State of Knowledge (Working Draft)

*Vicarious Violence Exposure*

Scholars have long identified direct violence victimization's harmful physical and mental health effects. More recently, researchers have sought to examine the health consequences of vicarious exposure to violence, such as witnessing a violent event or hearing about a violent event. Generally, these studies find vicarious exposure is associated with depression, psychological distress, suicide ideation, heightened stress, and changes in cognition (Smith et al. 2020). Adverse mental health is also associated with violence perpetrated against a family member or close social contact (Magee et al 2022). Vicarious exposure to violence can persist through residing in a violent neighborhood or occupying a space that is at-risk for violent situtations (Sharkey 2017). Residing near a violent event has been linked to lower infant birth weights and poorer test performance disrupted sleep patterns, increased cortisol, and hypervigilance among children (McCoy, Raver, and Sharkey 2015; Heissel et al. 2018).

*Criminal Justice Contact and Health*

[To Do: Discuss criminal justice contact and health (Schnittker et al. 2022!)]

Scholars have long considered the mental health implications of criminal justice contact. Police contact, including intrusive pedestrian stops and arrests, has been associated with poor mental health (Geller et al. 2014; Sugie and Turney 2017)

The relationship between police violence exposure and adverse mental health outcomes mirrors other forms of violence. Direct exposure to police violence increases individuals’ reports of general anxiety, depression, trauma symptoms, suicide attempts, and anticipation of future police violence victimization (Geller et al. 2014; DeVylder et al. 2017; Alang, McAlpine, and McClain 2021; Salas-Hernandez et al. 2022). Likewise, vicarious exposure to police violence, such as witnessing or hearing about a police violence event or living in a neighborhood with high rates of police use of force, is associated with poorer mental health. For instance, men residing in neighborhoods with high concentrations of police stops involving frisking and police violence exhibit higher levels of non-specific psychological distress and more severe feelings of nervousness, effort, and worthlessness than women (Sewell et al. 2016 ).

But as a form of criminal justice contact, police violence is a distinct form of violence. Violence is a core component of police work (Bittner 1970). As such, general police contact may be perceived as stressful because the threat of state-sanctioned violence underlies each police-pedestrian interaction (Bittner 1970; DeVylder, Fedina, and Link 2020; Alang, McAlpine, and McClain 2021). Police stops and arrests have been associated with depressive, anxiety, and trauma-related symptoms, especially among young Black men (Sugie and Turney 2017; Alang, Alpine, and McClain 2021).

The state-sanctioned nature of police violence may broaden its effects on mental health. Extant literature finds evidence of high-profile, lethal police violence influencing mental health at varying spatial scales. Bor et al. (2018) observe that Black people report 14 more poor mental health days in states that have experienced an unarmed killing of a Black person within the previous 90 days (also see Nix and Lozado 2020). Similarly, monthly Black suicide rates rose by an additional 0.0472 suicides per 100,000 in U.S. Census Divisions that experienced a killing of an unarmed Black person (Kyriopoulos, Vandoros, and Kawachi 2022).

Scholars have also found evidence of the harmful mental health effects of high-profile police violence at the national scale. In the week following the murder of George Floyd, Gallup observed an unprecedented nationwide increase -- above existing COVID-19 pandemic highs -- in reports of anger and sadness (Eichstaedt et al. 2021). Reports of anxiety and depression also increased during this time, especially among Black Americans. Eitchstaedt et al. (2021) also observed that these increases in negative emotions and adverse mental health had a spatial component; Minnesota reported the largest reduction in mental health. They argue that the Black people (men) living in Minnesota likely experienced the most substantial mental health effects of George Floyd’s murder.

Yet, Sharkey and Shen (2021) find that negative emotions following incidents of mass violence are temporary and spatially limited. These negative emotions may not translate to lasting, attitudinal, and subsequent policy change.

*Structural Racism & Racial Trauma*

Racial differences in mental health responses to police violence exposure may be reflective of structural racism, which Bailey et al. (2017) define as “the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice.” Structural racism is a fundamental cause of health inequity that undermines health through a series of interdependent pathways, including (but not limited to) economic injustice and social deprivation, inadequate health care, maladaptive coping mechanisms, and psychosocial trauma (Phelan and Link 2015; Bailey et al. 2017).

These racism-health pathways influence racial disparities in police contact and reactions to police violence. Economic injustice and social deprivation increase the chances that Black neighborhoods experience high concentrations of community and police violence (Soss and Weaver 2018; CITE). Inadequate health care and maladaptive coping mechanisms contribute to Black people reporting more severe mental health symptoms despite lower diagnosed prevalences of mental health disorders (CITE). As such, vicarious police violence exposures may exacerbate symptoms of untreated psychological distress and foster psychosocial trauma. This psychosocial trauma by adding another racial injustice to the nation’s legacy of limited accountability for anti-Black violence (Onwuachi-Willig 2016). This racial trauma manifests itself in the increased worry, fear, and anticipatory stress that Black people report toward potential police contact (Pickett, Graham, and Cullen 2022).

We still know little about how vicarious police violence exposure shapes specific mental health conditions. Extant studies have relied upon self-reported data to understand declines in general mental and emotional health following vicarious exposure to police violence. We draw upon hospital records to examine how emergency room admissions of anxiety, depression, and chemical health varied during citywide exposure to a high-profile policing murder.

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