# Understanding and Healing Pain Following the Events of Ferguson

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#### Great deal of thanks...

- Our brave respondents from the Ferguson community and law enforcement
- Co-PI, Dr. Zoe Peterson
- Marin Beagley and David Strasshofer
- Philip Held and our undergraduate research assistants
- Formative research groups: St. Louis Chiefs of Police, Ferguson Coalition, Will Werner, Dr. Marva Robinson
- Gendarme staff
- School of Nursing

#### Overview

- <u>Goal</u>: Provide an understanding of the mental health effects of exposure to the traumatic events of Ferguson.
  - Why "study" individuals exposed to the events of Ferguson?
  - What would such a study look like?
  - Where might such an accumulation of knowledge lead us?
  - How might mental health professionals change the existing landscape in the direction of recovery?

### **Defining Trauma**

- Exposure to actual or threatened death, serious injury, or sexual violence
  - Directly experience
  - Witnessing the event
  - Learning about death/threat to loved one (sudden, violent or accidental)
  - Experience of repeated, extreme exposure to aftermath of event
    - first responders exposed to collection of human remains
    - police officers exposed to details of child abuse

# Prevalence of Trauma Exposure

- >50% of US adults
- 2 out of 3 children before age 16
- Most prevalent trauma: Witnessing severe injury, death, or life-threatening accident
- Multiple traumas common
  - Of those who experienced any major trauma:
    - 25% had experienced only 1
    - The majority had experienced multiple traumas

# Outcomes Following Exposure to Trauma

- Recovery & Growth
  - Fortunately, most common
- Physical Health Effects
  - Structural disorders and injury
  - Functional disorders
- Negative Mental Health Effects
  - Host of psychiatric disorders
    - Often co-occurring
  - Personality Disorders
  - General Distress (anger, hazardous substance use, isolation, reckless behavior, impulsivity, etc.)
  - PTSD\*, MDD

#### PTSD: DSM-5 criteria

- Exposure to actual or threatened (a) death,
  (b) serious injury, or (c) sexual violation
- Intrusion symptoms (1 or more)
- Persistent avoidance of stimuli (1 or more)
- Negative alterations in cognitions and mood (2 or more)
- Marked alterations in arousal and reactivity (2 or more)

#### Prevalence of PTSD

- Within traumatized population:
  - Approximately 20% women and 10% men
- PTSD by Trauma type
  - Sexual assault: 31%
  - Battered women: 31–84%
  - Combat experience: 30%
  - Refugees: 50–90%
  - Physical Assault: 13%
  - MVA: 12%
  - Natural Disaster: 8–10%

#### Depression

- Most comorbid psychiatric disorder with PTSD
  - Depressed mood
  - Anhedonia
  - Weight loss/gain
  - Insomnia/hypersomnia
  - Psychomotor agitation or retardation
  - Fatigue or loss of energy
  - Feelings of worthlessness/guilt
  - Difficulty concentrating
  - Suicidal ideation

# Exposure to Community Violence Specifically....

- ► <u>CV</u>- Intentional, malevolent violence that occurs outside the home, within a defined community, and perpetrated by someone other than a loved one.
- Paucity of research on mental health outcomes following exposure to CV
- Almost zero research on shared reactions to community violence
- Comparisons across subgroups within a community are almost non-existent.

#### Prior study: Community Members

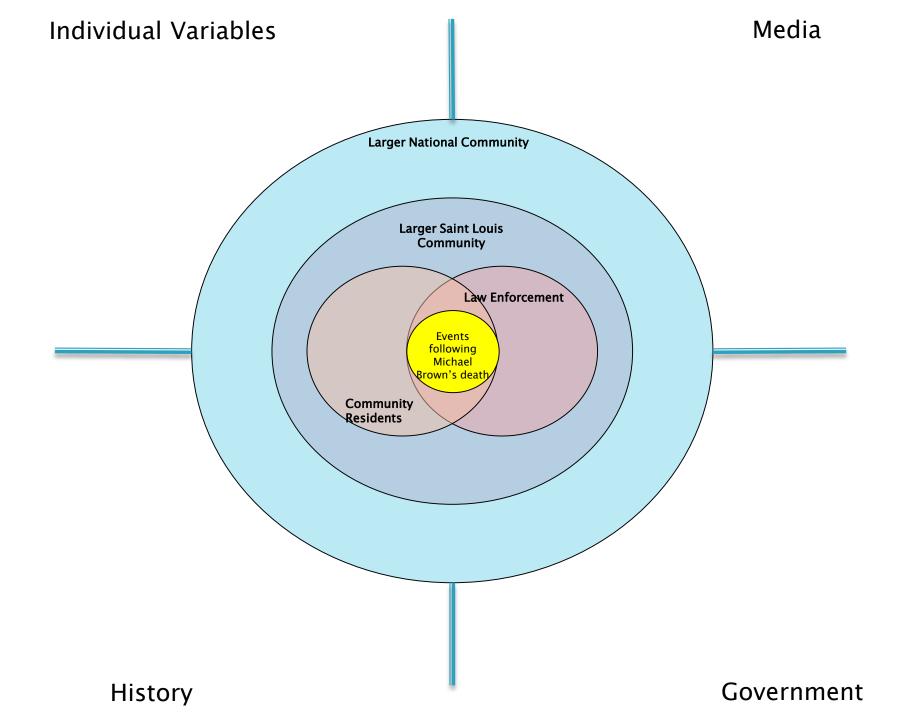
- Exposure to violence leads to PTSD and depression in:
  - Children
  - Army recruits
  - Hispanic Males
  - High-risk young women
- Very little information on the impact of CV on Black Males (highest risk for CV exposure)
- No information on comparisons across community groups\*\*\*\*\*

### Prior study: Law Enforcement

- Unique requirements of job significantly increase risk
- Continuous threats to life (intentional) add a unique dimension
- Exposures are at least equivalent to armed services members
- One of the most under-studied traumatized populations
- 7-15% meet criteria for PTSD; 34% show significant symptoms
- Suicide rate nearly 3x the rate in the general population

#### Continuous Traumatic Stress

- Traditional view: Trauma is an historical event
- CTS: Trauma is an ongoing reality with chronic, pervasive danger
- Predictor of compromised mental health and functioning
- No US study has assessed trauma reactions nested within an environment of CTS
- No study has examined reactions to their shared event across community subgroups



# Our study

- Goal: examine law enforcement and community member reactions secondary to Ferguson's shared, community-based traumatic event, which was nested within CTS.
- Identify important group differences across study subgroups.

# Hypotheses

- Proximity would transcend group differences between police and community members and significantly contribute to PTSD, depression, and anger across the sample, controlling for poverty, age, and education.
- Proximity would be a stronger predictor of distress in White participants than Black participants because the events in Ferguson are likely to be highly salient to all Black participants regardless of proximity.

#### Recruitment

- Community:
  - Flyers
  - Postcards
  - Word of Mouth
  - Local Organizations
- Law Enforcement
  - St. Louis Police Chiefs Association
  - Gendarme
  - UMSL Police Department
  - Word of Mouth

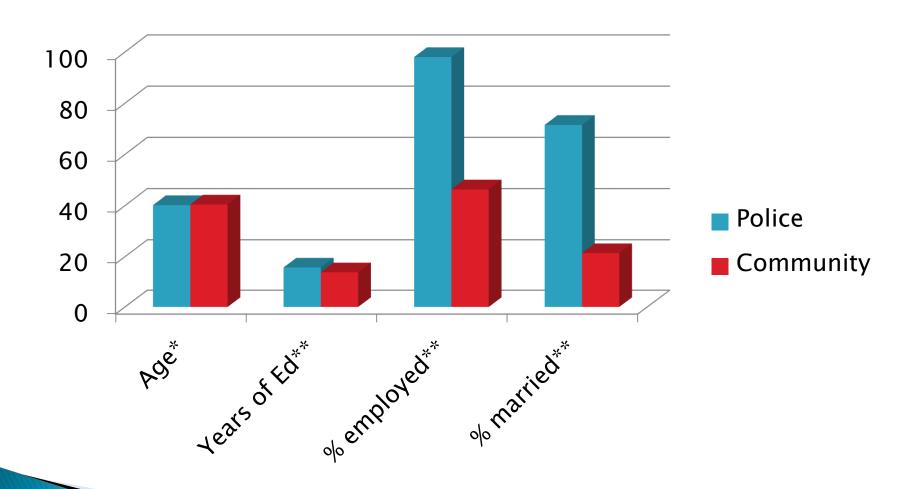
# Community Sample

- Ferguson and surrounding towns (N = 287)
  - Gender
    - 39% male
    - 60% female
    - 1% transgender
  - Race
    - 68% Black
    - 26% White
    - 6% Other
  - Ethnicity:
    - 3% Hispanic
    - 97% Not Hispanic

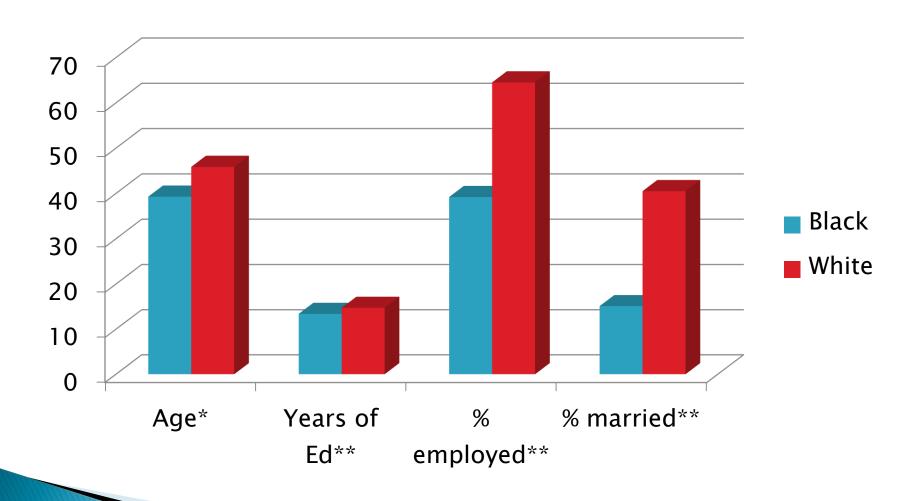
### Law Enforcement Sample

- Police officers (N = 261)
  - Gender:
    - > 78% male
    - 21% female
    - ▶ 1% transgender
  - Race:
    - ▶ 6% Black
    - 93% White
    - > 3% Other
  - Ethnicity:
    - 2% Hispanic
    - ▶ 98% not Hispanic

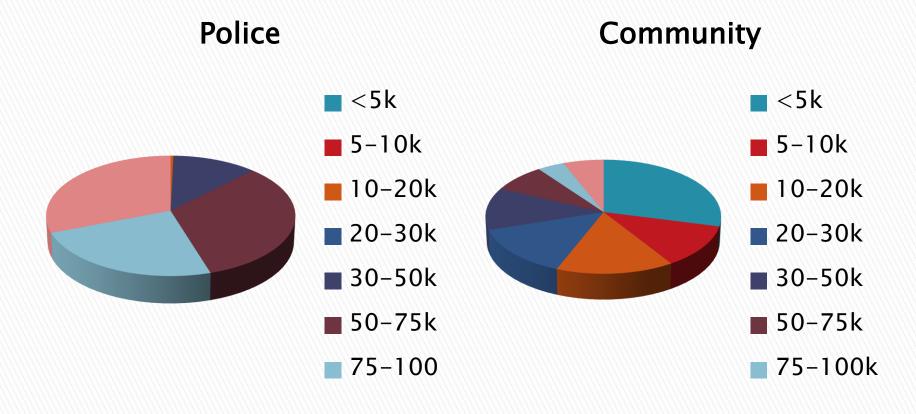
### Demographics



#### Demographics: Community only



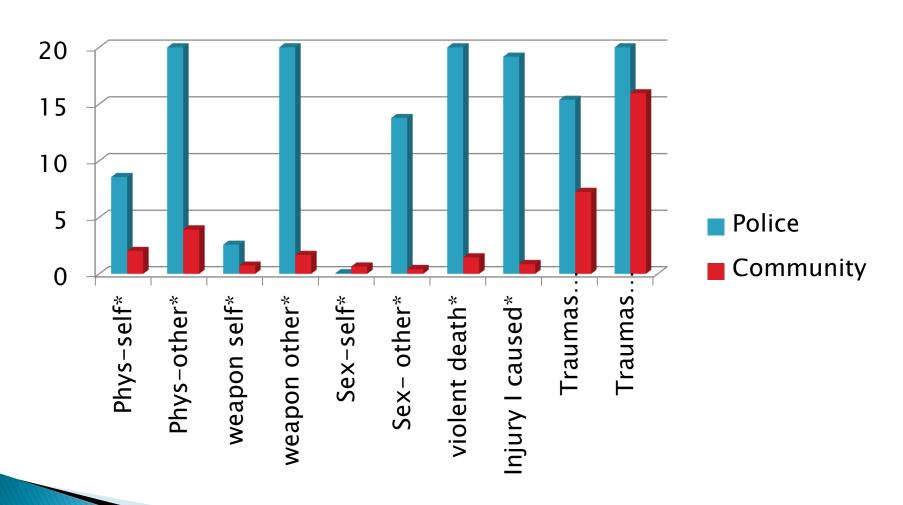
#### Annual Household Income



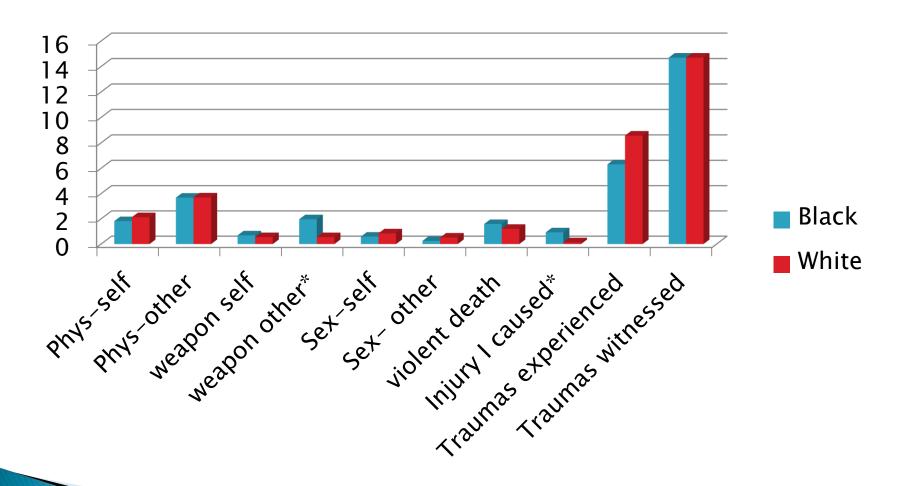
88% > \$50,000 annually

70% < \$30,000 annually

# Trauma History by Community Group



# Trauma History by Race: community only



#### Proximity to the event

- Connectedness:
  - Household location
    - 1 police officer lived in Ferguson
    - 45% of the community sample lived in Ferguson
  - Knew Michael Brown or his family
    - 2 police officers
    - 64 community participants
  - Knew Officer Wilson or his family
    - 17 police officers
    - 15 community participants

#### Proximity: Exposure to Events

	Police	Community
Present at any Protests?*	67%	37%
Injured during Protests	9%	10%
Exposed to smoke bombs or tear gas?*	45%	29%
Nearly injured during protests?*	41%	19%
Anyone near you injured?*	36%	19%
Anyone you know injured?*	65%	23%
Feel threatened?*	70%	48%

#### Proximity: Media Exposure

- Police tended to watch significantly more coverage of the events as compared to community participants
- Both groups experienced significant distress from media coverage.
- The police endorsed significantly more distress from watching news coverage

#### Proximity: Fear From Exposure

	Police	Community
Fear that you or a loved one would be injured?*	73%	52%
Fear for family's safety?*	89%	59%
Fear that you or a loved one would be killed or severely injured?*	84%	52%
Felt frightened during protests?	66%	59%
Feared for your life?*	57%	40%

### Proximity: Life interruptions

- Occupational interruption:
  - Police:
    - Worked less: 8%
    - Worked overtime: 92%
  - Community:
    - Worked less: 44%
    - Worked more: 9%
- Difficulty with daily travel:
  - Police: 32%
  - Community: 60%
- Property damage:
  - Police: 7%
  - Community: 7%

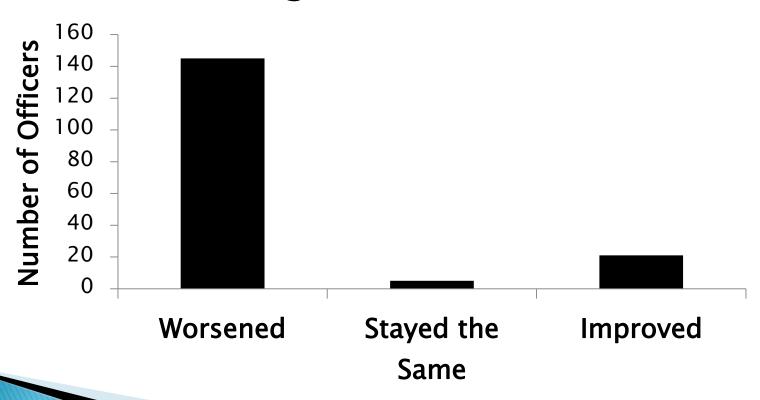
#### **Department Morale & Social Support**

- Perceived social support and morale significantly predicted PTSD symptoms in police officers.
- Officers endorsing higher social support outside of the police department reported lower PTSD and depression, despite experiencing decreased departmental morale.

**Author: Marin Beagley** 

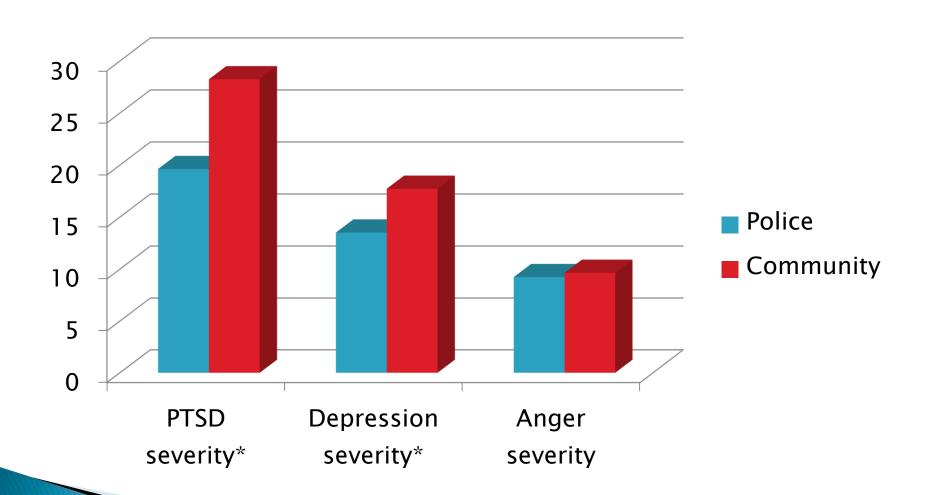
#### Law Enforcement Morale Figure

# Department Morale Following Ferguson Events



Author: Marin Beagley

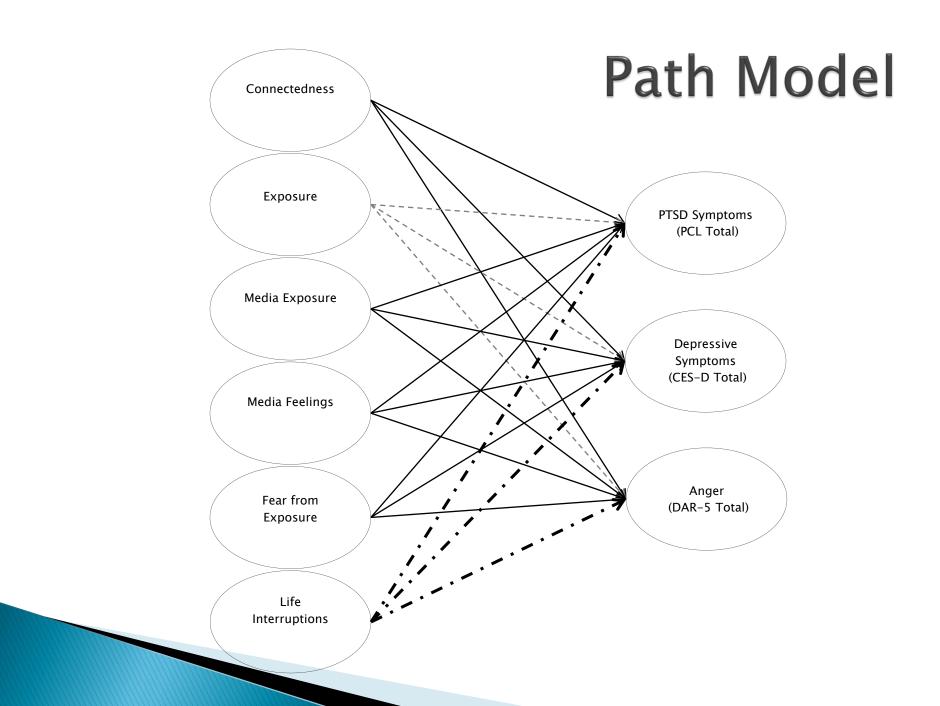
#### Negative Mental Health Outcomes



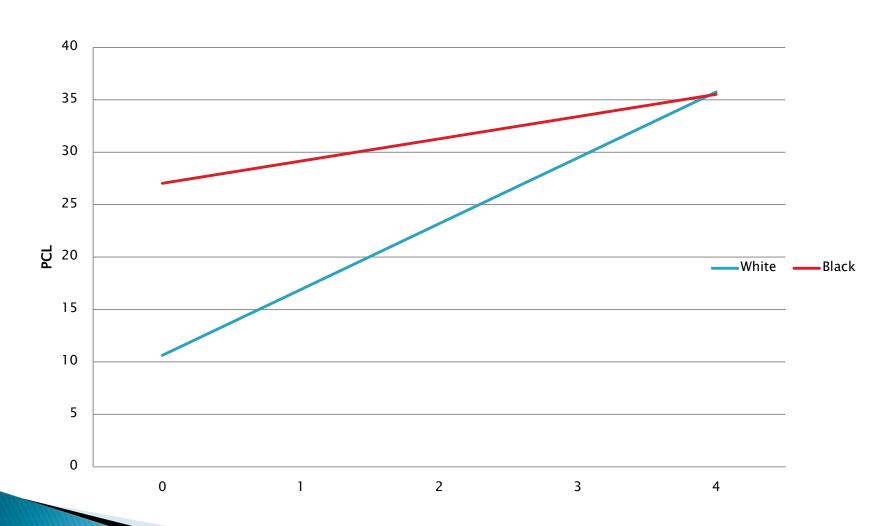
**Author: Marin Beagley** 

#### Clinical Cutoffs

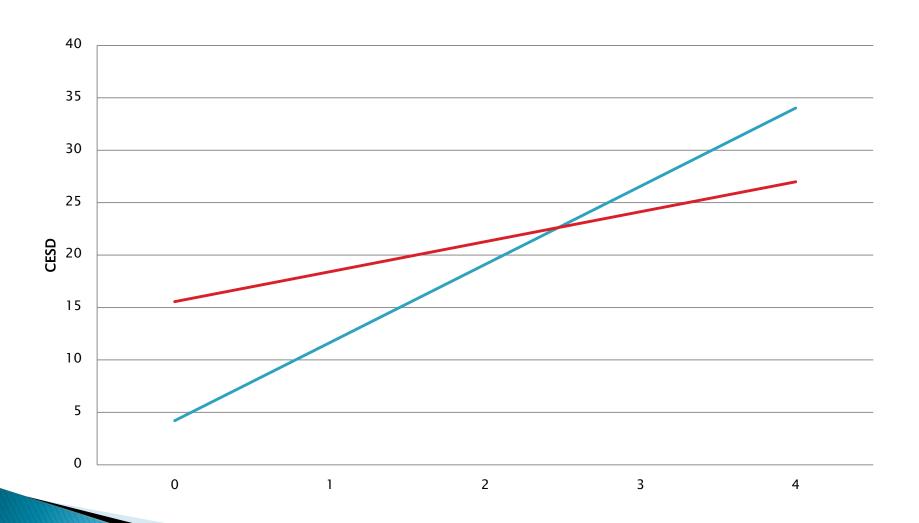
- ▶ PTSD\*
  - Measured by the PCL (DSM-5 criteria)
    - Police:14%
    - Community: 34%
- Depression\*
  - Measured by the CES-D
    - Police: 33%
    - Community: 43%
- Anger\*:
  - Measured by the DAR-5
    - Police: 23%
    - Community: 32%



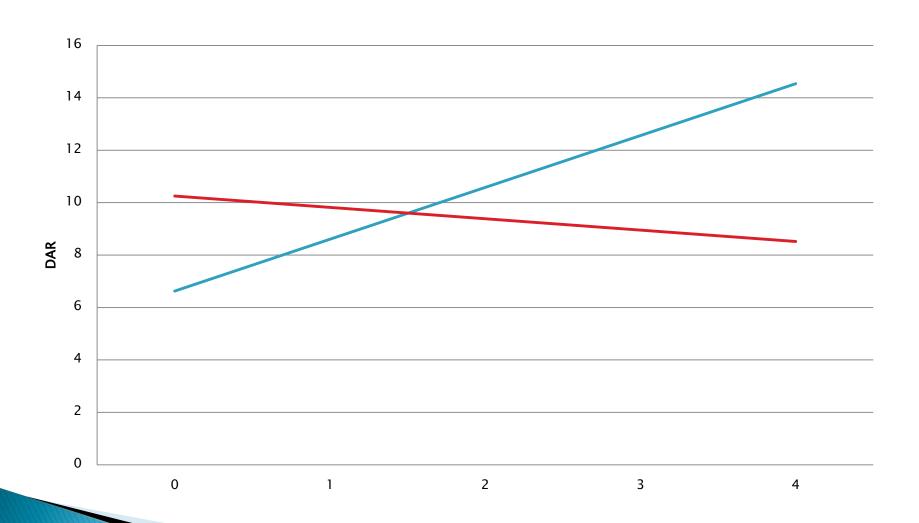
# Life interruptions by race: PCL



#### Life interruptions by race: CES-D



### Life interruptions by race: DAR-5



### Fear – qualitative reports

- Who did you feel threatened by?
  - Community:
    - Protestors/looters/rioters (mob mentality, burning wouldn't be limited to businesses, injury, gunfire): 48%
    - Police (tear gas, smoke bombs, uniforms): 35%
    - Both: 13%
    - Other: 4%

#### Fear of danger- qualitative reports

- Who did you feel threatened by?
  - Police:
    - Protestors/looters/rioters: 100%
- What were the types of threats?
  - Threats of killing and raping family, wives and children: 35%
  - Verbal threats to kill participant: 27%
  - Threats to officers in general (kill all police):16%
  - Physical threats (gunfire, bottles of urine, rocks, Molotov cocktail, knives): 13%
  - Find house/burn house: 7%

# Biggest Challenge faced by Ferguson before August 9, 2014?

#### Community:

- The biggest challenge is the protesters using this situation for bad behavior and to manipulate the government and authorities in their lives. Plus, the media's one sided portrayal of the event only complicates and misinforms people.
- Stigma from the media coverage
- Anger, frustration, distrust of authority and the belief that justice will not be served. The belief that the police can do whatever they want and not be held accountable.
- The problems associated with the rioting. The amount of disruption and damage to private property may negatively effect this area for years to come, whether it be businesses afraid to set up or home buyers avoiding the area.
- Developing trust, communicating with each other, being open to people whose experiences are so different from my own though we live in the same community.
- drug dealers and thugs.you arrest them and someone else will take their place. etc
- Overcoming the media's portrayal of Ferguson as an urban ghetto run by bigotted whites and filled with rioting black thugs.
- Building back the community I Love!
- RAcial harmony!
- The community is in denial of the real issue Ferguson faces.
- Coming together as one community and trusting each other no matter what race or religion you happen to be.

# Biggest Challenge faced by Ferguson before August 9, 2014?

#### Police:

- Crime: 24%
- Poverty: 18%
- Don't know/none: 12%
- Irresponsibility, lack of respect and accountability for actions: 10%
- Lack of jobs: 9%
- Community decline: 7%
- Poor education system: 7%
- Police/community relations: 6%
- Family values: 2%
- Racism: 1%

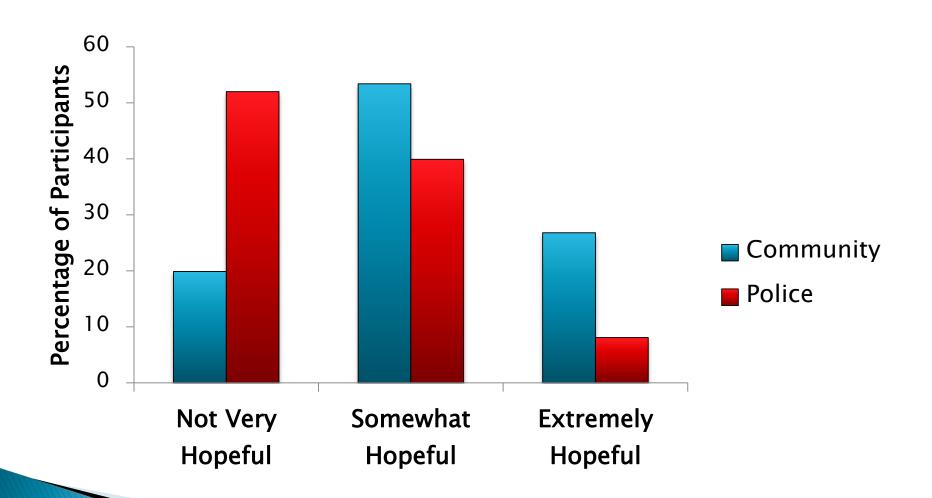
# # 1 change needed in Ferguson? Community report

- Open dialogue/ willingness to engage in communication: 32%
- Change in political structure and police force (e.g. more Black officers): 18%
- Find police at fault, censure police: 20%
- Increase employment opportunities: 12%
- Improve education: 6%
- Clean up mess: 4%
- Decrease crime: 2%
- Decrease racism: 5%
- Exercise right to vote: 3%
- Stop blaming police: 2%

# # 1 change needed in Ferguson? Police report

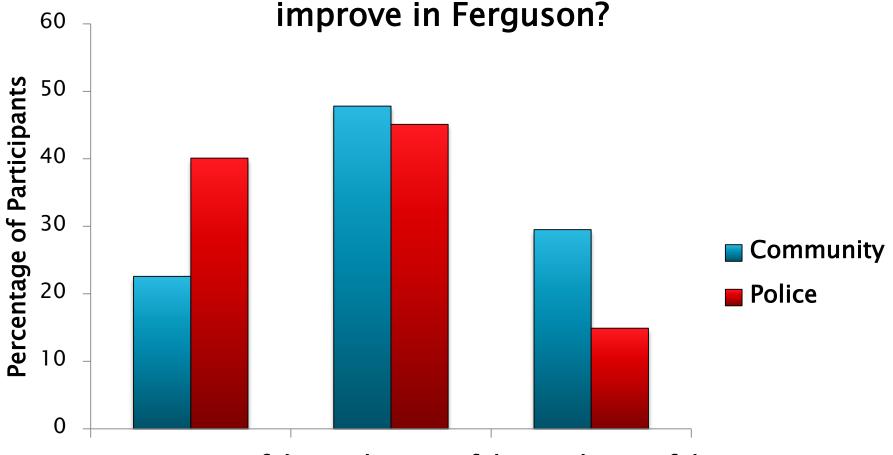
- Accountability for crimes, increased respect for authority, restoration of order: 27%
- Improve communication and police/community relations: 23%
- Change in political structure and police force (e.g. more Black officers, new governance, more voting): 20%
- Media removed/inaccurate portrayal corrected: 11%
- Improve education: 6%
- Decrease racism (both ways): 4%
- Decrease poverty: 2%
- Improve family structure: 1%
- Increase "common sense": 1%
- Exercise right to vote: 1%

### Hope for Change: How hopeful do you feel that change is possible?



Author: Marin Beagley

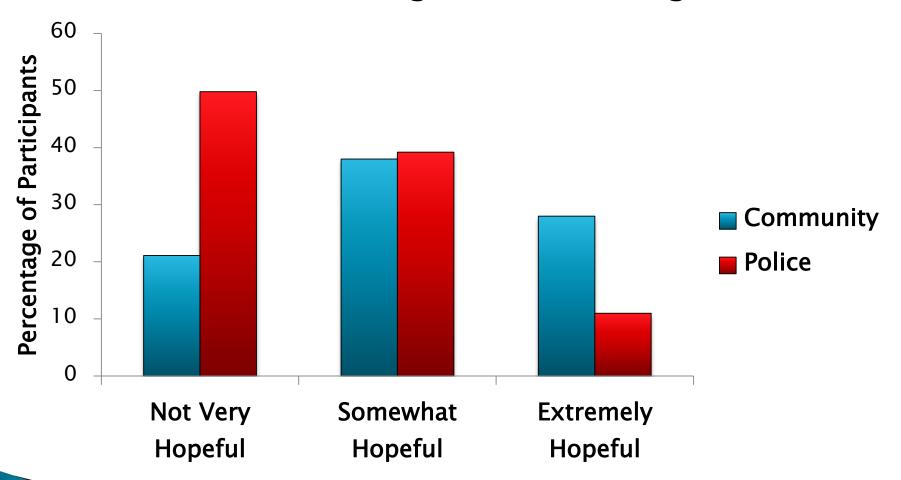
### How hopeful are you that the situation will improve in Ferguson?



Not Very HopefuSomewhat HopefuExtremely Hopeful

Author: Marin Beagley

### How hopeful are you that any positive change will be meaningful and enduring?



### Conclusions: Empirical Data

- Significant exposure to violence across participants. All groups reported circumstances that are consistent with chronic traumatic stress.
- 25% of study participants exceeded clinical cutoffs on PCL, indicating probable PTSD
- 38% exceeded clinical cutoffs for depression
- 28% exceeded clinical cutoffs for anger
- \*\*\* Change in this community will likely be compromised by this level of distress
- \*\*\* Some level of intervention is warranted, particularly for those whose distress reaches clinical levels.

### Conclusions: Empirical Data

- Proximity to the events of Ferguson between August 9, 2014 and February, 2015 similarly resulted in significant psychological distress, irrespective of membership in any of the study subgroups.
- One exception: Black participants' PTSD, depression and anger was elevated even in lower levels of life interruptions. For Whites, more interruptions were associated with greater distress.

### Conclusions: Qualitative data

- Much love for this community rang out from both datasets.
- Across both groups, the most important changes needed for improvement include:
  - restoration of order and control over violent crime
  - improved relations and trust between police and community
  - structural changes in government and police force.
- However, polarized views also emerged, though to a lesser extent.
- Overall, there is a tone of significant hope for change and progress.

### Questions?

