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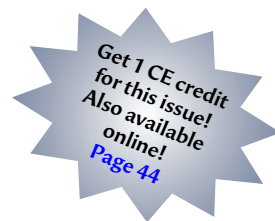
Police Brutality, Privilege, Betrayal Trauma, and Justice for Healing

Eleonora Bartoli, PhD, and Sneha A. McClincey, PsyD

Public incidents of police brutality toward African Americans continue to shock the United States. The media and justice system have portrayed most of these murders as isolated occurrences, regrettable consequences of police personnel having to make split-second decisions about who poses a threat. This narrative has perpetuated a denial of the targeted nature of police brutality, which is apparent when these events are examined in light of the history of oppression faced by individuals of African descent in the United States. Moreover, the consistent lack of indictment of the officers perpetrating the abuse speaks to the societal support of the institutional structures that have enabled these long-standing injustices to continue and have far-reaching effects on the physical and mental health of our fellow citizens. One explanation of the excess use of police force toward African Americans has been implicit bias, or a mental attitude toward a person or group held at an unconscious level (Dovidio, Gaertner, Kawakami, & Hodson, 2002). In this case, the implicit bias is that African American men and youths are dangerous. In the United States, this idea dates back to slavery and has been reinforced by public discourse and the justice system over the centuries.[1] Despite the overwhelming available data about implicit bias and pervasive discrimination toward African Americans, much is left to be done to safeguard the lives of African American men and youths.

As mental health professionals, we are often taught to shy away from the political and consider such matters to be outside of our purview, yet issues of power and privilege are deeply relevant to our clinical work. Ignoring political forces in our work with clients only makes sense from the vantage point of privilege. In the absence of privilege, the

Dr. Eleonora Bartoli   Dr. Sneha A. McClincey

"personal" is very much "political";[2] in fact, mental distress and trauma are two documented potential outcomes of marginalization (Carter, 2007; Brown, 2009; Kubiak, 2005; Root, 1992). Therefore, anyone interested in mental health cannot but enter sociopolitical conversations.

Developments in our psychological understanding of trauma have been useful in expanding the clinical conversation from an intrapsychic to a sociopolitical one. Traditionally, the hallmark of traumatic reactions has been considered *fear*—a core feature of PTSD (DePrince & Freyd, 2002). More recently, betrayal has been recognized as another core feature of trauma (originally theorized in the context of childhood abuse; Freyd, 1997). Freyd (1997) developed the concept of *betrayal* trauma (and later institutional [Smith & Freyd, 2014] and judicial betrayal [Smith, Gómez, & Freyd, 2014]) to highlight the imbalance of power implicated in traumatic interactions with individuals (e.g., caregivers) or institutions (e.g., the justice system) that are meant to have a protective function but end up perpetrating abuse or injustices instead. As Smith, Gómez, and Freyd (2014) argue, we have evolved to be dependent not just on other human beings but on social contracts (p. 454). With dependency comes vulnerability. Institutional or judicial betrayals are similar to interpersonal betrayals, especially for groups who may already be disenfranchised and have less power (i.e., marginalized groups; Smith & Freyd, 2014). This framework effectively

broadens the conversation from focusing on individual characteristics to a traumatizing environment; while "fear" places the pathology within the individual, "betrayal" places the pathology in the sociopolitical factors that allow for the abuse of power to exist and persist.

The concept of betrayal trauma illuminates how police brutality impacts not only the families and communities directly affected by those actions but more widely those who identify with the victims (e.g., Galovski et al., 2016). Institutional and/or judicial betrayals can elicit traumatic reactions in anyone who is reminded of his or her unprotected

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status by implication. Thus, an entire segment of our population not only lives with a higher risk for experiencing societally sanctioned violence but also decreased protection from the very institutions designed to maintain their safety. It is at this very juncture that we as clinicians can make a difference.

Justice for Healing

Psychologists can have a profoundly positive impact on individuals and communities impacted by institutional betrayal (such as police brutality). First, trauma thrives in silence and is intensified by social isolation and ostracism. Second, acts of omission add insult to injury, while public recognition of wrongdoing and apologies by relevant parties are healing

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[1] For example, John Dilulio and James Fox promoted the concept of "superpredators" to describe African American children (Stevenson, 2014).

[2] Carol Hanisch coined the phrase "The personal is political" in 1969 to denote that what might appear as individual personal problems are in fact artifacts of political injustices.

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(Smith, Gómez, & Freyd, 2014). Finally, two key factors compound the negative impact of institutional betrayal (Smith & Freyd, 2014): seeing each event out of context (i.e., as an isolated incident) and maintaining a lack of awareness about the potential for injustice embedded in a given context (e.g., the idea that racism doesn't exist).

Psychologists can address these challenges by aligning their response with the three stages of trauma treatment (Herman, 1992): safety/trust building, remembrance and mourning, and reconnection. Safety can be promoted through transparency (Smith & Freyd, 2014) requiring an ongoing investigation of how we (as individuals or organizations) enact biases in our behavior and/or policies. Once such biases are identified and spoken, we can develop relationships and systems that are safer (rather than further traumatizing) for our colleagues and clients. Safety can also be demonstrated through public statements informed by research and knowledge about implicit bias, multicultural principles, and trauma. All of these interventions are powerful markers of solidarity and alliance building.

Remembrance and mourning is promoted by welcoming and fostering conversations that validate individuals and groups negatively impacted by institutional betrayal. Individuals who belong to groups who have suffered a history of oppression may further experience "betrayal . . . in the form of disbelief, minimizing, or otherwise devaluing the individual experience" (DePrince & Freyd, 2002, p. 77; Root, 1992). For those of us whose identities lie in mainstream groups, we have an especially powerful opportunity to recognize our role in contributing to, condoning, or perpetrating abuse, thus further validating the experience of our colleagues and clients. Finally, reconnection (vs. isolation) is enabled by experiencing solidarity; healing requires an openly antiracist stance that is *explicitly* and *outspokenly* promoted both within professional organizations and in our work with clients (Bryant-Davis, 2007).

The theory behind institutional betrayal (and betrayal trauma in general) is also helpful in understanding why it

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is so difficult to speak up against police abuse. Speaking up implies "calling out" the very institutions from which we seek protection. Validating the experience of our clients implies a willingness to question the assumed "goodness" of an institution, whether it is the police force, the justice system, or our very own psychological theories/organizations/interventions. Denial that institutions on which we depend have flaws tends to drive the conclusion made by public discourse (e.g., the officers were doing their job, the victim must have deserved it), and precludes the assessment of alternative hypotheses (e.g., implicit bias leads to incompetent actions; the established policies and procedures are inadequate or misguided; first responders themselves may suffer and act on the basis of their own traumas). Speaking up requires an immense amount of courage and integrity to acknowledge the potential for threat and abuse in our institutional structures.

Another fundamental step in being able to validate those who have experienced institutional betrayal is the understanding that individuals from marginalized and mainstream groups live in *different* worlds, with often *radically* different experiences of reality. Individuals from mainstream groups must open their hearts and minds to the experience of people in marginalized groups realizing they themselves often do not experience these directly. In the very history of our profession, the validity of traumatic experiences has been vehemently denied for decades and victims silenced by incredulity, whether they were male war veterans, female survivors of intimate partner violence, or children being subject to sexual abuse (Herman, 1992). It is imperative then that we acknowledge the cruelty and respond in a manner that is therapeutic.

As psychologists, our potential for reparation by speaking up,

acknowledging, naming, and validating, is profound. *We* can become the community that offers safety, opportunity for remembrance, and a space to experience reconnection. May we stand firmly in solidarity with each other realizing that "as with all interpersonal traumas, individual recovery is not sufficient; collective acknowledgment, justice, and prevention are critical" (Bryant-Davis, 2007, p. 142). ⬥

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