children the talk. This may have been their way of fulfilling their responsibility of teaching and influencing their children. In addition, Nichols et al, (2015) found that mothers were seen as providing the emotional strength for the family and their responsibilities as a mother did not just end when their children left the house. As I noted before, all of the participants who were mothers in my study had children who were young adults, either in college or working. However, they all still expressed concern for their children and practiced behaviors such as calling to check in on them or praying for them. This further emphasizes that their responsibilities as a mother and their experiences of worry and concern for their children were seen as never ending. To cope with these responsibilities, the women in my study used survival methods or coping strategies such as prayer, activism, avoidance, and cherishing their children more. Studies around Black women's coping practices (Everett et al., 2010; Shorter-Gooden, 2004) have found similar

results of women relying on prayer, their community, or using their voice to combat the stressors they face.

Theoretical Contributions

Intersectionality

The theoretical framework of intersectionality recognizes that multiple social categories combine and result in varying levels of oppression and privilege. Intersectionality was developed as a way to understand Black women, as they were neglected from feminist and anti-racist literature. Crenshaw (1989) believed the experiences of racism and sexism combine and affect Black women in a unique way that is unexplainable through just one lens. From speaking to the women in this study, it was evident they saw their race and gender combining in a way that gave them different experiences with the police. Participants saw their race as a target for negative police interactions. However, some participants saw the intersection of their race and gender as a buffer against these interactions, stating that Black men had it worse than Black women.

One area of intersectionality that surfaced in this study that was not reflected in depth in the literature review was the impact of socioeconomic status. As stated in the results, all of the participants attained a college-level or higher education. A bachelor's degree is correlated with higher and more stable earnings, which is an indicator of an individual being middle-class (Lacy, 2007). The participants also resided in middle and upper-class communities. It seems as if the neighborhood the women resided in had a complex relationship with how they are impacted by the police. Some women discussed the community they lived in as another protective factor against experiencing negative interactions with the police. However, other participants saw their environment attained by their class as a reason to be more aware of the police. Regardless of the amount of money or education the women had, the themes of fear, hyper vigilance, and negative

interactions happening to them, were seen across all participants. This suggests that when it comes to Black women's experiences with the police, socioeconomic status does not completely erase their concerns.

Critical Race Theory

Critical Race Theory was one of the major frameworks that directed this study. The main goals of Critical Race Theory are allowing people of color to give their narratives of discrimination, recognizing that race is a present social construct, while simultaneously fighting to end racial oppression, and addressing other areas of difference, such as gender, class, or other inequalities one may face (Parker & Lynn, 2002). Some benefits of this framework include educating the dominant race about experiences they're unlikely to know, empowering the participants and offering transformative solutions to the oppressions that are being experienced. Using critical race theory to guide this research, allowed for a free exploration of the participants' narratives of discrimination in the form of their experiences with the police. Race was a common concept discussed among the participants, as they felt their race is what contributed to their different experiences, such as feeling like police targets and the importance of having "the talk" with their children or receiving it from their parents.

One of the essential components of critical race theory is storytelling. Through my interviews, all of the women incorporated stories into their interviews, especially about their childhood. It has been stated that connections from the past must be understood in order to show the hierarchical relationships of power have continued to protect the interest of Whites over people of color (Parker & Lynn, 2002). Their storytelling serves as an integral part of historical evidence of racism, such as when Anne mentioned growing up in the segregated South during the 1960s. Participants addressed the goal of acknowledging other areas of difference by sharing

how their gender and neighborhoods affected their experiences. Study findings add to the literature by giving readers an opportunity to grasp the multitude of experiences that Black women face on a daily basis and by also allowing participants to offer solutions to help the Black community.

Public Health Critical Race Praxis (PHCR)

Using the lens of PHCR facilitates the use of critical race theory for health equity research. The key concepts of PHCR include ten basic principles which fall under four foci. The foci that are present in this study are: contemporary race relations, knowledge production, and action. Contemporary race relations were identified through the discussion of the relationship between the Black community and the police, and how that relationship has changed over time. Participants voiced they did not see a change in the experiences, just more awareness of them through the media and personal recording devices. Knowledge production was present in that prior literature relied on the disciplinary norm of police interactions only affecting Black men. Therefore, this present study expands literature and offers a new realm of knowledge. Action is seen in PHCR as using the information attained during the study to help disrupt the inequities through expanding vocabulary, using storytelling, and directly challenging identified injustices (Ford & Airhihenbuwa, 2010). This study expands upon the literature through using Black women's narratives and allowing them the space to offer solutions. Since PHCR views qualitative data, theory, and personal reflection as important sources of information, offering rich insights that are unattainable through quantitative data (Ford & Airhihenbuwa, 2010), those were essential to this study. Incorporating the participants' narratives, three theoretical foundations, and my personal reflection into this study, also exemplifies the role that PHCR had in my research.

Clinical Implications

Phenomenological studies have been found to be valuable for groups such as policy makers, teachers, and therapists (Creswell, 2007). This study has direct implications for those serving the needs of Black women who have been impacted by their exposure to or experiences with the police. As this is a small study, the findings mainly have the potential to create awareness around what impact the police are having on Black women in the community. Furthermore, the findings can inform the development of clinical interventions and trauma-based programs for Black women. The women give their opinions on what they think therapists working with the Black community can do to help. Therefore, therapists working within the Black community can have first-hand accounts from the participants and incorporate them into their everyday life. The participants identified the need for therapists to normalize therapy, acknowledge the traumas that Blacks may face when interacting with the police, and empathize and understand them as well.

Since some of the women in the study felt getting Black families to seek therapy first was most important, therapists may want to consider ways to be accessible to the Black community. To normalize therapy for Blacks, therapists must first understand the stigma that withholds the Black community from seeking therapy in the first place. The research shows that individual and systemic barriers exist, which deter the Black community as a whole from seeking therapy (Cristancho et al, 2008). Participants in this study suggest creating campaigns to get the importance of therapy out into the community. Other women expressed the importance of therapists recognizing that these experiences exist and bringing them into the therapy room. Therapists should be considerate of how interactions with or exposure to the police may not be the presenting problem, but is a constant lived reality for many Blacks. Finding a way to invite

these topics into the therapy room is imperative to gain more understanding of how it is impacting clients.

The women in the study mentioned the importance of not only recognizing these events, but being empathetic and understanding of them as well. Understanding comes with comprehending the complex nature between Blacks and the police. The literature does not offer a monolithic understanding of the police force. In this study, my interview questions and the women's responses viewed the police as a system. However, some of the women conceptualized the experiences with police as interactions with individuals. Thus, it is not always clear if Black women viewed their experience as one with individual police officers, or as with the system of The Police. One participant noted the importance of knowing that not all police officers are bad, but also being aware that others may have had different experiences. For therapists, it means realizing their experiences with police may differ from their clients, and to affirm and validate their experiences. It also may be helpful for therapists to get in touch with the community that they are working with outside of the therapy room. One participant recommended conducting interviews with families of victims of negative interactions with police to hear their experiences and assess preventive steps and what they need.

When conducting my interviews with these women, I noticed the normalcy of these experiences for them. Whenever they discussed a negative incident that occurred between them or a family member and the police, they seemed to state them as a matter of fact, with little change in their affect. They discussed how the experiences impacted them negatively, but I also got the sense that they viewed these incidents as just something that happens in the Black community. For example, two of the women had experiences with the police being called on their child. Anne's experience evoked a lot of fear and she saw it as a negative experience. But

she didn't go into detail about how awful the experience was for her. Dianne, on the other hand, saw the experience with her daughter having the police called on her as a positive one. She mentioned her daughter being at a restaurant with her friends and complaining about the food. The manager said they needed to leave, but they had to wait on the shuttle so the manager called the police. When the police came, they thought the manager was overreacting and waited with the girls until their shuttle came. Instead of viewing the experience as negative because her child had the cops called on her, she stated *"so that was an interaction but it wasn't you know bad or anything."*

This illustrates not only the normalcy of these situations in Black lives, but also a passive approach to coping with racial discrimination. Research suggests that individuals belonging to a racial/ethnic minority may respond with more passive coping strategies when confronted with race-related stress (Hoggard, Byrd, & Sellers, 2012). For instance, one study found that cognitive avoidance in response to experiencing racial/ethnic discrimination was associated with avoidance symptoms, such as emotional numbing, which are common responses to traumatic experiences (Sanders Thompson, 2006). In addition, research shows that passive approaches to coping with racial discrimination, such as accepting it as a fact of life, may heighten the effects of the stressor (Polanco-Roman, Danies, & Anglin, 2016). With that being said, therapists should be aware of how clients present their interactions with the police. Even if they do not convey deep emotions around it, it would be helpful to dig deeper and allow the clients to share more about their experiences and how they were feeling in the moment.

These women's responses to these incidents, as well as what they need from therapists indicate the need for therapists to have a trauma informed approach when working with Black women. According to the Substance Abuse and Mental Health Services Administration (2014), a

trauma informed approach operates off of four essential assumptions: (1) realizing the widespread impact of trauma, (2) recognizes the signs and symptoms of trauma in clients, (3) responds by applying the six principles of a trauma-informed approach, and (4) aims to resist re-traumatization. These assumptions are similar to participants' needs for therapists working within the Black community to recognize and understand their experiences. Furthermore, a trauma informed approach focuses on six key principles: (1) safety, (2) trustworthiness and transparency, (3) peer support, (4) collaboration and mutuality, (5) empowerment, voice, and choice, and (6) cultural, historical, and gender issues. It is important for clinicians working with these women to understand these principles. Many service settings can be emotionally unsafe and disempowering for trauma victims, leading to retriggering trauma reactions; therefore those who do not use principles of trauma informed care may unintentionally create an invalidating environment and fail to reach many women (Elliott, Bjelajac, Fallot, Markoff, & Reed, 2005).

Limitations

While this study follows the phenomenological approach by providing insight into the lived experiences of a specific marginalized group, and how they are shaped and impacted by a phenomenon, there are some limitations present. The most evident limitation is that my study solely focused on the experiences of Black women, neglecting to gain the experiences of Black men. However, I would not want to change my sample. Solely focusing on Black women is an advantage of the study due to their experiences often being overshadowed by Black men's. Another limitation would be sample size. The sample only consisted of five women. Though random sampling was used and the participants came from a variety of sources in the community, such as church and word of mouth, the small sample size provides limited insight into Black women's experiences. By expanding the sample size, it would allow me to gain more

information on the experiences of Black women. All of the women were also employed full-time, attained a college level education or higher, and belonged to the middle or upper class. Thus, when taking intersectionality into account, their lived experiences may vary drastically from Black women with lower levels of education or income. With the interviews only lasting between fifteen to thirty minutes, the length of the interviews could also be seen as a limitation. As a novice qualitative researcher, I was careful to adhere to the interview questions and not probe my participants excessively. I found myself straddling the line between myself as a researcher and myself as a therapist. I did not want to treat my participants the same way I would my clients, so I refrained from straying from the interview questions and going deeper. However, that limited the length of the interviews, thus stifling the amount of depth and insight that I could have received from the interviews if I went deeper with the participants.

Though I discussed my reflexivity previously, it is important to acknowledge the impact of me belonging to the same group as my participants as a possible limitation. I found that my belonging to the same group as the women allowed them to assume that I understood their experiences. For instance, participants often used the phrase “you know” when describing something to me. As a novice researcher, my responses were more polite and understanding instead of having a more curious stance. For instance, when Dianne was telling an incident of a manager at a restaurant calling the police on her daughter, she framed the incident as a positive one because the police ended up being helpful. In fear of pushing my own agenda of seeing that experience as a negative one, I agreed that it seemed positive and moved on to the next question. Therefore, when I first began collecting the data, I refrained from asking my participants to expand upon their ideas. However, as I got more comfortable in my role as the researcher, I found myself asking the women to supply more details into their experiences and ideas. In this

project, my interviews and findings have been shaped by my understanding and awareness of my personal experiences as a Black woman and my exposure to the police. It is difficult to conclude if all of my findings were solely based on the data, or influenced by my interpretation of the data. However, throughout the study I made sure to monitor and record my own biases through keeping a reflexology journal and peer debriefing. In spite of the limitations that come along with my role as a “participant-researcher”, I’m confident that my identity also contributed to strengths in this project as well. By belonging to the same group as my participants, I was able to have candid conversations during the interviews and allow them to feel comfortable sharing with me their lived experiences.

Recommendations for Future Research

Conducting this project has been a significant experience for me and my understanding of how exposure to and experiences with the police are affecting Black women. As this was an exploratory study, the findings have suggested the need for more research in this area. In studying this phenomenon further, I would suggest having a larger sample size of Black women from other areas of the community. Not only to hear more experiences from other Black women, but also to deepen our understanding of Black women’s experiences. Further studies should also recruit a broader sample of Black women, from a variety of socioeconomic status and educational levels. Previous studies and this study as well focus on gender binaries. However, there have been negative interactions between police and Black transgender and gender non-conforming people as well. Kimberlé Crenshaw’s African American Policy Forum published a report, #SayHerName, which shed light on not only heterosexual Black women’s experience with police violence, but lesbian, bisexual, transgender, and gender non-conforming Black women’s as well (Crenshaw & Ritchie, 2015). According to the National Transgender

Discrimination Survey, 38% of Black transgender people who had interactions with the police reported harassment, 15% reported physical assault, and 7% reported sexual assault (National Center for Transgender Equality, 2011). Thus, future research should seek to gain the perspectives of the Black gender non-conforming community, as well since they have been neglected. In addition, this sample was older, which some participants saw as a barrier to negative exposure to or experiences with the police. Further research could also focus on younger Black women since they may be exposed to or having more interactions with the police than the women in my study.

Since this was an exploratory study, a lot of broad array of experiences were discussed. I would recommend the interview questions that were asked to be examined through different studies. For instance, one study focusing on Black women who have had personal interactions with the police and one focusing on those that have just been exposed vicariously, whether through loved ones or the media. Hopefully more research in this area would deepen our understandings of Black women's experiences with the police and what we can do to help.

Appendix 1: Demographic Questions

1. How old are you? _____
2. What is the highest grade or year of school that you have completed?
 - (A) Less than High School
 - (B) Graduated High School or obtained GED
 - (C) Some college
 - (D) Graduated college or more
3. Are you currently:
 - (A) Employed full time
 - (B) Employed part time
 - (C) Unemployed
4. What is your annual family income?
 - (A) Less than \$15,000
 - (B) \$15,000 to \$30,000
 - (C) \$30,000 to \$45,000
 - (D) More than \$45,000
5. Which of the following best describes your relationship status (pick one):
 - (A) Married
 - (B) Divorced
 - (C) Separated
 - (D) Single (never married)
 - (E) Widowed
6. Do you have children? _____ If yes, how many? _____

Appendix 2: Interview Questions

Thank you for meeting with me today. As you know I am interested in Black women's exposure to and interactions with the police and their wellbeing.

1. I want to begin by asking you to share with me your earliest memories of your personal, your family's, or your community's interactions with the police?
2. How did these experiences or interactions affect you and/or your personal relationships (as a parent, spouse, or family member)?
3. How have your or others' experiences with the police changed over time?
4. Have you changed anything about your routine or are you doing anything differently in your life because of your exposure to and experiences with the police?
5. How do you think the dual identities of being Black and women shape the experiences that you and other Black women have with the police?
6. How have you been coping or dealing with the experiences with and of the police?
7. As you know I am a couple and family therapist, how do you think counselors who are working with the Black community can help them deal with the trauma of their interactions with or experiences of the police?

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