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Undue police violence towards African Americans: A quantitative analysis of professional counselors

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Undue Police Violence Towards African Americans: A Quantitative Analysis of

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Abstract

The purpose of this study was to investigate the extent to which counseling professionals identify and address undue police violence (UPV) in their professional roles. This study investigated circumstances associated with experiencing types of force that counselors identify as undue, the extent of advocacy efforts made by counselors related to UPV, and training received related to UPV. Lastly, this study investigated the relationships between counselors' attitudes towards officer legitimacy, perceived racism, and beliefs related to UPV and addressing it. An exploratory research design that used descriptive analysis, simple linear regression, and thematic analysis was used to analyze data collected for the study. Participants of this study included 112 counseling professionals in the United States. Data from this study indicated that participants identified frisking and the use of a canine less frequently as undue compared to other forms for officer force. Furthermore, data from this study indicated that most participants have not received training to identify UPV, received training in advocating related to UPV, and have not engaged in advocacy associated to UPV. The data from the study also indicated a predictive relationship between attitudes towards officer legitimacy and the degree to which participants believe that UPV is an issue. The findings from this study support existing literature that indicates a need for training in identifying and treating instance of race-based trauma and the need for greater involvement from professional counselors in addressing UPV (Hemmings & Evans, 2018; Washington & Henfield, 2019).

Chapter I: Introduction

According to the Bureau of Justice Statistics (BJS), 21.1% of the population of United States residents over the age of 16 were involved in some form of officer-initiated contact in 2015 (Davis, Whyde, & Langton, 2018). Of those experiencing contact, 985,300 have experienced some form of force. Regarding officer-involved deaths due to police violence, it is estimated that 6,836 people in the United States have died due to an officer's use of force between 2013 and 2018 (Mapping Police Violence, 2019). Furthermore, the rate of officer-involved deaths is increasing (Mapping Police Violence, 2019; The Washington Post, 2019). Despite comprising 13% of the United States population, African Americans account for 23% of the victims of officer-involved deaths (Mapping Police Violence, 2019). Additionally, African Americans are killed due to fatal encounters with law enforcement officers at a rate of 2.1 per 100,000 people (Edwards, Esposito, & Lee, 2018). Furthermore, victims of officer-involved deaths are three times more likely to be African American than White Americans (Mapping Police Violence, 2019). The racial disparity among populations affected by instances of undue police violence (UPV) suggests that excessive force may be used as a racist act.

Racism and Race-Based Trauma

Numerous definitions for racism exist. Social and cognitive psychological perspectives on racism define it as a form of discrimination that consists of prejudice beliefs towards specific racial identities based on stereotypes and emotions (Aronson, Wilson, & Akert, 2013). Other definitions emphasize the systemic nature of the power held and used by privileged racial identity groups to oppress other racial identity groups

(Delgado & Stefancic, 2012). Both perspectives emphasize racism as occurring within interpersonal interactions and is a pervasive systemic force (Bryant-Davis & Ocampo, 2005; Carter, 2007; Williams, 2012). Whether overt, covert, institutional, or manifested through microaggressions, racism impacts mental health and wellness of People of Color (Williams & Williams-Morris, 2000). The race-related stress that People of Color experience can result in race-based trauma (Bryant-Davis & Ocampo, 2005; Carter, 2007). Race-based trauma is defined as the emotional, psychological, and physical to personal experiences with racial discrimination (Bryant-Davis, 2007; Hemmings & Evans, 2018).

UPV and Mental Health

A limited amount of research exists that links UPV to mental health outcomes. As a form of violence that African Americans disproportionately experience, it is reasonable that exposure to UPV can be a form of race-related stress that can lead to race-based trauma (Bryant-Davis, Adams, Alejasndre, & Gray, 2017). Additionally, research on community violence, which refers to the violence between persons without an intimate or close relationship, claims that both direct and indirect exposure to violence has mental health implications (Cooley-Strickland et al., 2009; National Child Traumatic Stress Network [NCTSN], n.d.). Thus, the traumatic impact of UPV can be viewed in terms of primary and secondary effects of exposure. Regarding primary effects of UPV exposure, one study on various forms of UPV linked direct exposure to each type of force with an increased risk of attempting suicide (DeVylder et al., 2017). Another linked the frequency and intrusiveness of direct exposure to symptoms of posttraumatic stress disorder (PTSD) and anxiety (Geller, Fagan, Tyler, & Link, 2014). Furthermore, an increase in symptoms of mania and depression was observed in a population of inmates

with firsthand exposure to violence during their arrest (Meade, Steiner, & Klahm, 2017).

Lastly, anxiety and intrusive trauma symptoms were observed in one client who was

stopped, frisked, and detained (Aymer, 2016). Regarding the secondary effects of UPV

exposure, a study on the impact of the rioting and unrest in Ferguson, MO found elevated

measures of depression and PTSD among African American community members when

compared to white community members (Galovski et al., 2016). Furthermore, the

exposure to media contributed to the elevated measures of depression and PTSD among

community members in Ferguson following the rioting. Reports of poor mental health

following awareness of the officer-involved death of an unarmed Black man has also

been observed (Bor, Venkataramani, Williams, & Tsai, 2018). Vicarious exposure to

UPV can also impact the belief systems that African American youth develop about

themselves and how the world views African American men (Staggers-Hakim, 2016).

Lastly, while not a direct indication of mental health and well-being, local and national

news of UPV towards African Americans can reduce the use of law enforcement as a

resource within predominately African American neighborhoods (Desmond,

Papachristos, & Kirk, 2016). The evidence linking UPV to severe mental health issues

suggest attention from mental health professionals is warranted.

UPV and the Counseling Profession

Despite the relevance of UPV as a form of race-based trauma to mental health

professionals, there is a paucity of research and academic writing on how counselors treat

UPV among African Americans. Counselors have an ethical responsibility to develop

multicultural and social justice competence to advocate for clients (American Counseling

Association [ACA], 2014; Toporek & Daniels, 2018). Related to the counseling

relationship, Hemmings and Evans (2018) found that many counselors have identified

factors of race-based trauma that impact clients but have not always received training for

treating race-based trauma. As a form of race-based trauma, the lack of training in

identifying and addressing UPV in the counseling profession is evident from the paucity

of literature and resources related to UPV towards African Americans despite national

attention on the issue of excessive force and the start of the Black Lives Matter

movement (Ince, Rojas, & Davis, 2017; Washington & Henfield, 2019).

Purpose and Significance of the Study

The purpose of this study was to investigate how counselors identify and address

clients who have experienced UPV. Exploratory research is best used when little is

known about a phenomenon despite the existence of valuable information (Stebbins,

2001). Thus, an exploratory research design was used to conduct this investigation. *The

Awareness of Undue Police Violence Survey* (see Appendix D) was developed for the

study to facilitate this investigation. The survey inquired about counselors' experiences in

identifying factors associated with UPV, training to treat UPV and respond to it through

advocacy, and counselors' beliefs about the relevance of UPV to the counseling

profession. This study also investigated the relationship between perceived racism,

perceived legitimacy of law enforcement officers, and the treatment of UPV and beliefs

held by counseling professionals about UPV.

As a longstanding issue experienced by African Americans, the significance of

this study is that it serves as a starting point to investigate where the counseling

profession is in terms of addressing the prevalence of UPV (Delgado & Stefancic, 2012;

Martin, 2013; Williams, 2012). Considering the value of diversity to the American

Counseling Association, there is an ethical imperative for counselors to develop

multicultural competence, advocate on behalf of oppressed groups, and to address UPV

with professional roles (ACA, 2014; Ratts, Singh, Nassar-McMillan, Butler, &

McCullough, 2015; Toporek & Daniels, 2018). Another significant aspect of this study

was that it promoted UPV as an instance of race-based trauma. Some researchers have

established the posttraumatic effect of UPV (Aymer, 2016; Bor et al., 2018; DeVylder et

al., 2017; Galovski et al., 2016; Geller et al., 2014; Meade et al., 2017); however, few

have conceptualized UPV as race-based trauma (Bryant-Davis et al., 2017). As a result of

these severe mental health implications, another significant aspect of this study was that it

investigated the role that counselor educators can take in conducting further research and

developing continuing education related to treating and advocating for clients that have

been exposed to UPV. Washington and Henfield (2019) asserted that counselor educators

can infuse topics associated with UPV into coursework for their students. At the same

time, Hemmings and Evans (2018) found that gaps exist in preparing counselors to treat

race-based trauma. Considering the lack of UPV-related research and academic literature

in the counseling profession, determining the extent to which counselor educators are

preparing students to address UPV and related forms of race-based traumas is difficult to

estimate. Thus, a final significant aspect of this study was to investigate ways that

counselor educators and other counselors are already contributing to treating and

addressing UPV.

Research Questions

This study investigated the following research questions:

Q1: What circumstances do professional counselors identify as UPV?

Q2: To what extent do counselors address UPV in their professional roles?

Q3: To what extent do counselors receive training to treat clients with exposure to UPV?

Q4: Does perception of officer legitimacy predict how counselors treat those exposed to UPV and professional beliefs about UPV?

Q5: Does perception of racism predict how counselors treat those exposed to UPV and professional beliefs about UPV?

Descriptive analysis, simple linear regression, and thematic analysis are used to analyze the data collected for these research questions.

Definition of Terms

The following terms exist in the literature related to UPV:

Police brutality: abuses of power through using excessive force (Holmes & Smith, 2008).

Police violence: uses or threatened uses of force by a law enforcement officer (Gomez, 2016; Soares, Barbosa, & Matos, 2018).

Primary effects: traumatic stress responses to direct exposure of violence (Cooley-Strickland et al., 2009; NCTSN, n.d.; E. Vera & Polanin, 2012).

Race-based trauma: the emotional, psychological, and physical impact of personal experiences with racial discrimination (Bryant-Davis, 2007; Hemmings & Evans, 2018).

Secondary effects: traumatic stress responses to indirect exposure to violence (Cooley-Strickland et al., 2009; NCTSN, n.d.; E. Vera & Polanin, 2012).

Undue police violence: use of force resulting in harm that is perceived as unwarranted, excessive, or incongruent to the given situation.

While several terms are derived from existing literature, the terms primary effects, secondary effects, and undue police violence were developed to describe phenomena that have not yet been identified in the literature**.**

Summary

Police violence can be perceived as a form of racism due to racial disparities towards African American communities. As a result, UPV can be viewed as a racial stressor that may lead to race-based trauma. Despite the traumatic impact that exposure to UPV can have on African American communities, there is a lack of literature available on how the counseling profession addresses UPV through the counseling relationship and through advocacy. The purpose of this study was to investigate how counselors identify, treat, and respond to UPV across their professional roles.

Chapter II: Literature Review

Racism towards African Americans has been a longstanding issue in the United States since that has been manifested through slavery, segregation, and other disparities in the educational, health, and legal systems (Delgado & Stefancic, 2012; Martin, 2013; Williams, 2012). UPV is one of the manifestations of racism that African American communities currently face. Racism takes many forms, such as covert acts, overt behavior, and racism at an institutional level, and are explored below (Carter, 2007; Hemmings & Evans, 2018). Race-based trauma and its connection to UPV are also be explored. Next, the findings on the prevalence and impact of police violence are identified and explored. Furthermore, current research on the mental health implications of UPV is identified. Lastly, the relevance and response of the counseling profession is analyzed.

Racism

As a form of discrimination, racism can be defined as the unjustified negative or harmful action towards the members of a racial identity group solely based on their membership with that group (Aronson et al., 2013). Aronson et al. (2013) asserted that racism, from the perspective of social and cognitive psychological theory, is often derived from the stereotypes and emotions that underlie prejudice. Under this definition, the roots of racism lie within the thoughts and feelings held towards specific racial groups. As a result, racism can be observed in interpersonal interactions as intentional or unintentional (Bryant-Davis-Ocampo, 2005; Carter, 2007). Bryant-Davis and Ocampo (2005) added to the definition of racism by stating that racism is an ideology rooted in the

belief that certain ethnic and racial identity groups are inferior to others. Furthermore,

this belief is manifested through the justification of discriminatory actions towards

groups believed to be inferior. In addition to the social and interpersonal perspective on

racism, racism has a systemic component as well. From a systemic perspective, racism

entails the allocation of power and privilege to certain groups within the racial hierarchy

of a society (Delgado & Stefancic, 2012). This aspect of racism allows for constructs like

institutional racism to exist as an oppressive force impacting racial identity groups due to

the privilege and power held by institutions. These institutions include, but are not

limited to, education, healthcare, and the criminal justice system (Williams, 2012).

Forms of Racism

Numerous labels exist to specify and define the ways in which racism may

manifest. One broad categorization of racism is made through distinguishing between

overt and covert racism (Bryant-Davis & Ocampo, 2005; Hemmings & Evans, 2018).

Covert racism refers to ambiguous acts of racism while overt racism refers to those that

are easily detectable as racist (Bryant-Davis-Ocampo, 2005). Overt racism is oftentimes

intentional and may entail harassment, physical aggression, and other forms of

observable discrimination (Hemmings & Evans, 2018). Regarding covert racism,

microaggressions refer to the "brief and everyday exchanges that send denigrating

messages to a target group" (Capodilupo, 2016, p. 183). Microaggressions are considered

covert due to their subtle verbal, nonverbal, visual, and behavioral communications

manifestations (Capodilupo, 2016; Hemmings & Evans, 2018). Capodilupo (2016)

identified three forms of microaggressions: microassaults, microinsults, and

microinvalidations. In the context of racism, microassualts refer to the blatant use of

verbal and nonverbal attacks to convey discriminatory messages (Capodilupo, 2016).

These may include racial slurs and racially insensitive language, physically distancing

oneself from members of certain racial groups, and selectively hiring or rejecting racial

and ethnic minorities based on discriminatory beliefs held about the entire racial group.

Microinsults refer to unintentional verbal and behavioral communications that convey a

rudeness and insensitivity to those with historically oppressed identities (Capodilupo,

2016). In the context of race, microinsults may appear as being treated by others as

inferior or incapable due to underlying assumptions and beliefs held towards an

individual's racial identity. Lastly, microinvalidation refers to verbal and nonverbal

communications that exclude, negate, or dismiss historically oppressed groups

(Capodilupo, 2016).

Connecting the construct of racism back to UPV, officer uses of force can span

various types of racism listed above. Using relatively recent occurrences as examples, the

use of physical force and arrest of an African American doctoral student in engineering

for "stealing" a vehicle that he owned serves as an example of microinvalidation

(Wootson Jr., 2017). This is due to the underlying assumption that the African American

student engaged in a criminal act followed by violent action with no inquiry into the

student's action. Furthermore, an officer's use of a racial slur during an interaction with

African Americans could serve as an example of both a microinsult and overt racism (A.

Vera, King, & Sarlin, 2019).

The examples listed above also serve as examples of institutional racism towards

African Americans. As mentioned earlier, institutional racism refers to the systemic

oppression of racial groups. Carter (2007) defined institutional racism as the "unequal

outcomes in social systems and organizations" (p. 24). Institutional racism entails the

existence of policies, procedures, and priorities that are both accepted as normal and

creates inequality along the lines of race (Sue & Sue, 2016). As a result, members of

specific racial identities may be negatively impacted and disadvantaged by certain

systems within any given society. Regarding the legal and criminal justice systems in the

United States, this is evidenced by the disproportionate representation of White

Americans elected as politicians and tenure-track higher education positions while

African Americans are disproportionately represented in prisons (Carter, 2007).

Furthermore, institutional racism would account for the observation that African

Americans are more likely to be killed by a law enforcement officer than White

Americans (Edwards et al., 2018; Mapping Police Violence, 2019). The prevalence and

pervasiveness of racism have implications for the daily lives of People of Color that will

be explored next.

Race-based Trauma

Racism is a stressor that has implications for the well-being of People of Color

(Williams & Williams-Morris, 2000). The pervasiveness of racism in individual

interactions and within social institutions serve as a persistent stressor and threat to well-

being (Williams & Mohammed, 2009). A meta-analysis on perceived racism among

African Americans found a significant negative association between the experience of

racism and mental health (Pieterse, Todd, Neville, & Carter, 2012). In a sample of People

of Color from various racial groups, Carter and Forsyth (2010) found that work and

school are common settings for racial harassment experiences. Race-related stress can

also lead to race-based trauma (Bryant-Davis & Ocampo, 2005; Carter, 2007; Hemmings

& Evans, 2018). Carter (2007) argued that the established connection between racism and mental health outcomes, specifically trauma, warrants further diagnostic consideration. On defining race-based trauma, Bryant-Davis (2007) said:

> Race-based traumatic stress can be defined as (a) an emotional injury that is motivated by hate or fear of a person or group of people as a result of their race; (b) a racially motivated stressor that overwhelms a person's capacity to cope; (c) a racially motivated, interpersonal severe stressor that causes bodily harm or threatens one's life integrity; or (d) a severe interpersonal or institutional stressor motivated by racism that causes fear, helplessness, or horror (p. 135).

While this definition of race-based trauma lends itself to racially motivated interpersonal assaults, race-based trauma can be perpetrated by systems as well (Bryant-Davis & Ocampo, 2005). Furthermore, what makes racist events traumatic are that "they strike the core of one's selfhood" (Bryant-Davis & Ocampo, 2005, p. 480). As a result, even covert racist acts have the potential to have a traumatic impact on targets of racism (Bryant-Davis et al., 2017).

Empirical evidence links experiences and perceptions of racism to wellness and mental health. Incidents of race-related harassment can result in experiencing feelings of anger, insult, disappointment, frustration, outrage, hurt, and shock (Carter & Forsyth, 2010). In a sample of African American women, a strong positive relationship was found between racist events and stress, suggesting that these events are perceived as highly stressful (Pieterse, Carter, & Ray, 2013). Additionally, this same study found that the frequency of experiencing racist events was predictive of psychological distress. Racism

has also been linked to anxiety, hypervigilance, psychological distress, and physical

ailment (Anderson, 2013; Carter & Forsyth, 2010; Kwate & Goodman, 2015). Kwate and

Goodman (2015) also found that increased experiences of racism predicted long-term

poor mental health outcomes. As a potential source of traumatic stress that impacts

African American communities, the prevalence of police violence is reviewed next.

Police Violence in the United States

Exposure to traumatic events can result in adverse reactions that manifest in

symptoms of mental health disorders, such as posttraumatic stress disorder (PTSD),

depressive disorders, and anxiety disorders (APA, 2013). UPV towards People of Color,

primarily African American communities, is one form of traumatic event that has

received media attention recently. The BJS releases reports on the contact between law

enforcement officers and the public that can be used to gain an understanding of the

scope of UPV. Using the *Police Public Contact Survey* (*PPCS*) to collect data on law

enforcement officer contact, (Davis et al., 2018) found that 21.1% of the population of

United States residents over the age of 16 had experienced some form of contact with law

enforcement in 2015. Most of this contact with law enforcement officers occurred during

traffic stops. Of those who experienced contact, 31% experienced multiple instances of

contact within the prior year. Lastly, a total of 985,300 United States residents over the

age of 16 reported experiencing some form of force in 2015.

Officer-Involved Deaths

As of May of 2019, 6,836 people were killed as a result of an officer's use of

force between 2013 and 2018 (Mapping Police Violence 2017; Mapping Police Violence,

2019). Additionally, the Washington Post's database on officer-involved deaths via

shooting in the United States reported that 1,978 instances were observed between 2017

and 2018 (The Washington Post, 2019). Regarding gender, roughly 95% of those killed

by shooting of law enforcement officers are males. Of those killed via shooting in 2018,

23% were African American, 16.5% were Hispanic, and 45.6% were White. The

accuracy of these databases is impacted by the means in which the data are collected

(Bryant-Davis et al., 2017; The Washington Post, 2019). As opposed to being able to rely

on records from law enforcement departments, data from these sources are also gathered

indirectly through local news and social media. While internet resources like Mapping

Police Violence (2019) and the Washington Post's (2019) officer shooting database

provide data on deaths related to the actions of a law enforcement officer, similar data on

the prevalence of other forms of UPV are not as readily available.

Defining and Identifying UPV

Root, Ferrell, and Palacios (2013) asserted that there is no agreed upon range for

what is considered as excessive force. This is due to the subjective nature of what is

considered as excessive. Although a law enforcement officer or department may believe

the force used in any given situation to be warranted, an outside perspective may see

alternative paths to the type and amount of force used. Using the shooting of Mike Brown

as an example, some may view the actions of Officer Darren Wilson as justified due to

the revelation that Mike Brown committed a crime ex post facto whereas others may see

the act of shooting an unarmed adolescent as excessive. Police brutality is another term

often associated with the excessive force of an officer. Police brutality is defined as the

abuses of power through using excessive force (Holmes & Smith, 2008). Another term

frequently used to describe the use of force is police violence. This term is generally used

to refer to an officer's use of or threat to use force and does not consider the justification

of excessiveness of the force (Gomez, 2016; Soares, et al., 2018). Social constructivist

theory holds that reality and knowledge is shaped, in part, by the interpersonal exchange

of language (Rudes & Guterman, 2007). Thus, the distinctions between police brutality,

police violence, and any other term describing uses of force of law enforcement offices

have significance. Although police brutality innately connotes an excessive use of force,

police violence may be used as a general term to describe actions that are considered as

violence when done by any person or population. Additionally, the terms police brutality

and police violence may suggest officers are to blame and are solely responsible for the

chosen use of force. Doing so risks criticizing and subjecting officers to scrutiny during

instances in which inherently violent forms of force may be warranted and necessary

(Puranda, 2013). Bryant-Davis (2007) described the pitfall of persistent debate over the

selection of terminology as potentially negligent to those that have or will endure

traumatic experiences. For the context of this proposed study, UPV will be used to

describe excessive uses of force. As a term not previously used in the literature on

excessive force, UPV is defined here as a law enforcement officer's use of force resulting

in harm that is perceived as unwarranted, excessive, or incongruent to the given situation.

Harm here refers to the physical, psychological, or emotional impact associated with

race-based trauma and race-related stress (Bryant-Davis, 2007; Carter, 2007; Hemmings

& Evans, 2018).

       Various actions and uses of force by law enforcement officers can be interpreted

as UPV. Data available on UPV often focuses predominately on physical force and the

use of weapons (Davis et al., 2018; Mapping Police Violence, 2017). Other documented

forms of excessive force of officers include, but are not limited to, using verbal

aggression and sexual violence (DeVylder et al. 2016), handcuffing (Root et al., 2013),

deploying of canines (Martin, 2013), racial profiling (Moore, 2013), and frisking (Geller

et al., 2014; Sewell, 2017). Although some researchers have collected data on prevalence

of UPV in urban cities (DeVylder et al., 2016; Geller et al., 2014), empirical data using

nationally representative samples on the prevalence of specific types of UPV are less

available. Although the BJS does not include several forms of force that can be

considered as UPV listed above, data on the prevalence of threats, handcuffing, physical

force (e.g., pushing, grabbing, hitting, and kicking), the use of pepper spray, tools used

for shocking, and aiming a gun are collected (Davis et al., 2018). Additionally, Mapping

Police Violence (2017) reported that the use of a gun was involved in 92% of the

identified officer-involved deaths while the remaining 8% were due to the use of tasers,

physical force, and vehicles. As stated earlier, accurate measures of UPV are limited by a

lack in regulation on how law enforcement agencies report these occurrences (Bryant-

Davis, 2017; The Washington Post, 2019). As an example, 29.4% of instances of officer

involved shooting in the state of Virginia were not included and the state's annual report

in crime despite recent legislation mandating its reporting (Chumney, 2019).

As stated earlier, the subjective nature of UPV makes its prevalence difficult to

quantify. Mapping Police Violence (2017) attempted to quantify deaths resulting from

UPV through noting whether individuals killed were identified as violent, nonviolent, or

armed. Of the 1,147 officer-involved deaths in 2017, about 56% were either suspected of

a non-violent offence or were not reported to be involved in a crime. Furthermore,

roughly 54% possessed a gun, 15% wielded a knife or sharp object, about 10% had a

vehicle that was identified as a weapon, 6% were identified as having some other object,

3% had an unidentified object, and 13% were unarmed. Of those with guns, 21% were

non-attacking and about 2% were unidentified regarding their level of threat. Regarding

instances involving knives and sharp objects, alternate uses of force were not employed

prior to shooting in 69% of these cases. Furthermore, Mapping Police Violence (2017)

claimed that if those identified as both not posing a threat and possessing a gun, the

frequency of officer-involved deaths would have been reduced by 57%. Lastly, of those

who were killed and unarmed, about 58% were People of Color. The racial breakdown of

those who were unarmed are as follows: 34% White, 33% African American, 23%

Hispanic, 1% Native American, 1% Asian/Pacific Islander, and about 7% were

unidentified by race. The *PPCS* quantified excessive force in its report on law

enforcement contact through inquiring about the respondents' perception of the use of

force (Davis et al., 2018). Of those who were pulled over for a traffic stop, most

perceived the officer's decision to stop the individual as being legitimate (83.7%) and as

behaving properly (91.9%) when a reason was provided for the stop. These percentages

decreased when no reason was provided. Specifically, 36.7% and 56% perceived the

officer's decision as being legitimate and behaving properly during their stop when no

reason was given, respectively. With regards to those who were stopped outside of a

traffic stop, 60.3% and 81.2% of those stopped believed the officer's decision was

legitimate and that the officer behaved properly, respectively. Like traffic stops,

percentages dropped when no reason was given. Specifically, these percentages dropped

to 25.8% and 45.1% for the perception of legitimacy of the stop and whether the officer

behaved appropriately, respectively. The following forms of force were perceived as excessive by respondents: threats of using force (83.5%), shocking (99.9%), pointing a gun (65.2%) and handcuffing (27.9%). Further research is needed to determine the prevalence of other forms of UPV; however, data collection is limited by the voluntary nature of reporting the types of force that officers use (Bryant-Davis et al., 2017).

Communities Impacted by Police Violence

With regards to where instances of police violence are taking place, urban areas are often associated with police violence and studied (Devylder et al., 2016; Emesowum, 2017). As evidence, the highest rates of officer-involved deaths per 100,000 men between 2012 and 2018 were found in large central metropolitan areas (Edwards et al., 2018; Feldman, Gruskin, Coull, & Krieger, 2017). Socioeconomic status is another factor linked to the prevalence of police violence (Feldman et al., 2019). Specifically, neighborhoods with high concentrations of lower socioeconomic status residents experienced greater rates of officer-involved deaths. In addition to geographic location, certain social groups are referenced as frequent targets of police violence. For example, African and Native Americans are regarded as disproportionately experiencing police violence (Bryant-Davis et al., 2017). Additionally, those with mental illness, drug related arrests and histories, and homeless populations might be at increased risk of experiencing police violence (Park, Linton, Sherman, & German, 2019; The Washington Post, 2019). Women with histories of surviving intimate partner violence may also be at an elevated risk of experiencing some form of police violence (Fedina et al., 2018). Considerable gaps exist in the literature on the other communities that experience some form of police violence and further research is needed to determine the scope of its impact.

African Americans and UPV

Social media has been used to share the perspective of African Americans on instances of UPV towards African American communities, such as the deaths of Eric Gardner, Michael Brown, Philando Castille, and Sandra Bland (Hill, 2018). Despite the recent increase in awareness of instances of UPV, it is not a new phenomenon among African American communities. Although many authors refer to the modern law enforcement system in the United States when referencing UPV, Emesowun (2017), asserted that earlier forms of policing, such as slave patrols, functioned in similar ways and abuses of power towards African Americans. As an example, Emesowun (2017) likened a slave patrol demanding a Black person to produce evidence of their freedom to the use of racial profiling of law enforcement officers. Similarly, Moore (2013) stated that the history of UPV towards African Americans can be traced back to struggles for equality in African American communities in the south following World War II. UPV towards African Americans can also be traced back to beatings of African Americans in New York in 1990 and the responses of law enforcement officers to civil rights protests and race riots in the 1960s (Holmes & Smith, 2008; Moss, 2000). Lastly, a history of activism of African American women, such as Mary Bumpurs and Veronica Perry, in response to the loss of loved ones due to UPV in the 1980s has been documented (Blain, 2018). In conclusion, UPV has existed as an oppressive force within African American communities.

Despite making up only 13% of the population in the United States, African Americans comprise 23% of those killed through a violent encounter with a law enforcement officer (Mapping Police Violence, 2019). African Americans are three times

more likely than White Americans to be killed by a law enforcement officer and are

killed by law enforcement officers at a rate of 2.1 per 100,000 people (Edwards et al.,

2018; Mapping Police Violence, 2019). Differences between White and African

Americans are also observed the BJS report on officer contact (Davis et al., 2018). No

significant difference was found between the number of White and African Americans

involved in officer-initiated contact. Despite this similarity, a significantly higher rate of

African Americans received threats and uses of force than White Americans. African

Americans were also more likely to be the driver when pulled over during traffic stops

than White Americans. Similarly, African Americans were more likely to be stopped on

the street than White Americans. Regarding the perception of force as excessive during a

most recent stop, a greater percentage of African Americans (59.9%) perceived force

used as excessive compared to White Americans (42.7%). These findings support the

notion that African American communities are disproportionately impacted by UPV.

Mental Health Implication of UPV

Based on the above definitions and racial disparity, UPV can be considered as a

manifestation of racism that can lead to race-based trauma (Bryant-Davis, 2017). On an

institutional level, law enforcement agencies are criticized as having the power to harm or

kill African American citizens with seemingly little accountability (Hill, 2018). Hill

(2018) reported that the tactic of recording violent encounters has empowered African

American communities to share their counternarrative to those shared through other

media, however, only 13 law enforcement officers were charged in response to killing an

individual (Mapping Police Violence, 2017). Furthermore, the disproportionate

percentage of African American victims of police killings, along with the history and

anecdote of UPV in African American communities, serve as evidence to the claim that

UPV has roots in racism in the United States (Holmes & Smith, 2008; Mapping Police

Violence, 2017, Moss, 2000). Returning to the definition of race-based trauma, UPV

towards African Americans qualifies as race-based trauma in that it may be motivated by

racism and it a) results in emotional injury, b) overwhelms the capacity to cope, c) is an

interpersonal severe stressor that causes bodily harm and threatens one' life integrity, and

d) it causes fear, hopelessness, and horror (Bryant-Davis & Ocampo, 2007).

Community Violence and UPV

Community violence refers to exposure to any form of interpersonal violence that

is perpetrated by individuals with no close or intimate relationship to the victim of the

violence (NCTSN, n.d; Violence Policy Center [VPC], 2017). While direct

victimizations, such as murder, robberies, sexual violence, and assaults, are examples of

community violence, indirect observations are also considered as community violence

(NCTSN, n.d.; E. Vera & Polanin, 2012). These indirect observations may include

viewing media and learning of violence from others (Cooley-Strickland et al., 2009). As a

result, Vera and Polanin (2012) asserted that instances of community violence impact

individuals, families, communities, and societies. Despite the differences in how

individuals are exposed to community violence, the impact of community violence on

direct victims and observers may be comparable (Cooley-Strickland et al., 2009). Vera

and Polanin (2012) asserted that anxiety and PTSD symptoms are commonly associated

with community violence exposure. Furthermore, exposure to community violence was

found to significantly predict symptoms of trauma and externalizing problems (Cecil,

Viding, Baker, Guiney, & McCrory, 2014). Community violence exposure also

significantly predicted symptoms of anxiety, depression, and aggression (Mitchell,

Hamby, Turner, Shattuck, & Jones, 2015). Furthermore, Mitchell and colleagues (2015)

observed higher measure of these symptoms among most of those with exposure and

victimization to multiple instances of community violence in the past year. Thus, as a

form of violence, UPV fits the definition of community violence.

As stated by Vera and Polanin (2012), community violence includes intentional

and unintentional behaviors and may range from hearing about violence in one's

community to directly experiencing violent acts. Community violence distinguishes

between those directly experience and those who witness instances of community

violence; however, both groups are negatively impacted (Cooley-Strickland et al., 2009;

NCTSN, n.d.; E. Vera & Polanin, 2012). Therefore, the impact of UPV will be discussed

in terms of primary and secondary effects, with primary referring to direct exposure and

secondary referring to indirect exposure.

Primary Effects

Whether it is considered undue or otherwise, there is a paucity of research that

investigates direct exposures to police violence. Furthermore, much of the research that is

currently available does not primarily seek to investigate differences in race or place a

unique focus on African Americans. As with any form of victimization of violence, direct

exposure to police violence has mental health implications. In a population of adults

residing in urban areas in the northeast, DeVylder et al. (2017) investigated the link

between suicidal ideation, suicide attempts, and police violence. The specific forms of

victimization that were investigated were physical force, use of a weapon, sexual abuse,

psychological abuse, and neglect. Findings from this study demonstrated that suicide

attempts were more common among each form of victimization, particularly among those

who experienced physical abuse, physical abuse with the use of a weapon, and sexual

abuse. Specifically, the odds-ratios for suicide attempts for victimizations that were

physical, involving a weapon, and sexual were 4.5, 10.7 and 10.2, respectively.

Additionally, a study of young adult males in New York City found that greater officer

contact and the intrusiveness of that contact significantly predicted increased anxiety and

PTSD measures (Geller et al., 2014). Furthermore, perceived fairness of treatment during

the most memorable officer-involved encounter was found to predict lower ratings of

PTSD. Meade, Steiner, and Klahm (2017) conducted a study on inmates to investigate

associations between exposure to officer force and mental health. Results from this study

were that 74% and 78% of the participants indicated experiencing at least one symptom

of mania and depression, respectively. Furthermore, experiencing force from a law

enforcement officer during the arrest predicted increased symptoms of mania and

depression. Specifically, there was a 10% and 8% increase in symptoms of mania and

depression from those experiencing force, respectively. Lastly, Aymer (2016) wrote a

case vignette based on the clinical experience of working with an African American

adolescent who experienced UPV. Aymer (2016) reported that the client was stopped,

frisked, and detained while in route to a session that ultimately led to a temporary lapse in

the client seeking services. After sessions resumed, Aymer (2016) observed increased

anxiety and intrusive symptoms of trauma. While Aymer's (2016) case vignette lacks

mention of rigor, such as triangulation or addressing the potential presence of bias, the

case vignette demonstrates the potential posttraumatic reaction following UPV. In

conclusion, the primary effects of experiencing UPV include symptoms congruent with race-based trauma and include elevated risk of negative mental health outcomes.

Secondary Effects

Secondary effects are defined here as the impact of observing, witnessing, or hearing about stories of UPV. One study investigated the impact of and proximity to the unrest and rioting in Ferguson, MO on community members (Galovski et al., 2016). The construct of proximity was broken down into the following components: direct exposure, media exposure, reactions to media, fear from exposure to the unrest and rioting, and life interruptions. The collected sample was broken down to compare a law enforcement officer group and a community group. The community group was further broken down to compare White and African American community members. Regarding mental health outcomes, Galovski et al. (2016) found statistically significant differences in measures for PTSD symptoms and depression between the law enforcement and community groups and between the White and African American community member groups. Specifically, the community group endorsed higher levels of PTSD and depression than the law enforcement group and the African American community group endorsed higher levels of PTSD and depression than the White American group. Furthermore, a significantly higher number of community members than law enforcement members endorsed responses above the clinical cutoffs for measures of PTSD symptoms, depression, and anger, indicating a greater likelihood of meeting diagnostic criteria for depressive disorders and PTSD. Apart from the clinical cutoff for anger, the same statistically significant differences were found between the White and African American groups. Regarding proximity and PTSD symptoms, Galovski et al. (2016) found that media

exposure, reactions to media, and fear from exposure had significant relationships with

PTSD symptoms. For measures of depression, media exposure and fear from exposure to

the unrest had significant relationships with depression. Lastly, reactions to media and

fear from exposure to the unrest had significant relationships with anger.

What is considered as one's community may extend beyond geographical location

and may include shared racial identity. In support of this, a study of adults in the United

States investigated the impact of exposure to news of the officer-involved death of

unarmed black men and found that African American participants were exposed to an

average of four of these deaths in their state per year (Bor et al., 2018). Additionally, for

every recalled instance of officer-involved deaths of an unarmed African American in the

previous three months, a 3.3% increase in endorsing poor mental health was observed.

Bor and colleagues (2018) also found that the officer-involved deaths of unarmed African

Americans did not impact the mental health of White Americans. Furthermore, exposure

to news of officer-involved deaths of armed African Americans had no significant effect

on White or African American participants. Further evidence comes from a study by

Desmond et al. (2016) that investigated crime reporting in Milwaukee, WI following

instances of UPV towards African Americans. One finding was that the total number of

calls and the number of calls for violent crimes significantly declined before gradually

regressing to baseline following the breaking news of the beating of Frank Jude, a

Milwaukee resident who was severely beaten by several off-duty and uniformed officers

following an unfounded accusation of theft (Desmond et al., 2016). When distinguishing

between predominately White and African American neighborhoods, the decline in calls

and the return to baseline was greater for African American neighborhoods, though both

experienced a decline in calls. Desmond et al. (2016) observed the same pattern

following the beating of Danyall Simpson, another unarmed African American resident

of Milwaukee. To a lesser extent, the same pattern was observed when analyzing crime

reporting for a non-local fatal shooting of an unarmed African American in New York.

Staggers-Hakim (2016) conducted a qualitative study using responses from three

focus groups of African American adolescents. One theme pulled from focus groups was

that the participants were aware of instances of UPV that received national attention and

that they interfaced with this information through media outlets, apps on mobile phones,

and conversations at school, home, and among friends. Another theme that surfaced from

the focus groups was that the participants developed the belief that law enforcement

officers held discriminatory beliefs about African American men. These discriminatory

beliefs included assuming wrongdoing and not viewing African Americans "as people"

(Staggers-Hakim, 2016, p. 394). A third theme that surfaced was a fear of law

enforcement and worry over being a potential target of racial profiling. These fears

included the fear of being beaten, killed, and that articles of clothing would increase risk

of profiling. This fear connects with the fourth identified theme that African American

boys and men needed to exercise caution with certain behavior and dress. These cautions

included avoiding wearing a hood over one's head, actively avoiding potentially

troubling situations and law enforcement, and choosing not to walk around in certain

locations. In reaction to the perceived threat of law enforcement officers, Staggers-Hakim

(2016) identified a theme of having had conversations about strategies for getting home

safely. The next identified theme involved a feeling of connectedness with cases that

received national attention. While some participants felt removed from these cases, others

felt connected due to similarities in age of the same racial identity. The last theme

identified by Stagger-Hakim (2016) was that those who felt connected to nationally

recognized cases believed that occurrences of UPV could happen to them. This was

specifically noticed among those who had already experienced some form of unpleasant

officer encounter. In conclusion, the secondary effects of exposure to UPV may include

negative mental health outcomes, alterations in one's belief system regarding racial

identity, and changes in behavior within one's community.

UPV and the Counseling Profession

Evidence on the link between UPV and severe mental health outcomes warrants

attention from the mental health and helping professions. Regarding the counseling

profession, ACA asserted that "counseling is a professional relationship that empowers

diverse individuals, families, and groups to accomplish mental health, wellness,

education, and career goals" (ACA, 2014, p. 3). Furthermore, ACA (2014) proposed that

the counseling profession values the enhancement of human development across the

lifespan, multiculturalism and diversity, social justice, the integrity of the client-

counselor relationship, and practice that is both competent and ethical. Counselors take

on various roles in conducting their professional responsibilities. Based on educational

standards identified by the Council for Accreditation of Counseling and Related

Educational Programs (2016), the roles include offering various counseling services to

clients, supervising junior members of the profession, educating students entering the

profession, serving as a consultant, and operating as leaders. Additionally, according to

ACA's *2014 Code of Ethics*, counselors are expected to take on the role of an advocate

when it is appropriate (ACA, 2014). While there is overlap in roles and actions, the

clinical and advocacy responsibilities of counseling professionals are discussed below.

Professional Responsibilities

Although the approaches that counselors use in working with clients varies, the

counseling profession broadly values perspectives wellness, prevention, development,

and diversity (Woo, Henfield, & Choi, 2014). Similarly, clinicians within the counseling

profession "facilitate client growth and development in ways that foster the interest and

welfare of clients and promote formation of healthy relationships" (ACA, 2014, p. 4).

Furthermore, clinicians must translate counseling theory into practice in a culturally

sensitive way in order to facilitate this growth and development among clients (ACA,

2014; Levitt, Darnell, Erford, & Vernon, 2015). When delivering clinical services, it is

imperative that counselors make use of evidenced-based practices. Although several

practices, such as cognitive behavioral therapies, mindfulness-based strategies, or eye

movement desensitization reprocessing, exist as treatments to trauma, the evidence base

for treating race-based trauma is limited (Evans, Hemmings, Burkhalter, & Lacy, 2016,

2016; Hemmings & Evans, 2018; Kress & Paylo, 2015). As a form of race-based trauma,

little to no evidenced-based practices have been identified for or connected to addressing

UPV in clinical settings (Washington & Henfield, 2019). One recommended practice for

addressing race-based trauma includes a focus on posttraumatic growth (Evans et al.,

2016). Additionally, Washington and Henfield (2019) advocated for greater attention to

counseling African American clients, specifically those with experiences of UPV, in

graduate level and continuing education opportunities. Regarding cultural competence in

clinical settings, the *Multicultural and Social Justice Counseling Competencies* (*MSJCC*)

were endorsed by the Association for Multicultural Counseling and Development and

ACA in 2015 (Ratts, et al., 2015). The *MSJCC* identifies four developmental domains

that lead to developing multicultural and social justice competence: counselor self-

awareness, client worldview, the counseling relationship, and counseling and advocacy

interventions (Ratts et al., 2015). Within each of these domains, competence is developed

through attention to attitudes, knowledge, skill, and action. Based on these competencies

(Ratts et al., 2015), the documented connection of race-based trauma and mental health

(Bryant-Davis, 2007; Bryant-Davis & Ocampo, 2005; Carter, 2007; Evans et al., 2015;

Hemmings & Evans, 2018), and conceptualizing UPV as a form of race-based trauma

(Bryant-Davis et al., 2017), counselors have an ethical responsibility to address the

impact of UPV.

ACA defined advocacy as the "promotion of the well-being of individuals,

groups, and the counseling profession within systems and organizations" (ACA, 2014, p.

20). Furthermore, advocacy seeks to foster access, growth, and development (ACA,

2014). In 2003, the ACA endorsed the advocacy competencies created by Lewis, Arnold,

House, and Toporek (2003) that was recently been updated by Toporek and Daniels

(2018). These competencies provide a framework for conceptualizing the various ways in

which counselors can advocate for clients and the barriers they face. Counselors can

advocate in collaboration with and on behalf of clients (Lewis et al., 2003; Toporek &

Daniels, 2018). Additionally, advocacy can be divided into three domains: the individual

student/client, community/school/organization, and the public arena. The intersection of

these domains and the extent of involvement of counselors render six forms of advocacy

that counselors engage in: client empowerment, client advocacy, community

collaboration, systems advocacy, collective action, and social/political advocacy

(Toporek & Daniels, 2018). Based on the counseling profession's ethics and values,

counselors have an ethical responsibility to develop multicultural competence and

address oppression experienced by client populations.

Counselors' Response to UPV

Despite the prevalence of UPV towards African Americans, there is a gap in the

literature related to how counseling professionals have responded to UPV. While

contributions related to law enforcement officers' exposure to violence can be found in

the *Journal of Counseling and Development* (i.e. Anderson & Bauer, 1987; Tanigoshi,

Kantos, & Remley Jr., 2011), few published writings in the journal are available on the

impact of UPV or any conceptualization of excessive officer force. Furthermore, in

reviewing the research conducted on the mental health outcomes of UPV, the counseling

profession seemingly has little representation on the issue. Despite the paucity of research

and academic contributions from the counseling profession, the issue of UPV has been

addressed in academic literature. For example, the *Journal of Multicultural Counseling*

and Development (*JMCD*) released a special issue in 2019 that addressed topics

associated with UPV towards African Americans (Brooks & Phillips, 2019). This issue

featured articles on topics such as UPV towards African Americans in New Orleans

following Hurricane Katrina and connecting the Black Lives Matter movement to the

counseling profession (Washington & Henfield, 2019; Whitaker, 2019). Additionally,

little attention in the literature in the mental health professions has been given to

treatment recommendations regarding those with experiences of race-based trauma

(Evans et al., 2016). Research on treating race-based trauma suggests that improvements

can be made regarding training (Hemmings & Evans, 2018). Hemmings and Evans (2018) found that despite most participants (70.8%) of their study having worked with clients with experiences of race-based trauma, only 33% reported receiving training to identify race-based trauma. Recommendations for treating race-based trauma have included integrating posttraumatic growth into treatment approaches, using narrative therapy approaches, conducting thorough assessments of histories of trauma and racism, and focusing on relational factors and critical consciousness in counseling sessions (Aymer, 2016; Bryant-Davis et al., 2017; Evans et al., 2016). Despite these recommendations for addressing race-based trauma, there is a gap in the literature on recommendations for addressing UPV in the counseling relationship.

Regarding alternate sources to academic literature, ACA has issued press releases and other announcements on several important social issues associated with violence and trauma, such as gun violence (ACA, 2018; ACA, 2019) and the violence that erupted in Charlottesville, VA (ACA, 2017). However, instances of UPV that have received national media attention have not garnered the same attention through public announcements since the growth in popularity of the Black Lives Matter Movement (Ince et al., 2017; Washington & Henfield, 2019). One announcement was made available on ACA's website regarding shootings in Baton Rouge, Minneapolis, and Houston that have associations with UPV towards African Americans (ACA, 2016). In quoting ACA's CEO, Richard Yelp, ACA (2016) responded to the series of violence with the following:

> "We are all saddened by the latest shootings in Baton Rouge and outside of Minneapolis. This is all further heightened by the shooting in Dallas. We take

comfort in knowing that ACA members provide valuable services to communities

and individuals who are trying to make sense of these tragic events" (para. 1).

It is unclear whether the response refers to the tragedy associated with violence towards

law enforcement officers, the officer-involved deaths of Philando Castille and Alton

Sterling, or both (Fernandez, Pérez-Peña, & Bromwich; Visser, 2016). Additionally, a

podcast with the *ACA Podcast Series* was released that addressed the impact of Mike

Brown's death in Ferguson, MO (Oliver, 2014). Among six other blog posts from the

same author in 2016, one counselor educator identified the need for a response from

ACA (Staten, 2016). Additionally, Staten (2016) referenced the topic of police brutality

being a central topic in a town hall meeting at ACA's annual convention in 2015. Lastly,

Perry (2017) made mention of the racial trauma of aggressive policing in another ACA

member blog post. These academic and other media sources affirm the relevance of

addressing UPV towards African Americans despite the lack of representation of the

issue in the counseling profession.

Summary

UPV has severe mental health implications that warrants attention from the

counseling profession. Reasons for the lack of representation of counselors on the issue

of UPV in general and towards African Americans may be varied. One hypothesis

derived from Hemmings and Evans (2018) would be that counselors have not been

adequately prepared to identify and treat instances of race-based trauma. The lack of

representation could also be hypothesized as a reflection of a disconnect between the

profession's values and UPV towards African American communities (Staten, 2016).

Alternatively, the gap in literature could be a result of a lack of documentation of the actions of counselors in response to UPV. Regardless of the roots of the issue, little research and academic writing appear to be available on how counselors can effectively address UPV in general and its impact on African Americans. The purpose of this study was to investigate the awareness of UPV towards African Americans as an issue relevant to the field and to explore efforts counselors have made to address UPV in their professional roles.

Chapter III: Methodology

The proposed study will investigate awareness and treatment of UPV towards African American communities. The research questions this study answered will be presented. The methodology for investigating these questions is also presented, along with a rationale for its use. Furthermore, the procedure for collecting a sample and participating in the study will be described. Lastly, the analyses used will be described.

Research Questions and Methodology

The questions that this study examined are 1) what circumstances do professional counselors identify as UPV?, 2) to what extent do counselors address UPV in their professional roles?, 3) to what extent do counselors receive training to treat clients with exposure to UPV?, 4) does perception of officer legitimacy predict how counselors treat those exposed to UPV and professional beliefs about UPV?, and 5) does perception of racism predict how counselors treat those exposed to UPV and professional beliefs about UPV? Exploratory research is that which is used when little is known about a phenomenon, yet there is valuable information worth gathering (Stebbins, 2001). Considering the paucity of research on the topics of police violence and treatment of those exposed to UPV in the counseling literature, an exploratory approach to the proposed research questions was used. Specifically, the data gathered for answering these research questions was captured using the *Awareness of Undue Police Violence Survey* (see Appendix D).

Participants

Criteria for participation in this study included identifying as a professional counselor, holding a master's degree in counseling, and being at least 18 years old. Thus, professional counselors, counselor educators, clinical supervisors, and counseling leaders and advocates were eligible to participate. Participants were obtained through purposive and snowball sampling strategies. Participants were recruited through distributing a recruitment letter with a link to an online survey for the study on the following listservs for counseling professionals: Counselor Education and Supervision Network Listserv (CESNET), Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC), American Counseling Association's DIVERSEGRAD-L listserv, and the Ohio Counseling Association (OCA) listserv. The recruitment letter was also shared by the principle researcher on Facebook and LinkedIn. Additionally, participants were recruited through distributing the recruitment letter to identified counseling professionals on the social media sites mentioned above and through email. The study sought to obtain data from a minimum of 100 participants.

Measures

The *Awareness of Undue Police Violence Survey* was created for this study to collect data on how professional counselors identify and address clients and client populations who have been exposed to UPV. This survey collects demographic data, such as age, gender, race, ethnicity, level of education, professional identity, and socioeconomic status. Additionally, the *Awareness of Undue Police Violence Survey* collects data on what circumstances counselors identify as being associated with direct

and vicarious exposure to various types of force used by law enforcement officers. The

terms direct and vicarious exposure are defined in the survey as the firsthand experience

of an officer's use of force (e.g., verbal aggression, physical force, use of a weapon) and

the indirect exposure to an officer's use of force (e.g., hearing narratives, viewing media

containing UPV), respectively. Types of force listed for items on direct exposure were

derived from research, reports, and sources that analyzed direct exposure to UPV (Davis

et al., 2018; DeVylder et al., 2017; Geller et al., 2014; Mapping Police Violence, 2017;

Martin, 2013; Moss, 2000). Circumstances used in the item on vicarious exposure to

UPV were derived from research findings on the secondary effects of instances of UPV

(Bor et al., 2018; Galovski et al., 2016; Hill, 2018; Staggers-Hakim, 2016). Additionally,

an item captures information on personal exposure and help-seeking behavior following

personal exposure. This item was included due to the research findings that links direct

exposure to UPV to severe mental health outcomes, such as suicide attempts and trauma

symptoms (DeVylder et al., 2017; Geller et al., 2014). Five items are also used to collect

participant data on how UPV has been addressed with clients and training received for

addressing UPV in counseling relationships. Next, three items were developed to collect

information on how participants have advocated and been trained to advocate for

addressing UPV. These items were developed based on the ethical responsibilities of

counselors to develop multicultural competence and advocate for clients facing

oppression (ACA, 2014; Ratts et al., 2015; Toporek & Daniels, 2018). Next, twelve items

related to beliefs about UPV and treatment in the counseling profession are included.

These twelve items will be responded to on a 5-point Likert scale where *1 = Strongly*

Disagree, *5 = Strongly Agree*, and *3 = Neutral*. Lastly, two open ended question will be

used to collect participant responses on general experiences with clients that have been

exposed to UPV and on advocacy related experiences of participants.

The *Attitudes Towards Police Legitimacy Scale* (*APLS)* was designed to measure

perceptions of officer legitimacy (Reynolds, Estrada-Reynolds, & Nunez, 2018). Through

an exploratory factor analysis across two studies, a 34-item scale was developed. The

APLS captures responses through the use of a 7-point scale in which a score of *1* and *7*

correspond to *strongly disagree* and *strongly agree*, respectively. Responses to each item

are summed for a composite score in which higher scores indicate more positive

perceptions of officer legitimacy. Measures for Cronbach's α of the *APLS* was calculated

to be .984 and .987. Participants in the first study consisted of 783 US residents at least

18 years of age ($M = 37.29$). 57.2% of the participants identified as female and 42.8%

identified as male. 63.6% of the 297 participants in the second study identified as female

and 36.4% identified as male.

The *Adapted Perceived Racism Scale* (*PRS)* was designed to provide a

multidimensional measure of racism towards African Americans through capturing

exposure to racism and behavioral and emotional coping to experiences of racism in

employment, academic, and public domains (McNeilly et. al, 1996). The *PRS* is a 51-

item instrument with items created through two convenience samples of 165 African

American students within the psychology department at North Carolina Central

University and 10 African Americans from the surrounding community. Participants'

ages ranged from 18 to 46 ($M = 21$; $SD = 4.8$). Likert scale items were created through

identifying the most frequently occurring responses to being asked to list personal

experiences of racism, their emotional responses, and behavioral coping responses. Items

were categorized into four domains: incidents occurring on the job, in academic settings,

in the public realm, and exposure to racist statements. McNeilly et al. (1996) collected

another sample consisting of 110 NCCU psychology students and 104 community

members residing in Durham, NC in order to determine estimates of reliability. The

student group consisted of 37 males and 73 females between the ages of 18 and 35 (*M* =

21.2; *SD* = 2.9). The community group consisted of 20 males and 84 females between the

ages of 18 and 73 (*M* = 33.7; *SD* = 12.48). Cronbach's α for the combination of both

samples was calculated to be .96 for the frequency of exposure to racism across the four

domains of exposure to racism and .92 for the items measuring emotional and behavioral

responses. Additionally, when breaking down responses by sample group and by domain

of racism, the calculated Cronbach's α for the student group ranged from .88 to .92 and

from .87 to .95 for the community group. The racism in the public realm portion from the

adapted version of the *PRS* (Moody-Ayers, Stewart, Covinsky, & Inouye, 2005) will be

used for this study.

Procedure

Participants were contacted through a call for research participation that included

a recruitment letter for the study. This recruitment letter was distributed on the CESNET,

ALGBTIC, DIVERSEGRAD-L, and OCA listservs, and to identified counselors through

Facebook, LinkedIn, and email. By clicking on the hyperlink embedded in the call for

participation email, respondents were directed to a Qualtrics interface. The first screen on

the Qualtrics interface displayed an informed consent document that was locked and

required respondents to answer whether they consented to participate in the study. If a

respondent indicates that they do not wish to participate, they were redirected to the end

of the study. Furthermore, instructions for opting out of the study and information on

what happens to collected data following an early exit of the study was included in the

informed consent. When a respondent indicated that they agreed to participate in the

study, they were then be redirected to the demographic questionnaire. Participants were

then directed to complete the *Awareness of Undue Police Violence Survey*. After

completing the *Awareness of Undue Police Violence Survey,* participants were then be

directed to complete the *APLS.* Participants that identified as a Person of Color were then

directed to complete the *Adapted PRS* while participants that identified as White or

Caucasian were directed to the end of the Qualtrics survey. After completing the *Adapted*

PRS, participants were directed to the end of the Qualtrics survey.

Analysis

Analysis of quantitative data will be done using IBM's Statistical Package for

Social Sciences (SPSS), Version 26. The first three research questions were analyzed

using a descriptive analysis of frequency and percent of participant responses. An

exploratory factor analysis was used to develop scales that correspond to beliefs

associated with UPV and towards addressing UPV from the twelve Likert scale items on

the *Awareness of Undue Police Violence Survey* for parsimony in analyzing data for the

fourth and fifth research questions. Research questions four and five were analyzed using

simple linear regression. Participant scores from the *APLS* and *Adapted PRS* were used in

simple linear regression models as predictors of the scales developed from the

exploratory factor analysis. A significance level of $\alpha = .05$ was used for the linear

regression analyses used in answering questions four and five. A thematic analysis was

used to analyze qualitative data from open-ended items on the *Awareness of Undue*

Police Violence Survey. A thematic analysis was used due to the expected brevity of

responses to the open-ended items. Specifically, responses were screened, read twice,

assigned one or more codes, and categorized into themes based on commonalities

between codes (Maguire & Delahunt, 2017). Themes from the thematic analysis were

presented along with examples of participant responses underneath each theme.

Summary

Exploratory research designs are used to investigate understudied phenomena that

contain information that will be valuable (Stebbins, 2001). Considering the limited

research related to the counseling profession and a longstanding issue of UPV in African

American communities, an exploratory research design is congruent with the purpose of

the study. The study identified what circumstances counselors associate with UPV

towards African Americans, identified the extent to which counselors address UPV in

their professional roles, identified the extent to which counselors are trained to identify

UPV and advocate for clients exposed to it, and determined the predictive relationship

between perceived racism, attitudes towards the legitimacy of law enforcement officers,

and the beliefs that counselors hold towards the UPV.

Chapter IV. Results

The purpose of this study was to investigate how counselors identify, treat, and respond to undue police violence (UPV) across their professional roles. Descriptive, regression, and thematic analyses were used to analyze the data collected response to the *Awareness of Undue Police Violence Survey*, *Attitudes Towards Police Legitimacy*, and *Perceived Racism Scale*. This chapter will present an overview of demographic data, reliability estimates, scale development for items on the *Awareness of Undue Police Violence Survey*, and will review the findings from the data collected from participants of the study. These questions include:

Q1: What circumstances do professional counselors identify as UPV?

Q2: To what extent do counselors address UPV in their professional roles?

Q3: To what extent do counselors receive training to treat clients with exposure to UPV?

Q4: Does perception of officer legitimacy predict how counselors treat those exposed to UPV and professional beliefs about UPV?

Q5: Does perception of racism predict how counselors treat those exposed to UPV and professional beliefs about UPV?

Results from the analyzed data are presented and organized by research question.

Participants

Participants of the study were recruited from the United States through purposive and snowball sampling strategies. A recruitment letter was shared on the following

professional counseling listservs: Counselor Education and Supervision Network Listserv

(CESNET), Association for Lesbian, Gay, Bisexual, and Transgender Issues in

Counseling (ALGBTIC), American Counseling Association's DIVERSEGRAD-L

listserv, and the Ohio Counseling Association (OCA) listserv. The recruitment letter was

also shared by the principle researcher on the following social media websites: Facebook

and LinkedIn. Lastly, the recruitment letter was shared with identified counseling

professionals on the social media websites mentioned above and through email. The

number of recipients of the recruitment letter to participate in the study is unknown, thus

a response rate for participation could not be calculated for this study. A total of 164

participants responded to the study. Participant responses were excluded from analysis if

participants did not meet the participation criteria of holding a master's degree in

counseling and professionally identifying as a counselor. Additionally, participant

responses were excluded from analysis if they declined to consent to participating in the

study and if participants failed to complete the online survey. A total of 52 participant

responses were excluded prior to analyzing the collected data. Of these 52 responses, 2

participants did not minimally hold a master's degree in counseling, 3 participants

professionally identified as a clinical psychologist or clinical social worker, 1 participant

declined the informed consent to participate, and 46 participants did not complete the

study. As a result, the data of 112 participants were analyzed.

The demographic information that was collected from participants included age,

gender, race, ethnicity, level of education, household income, and primary professional

role and is summarized in Table 1. Participants ages ranged from 25 to 73 ($M = 41.64$, SD

$= 12.61$). 75.9% participants ($n = 85$) identified as female while 24.1% identified as

males (*n* = 27). 68.8% participants identified as White or Caucasian (*n* = 77), 23.2% as

Black or African American (*n* = 26), 3.6% as Asian (*n* = 4), .9% as American Indian or

Alaska Native (*n* = 1), and 3.6% as Bi or Multiracial (*n* = 4). Furthermore, 94.6% of the

sample was comprised of participants that identified as non-Hispanic (*n* = 106) while

5.4% identified as Hispanic (*n* = 6). Regarding highest earned degree, 77.7% held a

master's degree (*n* = 87) and 22.3% held a doctorate as their highest earned degree (*n* =

25). Regarding household income, 27.7% of participants reported a household income

above 120,000 (*n* = 31), 16.1% between 100,001 – 120,000 (*n* = 18), 17% between

80,001 – 100,000 (*n* = 19), 16.1% between 60,001 – 80,000 (*n* = 18), 13.4% between

40,001 – 60,000 (*n* = 15), 8% between 20,001 – 40,000 (*n* = 9), .9% between 10,001 –

20,000 (*n* = 1), and .9% below 10,000 (*n* = 1). Lastly, 59.8% of participants identified

their primary professional role as clinical mental health counselors (*n* = 67), 2.7% as

addictions counselors (*n* = 3), 6.3% as a clinical supervisor, 12.5% as counselor educators

(*n* = 7), 6.3% as marriage, couples, and family counselors (*n* = 7), 4.5% identified as

school counselors (*n* = 5), and 8% identified as having a different professional role (*n* =

9). These different professional roles included employment within a law enforcement

agency and as a behavioral health director, employee assistance program counselor,

medical school counselor, and special education teacher.

Licensure was separated into the following categories: licensure trainee and

licensed clinician. Licensure trainee was used to refer to counselors that indicated a first

tier of licensure that requires supervision from a senior licensed counselor and included

participant responses such as "resident in counseling" and "Licensed Mental Health

Counseling Associate". Licensed clinician was used to refer to a clinician that reported

holding at least one any clinical license associated with professional counseling, such as

Licensed Professional Counselor, Licensed Marriage and Family Therapist, and Licensed

Alcohol and Drug Counselor. Most participants ($n = 89$) identified as a licensed

counselor while a smaller number ($n = 9$) identified as a licensure trainee. Certifications

were reported when more than five participants indicated holding the certification. All

other certifications were categorized as "other". Participants indicated holding the

following certifications: National Certified Counselor ($n = 44$), certification in Eye

movement desensitization and reprocessing ($n = 7$), certifications associated with

supervision ($n = 11$), and Certified Clinical Mental Health Counselor ($n = 6$). 27

Participants were identified as holding other certifications. Regarding typical clients that

participants worked with, common client populations and issues included children and

adolescents ($n = 47$), adults ($n = 32$), couples and families ($n = 29$), trauma ($n = 24$),

young adults and college students ($n = 20$), substance abuse ($n = 15$), and People of Color

($n = 13$).

Table 1

Demographics

Descriptor	Variable	n (%)
Gender	Female	85 (75.9)
	Male	27 (24.1)
Race	White or Caucasian	77 (68.8)

	Black or African American	26 (23.2)
	American Indian or Alaska Native	1 (0.9)
	Asian	4 (3.6)
	Bi or Multiracial	4 (3.6)
Ethnicity	Hispanic	6 (5.4)
	Non-Hispanic	106 (94.6)
Level of Education	Master's	87 (77.7)
	Doctorate	25 (22.3)
Income	>10,000	1 (.9)
	10,001 – 20,000	1 (.9)
	20,001 – 40,000	9 (8.0)
	40,001 – 60,000	15 (13.4)
	60,001 – 80,000	18 (16.1)
	80,001 – 100,000	19 (17.0)
	100,001 – 120,000	18 (16.1)
	<120,000	31 (27.7)
Professional Role	Clinical Mental Health Counselor	67 (59.8)

Addictions Counselor	3 (2.7)
Clinical Supervisor	7 (6.3)
Counselor Educator	14 (12.5)
School Counselor	5 (4.5)
Marriage, Couples, and Family Counselor	7 (6.3)
Other	9 (8.0)

Reliabilities

Measures for internal consistency were collected for the participant responses to the *PRS* and *APLS*. Only participants that identified as Persons of Color ($n = 35$) completed the *PRS*. Internal consistency of participant responses to the *PRS* was α = .938. All participants completed the *APLS* ($n = 112$). Internal consistency for the *APLS* with this sample of participants was α = .981.

Factor Analysis

An exploratory factor analysis was used to identify factors among the 12 likert-scale items included in the *Awareness of Undue Police Violence Survey*. A four-factor solution, which accounted for 61.35% of the variance, was used and identified using a principle axis factoring and oblimax rotation. Criteria for including items in a factor were factor loadings above .3 and no cross-loading above .3. As a result, two items were not loaded onto any factors. After examining the pattern matrix, three items were loaded onto

factor 1, two items loaded onto factor 2, two items loaded onto factor 3, and three items

loaded onto factor 4. A summary of items contained within each factor is presented in

Table 2. Each factor was renamed and treated as a scale for parsimony in further analysis.

Factor 1 was named beliefs towards UPV and measures the degree to which one believes

that UPV is a problem. The beliefs towards UPV scale consists of items that are intended

to assess beliefs about the connectedness of race to UPV, the justification of an officer's

force, and the belief that UPV is a problem. Factor 2 was named efficacy in addressing

UPV and measures beliefs about one's ability to address UPV. The efficacy in addressing

UPV scale consists of items intended to assess a sense of comfort and competence in

professionally addressing UPV. Factor 3 was named preparation in addressing UPV and

measures beliefs about how prepared one feels to address UPV. The preparation in

addressing UPV scale consists of items that intend to capture the degree to which one has

been prepared to professionally address UPV and the awareness of the availability of

procedure for addressing UPV with clients. Lastly, factor 4 was named counselor

awareness of UPV and measures counselor's beliefs about the counseling profession's

awareness of UPV. This scale consists of items intended to measure the awareness of

UPV as an issue, receptivity in hearing reports about UPV, and ability to identify and

treat UPV.

Internal consistency estimates were calculated for each factor. Internal

consistency for beliefs towards UPV was calculated to be $\alpha = .715$. Internal consistency

on the scales for efficacy in addressing UPV and preparation in addressing UPV were

calculated to be $\alpha = .753$ and $\alpha = .768$, respectively. Lastly, internal consistency on the

scale for counselor awareness of UPV was calculated to be $\alpha = .498$. Due to low

reliability for items contained within factor 4, it was decided to remove these items from later regression analyses. Scores for the beliefs towards UPV scale could range from 3 to 15 and scores for the efficacy and preparation in addressing UPV scales both ranged from 2 to 10. Measures of central tendency are summarized in Table 3 for each of these scales, the *Attitudes Towards Police Legitimacy Scale*, and the *Perceived Racism Scale*.

Table 2

Factor Loadings and Internal Consistency for Awareness of Undue Police Violence Survey Items

Factor	Item	Factor Loading	α
Factor 1			.715
	I think that race and ethnicity are factors related to undue police violence	.794	
	I do not think that undue police violence is a problem	-.645	
	I think that police officer use of force is usually justified	-.568	
	I do not think that undue police violence will be addressed in our society	.246*	

I do not think that violent encounters involving police officers is a treatment issue for counselors	-.218*
Factor 2	.753
I am not comfortable addressing undue police violence in my professional role	.962
I do not feel competent to discuss undue police violence with people	.550
Factor 3	.768
I have not been prepared to identify or treat clients that experience undue police violence	-.762
There is no procedure available for discussing undue police violence with clients	-.676
Factor 4	.498
I do not think counselors are aware of undue police violence	.717
I think counselors are not receptive to reports about undue police violence	.432

The counseling profession is not supportive in identifying and treating undue police violence	.312

*Note: Items removed from factor due to factor loading being below .3.

Results

Research Question 1

Research question one sought to explore what factors counselors identify as UPV. A summary of selected examples of UPV are included in Table 3 and Figure 1. Participants were asked to select from a list of examples of direct exposure to violence that were identified in the literature as instances of UPV and as being linked to mental health outcomes after reading the following scenario: a law enforcement officer approaches an African American that the officer suspects was involved in criminal activity. 56.3% participants ($n = 63$) identified frisking, 82.1% ($n = 92$) identified sexual contact, 87.5% ($n = 98$) identified the use of a firearm, 85.7% ($n = 96$) identified use of a weapon not intended for lethal force, 68.9% ($n = 77$) identified the use of canine units, 86.6% ($n = 97$) identified physical force without a weapon, and 82.1% ($n = 92$) identified verbal aggression as UPV in the provided scenario.

Regarding vicarious exposure participants were asked to select from a list of experiences that may lead to negative mental health outcomes based on the following scenario: a law enforcement officer approaches an African American that the officer suspects was involved in criminal activity and uses undue force. 87.5% participants ($n = 98$) identified exposure to details of the story, 86.6% ($n = 97$) identified exposure to rioting or unrest in one's community following the incident, 94.6% ($n = 106$) identified

learning that a loved one directly experienced the incident, 93.8% ($n = 105$) identified

viewing media depicting the incident, and 92.9% (n = 104) identified witnessing the

incident as potentially leading to a negative impact on an individual's well-being.

Participants ($n = 99$) indicated behavioral and personal indicators observed in

clients with direct and vicarious exposure to UPV. Participants reported various

symptoms and characteristics associated with negative symptomology of trauma and

stressor-related disorders (APA, 2013). A deductive coding process based on current

literature on current literature on trauma and posttraumatic stress was used to code

participant responses. Six themes emerged from the data following a thematic analysis:

emotional disturbances, arousal, altered cognition and beliefs, altered behavior, protective

and maladaptive coping, and intrusive symptoms. Participants reported various emotional

disturbances, which included anger, fear, mood disturbances, depressive symptoms,

helplessness, confusion, guilt, shame, altered functioning in emotional regulation.

Changes in arousal as indicators to UPV exposure included hypervigilance and anxiety

symptoms. Next, altered cognition and beliefs included distrust, negative beliefs toward

professionals and authority figures, and decreased sense of safety and security.

Behavioral alterations included decreases in functioning in social, academic, and

employment domains, withdrawal, changes in sleep and eating, substance abuse, blaming

others, minimizing experiences, and difficulty concentrating. Protective and maladaptive

coping strategies included avoidance, guardedness, and paranoia. Lastly, observed

intrusive symptoms included rumination over experiences of UPV, flashbacks, and

nightmares.

Table 3

Undue Police Violence Examples

Exposure Type	Examples	*n* (%)
Direct	Frisking	63 (56.3)
	Sexual contact	92 (82.1)
	Use of a firearm	98 (87.5)
	Non-lethal weapon	96 (85.7)
	Canine	77 (68.9)
	Physical force (no weapon)	97 (86.6)
	Verbal aggression	92 (82.1)
Vicarious	Exposure to details of the story	98 (87.5)
	Exposure to rioting or unrest in one's community	97 (86.6)
	Learning that a loved one directly experienced the incident	106 (94.6)
	Viewing media depicting the incident	105 (93.8)
	Witnessing the incident	104 (92.9)
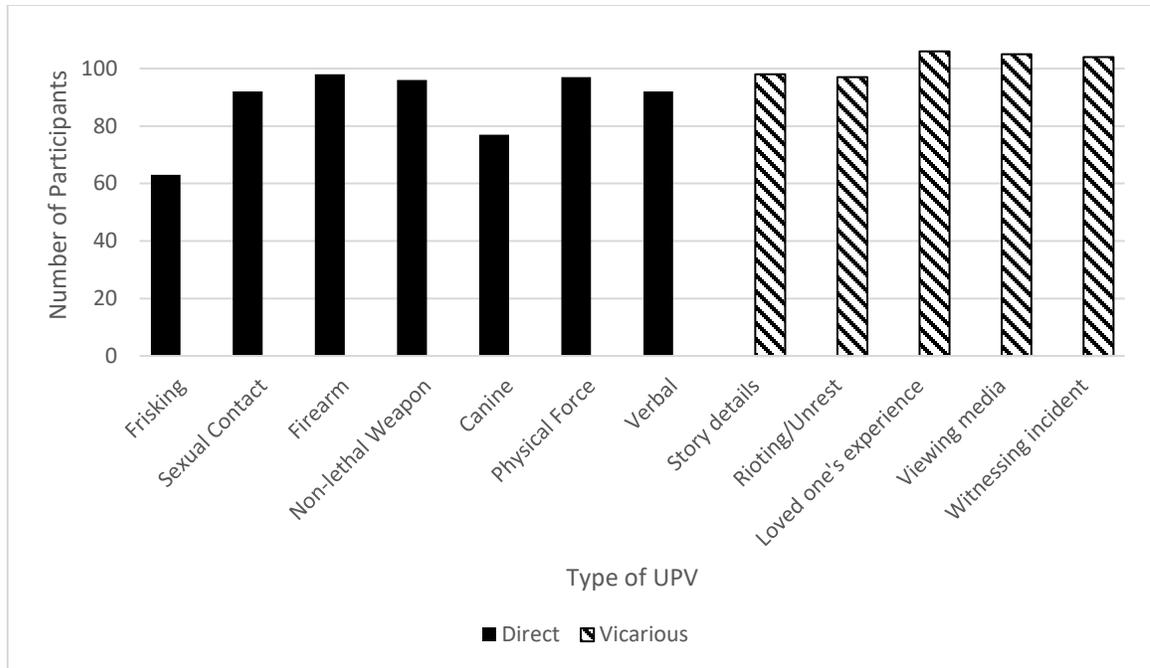
Figure 1. Frequency of selected direct and vicarious exposures to UPV.

Research Question 2

Research question two sought to explore the extent to which counselors address UPV in their professional roles. Regarding working with clients that have had direct and vicarious experiences with UPV, 68.2% participants ($n = 75$) indicated that they have worked with clients that have been impacted by UPV. 4.6% participants ($n = 5$) indicated that their counseling practice had a policy or procedure for addressing UPV, 81.7% ($n = 89$) indicated not having a policy or procedure for addressing UPV, and 13.8% ($n = 15$) indicated they were uncertain. Regarding discussions of client experiences with UPV, 10.7% ($n = 12$) participants reported discussing client experiences with faculty members, 44.6% ($n = 50$) with mental health professionals, 44.6% ($n = 50$) with peers, 54.5% ($n = 61$) with colleagues, 42% ($n = 47$) with supervisors, 9.8% ($n = 11$) with law enforcement officers, and 2.7% ($n = 3$) indicated discussing client UPV experiences with others. The

identified others included individuals in the military, a judge, and community advocacy groups.

Regarding advocacy, participants were asked if they had advocated for clients or client populations with UPV experiences at the individual, community/school/organization, and public arena levels. Regarding advocacy at the individual level, 42.3% ($n = 47$) indicated that they have advocated in this manner. Regarding advocacy at the community/school/organization level, 33.3% ($n = 37$) participants indicated that they have engaged in this form of advocacy. Lastly, 20.7% ($n = 23$) participants indicated that they have advocated at the public arena level for clients or client populations that with experiences of UPV.

Participants ($n = 47$) responded to an open-ended question related to advocacy experiences to address UPV. Following an inductive coding process, six themes emerged from participants: education and awareness, advocacy with in one's community and organizations, individual support of clients and students, engaging in public demonstration, working with legal system personnel, and engaging in political action. Education and awareness included participating in professional development, leading trauma-informed trainings, and sharing information related to UPV within one's agency. Examples of participant responses include:

- "Holding workshops with law enforcement and gang members, teaching and developing strategies for community groups and churches to become trauma-informed."

- "Speaking at schools and association board meetings regarding ongoing violence, best practices, and finding solutions for clients on both sides."

- "I have reminded the group at trainings that they need to look out for PTSD in certain populations when they sort of glossed over it."

- "Since I work within a correctional facility, I have escalated complaints from my clients/inmates about such violence occurring within the facility."

Advocacy within one's community included working with stakeholders in the community, such as school staff, sharing information with colleagues and peers, participating in community groups and organizations, serving as panelists for forums and community discussions, and engaging in community service. Examples form participant responses included:

- "Partnering with local counseling associations to support letters and announcements denouncing undue police violence"

- "Encouraged my counseling colleges to familiarize selves with issues regarding injustices, racism, and diversity/inclusion"

Next, individual support of clients and students included offering counseling services, teaching and advising students related to UPV, developing programs and groups for clients, supervising counselors in training, and providing resources. Participant examples included:

- "Holding programs for self-care practices related to vicarious trauma for people of color."

- "As a counselor educator, I infuse advocacy throughout each of my courses."

- "Faculty facilitator of a student led diversity taskforce that addressed Black Lives Matter (BLM), provided supervision to interns who worked with clients impacted by the Baltimore uprising so that they would broach and address the subject, and participated in BLM protests..."

Engaging in public demonstrations entailed actions such as participating in protests, making social media posts related to UPV, and wearing clothing associated with UPV. Participant examples included:

- "Attending vigils and rally"

- "Sharing knowledgeable content on social media."

- "I have participated in a number of protests of police violence."

Regarding engagement with legal system personnel, participants reported working with law enforcement officers and communicating with attorneys, judges, and court staff members. Examples included:

- "For example, an office was escalating an interaction with a guest at a shelter I work at and I stepped in and asked the officer to let me talk to the person, which worked."

- "I have spoken to prosecutors in the local district attorney's office about clients who have experienced police violence."

Lastly, engagement in political action entailed communicating with public officials and politicians, advocating for change in policy and legislation, voting, running for public office, and signing petitions. Examples include:

- "Most of my experience in advocacy has been to change Ohio laws around how sex workers are handled by law enforcement."

- "Advocating for reduction of or elimination of disciplinary actions and increased mental health supports for those exposed to such violence"

- "State-level legislative advocacy: visiting legislator while in-session"

- "Writing letters to legislators"

Research Question 3

The third research question sought to determine the extent to which counselors receive training to identify clients with exposure to UPV. 17.1% participants ($n = 19$) indicated that they have experienced some form of training experience on identifying UPV and its impact in counseling. Of those 19 participants, 4 participants indicated receiving training that was integrated into courses, 9 received the training through supervision, 1 through academic advising, 15 through continuing education, and 8 identified other means of experiencing training on identifying UPV and its impact. These other training experiences included reading, attending conferences, and experiential learning experiences. Regarding the experience of training in advocacy for addressing UPV, 22.5% ($n = 25$) indicated receiving some form of training. Furthermore, 13 participants indicated the training was integrated into courses, 8 experienced training through supervision, 3 through academic advising and meetings, 14 through continuing education, and 4 indicated other training experiences. These other training experiences included conducting research, independent study, attending community trainings, and experiential learning experiences. Regarding results from the efficacy and preparation in

addressing UPV scales, the average participant score for the efficacy scale was 4.0 (SD = 1.81) and the average participant score for the preparation scale was 6.28 (SD = 2.08).

Research Question 4

Simple linear regression analyses were used to answer the fourth research question. Three models were used such that *APLS* scores were used as predictors for scales for efficacy in addressing UPV, preparation in addressing UPV, and beliefs about UPV. Measures of central tendency for each instrument and scale and results of the regression analyses are displayed in Tables 4 and 5.

A moderate relationship was found between beliefs about UPV and attitudes toward police legitimacy (r = .51, p < .001) and weak relationships were found between attitudes towards police legitimacy and scores for efficacy and preparation in addressing UPV (r = .05 and r = .03, respectively).

Results from the linear regression analysis indicate that attitudes toward police legitimacy significantly predicted beliefs towards UPV $F(1, 110)$ = 39.24, p < .001. A large effect size was found such that 26% of the variance in beliefs towards UPV was accounted for by attitudes towards police legitimacy. Regression analyses in which attitudes towards police legitimacy was used to predict efficacy and preparation to address UPV were not statistically significant, $F(1, 110)$ = .28, p = .598 and $F(1, 110)$ = .106, p = .745, respectively.

Research Question 5

Simple linear regression analyses were used to answer the fifth research question. Three models were used such that *Adapted PRS* scores were used as predictors for scales for efficacy in addressing UPV, preparation in addressing UPV, and beliefs about UPV. Measures of central tendency for each instrument and scale and results of the regression analyses are displayed in Tables 4 and 5.

A weak relationship was found between perceived racism and beliefs towards UPV, efficacy in addressing UPV, and preparation in addressing UPV ($r = .28$, $r = -.14$, and $r = .11$, respectively). Simple linear regression analysis results indicated that perceived racism did not significantly predict beliefs towards UPV, efficacy in addressing UPV, or preparation in addressing UPV, $F(1, 33) = 2.70$, $p = .11$, $F(1, 33) = .67$, $p = .42$, and $F(1, 33) = .366$, $p = .549$, respectively. Despite no findings of evidence for statistical significance, Cohen's (1992) benchmark for effect size indicate that a small effect size was found in the relationship between perceived racism and beliefs towards UPV ($R^2 = .076$). Furthermore, a small effect size was found in the relationship between perceived racism and efficacy in addressing UPV ($R^2 = .020$).

Table 4

Instrument and Scale Measures of Central Tendency

Measure	*M*	*SD*	Min - Max	*n*
APLS	145.09	40.50	34 - 238	112

Adapted PRS	55.91	17.16	0 - 112	35[a]
Beliefs Towards UPV	12.85	2.28	3 - 15	112
Efficacy in Addressing UPV	4.00	1.81	2 – 10	112
Preparation in Addressing UPV	6.28	2.08	2 – 10	112

Note. APLS = Attitudes Towards Police Legitimacy; PRS = Perceived Racism Scale;
UPV = Undue police violence.
[a]Participation for the Adapted Perceived Racism Scale was restricted to People of Color.

Table 5

Regression Analysis of Predictors Attitudes Towards Police Legitimacy and Perceived Racism

with Awareness of Undue Police Violence Survey Scales

Variable	APLS				PRS			
	R^2	Adjusted R^2	β	p	R^2	Adjusted R^2	β	p
Beliefs	.263	.256	.513*	.000	.076	.048	.275	.110
Efficacy	.050	.003	.050	.598	.020	-.010	-.141	.420
Preparation	.001	-.008	.031	.745	.011	-.019	.105	.549

*Note: $p < .05$ (2-tailed); β = standardized coefficient. Beliefs = Beliefs towards UPV;
Efficacy = efficacy in addressing UPV; Preparation = preparation in addressing UPV.

Summary

The study sought to investigate the extent to which counselors have identified and addressed UPV in their professional roles. This chapter provided results collected from participants of the study through the use of descriptive, regression, and thematic analyses. Participant demographics, reliability estimates, and results of an exploratory factor analysis were reviewed. Additionally, data associated with each of the five research questions were outlined. Descriptive and thematic analyses were used to answer research questions related to what factors counselors identify as UPV and how counselors have advocated for clients and client populations that have been exposed to UPV. A descriptive analysis was used to determine the extent of training that counselors that counselors have received to identify and advocate for UPV. Lastly, simple linear regression was used to determine if attitudes towards police legitimacy or perceived racism could predict beliefs towards UPV, efficacy in addressing UPV, or preparation in addressing UPV.

Chapter V. Discussion

This study investigated the extent to which counselors have addressed undue police violence (UPV) in their professional roles. Participants of this study completed the *Awareness of Undue Police Violence Survey, Attitudes Towards Police Legitimacy Scale*, and the *Adapted Perceived Racism Scale*. This chapter will discuss the findings of the study and implications for the counseling profession. Limitations of the study and recommendations for future research will also be discussed.

Discussion of Findings

Although further development in the data collection on the prevalence of UPV in needed, available data suggest that African Americans are disproportionately impacted by officer-involved deaths and officer-involved contact (Davis et al., 2018; Edwards et al., 2018; Mapping Police Violence, 2019; The Washington Post, 2019). Additionally, prior research has documented the impact of race-related stressors on mental health and the development of race-based trauma (Anderson, 2013; Bryant-Davis & Ocampo, 2005; Carter, 2007; Carter & Forsyth, 2010; Kwate & Goodman, 2015). Researchers have also demonstrated the link between police violence and posttraumatic stress (Aymer, 2016; Bor et al., 2017; DeVylder et al., 2017; Galovski, et al., 2016; Geller, et al., 2014; Meade, et al., 2017; Staggers-Hakim, 2016). Despite the current literature on the prevalence of police violence and its connection to mental health, the extent to which counselors have addressed and received training related to identifying and addressing UPV is unclear. Descriptive, regression, and thematic analysis were used to investigate the extent to which counselors identify, treat, and respond to UPV across their professional roles.

Identifying UPV

Regarding the identification of UPV, the descriptive analysis demonstrated that most participants identified each type of direct exposure to police violence as undue in the provided scenario. While each option was selected by more than half of the participants, frisking and the use of a canine unit were chosen less frequently than sexual contact, use of a firearm, the use of a non-lethal weapon, physical force without a weapon, and verbal aggression. Despite the link between frisking and symptoms of anxiety and PTSD (Geller et al., 2014), a 25.9% difference was observed between those that identified frisking and those that identified sexual contact or verbal aggression. Although existing research has not linked it to mental health outcomes, the use of a canine was identified by 13.4% less participants than those that identified sexual contact and verbal aggression as excessive. DeVylder and colleague's (2017) comparison of types of force on suicide attempts demonstrated that certain victimizations may be linked to more severe symptoms and outcomes. Although frisking and the use of a canine were not analyzed in their study, findings in the current study may suggest that counselors believe particular types of force to be more warranted or less harmful. In light of research that connects frisking to anxiety and PTSD symptoms (Geller et al., 2014), findings regarding the direct exposures to UPV suggests the existence of gaps in awareness in what may be perceived as excessive and harmful to clients. This conclusion is supported by the finding that only 17.1% of participants experienced training in identifying UPV.

Over 80% of participants identified each type of vicarious exposure to UPV as contributing to negative mental health outcomes. This finding that counselors can identify a connection between mental health and vicarious exposure to violence supports existing

research that links vicarious exposure to violence to mental health (Cecil, et. al, 2014; Mitchell et al., 2015) and supports findings from studies that have documented negative mental health outcomes from vicarious exposure to UPV (Bor, et al., 2018; Galovski, et al., 2016; Staggers-Hakim, 2016). Furthermore, in comparing findings on direct and vicarious exposure, these findings suggest that counselors may be more prepared to identify the impact of vicarious exposure than to identify certain types of direct exposure to UPV.

Results of the thematic analysis revealed that many of the observed indicators of UPV, such as the emotional disturbances, sleep disturbances, altered social functioning, and the developed distrust in law enforcement and authority figures, align with intrusion, avoidance, negative cognitive and mood alteration, and arousal symptoms associated with PTSD and other trauma-related disorders (APA, 2013; Bryant-Davis et al., 2017). These identified indicators also correspond with Aymer's (2016) observation of posttraumatic stress symptoms of anxiety, avoidance, and anger in clinical work following UPV experiences. Moreover, these findings correspond with the interpersonal and systemic nature of race-based trauma as identified in previous literature (Bryant-Davis & Ocampo, 2005; Bryant-Davis, 2007 Carter, 2007; Hemmings & Evans, 2018). Thus, these results provide further evidence for the posttraumatic impact of direct and vicarious exposure to UPV.

Addressing UPV in Professional Roles

Regarding the extent to which counselors address UPV in professional counseling roles, results from this study indicate that 68.2% participants have worked with clients

that have directly or vicarious experienced UPV. This finding supports data and literature

regarding the scope and impact of UPV as an issue related to trauma and mental health

professionals (Bryant-Davis et al., 2017; Washington and Henfield, 2019). Furthermore,

the identification of clients with UPV experiences contributes to the data collected by

databases that track the scope and trends in officer-involved deaths (Mapping Police

Violence, 2019; The Washington Post, 2019). Despite frequent interfacing with UPV in

clinical work, 95.4% participants reported either being unsure or having no policy or

procedure for addressing UPV. In light of findings on the impact of direct and vicarious

exposure to UPV (Bor, et al., 2018; DeVylder et al., 2017; Galovski, et al., 2016; Geller

et al., 2014; Meade, et al., 2017), this finding provides further support to Hemmings and

Evans' (2018) suggestions for further training on identifying and responding to issues of

race-based trauma.

Regarding the investigation into how counselors have engaged in advocacy

related to UPV, results from this study indicate that most participants have not advocated

for clients and client populations impacted by the issue. Specifically, public arena

advocacy and advocacy within communities, schools, and organizations were engaged in

far less often than advocacy with individual clients and students. This finding suggests

that the professional work of counselors associated with UPV may occur more frequently

in the traditional role of counselors in providing clinical service to clients and less often

through advocacy outside of these clinical practice settings. Of the participants that had

engaged in advocacy, efforts included education and awareness, advocacy with in one's

community and organizations, individual support of clients and students, engaging in

public demonstration, working with legal system personnel, and engaging in political

action. Many of these advocacy examples identified through this study were of actions

from individual counselors as opposed to actions on behalf of an agency or organization.

This finding supports claims that further advocacy from national counseling

organizations like ACA may be useful for the counseling profession (Washington &

Henfield, 2019). Findings from this study on the forms of advocacy that counselors have

engaged in may also serve as examples of actions that other counseling professionals may

begin to engage in. Regarding discussions of UPV with others, data from this study

indicates that faculty members may be underutilized. Washington and Henfield (2019)

asserted that much of the work associated with UPV and its impact on African Americans

has occurred within other helping and mental health professions and 9.8% communicated

with law enforcement officers. Thus, results of this study indicate that discussions about

UPV, particularly towards African Americans, is an area of growth for counselor

educators while preparing counseling students. This conclusion is supported by the

finding that only 22.5% participants experienced training associated with advocacy to

address UPV.

Beliefs Towards Law Enforcement and UPV

Findings from this study indicate that most participants have not addressed UPV

across their professional roles despite the identification of it among clients and client

populations. At the same time, results from the developed scale on beliefs towards UPV

suggest that participants see such occurrences as a problem. Specifically, the average of

participant responses to the beliefs towards UPV scale, which ranged from 3 to 15, was

12.85. It is also important to consider the finding that attitudes towards law enforcement

significantly predicted beliefs towards UPV. Specifically, it was found that more positive

attitudes towards law enforcement legitimacy predicted with lower levels of viewing

UPV as a problem. Although further research and scale development is needed, these

findings suggest that counselor beliefs may be a starting point for supporting knowledge

and skill development identified by social justice and advocacy competencies for the

counseling profession (Ratts et al., 2015; Washington & Henfield, 2019).

Limitations

A limitation of this study was the sampling method. Due to the use of purposive

and snowball sampling, the ability to generalize findings from participants to the broader

counseling profession is limited. Another limitation associated with the sampling strategy

is that the possibility of participants self-selecting could not be accounted for.

Furthermore, bias related to strongly held beliefs about UPV, law enforcement, and race

may have been a confounding variable related to the sampling strategy and may have

impacted findings. Another limitation of the study was the small portion of participants

that completed the *Perceived Racism Scale*. Due to the decision to limit responses to

People of Color, the small sample size may have impacted regression analysis results that

used the *Perceived Racism Scale*. Thus, there was likely low power for these analyses

that could limit the ability to find statistically significant results. Another limitation of the

study involves the set of items on the *Awareness of Police Violence Survey* that addressed

different domains of advocacy. With these set of questions, the domains of advocacy

competencies identified by Toporek and Daniels (2018) were not defined for participants.

As a result, this may have resulted in error in how participants responded to these set of

questions.

Implications

Investigating the extent to which counselors identify and address UPV across professional roles was the aim of this research. Furthermore, this exploratory study aimed to contribute to the growing body of literature on mental health and UPV. Findings from this study contribute to existing research that highlights a need for further training for counselors in addressing instances of race-based trauma (Hemmings & Evans, 2018). Specifically, findings from this study suggests a need for training in identifying subjective client experiences that are perceived as undue and traumatic. The need for developing training related to advocacy for client populations that disproportionately experience UPV is another implication of the study. As suggested by Washington & Henfield (2019), counselor educators have an ethical obligation to prepare counselors to address issues of oppression. Thus, findings from this study imply a need for counselor educators to integrate social justice advocacy strategies associated with race-based trauma and interactions with law enforcement into the curriculum and instruction provided to counselors in training. Moreover, the low rates of engagement in public arena and community/school/organization advocacy found in this study suggest a need to emphasize these domains in counselor training and professional development.

Considering the prior research that provides evidence that UPV can have a harmful impact on African Americans and entire communities (Galovski et al., 2016), an implication from this study for practicing counselors is to develop strategies, policies, or procedures for navigating the potential for protest, rioting, and general unrest in communities impacted by UPV. Findings of this study also suggest a connection between attitudes towards law enforcement and beliefs towards UPV. Thus, an implication of this

study may be for counselors to critically evaluate personal beliefs and biases regarding

law enforcement officers and UPV. While law enforcement may play a positive role in

the professional work of counselors, the research and literature that has documented the

history of UPV towards African Americans implies a need for complexity and

multicultural consideration in working with clients with experiences and involvement

with the legal system and law enforcement officers (Davis et al., 2018; Edwards et al.,

2018; Hill, 2018; Holmes & Smith, 2008; Mapping Police Violence, 2019; Moore, 2013;

Moss, 2000). Lastly, Washington and Henfield (2019) suggest that assessing counseling

student beliefs towards topics of undue police violence may be used as pedagogical tool

for guiding the development of counselors in training. Thus, counselor educators may

utilize and further develop the scale on beliefs towards UPV to further engage in

preparing students to address UPV and similar issues of race-based trauma.

Recommendations for Future Research

Future research can include several findings from this study. While this study

focused on the extent to which counselors have addressed UPV, future research may

investigate the utility of various trauma-informed approaches to promoting resilience and

posttraumatic growth among clients with these experiences. Similarly, a qualitative

inquiry into the coping experiences of African Americans and other individuals with

experiences of UPV may contribute to the development of training for counselors that see

clients with these experiences. Additionally, future research can further investigate the

discrepancy between identified types of UPV found in this study. Such research could

investigate how individuals recognize and justify various types of force used by law

enforcement despite the potentially traumatic effect of the use of force. Another area of

continued research includes the further development of measures used in this study. The use of exploratory factor analysis identified preliminary scales that may be used to measure counselor's beliefs towards UPV, efficacy in addressing UPV, and preparation in addressing UPV. Further development could focus on creating more robust measures of these constructs and the development of related constructs that emphasize the connection between race-based trauma and UPV.

Summary

This chapter provided a summary and discussion of finding from the investigation of how counselors have addressed UPV in their professional roles. Findings support the conclusion that there is a need for further research to develop training in identifying UPV and responding to occurrences through advocacy. Furthermore, future research and efforts include identifying ways to promote resilience among impacted client populations, developing procedures and best practices for addressing direct and vicarious exposures to UPV, and continuing to develop measures that assess counselor beliefs, efficacy, and preparation in addressing UPV and other instances of race-based trauma.

References

American Counseling Association. (2014). *2014 ACA code of ethics*. Alexandria, VA:

Author. https://www.counseling.org/docs/default-source/ethics/2014-code-of-

ethics.pdf

American Counseling Association. (2016, July 8). ACA responds to shootings in Baton

Rouge, Minneapolis and Dallas. *American Counseling Association*.

https://www.counseling.org/news/updates/2016/07/08/aca-responds-to-shootings-

in-baton-rouge-minneapolis-and-dallas

American Counseling Association. (2017, August 14). ACA responds to Charlottesville

violence. *American Counseling Association*.

https://www.counseling.org/news/updates/2017/08/14/aca-responds-to-

charlottesville-violence

American Counseling Association. (2018, May 21). Gun violence trauma: ACA offers

free resources for counselors. *American Counseling Association*.

https://www.counseling.org/news/updates/2018/05/21/gun-violence-trauma-aca-

offers-free-resources-for-counselors

American Counseling Association. (2019, August 9). Statement from the American

Counseling Association on our national crisis of gun violence. *American

Counseling Association*.

https://www.counseling.org/news/updates/2019/08/09/statement-from-the-

american-counseling-association-on-our-national-crisis-of-gun-violence

American Psychological Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. Arlington, VA: Author.

Anderson, K. F. (2013). Diagnosing discrimination: Stress from perceived racism and the mental and physical health effects. *Sociological Inquiry*, *83*(1), 55-81. https://doi.org/10.1111/j.1475-682X.2012.00433.x

Aronson, E., Wilson, T. D., & Akert, R. M. (2013). *Social psychology* (8th edition). Upper Saddle River, NJ: Pearson.

Aymer, S. R. (2016). "I can't breathe": A case study—helping black men cope with race-related trauma stemming from police killing and brutality. *Journal of Human Behavior in the Social Environment*, *26*(3), 367-376. https://doi.org/10.1080/10911359.2015.1132828

Blain, K. N. (2018). "We will overcome whatever [it] is the system has become today": Black women's organizing against police violence in New York City in the 1980s. *Souls*, *20*(1), 110-121. https://doi.org/10.1080/10999949.2018.1520059

Bor, J., Venkataramani, A. S., Williams, D. R., & Tsai, A. C. (2018). Police killings and their spillover effects on the mental health of black Americans: A population-based, quasi-experimental study. *The Lancet*, *392*(10144), 302-310.

Brookes, M., & Phillips, G. (2019). Counseling African American clients in the era of Black Lives Matter, police brutality, and media stereotype [Special issue]. *Journal of Multicultural Counseling and Development*, *47*(3), 143-206.

Bryant-Davis, T. (2007). Healing requires recognition: The case for race-based traumatic

stress. T*he Counseling Psychologist*, *35*(1).

https://doi.org/10.1177/0011000006295152

Bryant-Davis, T., Adams, T., Alejandre, A., & Gray, A. A. (2017). The trauma lens of

police violence against racial and ethnic minorities. *Journal of Social Issues*,

73(4), 852-871. https://doi.org/10.1111/josi.12251

Bryant-Davis, T., & Ocampo, C. (2005). Racist incident-based trauma. *The Counseling

Psychologist*, *33*(4), 479-500. https://doi.org/10.1177/0011000005276465

Davis, E., Whyde, A., & Langton, L. (2018). *Contacts between police and the public,

2015*. (BJS Publication No. NCJ 251145). Washington, DC: Bureau of Justice

Statistics. https://www.bjs.gov/index.cfm?ty=pbdetail&iid=6406

Capodilupo, C. M. (2016). Microaggressions in counseling and psychotherapy. In D. W.

Sue, & D. Sue (Eds.), *Counseling the culturally diverse: Theory and practice* (7th

ed.). Hoboken, NJ: John Wiley & Sons.

Carter, R. T. (2007). Racism and psychological and emotional injury: Recognizing and

assessing race-based traumatic stress. *The Counseling Psychologist*, *35*(1), 13-

105. https://doi.org/10.1177/0011000006292033

Carter, R. T., & Forsyth, J. (2010). Reactions to racial discrimination: Emotional stress

and help-seeking behaviors. *Psychological Trauma: Theory Research, Practice,

and Policy*, *2*(3), 183-191. https://doi.org/10.1037/a0020102

Cecil, C. A., Viding, E., Baker, E. D., Guiney, J., & McCrory, E. J. (2014). Double

disadvantage: The influence of childhood maltreatment and community violence

exposure on adolescent mental health. *Journal of Child Psychology and*

Psychiatry, *55*(7), 839-848. https://doi.org/10.1111/jcpp.12213

Chumney, R. (2019, August 31). Virginia police departments fail to report nearly one in

three police shootings. *The News & Advance*.

https://www.newsadvance.com/news/local/virginia-police-departments-fail-to-

report-nearly-one-in-three/article_cd23f28c-9145-5f85-a1d2-8af429733292.html

Cohen, J. (1992). A primer for power. *Psychological Bulletin*, *112*(1), 155-159.

Cooley-Strickland, M., Quille, T. J., Griffin, R. S., Stuart, E. A., Bradshaw, C. P., & Furr-

Holden, D. (2009). Community violence and youth: Affect, behavior, substance

use, and academics. *Clinical Child and Family Psychology Review*, *12*(2), 127-

156. https://doi.org/10.1007/s10567-009-0051-6

Council for Accreditation of Counseling and Related Educational Programs. (2016). *2016*

CACREP standards. Alexandria, VA: Author. http://www.cacrep.org/wp-

content/uploads/2018/05/2016-Standards-with-Glossary-5.3.2018.pdf

Delgado, R., & Stefancic, J. (2012). *Critical race theory: An introduction (2nd edition)*.

New York, NY: New York University Press.

Desmond, M., Papachristos, A. V., & Kirk, D. S. (2016). Police violence and citizen

crime reporting in the black community. *American Sociological Review*, *81*(5),

857-876. https://doi.org/10.1177/0003122416663494

DeVylder, J. E., Frey, J. J., Cogburn, C. D., Wilcox, H. C., Sharp, T. L., Oh, H. Y., . . .

    Link, B. G. (2017). Elevated prevalence of suicide attempts among victims of

    police violence in the USA. *Journal of Urban Health*, *94*(5), 629-636.

    https://doi.org/10.1007/s11524-017-0160-3

Drisko, J., & Maschi, T. (2015). *Content analysis*. Oxford, UK: Oxford University Press.

Edwards, F., Esposito, M. H., & Lee, H. (2018). Police involved deaths by race/ethnicity

    and place, United States, 2012-2018. *American Journal of Public Health*, *108*(9),

    1241-1248. https://doi.org/10.2105/AJPH.2018.304559

Emesowun, B. (2017). Identifying Cities or Countries at Risk for Police Violence.

    J*ournal of African American Studies*, *21*(2), 269-281.

    https://doi.org/10.1007/s12111-016-9335-3

Evans, A. M., Hemmings, C., Burkhalter, C., & Lacy, V. (2016). Responding to race

    related trauma: Counseling research and recommendations to promote post-

    traumatic growth when counseling African American males. *The Journal of

    Counselor Preparation and Supervision*, *8*(1). https://doi.org/10.7729/81.1085

Fedina, L., Backes, B. L., Jun, H., Shah, R., Nam, B., Link, B. G., & DeVylder, J. E.

    (2019). Police violence among women in four U.S. cities. *Preventive Medicine*,

    106(1), 150-156. https://doi.org/10.1016/j.ypmed.2017.10.037

Feldman, J. M., Gruskin, S., Coull, B. A., & Krieger, N. (2017). Quantifying

    underreporting of law-enforcement-related deaths in United States vital statistics

and news-media-based data sources: A capture–recapture analysis. *PLOS Medicine*, *14*(10), 1-20. https://doi.org/10.1371/journal.pmed.1002399

Feldman, J. M., Gruskin, S., Coull, B. A., & Krieger, N. (2019). Police-related deaths and neighborhood economic and racial/ethnic polarization, United States, 2015–2016. *American Journal of Public Health*, *109*(3), 458-464. https://doi.org/10.2105/ajph.2018.304851

Fernandez, M., Pérez-Peña, R., & Bromwich, J. E. (2016, July 8). Five Dallas officers were killed as payback, police chief says. *New York Times*. https://www.nytimes.com/2016/07/09/us/dallas-police-shooting.html

Galovski, T. E., Peterson, Z. D., Beagley, M. C., Strasshoffer, D. R., Held, P., & Fletcher, T. D. (2016). Exposure to violence during Ferguson protests: Mental health effects for law enforcement and community members. *Journal of Traumatic Stress*, *29*(4), 283-292. https://doi.org/10.1002/jts.22105

Geller, A., Fagan, J., Tyler, T., & Link, B. G. (2014). Aggressive policing and mental health of urban young men. *American Journal of Public Health*, *104*(12), 2321-2327.

Gomez, M., B. (2016). Policing, community fragmentation, and public health: Observations from Baltimore. *Journal of Urban Health*, *93*(1), 154-167. https://doi.org/10.1007/s11524-015-0022-9

Hemmings, C., & Evans, A. M. (2018). Identifying and treating race-based trauma in

counseling. *Journal of Multicultural Counseling and Development*, *46*(1), 20-39.

https://doi.org/10.1002/jmcd.12090

Hill, M. L. (2018). "Thank you, black twitter": State violence, digital counterpublics, and

pedagogies of resistance. *Urban Educator*, *53*(2), 286-302.

https://doi.org/10.1177/0042085917747124

Holmes, M. D., & Smith, B. W. (2008). *Race and police brutality: Roots of an urban

dilemma*. Albany, NY: State University of New York.

Ince, J., Rojas, F., & Davis, C. A. (2017). The social media response to Black Lives

Matter: How Twitter users interact with Black Lives Matter through hashtag use.

Ethnic and Racial Studies, *40*(11), 1814-1830.

https://doi.org/10.1080/01419870.2017.1334931

Kwate, N. A., & Goodman, M. S. (2015). Cross-sectional and longitudinal effects of

racism on mental health among residents of black neighborhoods in New York

City. *American Journal of Public Health*, 105(4), 711-718.

Levitt, D. H., Darnell, A., Erford, B. T., & Vernon, A. (2015). Integrating theory into

practice. In Erford (Ed.), *Clinical experiences in counseling* (pp. 57-94). Upper

Saddle River, NJ: Pearson.

Lewis, J. A., Arnold, M. S., House, R., & Toporek, R. L. (2003). ACA advocacy

competencies.

https://www.counseling.org/Resources/Competencies/Advocacy_Competencies.pdf

Maguire, M., & Delahunt, B. (2017). Doing a thematic analysis: A practical, step-by-step guide for learning and teaching scholars. *All Ireland Journal of Teaching and Learning in Higher Education*, *9*(3), 3351-3365. https://ojs.aishe.org/aishe/index.php/aishe-j/article/view/335

Mapping Police Violence. (2017). *2017 police violence report*. https://policeviolencereport.org/

Mapping Police Violence. (2019). *Mapping police violence*. https://mappingpoliceviolence.org/

Martin, W. (2013). Civil rights, African Americans. T*he new encyclopedia of southern culture: Volume 24: Race*, (pp. 39-44). University of North Caroline Press. https://www.jstor.org/stable/10.5149/9781469607245_holt.13

McNeilly, M. D., Anderson, N. B., Armstead, C. A., Clark, R., Corbett, M., Robinson, . . . Lepisto, E. M. (1996). The perceived racism scale: A multidimensional assessment of the experience of white racism among African Americans. *Ethnicity & Disease*, *6*(1), 154-166.

Meade, B., Steiner, B., & Klahm IV, C. F. (2017). The effect of police use of force on mental health problems of prisoners. *Policing and Society*, *27*(2), 229-244. https://doi.org/10.1080/10439463.2015.1049602

Mitchell, K. J., Hamby, S. L., Turner, H. A., Shattuck, A., & Jones, L. M. (2015).

> Weapon involvement in the victimization of children. *Pediatrics*, *136*(1), 10-17.

> https://doi.org/10.1542/peds.2014-3966

Moody-Ayers, S. Y., Stewart, A. L., Covinsky, K. E., Inouye, S. K. (2005). Prevalence

> and correlates of perceived societal racism among older African-American Adults

> with type 2 diabetes mellitus. *Journal of the American Geriatrics Society*, *53*(12),

> 2202-2208. https://doi.org/10.1111/j.1532-5415.2005.00501.x

Moore, L. N. (2013). Police brutality in the urban south. In T. C. Holt, L. B. Green, & C.

> R. Wilson (Eds.), *The new encyclopedia of southern culture: Volume 24: Race*,

> (pp. 245-246). University of North Caroline Press.

> http://www.jstor.org/stable/10.5149/9781469607245_holt.78

Moss, F. (2000). Persecution of negroes. In J. Nelson (Ed.), *Police brutality: An

> anthology* (pp. 60-87). New York, NY: Jill Nelson.

National Child Traumatic Stress Network. (n.d). Community violence.

> https://www.nctsn.org/what-is-child-trauma/trauma-types/community-violence

Oliver, K. (2014, August 21). Understanding the Ferguson, MO crisis: A counselor's

> perspective. *American Counseling Association Podcast Series*.

> https://www.counseling.org/knowledge-center/podcasts/docs/default-source/aca-

> podcasts/ht049---understanding-the-ferguson-mo-crisis--a-counselors-perspective

Park, J. N., Linton, S. L., Sherman, S. G., & German, D. (2019). Police violence among

  those who inject drugs in Baltimore, Maryland. *International Journal of Drug*

  Policy, *64*(1), 54-61. https://doi.org/10.1016/j.drugpo.2018.12.005

Perry, C. (2017, December 12). Mental health and the current times: Racial trauma [Web

  log post]. https://www.counseling.org/news/aca-blogs/aca-member-blogs/aca-

  member-blogs/2017/12/12/mental-health-and-the-current-times-racial-trauma

Pieterse, A. L., Carter, R. T., & Ray, K. V. (2013). Racism-related stress, general life

  stress, and psychological functioning among Black American women. *Journal of*

  Multicultural Counseling and Development, *41*(1), 36-46.

Pieterse, A. L., Todd, N. R., Neville, H., A., & Carter, R. T. (2012). Perceived racism and

  mental health among Black American adults: A meat-analytic review. *Journal of*

  Counseling Psychology, *59*(1), 1-9. https://doi.org/10.1037/a0026208

Puranda, K. (2013, October 22). Building community trust [Web log post].

  https://www.counseling.org/news/aca-blogs/aca-member-blogs/aca-member-

  blogs/2013/10/22/building-community-trust

Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R.

  (2015). *Multicultural and social justice counseling competencies*.

  https://www.counseling.org/docs/default-source/competencies/multicultural-and-

  social-justice-counseling-competencies.pdf

Reynolds, J. J., Estrada-Reynolds, V., & Nunez, N. (2018). Development and validation

of the Attitudes Towards Police Legitimacy Scale. *Law and Human Behavior*,

42(2), 119-134. http://dx.doi.org/10.1037/lhb0000281

Root, C., Ferrell, J., & Palacios, W. R. (2013). Brutal serendipity: Criminological

verstehen and victimization. *Critical Criminology*, *21*(2), 141-155.

https://doi.org/10.1007/s10612-013-9181-8

Rudes, J., & Guterman, J. T. (2007). The value of social constructivism for the

counseling profession: A reply to Hansen. *Journal of Counseling & Development*,

85(4), 387-392. https://doi.org/10.1002/j.1556-6678.2007.tb00606.x

Sewell, A. A. (2017). The illness associations of police violence: Differential

relationships by ethnoracial composition. *Sociological Forum*, *32*(1), 975-997.

https://doi.org/10.1111/socf.12361

Sharpe, T. L., & Boyas, J. (2011). We fall down: The African American experience of

coping with the homicide of a loved one. *Journal of Black Studies*, *42*(6), 855-

873.

Soares, M., Barbosa, M., Matos, R. (2018). Police officers' perspectives on state (police)

violence: A sociomoral and psychological-driven study on disengagement.

Journal of Social and Political Psychology, *6*(1), 174-204.

https://doi.org/10.5964/jspp.v6i1.597

Staggers-Hakim, R. (2016). The nations unprotected children and the ghost of Mike

Brown, or the impact of national police killings on the health and social

development of African American boys. *Journal of Human Behavior in the Social Environment*, *26*(3), 390-399. https://doi.org/10.1080/10911359.2015.1132864

Staten, D. (2016, July 14). Proposed response to police brutality [Web log post]. https://www.counseling.org/news/aca-blogs/aca-member-blogs/aca-member-blogs/2016/07/14/proposed-response-to-police-brutality

Stebbins, R. A. (2001). *Exploratory research in the social sciences*. Thousand Oaks, CA: Sage.

Sue, D. W., & Sue, D. (2016). *Counseling the culturally diverse: Theory and practice* (7th ed.). Hoboken, NJ: John Wiley & Sons.

The Washington Post. (2019). Fatal force. https://www.washingtonpost.com/graphics/2019/national/police-shootings-2019/

Toporek, R. L., & Daniels, J. (2018). American Counseling Association advocacy competencies. https://www.counseling.org/docs/default-source/competencies/aca-2018-advocacy-competencies.pdf?sfvrsn=1dca552c_6

Vera, A., King, A., & Sarlin, J. (2019, May 11). Maryland police department investigating officer caught on video using the n-word. *CNN*. https://www.cnn.com/2019/05/11/us/maryland-police-n-word/index.html

Vera, E. M., & Polanin, M. K. (2012). Community violence: Counseling pyschology's response to a public health epidemic. In N. A. Fouad, J. A Carter, & L. M. Subich (Eds.), *APA handbook of counseling psychology: Volume 2: Practice,*

intervention, and applications (pp. 181-202). Washington, DC: American

Psychological Association.

Violence Policy Center. (2017). The relationship between community violence and

trauma. http://vpc.org/studies/trauma17.pdf

Visser, S. (2016, July 18). Baton Rouge shooting: 3 officers dead; shooter was Missouri

man, sources say. *CNN*. https://www.cnn.com/2016/07/17/us/baton-route-police-shooting/index.html

Washington, A. R., & Henfield, M. S. (2019). What do the AMCD multicultural and

social justice counseling competencies mean in the context of black lives matter?

Journal of Multicultural Counseling and Development, 47(3), 148-160.

https://doi.org/10.1002/jmcd.12138

Whittaker, T. T. (2019). "Get off my property": A personal narrative addressing violence

against African Americans by law enforcement post-Hurricane Katrina. *Journal

of Multicultural Counseling and Development, 47*(3), 161-171.

https://doi.org/10.1002/jmcd.12139

Williams, D. R., & Mohammed, S. A. (2009). Discrimination and racial disparities in

health: Evidence and needed research. *Journal of Behavioral Medicine*, *32*(1), 20-47. https://doi.org/10.1007/s10865-008-9185-0

Williams, D. R., & Willaims-Morris, R. (2000). Racism and mental health: the African

American experience. *Ethnicity & Health*, *5*(3), 243-268.

https://doi.org/10.1080/713667453

Williams, G. L. (2012). Embracing racism: Understanding its pervasiveness &

    persistence. *Multicultural Education*, *20*(1), 42-44.

Woo, H., Henfield, M. S., & Choi, N. (2014). Developing a unified professional identity

    in counseling: A review of the literature. *Journal of Counselor Leadership and*

    Advocacy, *1*(1), 1-15. https://doi.org/10.1080/2326716X.2014.895452

Wootson Jr. C. R. (2017, January 14). Video shows police tackling and beating a black

    man suspected of stealing a car. It was his. *The Washington Post*.

    https://www.washingtonpost.com/news/post-nation/wp/2017/01/14/video-shows-

    police-tackling-and-beating-a-black-man-suspected-of-stealing-a-car-it-was-his/

Appendix A. Letter of IRB Approval

JMU JAMES MADISON UNIVERSITY®

NOTICE OF APPROVAL FOR HUMAN RESEARCH

DATE:	November 07, 2019
TO:	Darius Green, M.Ed., Dept of Graduate Psychology
FROM:	Taimi Castle, Professor, IRB Panel
PROTOCOL TITLE:	Undue Police Violence in African American Communities: A Quantitative Analysis of Counselors
FUNDING SOURCE:	NONE
PROTOCOL NUMBER:	20-1427
APPROVAL PERIOD:	Approval Date: November 07, 2019 Expiration Date: May 08, 2020

The Institutional Review Board (IRB) for the protection of human subjects has reviewed the protocol entitled, "Undue Police Violence in African American Communities: A Quantitative Analysis of Counselors," under 45 CFR 46.110 Expedited Category 7. The project has been approved for the procedures and subjects described in the protocol.

If your study requires any changes, the proposed modifications will need to be submitted in the form of an amendment request to the IRB. Any changes require approval before they can be implemented as part of your study. If there are any adverse events and/or any unanticipated problems during your study, you must notify the IRB within 24 hours of the event or problem.

This approval is issued under James Madison University's Federal Wide Assurance 00007339 with the Office for Human Research Protections (OHRP). If you have any questions regarding your obligations under the IRB's Assurance, please do not hesitate to contact ORI.

Please direct any questions about the IRB's actions on this project to the IRB Chair:

Dr. Taimi Castle
castletl@jmu.edu
(540) 568-5929

Taimi Castle

OFFICE OF RESEARCH INTEGRITY | MSC 5738
HARRISONBURG, VA 22807
540.568.7025 PHONE

Appendix B. Recruitment Letter

Dear Colleague,

I am a doctoral candidate in the Counseling and Supervision program in the Department of Graduate Psychology at James Madison University. I would like to invite you to participate in a research study I am conducting with Dr. Amanda Evans, a faculty member in the Department of Graduate Psychology at James Madison University, to examine how counselors treat and advocate on behalf of African American clients and communities that have been exposed to instances of undue police violence. Undue police violence is defined in this study as a law enforcement officer's use of force that results in harm that is perceived as unwarranted, excessive, or incongruent to the given situation. You may participate if you identify as a professional counselor and have at least a master's degree from a counseling program.

Participants will be asked to complete an online survey that will take approximately 15 to 20 minutes to complete. The information collected in this study will be used to explore how counselors have addressed undue police violence in their professional roles. There are no risks associated with this study.

If you would like to know more information about this study, you are welcome to contact Dr. Amanda Evans at evans3am@jmu.edu.

If you decide to participate, please read the Information Letter available at the beginning of the
survey accessible through this link:
http://jmu.co1.qualtrics.com/jfe/form/SV_7PUFg8Vi1YjjQI5.

If you have any questions, please contact Dr. Amanda Evans at evans3am@jmu.edu or 540.568.6308.

Thank you for your consideration,

Darius Green, M.Ed, NCC
Doctoral Candidate
James Madison University

Amanda M. Evans, PhD, LPC, NCC

Appendix C. Informed Consent

Identification of Investigators & Purpose of Study

You are being asked to participate in a research study conducted by Darius Green from James Madison University. The purpose of this study is to investigate how professional counselors identify, treat, and advocate for clients that have experienced and been exposed to undue police violence (UPV). This study will contribute to the researcher's completion of his dissertation.

Research Procedures

This study consists of an online survey that will be administered to individual participants through online using Qualtrics. You will be asked to provide answers to a series of questions related to how professional counselors identify, treat, and advocate for clients that have experienced and been exposed to UPV.

Time Required

Participation in this study will require 15 - 20 minutes of your time.

Risks

The investigator does not perceive more than minimal risks from your involvement in this study (that is, no risks beyond the risks associated with everyday life).

Benefits

Potential benefits from participation in this study include increased knowledge and awareness regarding the impact of UPV and the sources of action of professional counselors. Additionally, benefits of participating in the proposed study include contributions to the counseling and mental health literature.

Confidentiality

The results of this research will be presented at conferences and publication in a peer reviewed journal will be sought. While individual responses are anonymously obtained and recorded online through the Qualtrics software, data is kept in the strictest confidence. No identifiable information will be collected from the participant and no identifiable responses will be presented in the final form of this study. All data will be stored in a secure location only accessible to the researcher. The researcher retains the right to use and publish non-identifiable data. At the end of the study, all records will be destroyed. Final aggregate results will be made available to participants upon request.

Participation & Withdrawal

Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time without consequences of any kind. However, once your responses have been submitted and anonymously recorded you will not be able to withdraw from the study.

Questions about the Study

If you have questions or concerns during the time of your participation in this study, or after its completion or you would like to receive a copy of the final aggregate results of this study, please contact:

Darius A. Green   Amanda M. Evans
Graduate Psychology   Graduate Psychology
James Madison University   James Madison University
greenda@jmu.edu   Telephone: (540) 568-6308
                                                                  evans3am@jmu.edu

Questions about Your Rights as a Research Subject

Dr. Taimi Castle
Chair, Institutional Review Board
James Madison University
(540) 568-5929
castletl@jmu.edu

Giving of Consent

I have been given the opportunity to ask questions about this study. I have read this consent and I understand what is being requested of me as a participant in this study. I certify that I am at least 18 years of age. By clicking on the link below, and completing and submitting this anonymous survey, I am consenting to participate in this research.

Darius Green   11/7/19
Name of Researcher (Printed)   Date

This study has been approved by the IRB, protocol #20-1427.

Appendix D. Awareness of Undue Police Violence Survey

Q1 After reading the informed consent for the study, do you consent to participation?

❍ I agree to participate in the study (1)

❍ I do not agree to participate in the study (2)

Skip To: End of Survey If ... I do not agree to participate in the study

Q2 What is your gender?

❍ Female (1)

❍ Male (2)

❍ Non-Conforming (3)

❍ Transgender Female (4)

❍ Transgender Male (5)

❍ Other (6)

❍ Choose not to disclose (7)

Q3 What is your age?

Q4 What is your race?

❍ American Indian or Alaska Native (1)

❍ Asian (2)

❍ Bi or Multiracial (3)

❍ Black or African American (4)

❍ Native Hawaiian or Other Pacific Islander (5)

❍ White or Caucasian (6)

❍ Choose not to disclose (7)

Q5 What is your ethnicity?

❍ Hispanic (1)

❍ Non-Hispanic (2)

Q6 Please describe your highest level of education

❍ Less than a high school diploma (1)

❍ High school degree or equivalent (i.e. GED) (2)

❍ Some college, no degree (3)

❍ Associate degree (4)

❍ Bachelor's degree (5)

❍ Master's degree (6)

❍ Doctorate (7)

Q7 What is your primary professional role?

❍ Clinical Mental Health Counselor (1)

❍ School Counselor (2)

❍ Rehabilitation Counselor (3)

❍ Career Counselor (4)

❍ Addictions Counselor (5)

❍ Marriage, Couple, and Family Counselor (6)

❍ Clinical Supervisor (7)

❍ Counselor Educator (8)

❍ Counseling Advocate (9)

❍ Other (10)

Q8 Please describe the types of clients you generally work with

Q9 Please list your professional licenses and certifications

Q10 How would you identify your current household income status?

❍ Under $10,000 (1)

❍ $10,001 to 20,000 (2)

❍ $20,001 to $40,000 (3)

❍ $40,001 to 60,000 (4)

❍ $60,001 to 80,000 (5)

❍ $80,001 to 100,000 (6)

❍ $100,001 to $120,000 (7)

❍ $120,001 and beyond (8)

Undue police violence is defined in this study as a law enforcement officer's use of force that results in harm that is perceived as unwarranted, excessive, or incongruent to the given situation. The impact of undue police violence can be conceptualized as being direct and vicarious (indirect exposure through hearing about or witnessing violence). Evidence links direct exposure to undue police violence to negative mental health outcomes, such as increased symptoms of anxiety, depression, PTSD, and an increased likelihood of suicide attempts (DeVylder et. al, 2017; Geller, Fagan, Tyler, & Link, 2014).

Vicarious exposure to undue police violence has been linked to symptoms of PTSD, depression, anger and self-reports of poor mental health (Bor, Venkataramani, Williams, & Tsai; Galovski, 2016). Experiences associated with undue police violence may present in the counseling relationship and practitioners might demonstrate a range of responses to this information. The following survey addresses issues related to undue police violence.

The survey should take no more than 15 to 20 minutes to complete.

Q11 Direct exposure to undue police violence is defined as violent encounters with a law enforcement officer in which the use of force exceeds what is perceived to be appropriate in any given situation.

Scenario: A law enforcement officer approaches an African American that the officer suspects was involved in criminal activity.

Which of the following are examples of direct exposure to undue police violence in the given scenario? **Check all that apply**:

❑ Frisking (1)

❑ Sexual contact (2)

❑ Use of a firearm (3)

❑ Use of a weapon not intended for lethal force (i.e. baton, taser, etc.) (4)

❑ Use of K9 Unit (5)

❑ Use of physical force without a weapon (6)

❑ Use of verbal aggression (7)

Q12 Vicarious exposure to undue police violence is defined as indirect exposure through learning that another person has experienced a violent encounter with a law enforcement officer in which the use of force exceeds what is perceived to be appropriate or necessary in any given situation.

Scenario: A law enforcement officer approaches an African American that the officer suspects was involved in criminal activity and uses undue force.

Which of the following examples of vicarious exposure to the given scenario may negatively impact an individual's well-being? **Check all that apply**:

❑ Exposure to details of the story (1)

❑ Exposure to rioting and/or unrest in one's community following the incident (2)

❑ Learning that a loved one directly experienced the incident (3)

❑ Viewing media depicting the incident (4)

❑ Witnessing the incident (5)

Q13 Have you ever experienced direct exposure to undue police violence?

❍ Yes (1)

❍ No (2)

Display: If Have you ever experienced direct exposure to undue police violence? = Yes

Q14 Did you seek help from or discuss this experience with a counseling or mental health professional?

❍ Yes (1)

❍ No (2)

Q15 Have you ever experienced indirect exposure to undue police violence?

❍ Yes (1)

❍ No (2)

Display: If Have you ever experienced indirect exposure to undue police violence? = Yes

Q16 Did you seek help from or discuss this experience with a counseling or mental health professional?

❍ Yes (1)

❍ No (2)

These questions pertain to observation and or experiences of undue police violence when working with clients.

Q17 Does your counseling practice have a policy/procedure that addresses the impact of undue police violence?

○ Yes (1)

○ No (2)

○ Unsure (3)

Q18 Have you had training experiences on identifying undue police violence and its impact in counseling?

○ Yes (1)

○ No (2)

Q19 If you answered yes what was the nature of the training experience? Please check all that apply.

❑ Integrated into course(s) (1)

❑ Supervision (2)

❑ Academic advisement/meeting (3)

❑ Continuing education (4)

❑ Other (5)

Q20 Have you worked with any clients who reported experiences with or being impacted by undue police violence?

○ Yes (1)

○ No (2)

Q21 What are the behavioral or personal indicators you might observe in a client who has direct or indirect exposure to undue police violence or related issues?

Q22 Have you ever discussed a client's experience with undue police violence with? (Please check all that apply)

❑ Faculty Members (1)

❑ Mental Health Professionals (2)

❑ Peers (3)

❑ Colleagues (4)

❑ Supervisors (5)

❑ Law Enforcement (6)

❑ Other (7)

These questions pertain to observation and or experiences of undue police violence when advocating on behalf of clients.

Q23 Have you ever advocated for a client or client populations impacted by undue police violence at the individual level?

❍ Yes (1)

❍ No (2)

Q24 Have you ever advocated for you client or client populations impacted by undue police violence at the community/school/organization level?

❍ Yes (1)

❍ No (2)

Q25 Have you ever advocated for you client or client populations impacted by undue police violence at the public arena level?

❍ Yes (1)

❍ No (2)

Q26 Have you ever received training on advocacy that can be applied to addressing clients impacted by undue police violence?

❍ Yes (1)

❍ No (2)

Q27 What was the nature of the training experience? Please check all that apply

❑ Integrated into course(s) (1)

❑ Supervision (2)

❑ Academic advisement/meeting (3)

❑ Continuing education (4)

❑ Other (5)

Q28 Please briefly describe any advocacy experiences related to undue police violence

Q29 To what extent do each of the following statements reflect your beliefs about the impact of undue police violence? Choose the response that is most appropriate for you.

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)
I do not think that undue police violence is a problem (1)	❍	❍	❍	❍	❍
I do not think that undue police violence will be addressed in our society (2)	❍	❍	❍	❍	❍

I do not think counselors are aware of undue police violence (3)	○	○	○	○	○
I think counselors are not receptive to reports about undue police violence (4)	○	○	○	○	○
I think that race and ethnicity are factors related to undue police violence (5)	○	○	○	○	○
I think that police officer use of force is usually justified (6)	○	○	○	○	○

Q30 To what extent do each of the following statements reflect your beliefs about the impact of undue police violence? Choose the response that is most appropriate for you.

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
I do not think that violent encounters involving police officers is a treatment issue for counselors (1)	○	○	○	○	○
The counseling profession is not supportive in identifying and treating undue police violence (2)	○	○	○	○	○

I have not been prepared to identify or treat clients that experience undue police violence (3)	○	○	○	○	○
There is no procedure available for discussing undue police violence with clients (4)	○	○	○	○	○
I am not comfortable addressing undue police violence in my professional role (5)	○	○	○	○	○
I do not feel competent to discuss undue police violence with people (6)	○	○	○	○	○

Q31 Please discuss your experiences with client experiences of undue police violence in counseling